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Coaching Vs. Self-Help for Parents of Children with ADHD: Outcomes and Processes

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ABSTRACT

The high number of parents in need of psychotherapy and the high costs of psychological help have led scholars to look for alternative avenues that would provide mental health services to this population. One such alternative is the use of books, known as bibliotherapy. Self-help (e.g., reading a book with no therapist involvement) has emerged as a possible cost-effective intervention. The authors of this study assessed two 3-month interventions for parents of children with ADHD: a) emotional coaching by a therapist (n = 35); versus b), self-help using a book (n = 31). The interventions were found to be equally effective in increasing parental competence and positive responses to negative child emotions. However, in the coaching condition, participant drop out was lower and parents had fewer restrictive responses to their children. In both conditions parents developed self-awareness, gained new perspectives of the situation, and reported change in their behavior.

KEYWORDS

Bibliotherapy; emotional coaching; self-help; ADHD; creativity in counseling

Introduction

Attention deficit hyperactivity disorder (ADHD) is the most common disorder in the field of childhood mental health (Bloom, Jones, & Freeman, 2013, pp. 258–259). Children with ADHD demonstrate academic, social, and emotional difficulties and pose a serious challenge to their parents (Pimentel, Vieira-Santos, Santos, & Vale, 2011). Children who have this disorder contribute to high levels of parental stress, evoking reactions of rejection and anger to the point of poor parental functioning (Jans et al., 2015). Thus, many parents of children with ADHD need psychological assistance and guidance in coping with their children. The high demand of parents in need of psychotherapy and the high cost of psychological help have led scholars to look for alternative avenues of mental health services for this population (Kazdin, 2011). Coaching parents is one such method; it empowers parents and guides them to be more efficacious with their children with short-term interventions (Shayne & Miltenberger, 2012). Alternatively, self-help bibliotherapy based on written materials is another option for parents to use to help themselves (Newman, Szkodny, Llera, & Przeworski, 2011). Bibliotherapy is one form of the arts used in psychotherapy that has shown effectiveness in the treatment of children. Self-help bibliotherapy has the potential to reach a large clientele at a relatively small cost. The purpose of the current research study was to assess and compare the outcomes of these two types of interventions and examine parents' change processes.

Literature review

Parents of children with ADHD

ADHD is defined as a neuro-psychiatric disorder, expressed as inattentiveness, high impulsivity, and hyperactivity, which affects child development and is manifested in social, emotional, and learning dysfunctions (LD) (American Psychological Association, 2013, pp. 59–67). Children with ADHD pose a great challenge to their parents. As a result, parents tend to be more authoritative, harsher in their discipline, less empowering, and, overall, more dysfunctional (Al-Yagon, 2007; Kim & Yoo, 2012). The negative interaction with their child leads parents to feel disappointed in their parental functioning and to develop a low sense of self-efficacy (Chadwick, Momcilovic, Rossiter, Stumbles, & Taylor, 2001). In this context, parental self-efficacy refers to the sense that they can handle the difficult situations they face with their child (Gilmore & Cuskelly, 2009).

Self-efficacy is the key to adjusting to the difficult role of parenting a child with ADHD (Coleman & Karraker, 2003; Jones & Prinz, 2005). Studies have found a relationship between parental self-efficacy, on the one hand, and positive parental behavior (Ardelt & Eccles, 2001), satisfaction with the parental role (Leerkes & Crockenberg, 2003), and greater involvement in children's lives (Shumow & Lomax, 2002), on the other hand. These all have a positive impact on children's development (Luszczynska, Gutierrez-Dona, & Schwarzer, 2005). Parents with a high sense of self-efficacy are more likely to respond to their children on an emotional level; they show feelings, relate, and accept the negative feelings of their children (Halberstadt, Thompson, Parker, & Dunsmore, 2008). The more parents encourage children to express feelings, the more they also support their negative emotions (Wong, Diener, & Isabella, 2008). In contrast, parents who are less aware of their own feelings are also critical and restrictive of their children's functioning (Fabes, Eisenberg, & Bernzweig, 1990). These parents are less warm and less respectful to their children, which in turn negatively affects the latter's social and emotional development (Eisenberg, Fabes, & Murphy, 1996). In light of the importance of coping with emotions, interventions for parents of children with ADHD should focus on parents' emotions and emotional reactions and should guide them to cope efficaciously with their children's emotions.

Intervention with parents

Generally, interventions with parents are geared to improve the interaction with their child by helping them use constructive strategies in discipline processes and difficult situations (Axford, Lehtonen, Kaoukji, Tobin, & Berry, 2012; Strickland & Samp, 2012). In this regard, research has shown positive effects on parents following interventions. They grow in their parental self-confidence and sense of self-efficacy, and the quality of the relationship with their child improves (Barlow & Parsons, 2003; Shechtman & Gilat, 2005). Moreover, they perceive their child in a more positive light (Danino & Shechtman, 2012), and they have less conflicts with their child (Cooper et al., 2009). Such programs have a long-term effect on the children as well such as the following: (a) children improve in school; (b) fewer of them are referred to special education or drop out; and overall, (c) dysfunction decreases (Young & Richardson, 2007, pp. 29–32). However, interventions differ in their effect on parents. We compared the effectiveness of individual coaching of parents of children with ADHD with a written self-help intervention.

Parental coaching

Coaching is a mutual process of the coach and learner, aimed at improving the latter's functioning through training and teaching, leading to agreed-upon goals (Bartlett, 2007). While coaching can be instrumental – i.e., assistance in reaching a specific goal in a short-term cognitive process – it can also entail an “emotional process, facilitating emotional growth through a psycho-educative model of experiential learning, in which the coach is seen as a skilled guide” (Greenberg, 2002, p. 56). Greenberg suggests that the distinction between coaching and therapy is that the former helps grow through a process of learning, while the latter treats a deficit or disease (2002). However, he further suggests that emotional coaching can also be perceived as a treatment process (Greenberg, 2002). Thus coaching may overlap, to some degree, with counseling and even psychotherapy.

Parental coaching entails helping parents assess their own possible malfunctioning with their child, as well as its impact on the child's behavior and teaching them new strategies for coping with a difficult child (McNeill, Watson, Roberts, Henington, & Meeks, 2002). In this process, the coach identifies the parent's strengths and capabilities, monitors his/her progress in learning new skills, and even practices those new strategies with him/her. Indeed, research on parental coaching interventions has indicated improved mood and self-confidence, reduced stress, better parental control, and improved child behavior (Danino & Shechtman, 2012; Gunlicks & Weissman, 2008; Herbert, Harvey, Roberts, Wichowski, & Lugo-Candelas, 2013; Shayne & Miltenberger, 2012).

Self-help

Self-help interventions, based on minimal or no therapist assistance, have become popular because they are accessible to many people who otherwise would not get treatment. Norcross (2006) sees them as a revolution and a major pathway to behavioral change. Self-help is based on reading written materials that guide a person to solve a problem. Such materials have become increasingly available in recent decades through books, websites, and text messages (Dimeff, Paves, Skutch, & Woodcock, 2011; Kazdin & Blasé, 2011; Lester et al., 2010). Often, self-help is also called bibliotherapy, because it refers to the use of book reading to accelerate therapeutic processes. Bibliotherapy can be of a cognitive type, such as Scogin and colleagues (McKendree-Smith, Floyd, & Scogin, 2003) used to treat depression. Or it can be of an affective type, using high quality fiction, as Shechtman (2010) has applied in the treatment of aggressive children and youth.

Self-help interventions have been used for various psychological purposes, such as the development of mindfulness (Singh et al., 2009), treatment of bulimia (Le Grange, Crosby, & Lock, 2008; Palmer, Birchall, McGrain, & Sullivan, 2002), and to aid parents of children with LD and ADHD (Daley & O'Brien, 2013). Forehand and colleagues (Forehand, Merchant, Long, & Garai, 2010) used the book *Parenting the Strong-willed Child* as a self-directed program for parents of young children. And a subsequent randomized trial of a 6-week intervention for parents yielded positive results (Forehand et al., 2010). Several meta-analyses showed that self-help interventions for depression and anxiety were comparable to face-to-face therapy (Cuijpers, Donker, van Straten, Li, & Andersson, 2010; Nyenhuis, Golm, & Kroner-Herwig, 2013). However, other meta-analyses (Hirai & Clum, 2006; Newman et al., 2011), although supportive of self-help interventions compared to no treatment at all, concluded that therapist-assisted

treatments were optimal. Reservations regarding self-help interventions often mention high attrition of treatment, problems related to reading difficulties, and individual differences, such as mood, depression, and motivation (Smith et al., 2014).

The change process

Recently, a team of researchers defined transformation in individual psychotherapy (Castonguay & Hill, 2012). Based on their definition, Heatherington, Constantino, Friedlander, Angus, and Messer (2012) examined change among clients treated in various theoretical orientations. When asked what the therapeutic change entailed, most clients referred to a change in self-perception, development of a new perspective on their life situation, and enhanced insight into a meaningful aspect of their problem. Change was related to growing awareness, starting with the understanding that a problem exists, moving to the understanding of related feelings, and seeing how these are manifested in their behavior. A few clients mentioned change as a result of new information, guidance, or acquiring new skills. In addition, most clients attributed the change to something they did themselves: reflection on the problem, attendance to their feelings, and/or awareness of their behavior (Heatherington et al., 2012). The literature also suggests that the therapist-client alliance is a key factor in psychotherapy outcomes (Horvath, 2005).

Research hypotheses

As both emotional coaching and self-help interventions show merit, we hypothesized that (a) both types of intervention (coaching and self-help) would improve participants' parental competence and ability to cope with their children's negative feelings. However, as the presence of a therapist and client-therapist bonding is crucial for positive outcomes, we also hypothesized that (b) improvement on both variables would be more favorable for parents in coaching than for those in the self-help group.

Method

Participants

Participants were 66 parents of children with ADHD: 35 were placed in parental coaching (53%) and the other 31 (47%) were placed in self-help. Most participants ($n = 53$, 80%) were mothers, Israeli-born (78% of fathers and 80% of mothers), and were working in the liberal professions, management or services (a few were blue-collar workers). Most parents ($n = 80\%$) thought they also had undiagnosed ADHD, and in 40% of the families another child was diagnosed with ADHD. Of the children, 33 were boys (50%) and 33 were girls (50%). The children ranged from 6 to 17 years old ($M = 11.14$ years, $SD = 3.02$), Israeli-born, and attended regular schools. No differences by experimental condition were found on any of the background characteristics.

Interventions

Parents in the coaching intervention received 12, weekly one-and-a-half hour sessions. The coaches were 35 psychologists, counselors, and social workers who had been trained

in a 112-hour course in emotional coaching and were experienced in delivering the intervention. Coaching was based on a structured program aimed to guide parents in using strategies to cope with children with ADHD. The topics covered included: (a) emotions involved in being the parent of a special child; (b) future expectations from the child; (c) difficult patterns of behavior characterizing children with ADHD; (d) typical parent-child dialogues; (e) identifying the child's anxieties, strengths, and opportunities; (f) identifying parents' values; and (g) planning and training for change in behavior. The intervention included cognitive and affective exploration of difficulties, understanding common problems, making a commitment to change, and rehearsing behaviors required for change.

Self-help was based on a guidebook for parents entitled *The Parent as Coach* (Danino, 2007). The book deals with the same topics as the coaching intervention and provides many illustrations of the difficulties parents face and approaches how to resolve them. Parents could identify with numerous situations and characters provided in the book and learn how to cope with them. No additional guidance was provided to parents in this intervention. To assure that parents used the book, a monthly phone call was made to each participant to verify they were doing their reading.

Instruments

Perceived parental competence was measured by the *Parenting Sense of Competence Scale* (PSOC) (Gibaud-Wallston & Wandersman, 1978), which measures parents' sense of efficacy and satisfaction with their parental performance. This 17-item scale consists of three subscales: a) satisfaction with parenthood (e.g., "Sometimes I feel like I'm not getting anything done."); b) parental efficacy (e.g., "I meet my own personal expectations for expertise for caring for my child."); and c) interest in the parental role (e.g., "My talents and interests are in other areas, not being a parent."). Responses range from 1 ("do not agree") to 6 ("absolutely agree"), with a higher score indicating positive perceptions. Reported internal reliability ranged from .75 to .88 (Johnston & Mash, 2001). The scale was translated into Hebrew in the accepted procedure. In the current study, internal consistency was .78, .75, and .44 for efficacy, satisfaction, and interest, respectively. Internal consistency for the total score was .80.

The ability to cope with the child's negative feelings was measured by the *Coping with Children's Negative Emotions Scale* (CCNES) (Fabes, Eisenberg, & Brenzweig, 1990). This instrument measures parental behavior when facing a difficulty with the child, assessing parental response to the child's negative emotions. The scale refers to two broad categories of positive and restrictive responses, each of which consists of three subscales: a) restrictive – anxiety, punishment, and minimization (e.g., "I tell my child that if he wants to keep crying he should go to his room."); and b) positive – focus on feelings, encouragement, and problem solving (e.g., "I would comfort my child and try to make him/her feel better."). Twelve scenarios represent difficult situations with children, to which participants were asked to respond on a scale from 1 ("not at all like me") to 7 ("very much like me"). Reported internal consistency for the six subscales ranged from .60 to .90 (Fabes et al., 1990). The scale was translated into Hebrew and used successfully in numerous studies (Danino & Shechtman, 2012). In the current study, internal consistency was .93 and .87 for the positive and restrictive subscales, respectively.

Parents' perceptions of change were measured by qualitative analysis of their written responses to an open question (Castonguay & Hill, 2012). The question in the coaching intervention was: "Along the coaching process, did you recognize any changes in yourself, such as new understanding, a feeling that surprised you, a change in your behavior? Please describe the situation when something like this happened and explain how, and following what event, this took place." For the self-help group, the open question was stated as follows: "Over the three months, you read the book, did you recognize any changes in yourself, such as new understanding, a feeling that surprised you, a change in your behavior? Please describe the situation when something like this happened and explain how, and following what event, this took place." We also asked parents what led to the change. Responses were coded by two independent trained raters, along two components: (a) *reported changes* – strengthened self-perception, increased awareness, new perspective, acknowledgement of hope, acquisition/use of skills, change in behavior, no/minimal change, feeling worse; and (b) *source of change* – therapist/book, client, joint therapist/book and client, external reason, unclear. The level of inter-rater agreement was high (Kappa ranged from 0.85 to 1.00).

Procedure

The coaching intervention was conducted in the National Center for Learning Disability Services (NIZAN). The center provides diagnostic services as well as guidance and support for children with LD and ADHD and their parents. Parents that attend the center undergo intake interviews followed by assessment of their children's LD and ADHD. Parents interested in professional guidance are referred to coaching of an emotional type. An experienced and trained group of professionals provides these services, supervised by a senior child psychologist. In the current study, 39 participants started the coaching intervention, 35 of whom completed it. Adherence to the coaching intervention was ensured through the use of a written manual, together with weekly supervision of the coach. Participants in the self-help book intervention were either parents who were on a waiting list or those who could not commit to weekly meetings. They were given the book and monitored for three months about their engagement in reading and following the book. Forty participants started the self-help intervention and 31 completed it. The drop out ratio was 10.0% for coaching and 22.5% for self-help.

Approval for the study was obtained from the university's ethics committee. All parents agreed to participate and completed the questionnaires anonymously before the intervention and at termination (a personal code was used to match pre- and post-questionnaires). Responses to the open questions were given at termination.

Data analyses

Preliminary statistical analyses included t-tests for pre-intervention group differences, and t-tests and Pearson correlations between the study variables and background characteristics. The research hypotheses were examined with 2×2 repeated measures multivariate analyses of variance (MANOVA) by type of group and time of measurement. Due to pre-intervention group differences in PSOC, change in this variable was examined with adjusted residual gains, controlling for the initial difference. Categories of perception of change were analyzed by Chi square.

Results

Preliminary results

Pre-intervention group differences were significant for the total PSOC score ($t(64) = 3.15, p < .002$) and for two of its subscales: efficacy ($t(64) = 2.66, p = .009$) and satisfaction ($t(54.06) = 2.26, p = .028$). In all cases, scores for parents in the self-help group were higher than for parents in coaching. No other differences were found. No significant differences were found in the pre-intervention scores of the study variables by parents' or children's gender, nor were any significant correlations found between the pre-intervention scores and the children's age.

Main results

Table 1 displays means and standard deviations of the dependent variables by type of intervention and time of measurement. The MANOVA results reveal significant time differences for the total PSOC score (from $M = 3.96, SD = 0.65$ to $M = 4.33, SD = 0.56$), efficacy (from $M = 4.10, SD = 0.73$ to $M = 4.49, SD = 0.64$) and satisfaction (from $M = 3.54, SD = 0.94$ to $M = 3.97, SD = 0.82$). The time difference for interest was non-significant, as were all time-by-group interactions (examined with adjusted residual gains). Thus, change was noted, beyond group, for the total score of Parenting Sense of Competence, for efficacy, and for satisfaction.

The MANOVA for parental coping with children's negative emotions (CCNES) was significant for time ($F(2, 63) = 5.07, p = .009, \eta^2 = .144$) and for the interaction of group and time ($F(2, 63) = 3.20, p = .048, \eta^2 = .096$). Post hoc analyses of the significant interaction revealed a significant decrease in restrictive coping responses among participants in coaching ($F(1, 64) = 10.76, p = .002, \eta^2 = .144$), but no significant change among participants of self-help ($F(1, 64) = 0.16, p = .689$,

Table 1. Means, standard deviations, and F values for the study variables, by group and time ($N = 66$).

	Coaching <i>M</i> (<i>SD</i>) (<i>n</i> = 35)		Self-help <i>M</i> (<i>SD</i>) (<i>n</i> = 31)		<i>F</i> _{time} (1,64) (η^2)	<i>F</i> _{time*group} (1,64) (η^2)
	Pre	Post	Pre	Post		
<i>Parenting Sense of Competence</i>						
Total score	3.74	4.26	4.21	4.40	32.22***	1.02
(1-6)	(0.53)	(0.56)	(0.68)	(0.56)	(.335)	(.016)
Efficacy	3.88	4.42	4.34	4.57	25.27***	0.40
(1-6)	(0.71)	(0.68)	(0.68)	(0.58)	(.283)	(.006)
Satisfaction	3.30	3.94	3.82	3.99	22.54***	2.79
(1-6)	(0.76)	(0.76)	(1.05)	(0.90)	(.260)	(.042)
Interest	4.70	4.71	5.10	5.16	0.15	0.90
(1-6)	(1.05)	(1.15)	(1.07)	(0.89)	(.002)	(.014)
<i>Coping with Children's Negative Emotions</i>						
Restrictive coping	2.80	2.47	2.55	2.51	5.24*	6.24*
(1-7)	(0.62)	(0.51)	(0.76)	(0.83)	(.079)	(.015)
Positive coping	5.27	5.59	5.43	5.63	7.72**	1.36
(1-7)	(0.92)	(0.74)	(0.88)	(1.04)	(.112)	(.022)

* $p < .05$, ** $p < .01$, *** $p < .001$

Note: For Parenting Sense of Competence, the time difference was computed from raw scores and the interaction was computed from adjusted residual gains.

$\eta^2 = .003$). A significant positive change was noted, beyond group, for positive coping responses (from $M = 5.34$, $SD = 0.90$ to $M = 5.61$, $SD = 0.89$) with no significant interaction.

The change process

Table 2 presents participants' perceptions of change following the respective interventions. The two most frequent categories of change (in both groups) were increased awareness and the development of a new perspective. Approximately 46% of participants, across groups, reported a change in the level of awareness (slightly more in the coaching group); and about 43% said they had developed new perspectives, with no difference between the two interventions. A change in behavior was acknowledged by approximately a third of the parents in coaching, but by only a few of the self-help participants. Strengthened self-perception was found among about 19% of the participants, with no difference by group. Other categories were less frequent or did not appear at all.

Regarding the source of the change, the most frequent categories were (1) the therapist or self-help book and (2) the client, with the former receiving the vast majority of responses. No group differences were found. Other categories were less frequent or did not appear at all.

Table 2. Parents' perception of change, by group ($n = 57$).

		Coaching <i>N</i> (%) (<i>n</i> = 26)	Self-help <i>N</i> (%) (<i>n</i> = 31)	$\chi^2(1)$
What changed	Increased awareness	18 (69.2)	11 (35.5)	6.44*
	Developed new perspective	14 (53.8)	10 (32.3)	2.70
	Change in behavior	9 (34.6)	2 (6.5)	7.20**
	Strengthened self-perception	3 (11.5)	6 (19.4)	0.65
	Acknowledgement of hope	1 (3.8)	5 (16.1)	–
	Acquisition/use of skills	2 (7.7)	4 (12.9)	–
	No or minimal change	–	4 (12.9)	–
	Feeling worse	–	–	–
	Changed relationship with the therapist	–	–	–
Source of change	Therapist/book	18 (69.2)	21 (67.7)	0.02
	Client	7 (26.9)	12 (38.7)	0.88
	Joint therapist/book and client	3 (11.5)	1 (3.2)	–
	External reason	2 (7.7)	–	–
	Unclear	–	6 (19.4)	–

* $p < .05$, ** $p < .01$

Note: Differences were not calculated for too small cells.

Discussion

In light of the high demand for psychological help, it is important to identify ways that allow a larger population to access such services (Kazdin, 2011). One growing population with a strong need for psychological assistance is parents of children with ADHD. Two alternatives to professional psychological assistance are coaching (Danino & Shechtman, 2012) and self-help interventions (Norcross, 2006). The authors of the current study thus compared outcomes of emotional coaching to written self-help for parents of children with ADHD with the aim of providing them with better skills for handling behavioral and emotional difficulties.

Quantitative outcomes

Overall, results indicated that the two interventions were equally effective in increasing parental sense of competence, parental efficacy, and satisfaction with the parental role. They were also equally successful in improving positive parental responses to their children's negative emotions. Emotional coaching was more effective than self-help with respect to decreasing parents' restrictive coping behaviors. Thus, the first hypothesis, which expected gains from both types of interventions, was fully supported, and the second hypothesis, which expected better results from coaching due to the presence of a therapist, was partly supported.

The advantage of coaching over self-help for restrictive parent responses may be attributed to the presence of a professional in the therapeutic process (Horvath, 2005). In coaching, there is a focus on self-exploration and awareness that help parents understand the effect of their negative behavior (Wymbs et al., 2015). Coaches may help clarify emotions and non-constructive thoughts and reactions. The presence of a caring and helping person aids in reducing defenses and in developing self-awareness and new parental strategies (Mohangi & Archer, 2015). Indeed, research using a similar coaching intervention indicated similar positive outcomes for such parents (Danino & Shechtman, 2012). Because harsh and punitive parental behavior has a detrimental effect on children, this is an important outcome that should not be overlooked. It suggests that professional intervention has more of a chance of succeeding in limiting negative behavior.

Children with ADHD pose a great challenge to their parents, and helping such parents is important because they are the major agents in the child's development (Webster-Stratton, Reid, & Beauchaine, 2011; Wymbs et al., 2015). The fact that both interventions changed parents' feelings about themselves and changed their responses to their children is important for parents and children alike. Moreover, the similarity in outcomes suggests that there is more than one intervention that may be effective with parents (Wymbs et al., 2015; Young & Richardson, 2007, p. 29–32) – even one without professional intervention. The positive results found from the self-help group suggests that the book itself had the power to impact parents. Indeed, recent literature supports self-help interventions for anxiety and depression (Harwood & L'Abate, 2010; Hirai & Clum, 2006; Kazdin & Blasé, 2011; McKendree-Smith et al., 2003; Nyenhuis et al., 2013; Palmer et al., 2002). While there is less research on self-help for parents of children with ADHD, several studies have indicated that such parents exhibited increased self-esteem and satisfaction with their parental role following self-help interventions (Daley & O'Brien, 2013; Singh et al., 2009).

The current research, therefore, lends support to self-help intervention for a population in need that has received less attention so far.

At the same time, the fact that parents in the self-help intervention initially scored higher in the parental sense of competence than parents in the coaching condition cannot be overlooked. Moreover, dropout rates were double in the self-help intervention. Dropout rates may be attributed to language difficulties (Forehand et al., 2010) or problems with reading comprehension as suggested by one of the mothers who dropped out: “The language was too difficult for me. I got lost in the book and found it difficult to concentrate.” They might also be attributed to differences in initial parental stress or mood (e.g., depression) (Le Grange et al., 2008). These individual differences suggest that not all parents can succeed equally in self-help conditions. Therefore, active parents who feel more confident in their parental role may gain more from reading a book (Cuijpers et al., 2010; O’Brien & Daley, 2011; Smith et al., 2014).

Qualitative outcomes

We also performed a qualitative analysis of the change process in both interventions. Understanding the differences between the two processes may help explain differences in outcomes. Our results suggest that both interventions led to increased awareness and the development of new perspectives – change processes that were also reported by others (Heatherington et al., 2012). However, reports of greater self-awareness were more notable in the coaching intervention. This might be attributed to intensive interaction in face-to-face coaching that not only led to understanding, but also encouraged parents to make a behavioral change, including the practice of new behaviors. Indeed, change in behavior was also significantly higher in coaching. Perhaps higher self-awareness leads to more behavioral change, as expressed in the following response: “When I understood that I am not present in the life of my child, we went back to the dinner table and had fun meetings with our child. It also changed the climate in the family.”

With respect to the source of the change, in both conditions most parents (70%) attributed the change to the therapist or book, as evidenced in the response of a father in the self-help group: “The stories in the book changed my overall experience. I understood that I need to empower my son rather than be angry with him, and now I make an effort to hold myself back and not pick on him.” In the coaching condition, another parent said: “I learned from the therapist that I should accept my child and forced myself to express more love to him.”

Limitations

The study is not without limitations. First, the generalization of results is limited because the study used a relatively small, middle-class sample from a single country, and because there was one group of coaches trained in one type of intervention. Second, the division into groups was not random; rather, parents were free to choose the type of intervention, which led to initial group differences that might have affected results (although this procedure better reflects reality than random assignments). Third, only parental self-report measures were used, no impact on children was measured, and no long-term effect

was available. Fourth, the self-help intervention was based on a single book, whose quality may have had an impact on outcomes. Finally, the effect of the interventions should be investigated on more than just the participating parent, as past research has indicated that interventions with mothers also had a positive impact on non-participating fathers (Shechtman & Gilat, 2005).

Conclusion

Notwithstanding the study limitations, results suggest that emotional coaching and self-help interventions are comparable for many parents of children with ADHD and may be safely used to help them. This is important in light of the growing numbers of children identified with ADHD and the growing needs of their parents. Our results also lend strength to self-help interventions in an area less frequently explored. Because such interventions are open to larger populations and are cost-effective, they may reduce some of the burden from professionals, as advocated by others (Kazdin & Blasé, 2011). At the same time, the greater effectiveness of coaching on one important measure (restrictive coping responses), as well as the lower drop-out rate in that condition, suggests that professional intervention is nevertheless important. Several researchers concluded that self-help interventions are more effective than no treatment, but therapist-assisted treatment remains optimal (Hirai & Clum, 2006; Newman et al., 2011). Future studies should explore the contribution of tangible support when providing clients with self-help resources. Finally, our qualitative analysis clearly indicates that self-awareness is key to changing parents' behavior. In other words, it is not training and skills that are important in the process of change, but rather the degree of parental growth and personal development. Both coaching and self-help interventions with parents were thus found to be effective means for promoting change in the parenting of challenging children.

Disclosure statement

No potential conflict of interest was reported by the authors.

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