Parent Management Training and Collaborative & Proactive Solutions in the Treatment of ODD in Youth: Predictors and Moderators of Change

WCBCT, Melbourne, 2016

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Psychosocial Treatments for ODD in Children and Adolescents

- Well-established

  Parent Management Training (PMT); Problem Solving Skills Training + PMT; Positive Parenting Program (Triple P); Parent-Child Interaction Therapy (PCIT); The Incredible Years; Multisystemic Therapy (MST)

- Probably/Possibly Efficacious

  Social Skills Training (SST); Group Assertiveness Training; Anger Control Training; Rational Emotive Mental Health Program; Collaborative & Proactive Solutions (CPS)

DSM-IV Criteria for ODD

- 1. Often loses temper*
- 2. Is often touchy or easily annoyed by others*
- 3. Is often angry and resentful*
- 4. Often argues with adults
- 5 Often actively defies or refuses adult requests or rules
- 6. Often deliberately does things that annoy other people
- 7. Often blames others for his/her own mistakes or misbehavior
- 8. Is often spiteful or vindictive

NOTE: In DSM-5, Symptoms 1-3 are part of the Angry/ Irritable Mood Dimension; symptoms 4-8 are part of the Argumentative/Defiant Behavior Dimension

Comorbid conditions in ODD

- Dysthymia or MDD (20 - 30%)
- Learning disabilities (25-50%)
- Anxiety Disorders (25 – 60%)
- ADHD (40-80%)
- School under-performance (60-90%)

Psychosocial Treatment of ODD and its Comorbidities (NIMH: 1 R01 MH76141)

- Compare Parent Management Training (PMT) to Collaborative & Proactive Solutions (CPS) and Wait-List Control (WLC) in the treatment of children and adolescents with ODD.
- Study conducted in Virginia with 134 families (11 waitlist control condition – re-randomized to PMT and CPS; resulting in 67 in each condition)
- **Examine comorbidity as predictor/moderator of treatment outcome (ADHD, Anx Disorder)**

Parent Management Training (PMT)

- Empirically supported and well established treatment (Barkley, 1997; Brestan & Eyberg, 1998; Murrihy, Kidman, & Ollendick, 2010)
- Manualized (12 sessions) with specific content – individual session with parent and child present (Ollendick et al., 2015; modification of Barkley, 1997)

Goals of the PMT Program: Improve parent management skills

- Increase parental knowledge about ODD (symptoms, causes, coercive transaction)
- Improve parent management skillls
  - Be more consistent, contingent, & predictable
  - Use more approval, recognition, & rewards
  - Use response cost and timeout, but only if necessary; no physical punishment
- Improve parent-child relationship
- Improve child's developmental prognosis

Causes of Defiance and Oppositional Behaviors from PMT Perspective

- Negative Child Temperament
- Negative Parent Temperament
- Ineffective Child Management by Parent
  - Highly inconsistent/permissive parenting
  - Use of harsh, extreme punishment
  - Excessive reliance on talking & yelling
- Parent and family stressful events

10 Steps to Better Behavior: The PMT Program

- 1) Why Children Misbehave
- 2) Pay Attention – Special time
- 3) Increase Compliance – Clear Requests
- 4) When Praise is Not Enough – Tokens/Points
- 5) Response Cost – Removal of Tokens/Points
- 6) Fine Tuning Rewards and Response Cost
- 7) Time Out – But Only When Necessary
- 8) Improving Behavior Away from Home
- 9) Improving Behavior at School
- 10) Generalization and Maintenance

Collaborative & Proactive Solutions (CPS)

- Not yet empirically supported but possibly so (Greene, 2010)
- Focus on lagging skills in the child and unsolved problems in the family – manualized (12 sessions)
- Address lagging skills and reduce negative behaviors through collaboration and proactive solutions to unsolved problems
- Use of reward system (token economy/point system) is specifically prohibited

Collaborative & Proactive Solutions: Important Themes

- The emphasis is on problems (and solving them) rather than on behaviors (and modifying them)
- The problem solving is collaborative rather than unilateral (something you're doing with the kid rather than to the child)
- The problem solving is also proactive rather than emergent
- Children exhibit challenging behavior not because of passive, permissive, inconsistent, non-contingent parental disciplinary practices, but rather because the children are lacking the skills to handle certain demands and expectations being placed upon them
- Successful intervention does not hinge on improved compliance with adult directives, but rather on helping kids and caregivers solve problems together.

Sequence in Each Session for BOTH PMT and CPS

- Review homework
- Introduce new skills & rationale
- Review parental handout
- Model the skill for the parent
- Have parent rehearse with child in session
- Discuss parental concerns and issues
- Assign homework

Project Enrollment

- 134 families; principal reason for referral = ODD; 64% primary, 36% secondary
- Approximately 55% comorbid with ADHD and 45% with an Anxiety Disorder; 94% comorbid with at least one other disorder
- 83 boys, 51 girls; average age = 9.58 years
- 81 of 134 (60.4%) two-parent families; income variable but largely low-middle to middle class
- 111 Caucasian, 12 African American, 7 Hispanic, 3 Asian American, 1 other

Treatment outcomes

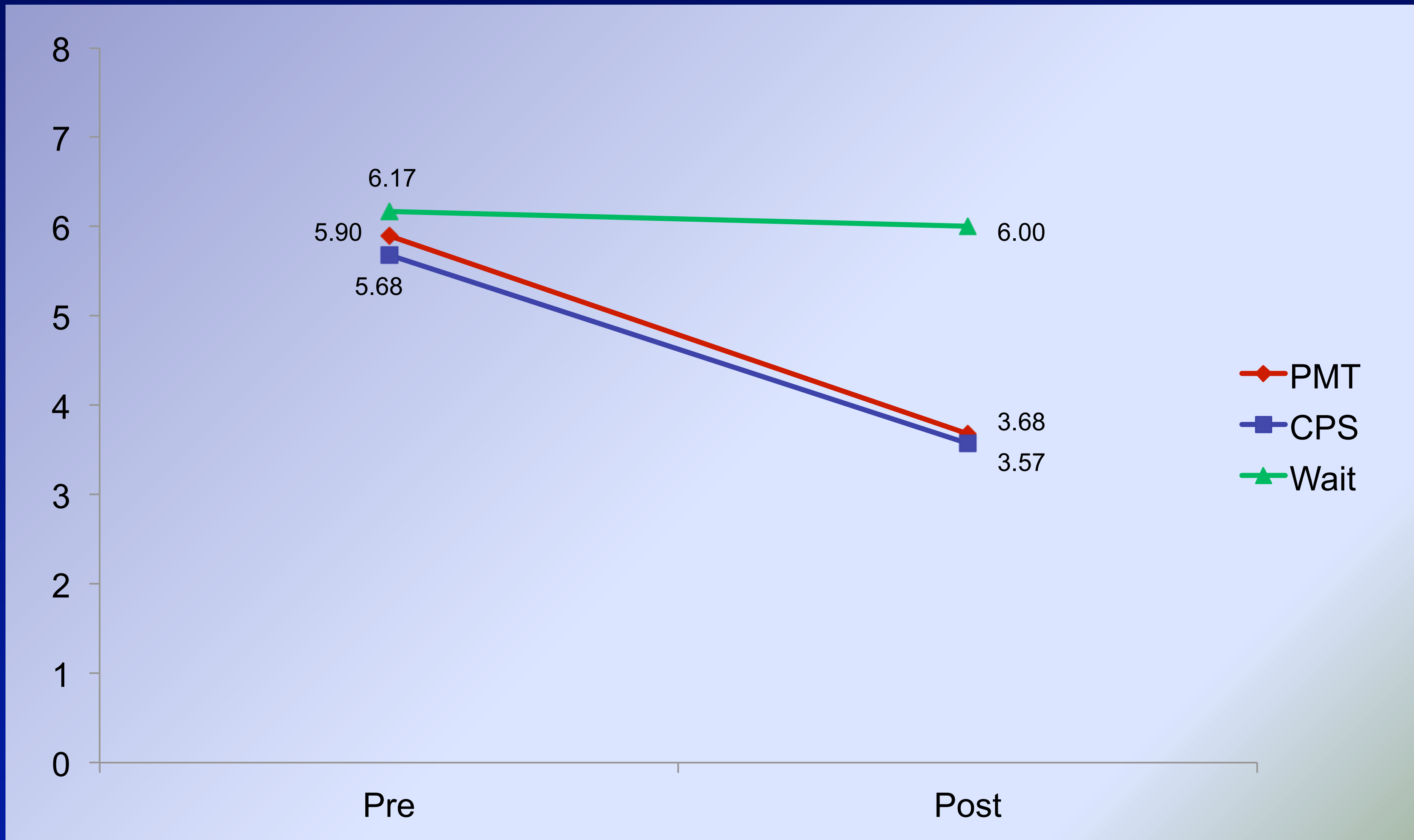
Treatment Response

- CSRs: CPS, PMT > WL; PMT = CPS
- DBDRS: CPS, PMT > WL; PMT = CPS
- BASC Agg: CPS, PMT > WL; PMT = CPS
- CGI-Severity: CPS, PMT > WL; PMT = CPS

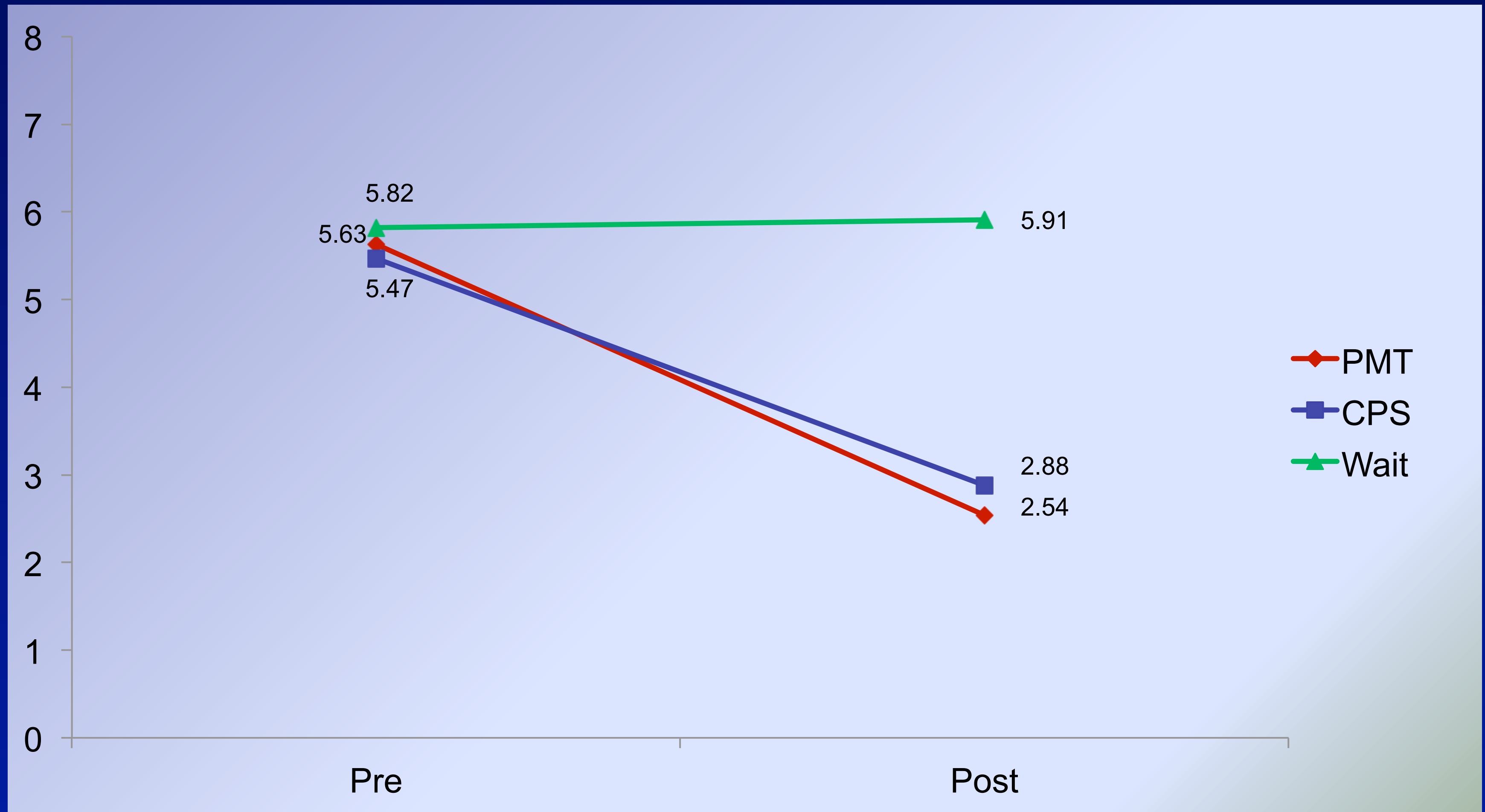
Treatment Remission

- Dx Free: CPS (47%), PMT (49%) > WL (0%); PMT = CPS
- CGI-I: CPS (46%), PMT (46%) > WL (0%); PMT = CPS

Outcomes: ODD Clinician Severity Ratings



Outcomes: DBDRS ODD Symptom Totals (Parent Report)



Mediators, Moderators, and Predictors of Treatment Outcome

- Moderators of Treatment Outcome: A variable that is measured prior to the treatment assignment and implementation of the treatment that *differentially* predicts treatment outcomes. Moderator variables can identify subgroups of individuals *for whom* a specific treatment is more or less effective.
- Predictors of Treatment Outcome: A variable measured prior to treatment assignment that is associated with treatment outcome *regardless* of treatment assignment. They too tell us *for whom* treatments are effective.
- Mediators of Treatment Outcome: A variable that occurs during the period of treatment, signifying a process through which treatment "works." Mediator variables can help explain *how* and *why* the treatment works.

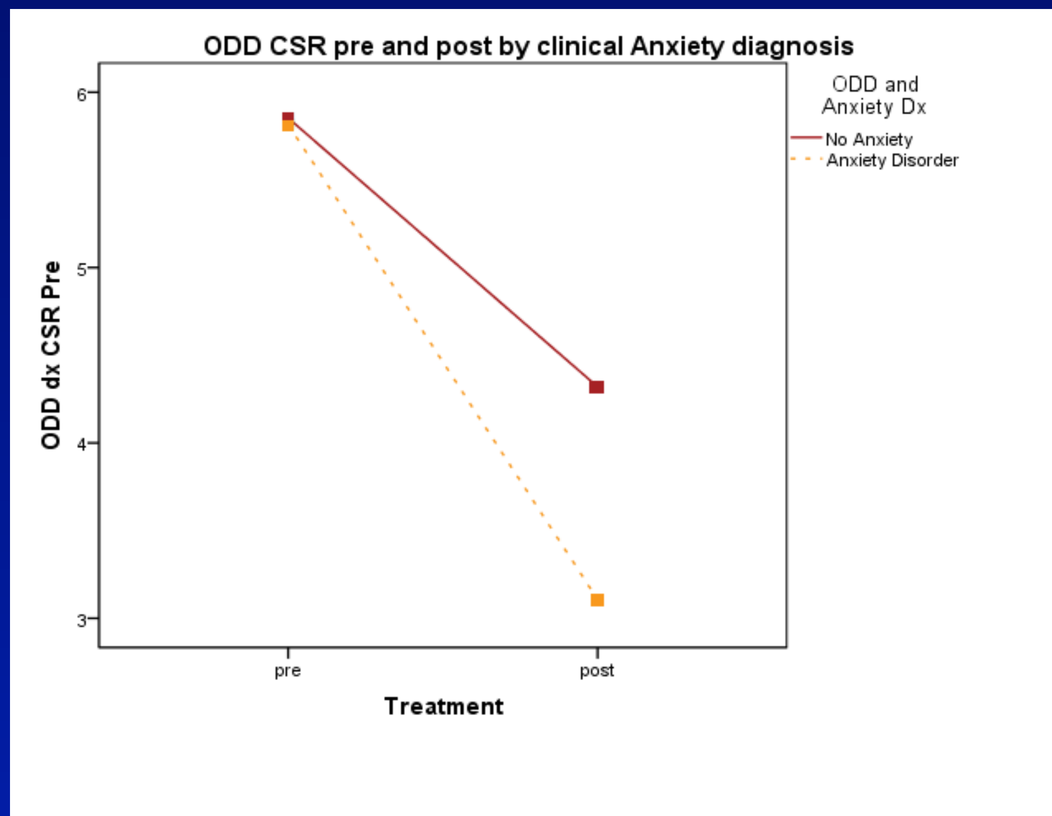
Potential Predictors/Moderators

- Socio-demographics (Age, Gender, IQ, SES)? Only Age as Predictor, not Moderator; better outcomes for younger children
- Perceived Parent-Child Relations? Predictor, not Moderator; better outcomes for those high in Child-Perceived P-C Relations
- Maternal Emotion Coaching? Predictor, not Moderator; better outcomes with higher EC
- Emotion Lability? Predictor, not Moderator; poorer outcomes for those high in lability

Did Presence of Anxiety Affect the Primary Outcomes?

- YES, anxiety predicted BETTER treatment outcome for ODD CSR ($p<.015$); however, anxiety did not moderate treatment outcome

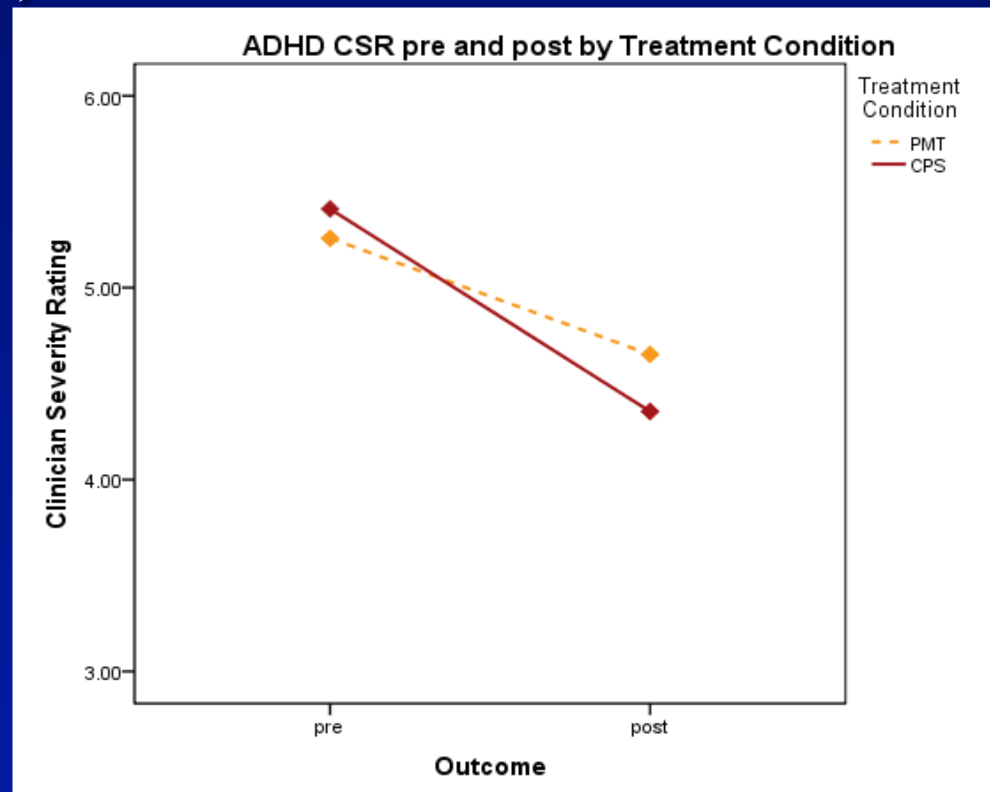
	ODD CSR Pre	ODD CSR Post
No Anxiety	5.86	4.31
Anxiety	5.81	3.12
Overall	5.83	3.67



Did Presence of ADHD Affect the Primary or Secondary Outcomes?

- NO – Presence of ADHD did NOT affect treatment outcomes. However, there was a significant reduction in ADHD CSR ratings from pre- to post treatment ($p<.05$). The change from pre to post treatment did not differ between CPS and PMT ($p=.310$)

	Mean ADHD CSR Pre	Mean ADHD CSR Post
PMT	5.25	4.64
CPS	5.42	4.37
Overall	5.32	4.53



Summary of Findings from this RCT

- Presence of an anxiety disorder predicts BETTER treatment outcomes whereas presence of ADHD is not related to treatment outcomes; however, neither anxiety nor ADHD moderate PMT/CPS treatment outcomes
- Age, P-C relations, maternal EC, and Emotion Lability also predict outcomes; however, they do not moderate treatment outcomes
- Replication is needed, other comorbidities need to be explored (e.g., depression, substance use), as do other child, familial, and contextual variables