Parent Management Training & Collaborative and Proactive Solutions: A Randomised Comparison Trial for Oppositional Youth within an Australian population

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Ollendick et al., 2015 RCT.
- Parent Management Training = Collaborative Proactive Solutions (6mth)

“(PMT) represents one of the major achievements of the mental health sciences” — Mark Dadds, APS, 2012

However, it does not work satisfactorily for everyone

(Ollendick et al., 2015)

Need exists for alternative treatments
- Families for whom PMT does not work to a satisfactory level
- Parents who do not find PMT to be an acceptable treatment
Rationale

Treatment outcomes for PMT & CPS
Next step - replication of Ollendick et al. 2015 RCT study
- Equivalent outcomes in Australian population
- Mediators and moderators – Anna Dedousis-Wallace
Design

- Compared CPS and PMT treatment conditions
- Families assessed at pre-treatment, post-treatment and 6 month follow-up.
- Aim N = 120. Current: completed 31 posts.
- Randomly assigned to 2 active treatment conditions
  - PMT: n = 17; CPS; n = 14.
- Replication – similarities and points of difference
Inclusion Criteria

- Diagnosis of ODD according to DSM-IV
- Severity of ODD of at least 4 on a 0-8 scale
- Age 7-14 years

Exclusion Criteria

- Current high suicidality
- Drug or alcohol abuse
- Psychotic symptoms/childhood schizophrenia
- Autism Spectrum Disorder
- Developmental delay
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
We expect that levels of oppositional behaviour in youth will decrease significantly and to an equal degree, for both CPS and PMT conditions at post-treatment and follow-up.
Measures

- **Treatment Response**
  - ADIS Clinician Severity Ratings - ODD
  - Disruptive Behaviour Disorders Ratings Scale
  - Clinical Global Impression Scale – Severity

- **Treatment remission**
  - Dx free: ADIS ODD
  - Clinical Global Impression Scale - Improvement
## Results

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Current study (Aim: 120)</th>
<th>Ollendick et al., 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of families</td>
<td>31</td>
<td>134</td>
</tr>
<tr>
<td>Principal reason for referral</td>
<td>ODD primary: 71% secondary 29%</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30%, tertiary: 6%</td>
</tr>
<tr>
<td>Comorbidity</td>
<td>94% with at least 1 comorbid disorder and 81% had 3 or more disorders</td>
<td>99%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>83 %</td>
</tr>
<tr>
<td>Gender</td>
<td>80.6% male; 19.4% female</td>
<td>61.9% male; 38.1% female</td>
</tr>
<tr>
<td>Average age</td>
<td>10 years</td>
<td>7-9 yrs 59.35%; 10-14 yrs – 40.65%</td>
</tr>
<tr>
<td>Family structure</td>
<td>2-parent families: 83.9%</td>
<td>81%</td>
</tr>
<tr>
<td>Average number of sessions</td>
<td>$X = 14.03$ (14 hrs). $SD = 2.49.$</td>
<td>$X = 11.80$ (15hrs) $SD = 1.60$</td>
</tr>
<tr>
<td></td>
<td>CPS: 14.36 ; PMT: 13.76</td>
<td></td>
</tr>
</tbody>
</table>
Outcomes – ODD Clinician Severity Ratings

Pre | Post
--- | ---
PMT | 6.71 | 3.35
CPS | 6.65 | 3.18
Feedback from CPS families

- “Our daughter has been more expressive. She does not lose her temper to the same intensity as she did before and it occurs less frequently.

- Our daughter was able to learn the CPS model well and so this tempered her reaction, she became more relaxed and more empowered as she knew she would be listened to properly in a non-threatening manner. We have noticed she is now better able to open up about issues bothering her.

- We are more aware of our parenting styles and are less reactive. Our daughter still has some issues with her older sister but we believe that is more due to a sibling dynamic and them being very different to each other.

- It is easier to get our daughter to stay in bed now once she has gotten to bed, whereas before she would get out of bed due to many different excuses. She does not push boundaries as much as she did before, and when she does it is more to understand the situation rather than to be challenging
Moderators and Mediators of Parent Management Training and Collaborative Proactive Solutions in the treatment of Oppositional Defiant Disorder for children and adolescents

Anna Dedousis-Wallace, Rachael C. Murrihy, Thomas H. Ollendick,
Ross W. Greene, John McAlloon, Scarlett Gill, Louise Remond,
Danielle Ellis & Sophia Drysdale
Rationale for study

• The ‘well established’ treatment for DBD (PMT) does not work for up to 40% of children (Ollendick, Greene, Austin et al., 2015; Murrihy, Kidman & Ollendick, 2010).

• How can we improve treatment outcomes for this group?

• Is Collaborative Proactive Solution (CPS) an alternative?

• Identify subgroups in which CPS is more effective than Parent Management Training (PMT)

• “how” and “why” do these treatments work?
Mediators and Moderators of Treatment Outcome

- **Moderators**: 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.

- **Mediators**: 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.
Moderators and Mediators
examined in study:

**Moderators:**
- Age
- Parenting style
- Emotion Regulation (parent and child)
- Perceived parental self-efficacy
- Parental attributions

**Mediators**
- Lagging skills
- Parenting practices
- Emotion Regulation (parent and child)
- Parental attributions
- Parental self-efficacy
Mediator: Lagging skills

- **CPS model**: challenging behaviours are caused when a mismatch occurs between environmental demands and the child’s skills to meet these demands.

- Challenging behavior in kids is best understood as the result of *lagging cognitive skills* (in the general domains of flexibility/adaptability, frustration tolerance, and problem solving).

- Greene (Murrihy, Kidman & Ollendick, 2010) theorizes that CPS indirectly develops these skills by working on specific problems that the child is having difficulty with that require these skills.

- In addition, skills are being indirectly taught through the general process of implementing a “Plan B” and are generically practiced in each step of “Plan B”.

- Anecdotal. No empirical support- YET!
### Mediator: Lagging skills

Please indicate the degree to which each of the following statements is true of your child:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has difficulty considering the likely outcomes or consequences of actions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Has difficulty considering a range of solutions to a problem</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Has difficulty managing emotional response to frustration so as to think rationally</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Exhibits difficulty expressing concerns, needs, or thoughts in words</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Has difficulty taking into account situational factors that would suggest the need to adjust a plan of action</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Exhibits difficulty appreciating how his/her behavior is affecting other people</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Difficulty empathizing with others, appreciating another person's perspective or point of view</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Demonstrates difficulty shifting from original idea or solution; difficulty adapting to changes in plans</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Shows difficulty appreciating another person's perspective or point-of-view</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>
Hypothesis:

- Lagging skills will mediate change in ODD behaviours for CPS but less so for PMT
<table>
<thead>
<tr>
<th>LAGGING SKILLS</th>
<th></th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMT</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>11</td>
<td>13.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Time 2</td>
<td>11</td>
<td>13.9</td>
<td>4.5</td>
</tr>
<tr>
<td>Time 3</td>
<td>10</td>
<td>13.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Time 4</td>
<td>9</td>
<td>12.3</td>
<td>3.8</td>
</tr>
<tr>
<td>CPS</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>12</td>
<td>17.4</td>
<td>3.4</td>
</tr>
<tr>
<td>Time 2</td>
<td>13</td>
<td>16.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Time 3</td>
<td>13</td>
<td>14.4</td>
<td>4.9</td>
</tr>
<tr>
<td>Time 4</td>
<td>11</td>
<td>14.7</td>
<td>3.2</td>
</tr>
</tbody>
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Where to from here?

Results promising so far
Trial near completion end of 2018
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