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

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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 skills
  - 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

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
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<tbody>
<tr>
<td>PMT</td>
<td>5.90</td>
</tr>
<tr>
<td>Wait</td>
<td>6.17</td>
</tr>
<tr>
<td>CPS</td>
<td>5.68</td>
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<tr>
<td></td>
<td>6.00</td>
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<tr>
<td></td>
<td>3.68</td>
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<td>3.57</td>
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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.

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<tr>
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<th>ODD CSR Pre</th>
<th>ODD CSR Post</th>
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<tbody>
<tr>
<td>No Anxiety</td>
<td>5.86</td>
<td>4.31</td>
</tr>
<tr>
<td>Anxiety</td>
<td>5.81</td>
<td>3.12</td>
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<tr>
<td>Overall</td>
<td>5.83</td>
<td>3.67</td>
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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)

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<thead>
<tr>
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<th>Mean ADHD CSR Pre</th>
<th>Mean ADHD CSR Post</th>
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<tbody>
<tr>
<td>PMT</td>
<td>5.25</td>
<td>4.64</td>
</tr>
<tr>
<td>CPS</td>
<td>5.42</td>
<td>4.37</td>
</tr>
<tr>
<td>Overall</td>
<td>5.32</td>
<td>4.53</td>
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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.