Key Components in the Treatment of Disruptive Behavior Disorders in Childhood and Adolescence
# Disruptive Behavior Disorders

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- **Specific Types**
  - Oppositional Defiant Disorder
  - Conduct Disorder
  - Disruptive Behavior Disorder NOS
  - ADHD
Externalizing Problems

At least 30-50% of child clinic referrals in the U.S. are for conduct problems:

- Disobedience, breaking rules, argumentativeness
- Fighting, bullying, cruelty to other, aggression
- Lying, stealing
Associated Outcomes

School failure and drop out
Substance use and abuse
Criminal activity
Early and inadequate parenting
Unemployment
Evidence-Based Practice

Integration of best research evidence, clinical expertise, and patient values (Institute of Medicine, 2001)
Evidence-Supported Treatments

Treatments studied scientifically

– Shown to be more beneficial than (no treatment, placebo, or an alternative treatment) across multiple studies
Evidence Supported Interventions for Disruptive Behaviors

Behavioral Parent Training

Youth CBT/Skills Training

Multi-component therapies
Evidence Supported Interventions for Disruptive

Behavioral Parent Training

OSLC’s Parent Management Training

Webster-Stratton’s Incredible Years

Eyberg’s Parent-Child Interaction Therapy

Forehand’s Helping the Noncompliant Child

Sanders’ Positive Parenting Program (Triple P)
Evidence Supported Interventions for Disruptive Training
Lochman’s Anger Coping / Coping Power
Feindler’s Anger Control with Stress Inoculation
Evidence Supported Interventions for Disruptive Behaviors

**Multi-component therapies**

- BPT + CBT
- Alexander and Parson’s Behavioral Family Therapy (aka FFT)
- Multisystemic Therapy (MST)
- Multidimensional Treatment Foster Care (MDTF)
Evidence Base for Youth Treatment

Cognitive Behavioral or Behaviorally Based Interventions

–Most consistently found to be efficacious with children with Disruptive Behavior (Hawley & Jensen-Doss, 2007; Weisz et al., 2005)
Barriers to Implementation of Manualized Treatments
Identifying Key Components of Disruptive Behavior Problem Interventions

Coded all evidence-based treatment manuals, for components that developers presented as central/critical/core to that treatment

Retained those components that showed up repeatedly across treatment manuals

Obtained expert validation from treatment developers and researchers via a survey

Hawley, KM (2011-2015), Increasing the Capacity of Providers to Monitor Fidelity to Child and Family CBT, National Institute of Mental Health (R21 MH090460; PI: Kristin Hawley, Ph.D.).
Results

Tasks for All Phases of Treatment

Key Tasks for the Early, or Beginning, Phase of Treatment

Key Tasks for the Middle, or Working, Phase of Treatment

Key Task for the Ending, or Termination, Phase of Treatment
Key Tasks for *All Phases* of Treatment

**Clear Session Agenda:** Discussing a session agenda at the beginning of every session

**Ongoing Assessment:** Assessing the child’s symptoms and functioning level throughout treatment (often by using some sort of checklist)
Key Tasks for *All Phases* of Treatment – Continued -

**Therapy Homework:** Assigning and reviewing out-of-session practice of new skills

**In-Session Practice:** Using role-plays, or otherwise practicing new skills together, during the appointment

**Reinforcement:** Praising or rewarding the child for working hard or trying
Key Tasks for *Early Phase* of Treatment

**Alliance:** Build a strong rapport or working alliance with the child and the parent(s)

**Treatment Description and Rationale:** Provide child and parent(s) with treatment description (e.g., session format, what is expected of them, rationale for how therapy works)

**Treatment Goals:** Discuss treatment goals and reach an agreement with child and parent(s) on the goals (may need to revisit or change goals during treatment)
Key Tasks for Middle Phase of Treatment

**Parent-Child Relationship:** Work with the parent and child to improve their communication and relationship (e.g., child directed play, special time, assertive communication training)

**Behavioral Parent Training:** Teach the parent to effectively manage noncompliance and behavior problems with improved monitoring of their child’s behavior and with the use of behavior management skills
Key Tasks for **Middle Phase** of Treatment - Continued-

**Feelings Identification:** Help the child recognize when they are feeling angry or upset (e.g., thoughts, feelings, physical signs) and rate their level of anger (e.g., SUDS or feelings thermometer)

**Cognitive Coping:** Work with child to identify and challenge their anger provoking thoughts (e.g., cognitive restructuring, positive self-talk, thought stopping, distraction)

**Problem Solving Skills:** Teach the child problem solving skills (e.g., coming up with possible solutions, considering likely consequences of each solution, and
Key Tasks for *Termination Phase* of Treatment

**Future Planning:** Planning and preparing for future stressors and possible setbacks
Key Component of EST’s for Disruptive Behavior Disorders

PARENT TRAINING

Seems critical for the ultimate success of Treatment for Disruptive Behavior or Conduct Problems
Summary of Key Components

Clear Session Agenda
Ongoing Assessment
Therapy Homework
In-Session Practice
Reinforcement
Alliance
Treatment Description and Rationale
Treatment Goals
Improve Parent-Child Relationship
Behavioral Parent Training

A set of procedures taught to parents by a therapist aimed at:

- Increasing a child’s prosocial behaviors
- Reducing deviant and antisocial behaviors
Behavioral Parent Training Techniques

Providing effective commands
Ignoring misbehavior
Natural or logical consequences
Time out
Positive reinforcement
Summary and Conclusions

Behavioral Parent Training is emphasized across evidence based interventions for disruptive behavior problems

Treatment researchers and treatment developers have identified it as the key ingredient to effective treatment for disruptive behaviors

Its importance relative to other treatment components, however, remains an empirical question.

For the time being, it is thought to be the most important component.