

Patterns in the Parent-Child Relationship and Clinical Outcomes in a Randomized Control Trial

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Objectives

1. Why is the parent-child relationship important in the context of clinical treatment and how might it fit with treatments?
2. Might the parent-child relationship hold different implications for two efficacious, yet distinct interventions for ODD?

Oppositional Defiant Disorder

- An externalizing disorder characterized by disruptive and noncompliant behaviors (APA, 2013):
 - i.e., loss of temper, spiteful and vindictive behaviors, blaming others
- These disruptive and aggressive behaviors have serious implications for children's functioning at home, at school, and with friends (Burke, Loeber, & Birmaher, 2002; Murrihy, Kidman, & Ollendick, 2010)
- While there are multiple interventions for ODD, responses to treatment can be wide-ranging and highly individualized

The Parent-Child Relationship

- Parents of children with ODD are more likely to exhibit problematic (rejecting and/or intrusive) forms of parenting (e.g., Brown, Granero, & Ezpleta, 2017; Burke et al., 2008), which could hinder children's clinical response to treatment
- Yet, among treatment-seeking families, some parents engage in more supportive and warm behaviors, which might serve as protective factors from ODD symptom severity (e.g., Clark & Frick, 2016; Loeber, Burke, & Pardini, 2009)

The Parent-Child Relationship (cont.)

- Given the heterogeneity of family factors like the parent-child relationship, we were interested in the *fit* or *match* between parental characteristics and two forms of psychosocial treatment (*parent-treatment compatibility*; Greene & Doyle, 1998)
- We examined *parent-treatment compatibility* with two ODD interventions: Parent Management Training (PMT; Barkley, 1997) and Collaborative and Proactive Solutions (CPS; Greene, 1998, 2010)
- While each intervention is similarly efficacious (Kazdin, 2017; Ollendick et al., 2016) the fit between the parent-child relationship and the treatment goals could explain heterogeneity in treatment response

Goals of Two Psychosocial Treatments for Oppositional Defiant Disorder

Parent Management Training (PMT; Barkley, 1997)

- Focus on parents' using:
 - direct/clear commands
 - one-on-one time to reinforce prosocial behaviors
 - timeout from reinforcers of negative behaviors

Collaborative and Proactive Solutions (CPS; Greene, 2010)

- Focus on helping parents and children anticipate problems and collaborate to solve problems
- Emphasis on the role of children's lagging skills in problem-solving and regulation

Current Research Questions

1. Would meaningful patterns of the parent-child relationship emerge depicting reliance on *warmth*, *intrusiveness*, and *hostility* among families seeking ODD treatment?
2. Would some family patterns respond better to PMT and others to CPS?

The Current Study

- A secondary analysis of a randomized control trial (Ollendick et al., 2016) testing the effects of PMT and CPS on improvements in ODD symptoms
- 134 families; principal reason for referral was ODD
 - 83 Boys; 51 girls
 - Ages 7 – 14 years; mean age = 9.52 years, SD = 1.77
 - Families were predominantly of European descent (83.58%)
 - 64% primary ODD diagnosis; 36% secondary ODD diagnosis
 - 55% comorbid with ADHD; 45% comorbid with an Anxiety Disorder

Procedures

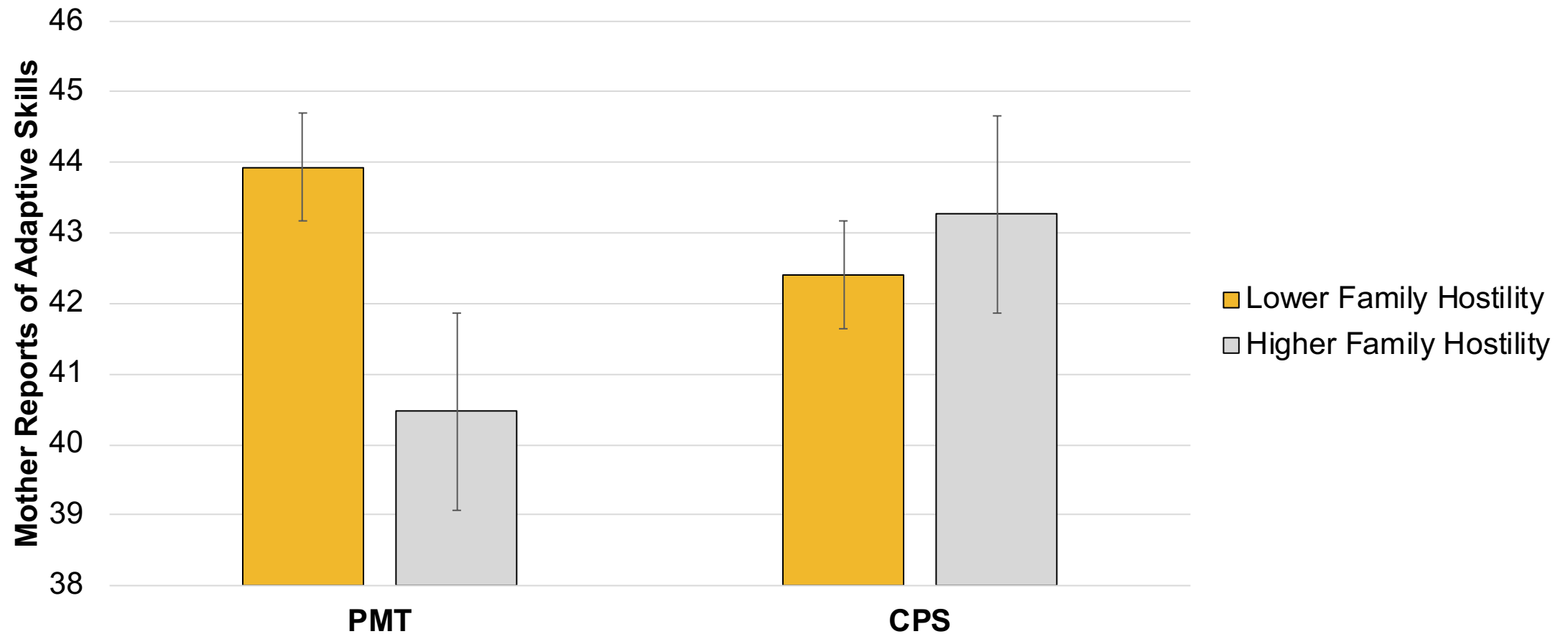
- Following a screening process, families completed two **pre-treatment** assessments, including
 - Semi-structured diagnostic interviews (ADIS-IV-C/P; Silverman & Albano, 1996)
 - A frustration-eliciting Tangram Puzzle Task (Hudson & Rapee, 2001)
 - The Alabama Parenting Questionnaire (APQ; Frick, 1991)
 - The Behavior Assessment System for Children, Second Edition (BASC-2; Reynolds & Kamphaus, 2004)
- At **post-treatment** and **six-month follow-up**, families again completed diagnostic interviews and the BASC-2

Principal Components of Parenting and Parent-Child Interaction Indicators

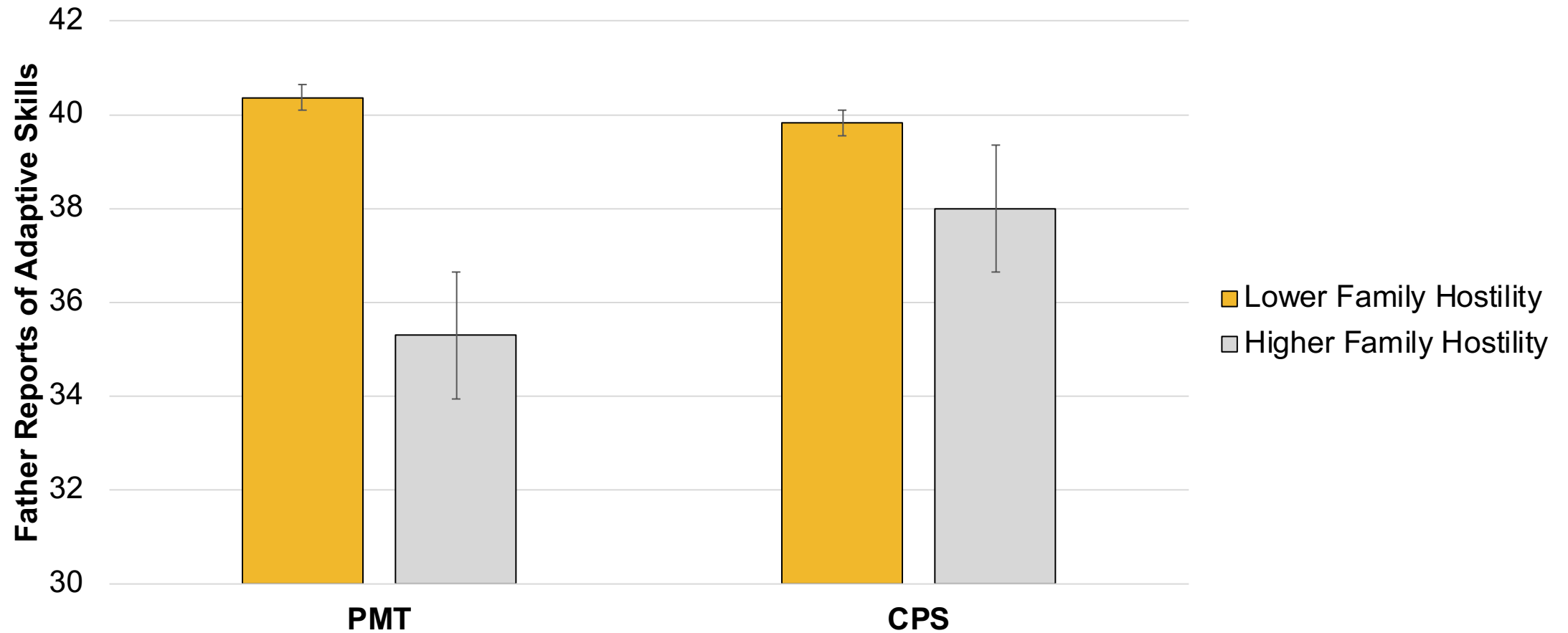
	Parental Warmth	Parental Monitoring	Family Hostility	Family Permissiveness
Component Loadings				
Mom Involvement	.54	.26	.11	-.12
Mom Positive Parenting	.70	.08	-.09	.14
Mom Monitoring	.01	.86	.13	.13
Mom Inconsistent Discipline	-.66	.32	.26	.22
Dad Involvement	.69	.46	.31	-.07
Dad Positive Parenting	.57	.43	.25	.15
Dad Monitoring	.15	.73	-.03	-.13
Dad Inconsistent Discipline	-.14	.05	.15	.88
Tangram Intrusiveness	.20	.00	.84	.17
Tangram Rejection	-.37	.13	.60	-.53
Component Correlations				
Parental Warmth	--	.17	-.01	.01
Parental Monitoring		--	.18	.01
Family Hostility			--	.01

Note. This table presents extracted principal components based on direct oblimin rotation.

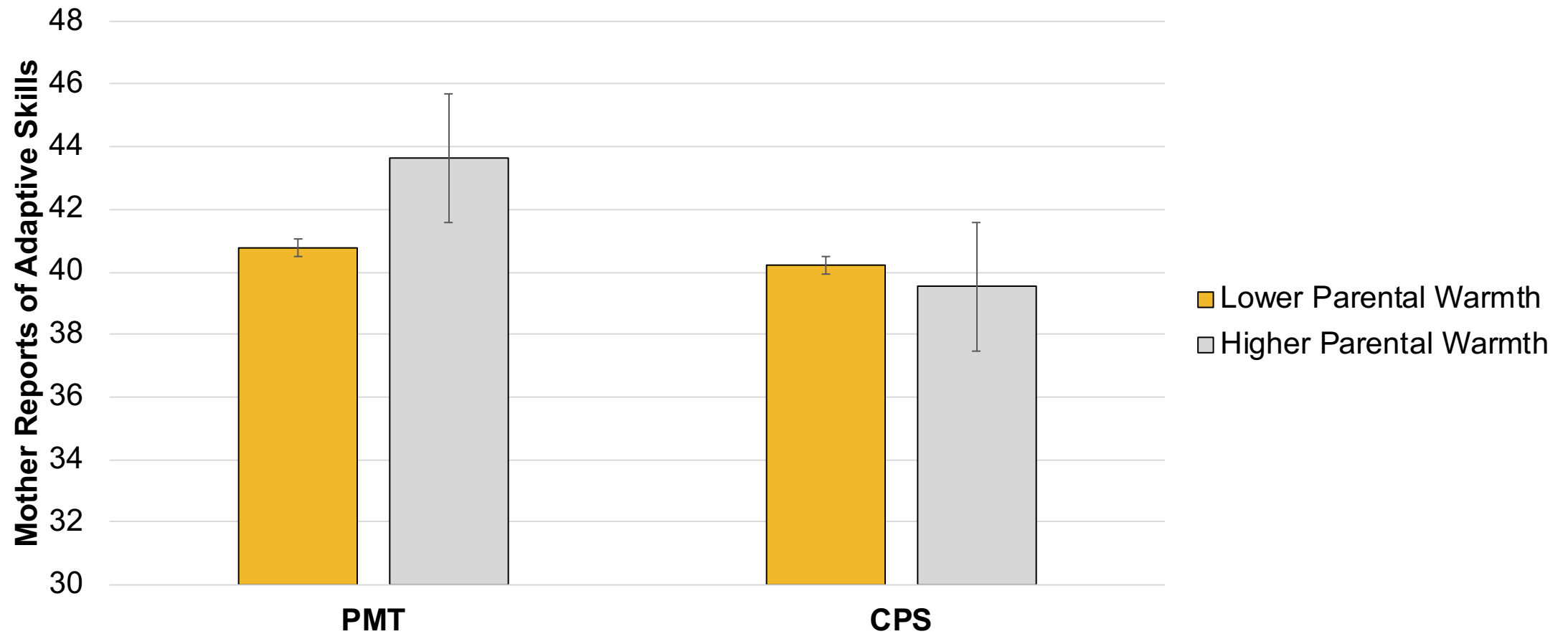
Between-Family Differences in Mother –Reported Adaptive Skills given Hostility and Treatment Assignment



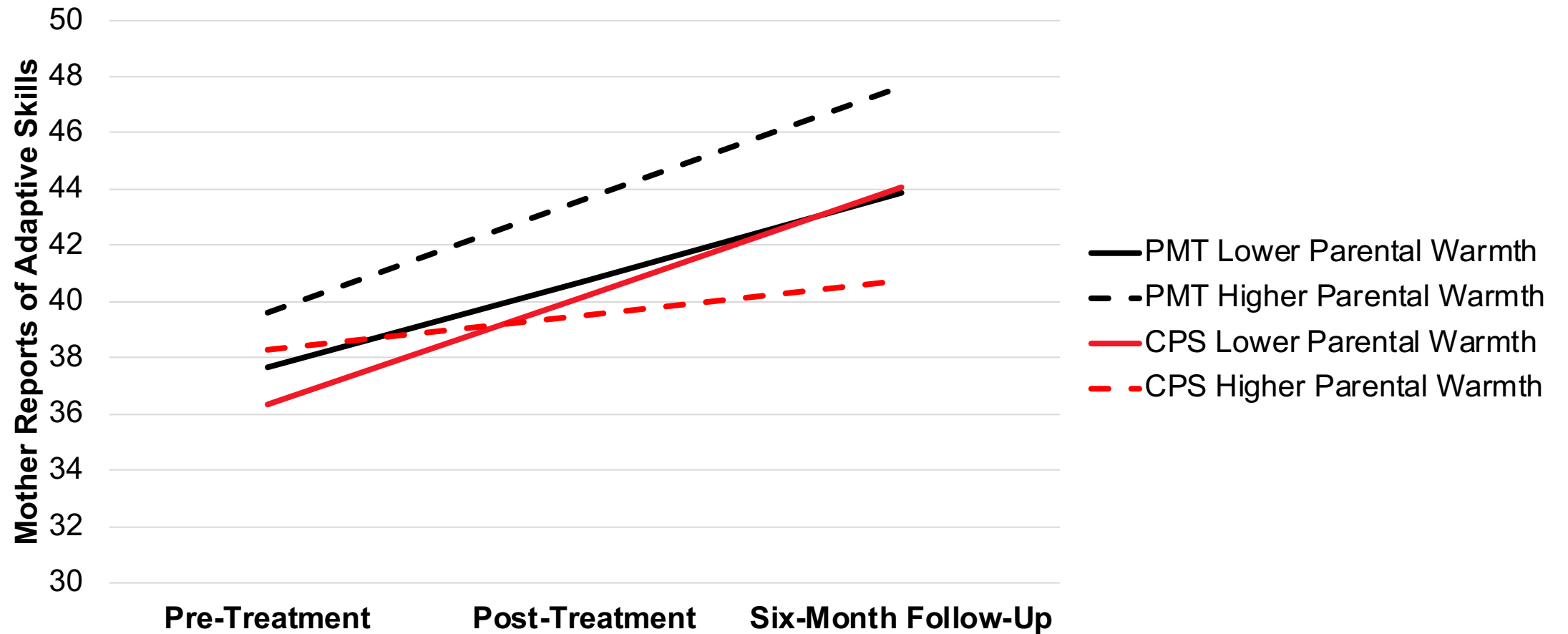
Between-Family Differences in Father-Reported Adaptive Skills given Hostility and Treatment Assignment



Between-Family Differences in Mother-Reported Adaptive Skills given Warmth and Treatment Assignment



Between- and Within-Family Differences in Adaptive Skills given Warmth and Treatment Assignment



Summary of Findings

- Question 1:
 - Four components of the parent-child relationship were supported
 - Parental Warmth; Parental Monitoring; Family Hostility; Parental Permissiveness
- Question 2:
 - Family hostility and parental warmth predicted different outcomes of child adjustment between PMT and CPS interventions
 - Families receiving CPS were not affected by initial hostility
 - Families receiving PMT reported greater gains in adjustment given parental warmth
 - Impacts were limited to child adjustment—not extending to externalizing problems in an ODD sample

Implications and Future Directions

- This work addresses a gap in the question of parenting fit with interventions that depend on parental involvement for success
- While these are only two of many ODD interventions, the different aims of these interventions do show distinct fit given the ways parents and children have more constructive (or hostile) interactions as they enter treatment
- There remains a need to consider the role of parenting fit outside of ODD and outside of externalizing treatment contexts
- There is also a need to address longitudinal and reciprocal changes in the parent-child relationship in regard to fit with clinical interventions

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