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

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Background

- Ollendick et al., 2015 RCT.
  - PMT = CPS (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

Phase 1: 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

Phase 2: Evaluating an attrition prevention program

- Awareness of high attrition in this population (Chacko et al., in press)
- Few studies have looked at strategies for increasing engagement and participation (Nock & Ferriter, 2005).
- Participation Enhancement Intervention (PEI; Nock & Kazdin, 2005).

Design – Phase 1

- 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

Hypotheses

- *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.*

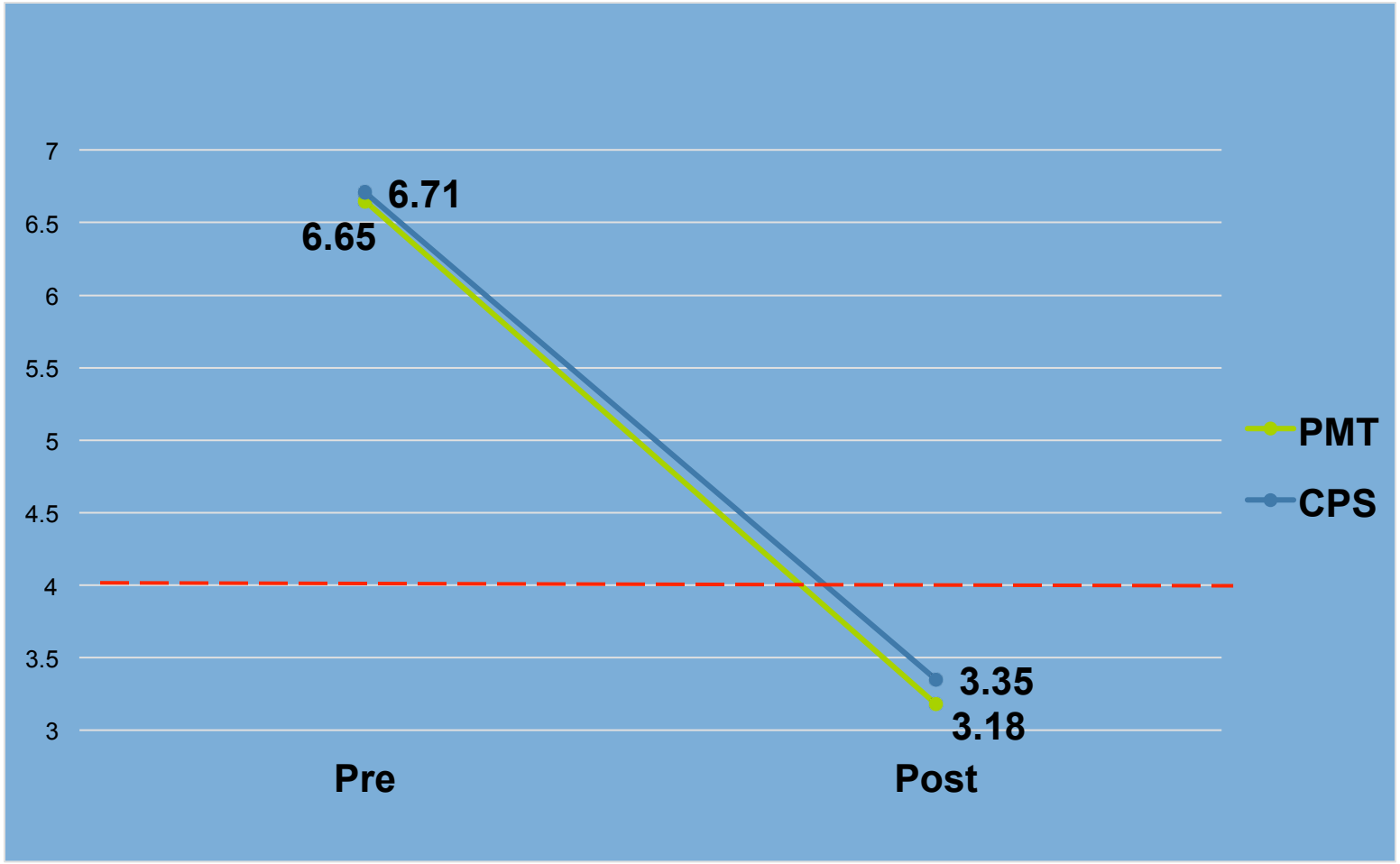
Measures

- 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

Demographics	Current study (Aim: 120)	Ollendick et al., 2015
Number of families	31	134
Principal reason for referral	ODD primary: 71% secondary 29%	64% 30%, tertiary: 6%
Comorbidity	94% with at least 1 comorbid disorder and 81% had 3 or more disorders	99% 83 %
Gender	80.6% male; 19.4% female	61.9% male; 38.1% female
Average age	10.15 years	7-9 yrs 59.35%; 10-14 yrs – 40.65%
Family structure	2-parent families: 83.9%	81%
Average number of sessions	$\bar{X}$ = 14.03 (14 hrs). *SD* = 2.49.	$\bar{X}$ = 11.80 (15hrs) *SD* = 1.60
	CPS: 14.36 (2.65); PMT: 13.76 (2.41)	

Outcomes – ODD Clinician Severity Ratings



Diagnostic status - ODD

ADIS - ODD	CPS	PMT
UTS study	50%	53%
Ollendick et al., 2015	46%	51%

PEI – Phase 2

- Investigating a brief intervention to enhance parent attendance and adherence: Participation Enhancement Intervention (PEI)

  (Nock & Kazdin, 2005).

  - Motivational enhancement approaches used with adults

    (Miller & Rollnick, 2002)

  - Barriers to treatment participation model

    (Kazdin, Holland, Crowley, 1997)

- vs. Engagement As Usual (EAU)

Hypotheses

- *Random assignment*
- The *PEI group will be associated with:*
  - *less drop out,*
  - *increased attendance,*
  - *increased adherence,*
  - *higher treatment acceptability,*
  - *higher parent motivation,*
  - *And BETTER OUTCOMES!!!*
- *...than the engagement as usual (EAU) group at post-treatment*

Change Plan Worksheet

1) The changes I want to make are:

In my child: (e.g., decrease tantrums)

_____

In me: (e.g., learn and use new parenting skills)

_____

2) The most important reasons I want to make these changes are:

(e.g., child's future, family functioning)_____

3) The steps I plan to take in changing are:

(e.g., come to sessions, try skills at home, practice)_____

Things that could interfere with the change plan:

4) How much trouble do you think you'll have **<u>getting to session</u>** each week (e.g., transportation, scheduling)?

0 1 I 2 3 4

Not at all Very much

To overcome this I will: (e.g., use reminders to self to practice each day)_____

_____

Design & Measures

- *Number of sessions attended.*
- *Completers vs non-completers*
- *Sessions missed*
- *Lateness to therapy (more than 15 mins)*
- *Treatment Adherence Questionnaire (Nock, Ferriter, Holmberg, 2006) – Parent and clinician-rated.*
- *Behavioural Observation of Application of Therapy Techniques*
- *Parent Motivation Inventory (Nock & Photos, 2006)*
- *Treatment acceptability – Parent Evaluation Inventory (Kazdin, Siegal & Bass, 1992)*

Results

- Dropout: 2 families
- EAU (n = 18); PEI (n = 13)

- Attendance (no. of sessions):

EAU	PEI
$\bar{X}$ = 14.17; *SD* = 2.55	$\bar{X}$ = 13.85; *SD* = 2.51

Results

- Adherence questionnaire – therapist rated

0	1	2	3	4
Not at all	Very little	Somewhat	Fairly well	Very well

PEI	EAU
$\bar{X}$ = 2.60 (1.02)	$\bar{X}$ = 2.16 (0.65)

Where to from here?

Results promising for Phase 1

Trial near completion end of 2017