

Effectiveness Of Parent Management Training For Oppositional Defiant Disorder Among Girls

Running Title: Effectiveness Of Parent Management Training For Oppositional

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Abstract:

Oppositional defiant disorder (ODD), which is one of the main reasons for referral to child mental health services, is also common in girls. However, very few studies have been focused on the intervention for treating ODD exclusively among girls. The present research aimed to evaluate the effectiveness of Parent Management Training' (PMT) for ODD in girls by using a pre and post control group design. Children belonging to the age range of 6 to 13, and their parents were selected by purposive sampling method, and total 27 participants were included in the study. Parent management training was given through individual sessions to parents of each girl and it lasted for 3 months with weekly one session. The results proved a valid difference between the pre-intervention and post-intervention assessments on ODD among the girls. Therefore, PMT can be considered as an effective intervention to manage ODD symptoms in female children.

Keywords: Parent management training, Oppositional defiant disorder, Girls

Introduction: Oppositional defiant disorder (ODD) is one of the most common referral problems in children and adolescents (15). If a child has a recurrent and insistent level of rage, irritability, quarrelling, disobedience or maliciousness to their parents or other influential figures, that child may be suffering from ODD. Diagnostic and Statistical Manual of Mental Disorders (1) explains the symptoms of ODD under three major headings as angry and irritable mood, argumentative and defiant behaviour and vindictiveness. These are extended to temper tantrums, refusals, annoying or upsetting others and putting blame on others for their own mistakes, and these emotional and behavioural symptoms should be presented at least for six months to diagnose. ODD is associated with significant risk of secondary impulse control, anxiety, mood, and substance use disorders (15).

As per DSM-5 criteria, the core symptoms must last at least for six-month duration and the symptoms should be present during their interactions with non-family members also (2). The essential features of ODD can be noted as:

- Atypical noncompliant, defiant and disobedient behaviour for children of comparable age and situations.
- Difficulty in interaction and developing bond with others due to argumentative, defying, refusing or rule breaking behaviours.
- Easily getting irritated, angry outbursts and resentful behaviour.
- These behaviours shouldn't be accounted for authority figures behaving antagonistically or make unreasonable demands on children.

The exact causes of ODD are unknown, both biological and environmental factors are equally contributing to this condition. Along with that, neurochemicals are believed to play a significant role in oppositional defiant disorder. Poor parenting, inconsistent discipline, stress or substance abuse are all can cause ODD in children. Initial symptoms of ODD generally begins in middle childhood or at preschool age (7). Prevalence rates of ODD among children and adolescents are estimated at 3.3%. The rates are equivalent in preschool boys and girls. The severity of ODD can vary among mild, moderate and severe types (2).

The prevalence rate of ODD among school children was found to be 7.73 per centage. The rate is equal among both genders (11). Research by National Academies of Science in 2015, hypothesized an increase in the occurrence of ODD among low-income families (14). A research study by medindia (12) estimated a ten percent increase in the number of children affected with ODD and regarding the gender concerned, boys found to be more affected than girls. Demmer, D. H et al (2017) conducted a meta- analysis on sex differences in prevalence of ODD across cultures and over time (8). Their report says ODD was significantly higher among boys than girls in western cultures alone. This report contradicts with medindia's conclusive remarks. Age trends in prevalence suggest that the onset of ODD has a steep increase from

childhood to adolescence. ODD has a strong comorbidity link with conduct disorder which will be more expressive during the early adolescent period. Among preadolescent girls, ODD act as a predictor for both depression and conduct disorder (5). ODD shows gender differences in symptom formation and girl children show a pattern of negativistic, defiant and disobedient behaviour (13). Longitudinal research suggests that defiant disorders can be a precursor for borderline personality disorder among girls in their adolescent period (16).

Parent Management Training (PMT): Parent Management Training (PMT) is an empirically supported technique in treating behavioural problems of the children (10). It has been proven as a collaborative and evidence-based approach for both children and youth after Rorger developed in 1976. PMT is a treatment method based on behaviouristic theories of learning for oppositional, dissent or aggressive type of behaviour. It is a family of treatment programs focusing on various parenting behaviours to enhance parental communication by modifying or eliminating disruptive behaviour of both parents and offspring (4).

Parents of ODD children need support and coaching on how to manage challenging behaviour of children. So, PMT is an approach to child's psychological problems by considering parents as a trained person to modify their own child's behaviour. This works well, as the child and the parent are always in contact and can exert tremendous influences on both. For the same reason, this is one of the most effective intervention strategies for managing child maltreatment (16). Defiant teens are difficult to handle compared to defiant kids. They both have different approaches to negotiation, communication and arguing. Hence PMT is a best technique to understand the range of defiant behaviours across various age periods and the parents can later on develop their own managing strategies. It has been rigorously tested and evaluated for its effectiveness in positive parenting practices. PMT makes parents independent to deal with their children from toddlerhood through troublesome adolescence.

Method:

The study adopted Pre and Post single group design. Evaluation for ODD was done with the help of Child Behaviour Checklist (CBCL) (16). The CBCL is a widely used test for assessing behavioural problems of child and youth. The measure has concordance validity with DSM diagnosis (9). Internal consistency reliability and factorial validity has been established for CBCL (17). Follow-up evaluations are conducted at the terminal level of intervention, for which participants had expressed their consensus.

A total of 31 families of girl children were selected through purposive sampling method and among them 4 were dropped out and 27 cooperated till the end of the research. Participants were aged from 6 to 13, and purposive sampling helped to make sure that either the child, or the parents had no other mental or physical health issues.

Intervention Pattern: The intervention phases included different sessions to explain central content, the major themes and the Individualized skill areas. Dysfunctional behaviour can happen in different settings such as in school space, familial space or social space and can lead to disruptive behaviour patterns. These disruptive behaviour disorders have a range of psychiatric comorbid conditions and it can be a risk factor for developing conduct or personality disorders in the future. Prompt and sustained treatment is inevitable for individuals suffering. If ignored ODD can cause problems like poor or low academic performance, impulsive reactions and substance abuse. Other pathological conditions can also be developed like communication disorders, learning disorders and depressive episodes. PMT is a recommended intervention technique for children up to 13 years of age and can help reduce the risk of future antisocial development (4, 10, 16).

Intervention lasted for three months with weekly one session of two hours duration and administered individually to both parents of the child. Therapists help the parents to attain mastery over certain skills, which are necessary to control undesired behaviour. Therapists gave importance to skills like praising appropriate behaviours, modelling the behaviour to the child and teaching the limits or boundaries of communication. These skills are modelled by the therapist and through role-play parents have to practice it.

After each session the therapists communicated about the feedback and commented on their progress. Training in emotional and social behavioural management increases parental awareness on emotional regulation. The therapist encouraged them to continue the intervention program.

Results:

Child Behaviour Checklist (CBCL) has been used to evaluate the ODD symptoms. The total problem scores were calculated for pre-intervention and post-intervention phases. Paired t-test analysis has been administered to see the clinically important changes in the treatment sample (6).

Table 1. comprises the mean and standard deviation for both pre-test and post-test scores

ODD	N	Mean	SD	t	P
Pre-Test	27	7.52	1.28	10.114	0.000
Post .Test	27	4.74	0.90		

The pre-test mean score was 7.52 with a standard deviation of 1.28, whereas the post-test mean score was 4.74 with a standard deviation of 0.90. The paired t-test yielded a significantly high t-value of 10.114 ($p < 0.0001$), indicating a substantial difference between the pre-test and post-test scores. This suggests that the intervention or treatment applied between the pre-test and post-test assessments had a notable effect on the participants' outcomes. The considerable decrease in mean score from the pre-test to the post-test indicates improvement or change in the measured variable due to the intervention. Therefore, the data strongly supports the effectiveness of the intervention in influencing the participants' performance or behaviour, as evidenced by the significant difference observed between the pre-test and post-test scores.

Discussion:

Parent Management Training shows the improvement in children's behaviour and it happened due to the increased practices of adaptive behaviour during the intervention process. The desired behaviours like managing mood, learning social competence and adjustment etc. helped them to extinguish the previous maladaptive reactions. This transformation improved their relationships with the parents and also with other family members. The literature speaks volume of the effectiveness of PMT as a remedial and preventive measure. (10, 16). Therapist was focused on each component of ODD. Angry and irritable mood was reported to be associated with peer rejection and this factor can increase argumentative behaviour among children. Parents have given sessions on pleasant social information processing that has been related to peer acceptance and meaningful discussions. Parents have been taught to observe the tendency of their wards to engage in hostile behaviours and asked to interfere or stop them.

Looking at intervention effects over time, the PMT practices were effective in reducing defiant behaviour and subsequent harsh parenting style. It enhanced social and emotional awareness and the likelihood of prosocial behaviour increased. Indirectly these changes made the child-parent relationship adaptive and secure.

Implication:

Parent management training can be taken as a recommended measure for all school going children as they all can get lessons of adaptive behaviours which enhance parent-child relationship. Parents can be equipped with positive behavioural reactions to manage their children and can shape their personality from the very beginning. These children are in the school going period and teachers are also training them to be good citizens of their country. PMT can go hand-in-hand with school training programs as well. Most of the problems of childhood relies on poor communication among family members and PMT is a package of programs that aims to change disruptive parenting patterns and poor communication among family members. Since most of the parents are working these days and getting less time to spend with their kids, in such cases other family members are taking care of the children and a transparent communication among them all is what is needed to address the defiant behaviours of children. PMT is the best strategy in such cases to assess, realize and treat such problematic behavioural reactions among children and parents.

Conclusion:

This research shows that the Parent Management Training (PMT) intervention works effectively for the girl children and their symptoms reduced significantly during the post session phase. However, more empirical studies with large sample are needed in this area.

Conflict of interest:

The authors declare that there is no conflict of interests regarding the publication of this paper.

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