

CASE STUDY OF PARENT MANAGEMENT TRAINING FOR OPPOSITIONAL DEFIANT DISORDER

Presenting Problems

Parents Jackie and Robert signed up to complete the “Group Triple P-Positive Parenting Program” because of major concerns about their 4-year-old son Aaron’s behaviour. Jackie complained of a variety of behaviour problems, the most concerning of which were Aaron’s persistent aggression, including hitting, punching, kicking, and throwing objects towards his parents and his older sister Sarah (aged 5 years). His mother also reported frequent swearing and temper tantrums, particularly at bedtimes and when getting ready to go out. At home, his tantrums involved angrily destroying his toys in response to being reprimanded or -prevented from having what he wanted. According to Jackie, Aaron’s behaviour in public was extremely embarrassing so that shopping trips were avoided altogether.

Jackie’s main concern was Aaron’s bedtime behaviour. Essentially, Aaron refused to get into his own bed and usually fell asleep in front of the television in the lounge room. If he was taken to bed, Aaron would repeatedly call out or get up throughout the night, asking for food, drinks, and toys. His parents had given up trying to get Aaron to bed. Aaron would frequently come into his parents’ room, and as a consequence the entire family’s sleep was disrupted; Jackie complained of exhaustion and being sleep deprived, getting approximately only four hours of sleep per night. Jackie and Robert felt that they had tried everything to try to control Aaron.

By the time the family presented to the clinic, Jackie reported finding it very difficult to assert her authority and say no to him. Both parents on presentation were extremely stressed, tired, and felt their lives were out of control and that they were ruled by their 4-year-old child. They had spoken to friends and neighbours for suggestions but felt nothing worked. Aaron’s teacher referred the mother to the clinic.

Assessment

The initial assessment of the family involved an interview, an observation of parent–child interactions in the home, and the completion of standardised questionnaires. Interview and

parent–child observation data revealed a number of important factors contributing to Aaron’s behaviour problems. Among these factors were accidental rewards for aggressive behaviour by giving into Aaron, an inconsistent bedtime routine, vague instructions for Aaron to follow, disagreement between the parents regarding discipline, and some coercive punishment including smacking.

Jackie and Robert completed a series of questionnaires both before and after Triple P so that the effects of treatment could be assessed. The results are presented in Table 6. The questionnaires included the Eyberg Child Behaviour Inventory, the Problem Setting Checklist, Depression and Stress Scales, the Parent Problem Checklist, and the Parenting Scale. On almost all of these measures, both Jackie and Robert scored in the clinical range of severity at the beginning of treatment. For example, the Eyberg Child Behaviour Inventory scores for parental perceptions of the intensity of disruptive behaviour were extremely high before the program. Jackie and Robert scored 179 and 174 respectively on this measure, far exceeding the cut-off score of 132 used to define cases of clinical severity. Also, out of 36 potential behavioural problems on the Eyberg Child Behaviour Inventory, Jackie reported 24 and Robert reported 21 of these as consistent difficulties for them, again well above the cut-off score of 15 for clinical severity. While measures of parental depression and stress were within the normal to mild range for both parents, scores for dysfunctional parenting styles as measured by the Parenting Scale were clinically elevated for both parents. On the Parent Problem Checklist, Jackie and Robert both reported a high degree of conflict between them over childrearing and family management, scoring 9 and 10 respectively and again exceeding the clinical range cut-off score of 5. Their Problem Setting Checklist scores showed that both parents had a very low level of confidence in dealing with Aaron in various daily situations. On the basis of the assessment, Aaron was diagnosed with oppositional defiant disorder.

Intervention

Jackie and Robert participated in Group Triple P (as outlined in Table 5) conducted by the second author, delivered over an eight-week period. Parents participating in Group Triple P are provided with specific child management advice to optimise their child’s development. The intervention is an eight-session training program delivered in groups of 10–12 parents who have children between the ages of 2 and 12 years. There are four two-hour group sessions and four 15–30 minute telephone sessions. Telephone sessions are used to provide additional

support to parents as they put into practice what they have learned in the group -sessions. Both parents are encouraged to participate and to discuss their participation in the program with relevant staff if their child attends day-care, pre-school, or school.

Treatment Outcome

As shown in Table 6, Jackie and Robert's post-intervention assessment scores revealed a substantial improvement on all outcome measures. Anecdotal reports taken from an interview with Jackie following the program indicated the types of changes experienced by the family:

We have really achieved everything we set out to. I am so pleased we can take him out without a major drama and he now sleeps in his own bed every night. What a change. Family life is generally much more pleasurable. The thing that has made the biggest difference for us is that we all speak nicely to each other. The shouting and screaming are a thing of the past. I feel there is a strong bond now between Aaron and us. I feel so good having some control. Being calm, firm, and consistent were the keys for me and of course lots of hugs and cuddles and praise for good behaviour.