

Case Study

Parent and child interaction therapy: management of case of conduct disorder- a case report

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ABSTRACT

A child's emotional and behavioral reactions are strongly determined by his interactions with his parents. This case report aims to highlight the impact of physical abuse and neglect by the mother on the behavioral and emotional reactions of a child, conceptualizing the case, and planning intervention in the case of a 9-year-old male child referred to Child Guidance Clinic of IHBAS for the purpose of Behavioral Management. Evaluation of the case revealed history of physical abuse and neglect by his mother which contributed to his negative attitude towards a mother figure as well as his behavioral and emotional difficulties. The case report focuses on the use of a therapeutic intervention named Parent-Child Interaction Therapy and parents counseling. Intervention with the child focused upon various areas such as unresolved negative emotions, negative attitude towards the mother figure, low self-esteem including improving the quality of interaction with parents and significant others. Parent Child Interaction Therapy is a relatively new therapeutic medium that has been a recent development in the field of psychotherapy and has proven to be effective in the treatment and management of childhood disorders. The current report also focuses on the child's experience of parental neglect and abuse. These experiences have also been dealt with in a sensitive manner with the client through Parent child interaction therapy. The new development is a promising therapeutic approach in treating and managing cases of behavioral as well as emotional problems, especially rooted in disturbed family dynamics and abusive interpersonal patterns in childhood.

Keywords: *Child Interaction Therapy, Physical abuse and neglect, Sexual abuse, Conduct Disorders, Family Functioning*

A child's mental health is adversely affected by the quality of care provided by his/her parents. Physical abuse, neglect, and other forms of child maltreatment impose severe hardships on children and affect them as adults (Paxson & Waldfogel, 1999). Wide range of psychiatric and psychological problems are associated with child abuse and neglect such as interpersonal deficits, cognitive and academic impairments, aggressive and delinquent behaviors, suicidal and self-destructive behaviors (Kultur, 2007). Child sexual

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Received: July 07, 2020; Revision Received: August 07, 2020; Accepted: September 25, 2020

abuse and neglect is considered as a modifiable risk factor for mental disorders across the life span (Butchart et al.). Childhood abuse and neglect are likely to contribute to adverse health outcomes; however, these outcomes are not independent of the socio-economic contexts. Lifestyle factors, access to health care, social support and nature of interactions with others may act as mediators between child abuse and neglect and health consequences (Horwitz, McLaughlin, & White, 2001). Child maltreatment may be a marker of other family problems such as chronic poverty, care-deficits, family dysfunction, parental conflicts, parental psychopathology that together increase the chances of occurrence of mental disorders in children (Czaja, DuMont, & Widom, 2007; Pelton, 1994). These risk factors have been shown to increase the children's vulnerability to psychopathology in the absence of compensatory strengths and resources (Hildyard & Wolfe, 2002). Child abuse and neglect have considerable psychological importance because they occur within ongoing relationships that are expected to be protective, supportive, and nurturing (American Psychological Association, 1996). Children from abusive and neglectful families grow up in environments that fail to provide consistent and appropriate opportunities that contribute to child's development, instead they expose the child to physical and emotional harm (Wolfe & Jaffe, 1991). There are various personal characteristics that act as buffer in reducing the negative impact of child abuse and neglect, namely, optimism, high self-esteem, high cognitive ability, or a sense of hopefulness despite their circumstances (English, 1998).

This case report aims to present difficulties in diagnosis and management of a child presented with behavioral and emotional problems contributed by persistent negative experiences and maltreatment by his mother during the early years of his life. It also emphasizes upon the importance of family interaction patterns and implementing a relatively recent therapeutic approach known as Parent-Child Interaction Therapy (PCIT) which focuses upon improving parent-child interaction, teaching effective parenting skills as well as managing behavioral problems of the child. Parents offered consent for case report presentation after having understood the rationale and purpose of paper presentation. Family was quite compliant to the sessions and was cooperative during the exploration and intervention process.

Case History

Child A, 9 years old male, studying in 3rd grade, residing in urban domicile belonging to middle socio-economic Hindu family was referred to Child Guidance Clinic of Institute of Human Behavior and Allied Sciences (IHBAS), Delhi. Child was accompanied by his paternal aunt and presented with complaints of aggressive behavior towards self and others, hyperactivity, low academic performance, frequent crying spells, and disobedience since the last three years. On clarifying the history, it was revealed that child had suddenly stopped interacting and communicating with anyone three years also. He began to stay aloof and withdrawn to himself He gave limited responses when others tried to engage in conversation with him. He began to cry inconsolably on trivial matters and sometimes, without any apparent reason. He even threatened others that he will harm himself and frequently picked up harmful objects like scissors or knives in order to warn others that he will harm himself. His aggression even turned towards others and he started to behave in an aggressive manner with all his family members, especially his younger brother who is three years younger than him. As reported by the paternal aunt, he became extremely stubborn and if his wishes were not fulfilled, he would either become angry or cry disproportionately for hours. He even became critical towards others and constantly stated that he hates everyone and nobody has ever loved him. Even though, the frequency and intensity of the behavioral problems had increased to a great extent, the problems were misunderstood by the family members,

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instead, they attributed his problems to becoming spoiled due to poor peer influence and it does not require any psychological help. However, the paternal aunt suspected that behavior of the child was unusual as well as abnormal and understood the need for psychological help. Therefore, for the above complaints, his aunt bought him IHBAS where he was provided pharmacological as well as non-pharmacological treatment.

On further detailed interview with the aunt, in order to explore stressors and assess the underlying issues as well as conflicts, it was revealed that the child's behavioral and emotional problems increased when he stayed with his parents and they were in control when he stayed with his grandmother and aunt. When he was with his parents, he would remain quiet and withdrawn most of the time. However, if his wishes were not agreed with or if he was criticized, he would become angry, show temper-tantrums, he would threaten that he would harm himself or others by picking up knife or scissors.

The family history did not reveal any other major illness in family. However, it was reported that his mother was in an extra marital affair and she was murdered by her boyfriend three years ago. As per the interview, it was revealed that the living arrangements of the child had not been stable throughout his life. He stayed with his parents and grandmother in a two-bedroom apartment in Delhi during the first three years of his life. He was usually looked after by his grandmother. His mother never looked after him and always stated that he was an unwanted child as a consequence of an unwanted pregnancy. She even refused to breast feed him and did not pay much attention to the rearing of the child. His father was not very involved in his life and mostly travelled to Ludhiana for work purpose and stayed in Ludhiana most of the time. Client's father is the main-bread earner and decision maker of the family. Parenting style of both the parents was neglectful. His grandmother took responsibility of the child and took care of all his basic needs. However, after three years, two major changes were experienced by the child. Firstly, his grandmother shifted to his uncle's house when he was only three years old. Secondly, he had a newborn sibling at home. He started to reside with his mother, his sibling and sometimes his father when he visited from Ludhiana for the next three years. Gradual changes in the child's behavior started to emerge during these three years, however, the reasons for these changes were unknown initially by the aunt and the father. In order to have a clear perspective of the child's problems, the psychosocial factors associated with his behavioral problems needed further exploration. For this purpose, it was necessary to interview the child's father and grandmother along with his paternal aunt.

Detailed explorations from the father, grandmother, and aunt revealed that the child was physically abused and neglected by his own mother. She frequently went to meet her boyfriend along with her younger child and locked the child inside the house. She was aggressive towards the child and threatened to harm him with a knife or scissors. She even threatened him that she will harm herself or the client when he claimed that he would complain to his father regarding her behavior towards him. She was extremely critical towards the child and rejected him when the child attempted to approach her. She even restricted him to interact with his relatives and spoke ill regarding them in front of him that led him to believe that his relatives are harmful and dangerous. She frequently stated in front of the child that he is unwanted and she does not regard him as her child. The child started to believe the same and began to verbalise the beliefs such as 'mera is duniya mei koi nahi hai', 'mujhse koi pyar nhi karta', 'mummy acchi nahi hai'. Currently, the child keeps disturbed and expresses confusion with regards to his identify. He often asks his aunt about his real mother and whose son he actually is. He denies that he has a brother and states that

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he has always got more attention from his real and step mother. He has an extremely negative attitude towards his brother and is very hostile as well as critical towards him.

When the child was six years old, it was found out that his mother was murdered by her boyfriend. During that time, his father was not in a condition to take responsibility of the child. He was then shifted to his paternal aunt's house along with his younger brother. During the initial of his new environment, the child was observed to be extremely withdrawn, fearful, and unapproachable. He did not show much interest in any activity. His aunt provided the child with a supportive and nurturing environment. He slowly started to reveal his troubled experiences with his mother in an indirect manner. He stated that he is an unwanted child, he was never shown love by his mother, his mother was not good. Whenever his aunt asked him to accompany her while she was going outside the house, he showed a puzzled reaction and asked his aunt to lock him inside the house as his mother did as he started to believe that it was an appropriate behavior. He even expressed that he is habituated to being alone most of the time and found it difficult to live with so many people around him. However, slowly and gradually, the child found comfort in his new living arrangement but his behavioral problems did not subside.

During the interview, it was also known that his father remarried two years ago. The child has been convinced several times to shift back to his house and reside with his father and step mother. However, the child reports that he is extremely attached to his aunt and does not want to leave her. He even expresses disappointment over his father's remarriage and states that he did not want the marriage to take place. Currently, it has been decided that the child will continue to stay with the aunt and visit his parents on weekends. Unfortunately, the child did not have positive experiences with his step-mother. It was reported by the child that his step-mother talks in a negative and critical manner with him. As reported by the aunt, it was known that the child was initially rejecting towards his step-mother and despite various attempts at approaching him, she was not successful. However, she mingled easily with the child's younger sibling as he was more approachable and cheerful in nature. The child's behavioral problems increased in front of his step-mother which led to increased critical comments of the step-mother towards the child. She even expressed to him that his mother left him because of his spoilt nature which hurt the sentiments of the child. She constantly compares him with his sibling in a negative manner. She usually expresses her disagreement for the need of any psychological help and accuses the child for being spoilt. Persistent negative experiences with his mother and step-mother contributed to the child's negative attitude towards the mother figure and his reluctance to see his mother on weekends. He only wishes to reside with his aunt and displays extreme disturbance in her absence. These experiences contributed to the child's low self-esteem, negative attitude towards others, and a build-up of negative emotions that could not be expressed by the child. As per the history obtained, there were no significant prenatal, natal, postnatal complications and child achieved developmental milestones at an appropriate time. Child usually prefers being alone and never showed interest in interacting with others. He enjoys drawing, coloring, and dancing. Difficult temperament was noticed in child since early childhood characterized by frequent anger, fearfulness, and increased sensitivity to criticism. He had difficulty in adapting to a new environment. He has poor attention and gets distracted easily. He even displays lack of interest in academics and shows poor academic performance in comparison to his performance in previous grades.

Psychological Assessment

Psychological assessment was conducted for better understanding of individual and familial factors, in which Raven Controlled Projection Test and Draw a House Tree Person Test was administered. Assessment of measures of abuse using Draw a House Tree Person Test revealed significant disturbance in areas of preoccupation with Sexually Relevant Concepts and Withdrawal and Guarded Accessibility indicative of possibility of physical and sexual abuse in the past. It also shows that the child is preoccupied with the memories of abuse and is guarded leading to avoidance in emotional expression. The findings also suggest presence of aggressive and hostile tendencies. On Raven Controlled Projection Test, the child revealed various aspects about him on various domains. He reported dislike towards his step-mother and brother and repeatedly said “mummy acchi nhi hoti, mera bhai accha nahi”. He revealed that the only people he likes are his paternal aunt and father, he reported “pyar se rehte hai, papa acche hai toh unke saath acha lagta hai”. He has a negative attitude towards figures who oppose him leading to oppositional tendencies in the child. The child reported absence of friends and peer giving a rationale that they are dominating and abusive towards him. As revealed by the aunt, he displaces his anger towards others towards his younger brother. He does not even let his brother touch him and often says that he is not his brother. He reported fear of crowds and said “aise lagta hai koi lejayega mujhe pakad ke, meri mummy le jayegi bheed mei se”. He is fearful of going out alone in the crowd. He reported that he lies often and makes up stories revolving around a common theme of going back to living with his parents. He expressed worries related to his identity and dissatisfaction his father’s remarriage. He reports concerns such as ‘who is his mother’, ‘whose son is he’. He also reported that his father should not have married because mothers are bad, they hit and run away. He wishes to make a house and reside only with his aunt for the rest of his life. He feels disturbed at the thought of losing his aunt. The thoughts and feelings of the child were revealed through the test administration; however, the child is evasive and guarded about his thoughts during the sessions.

Considering the detailed history as well as psychological assessment, the child was diagnosed with Conduct Disorder. Keeping in mind that the child’s problem was contributed by his mother abusive attitude and persistent negative experiences with his step mother, management with parents and sibling was targeted to train parenting skills, improving parent-child interaction, and behavioral modification through parent-child interaction therapy.

Management

In the initial phase of management, it was noticed that the child was very guarded during the sessions. First few sessions focused on establishing rapport with the child, however rapport was established with difficulty. Despite various attempts at establishing rapport with the child, it was very difficult to engage the child in conversation as he usually did not respond or responded in a limited manner during the initial sessions. As the child’s interest in art was known, art was used as a medium for establishing rapport as well as communicating with the child. The use of art and indulgence in art related activities gradually made the child comfortable in the sessions. Art materials used were coloring books, paints, crayons, sketch-pens, pencil, eraser, ruler, and sharpener. Four sessions were held which focused on establishing rapport with the child. During these sessions, the child gradually started to express his disturbed emotions while being engaged in the art activity. He would make statements such as ‘mujhse koi pyar nhi karta’, ‘mera koi nhi hai duniya hai’ in a casual manner.

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As the problems of the child were rooted in the disturbed nature of interactions which the child shared with his parents, subsequent sessions in therapy were planned to focus upon Parent-child Interaction Therapy (PCIT) which aims to improve the parent-child relationship and also provide guidance to the parents regarding the effective parenting styles which can be beneficial for the child. The parents of the child were then involved in the therapeutic process. They were oriented to the nature of therapy that is being planned for their child and how it fulfills the purpose of being beneficial for their child's improvement. The primary goals and expectations of the parents were discussed in the initial sessions. They were informed regarding their required involvement in the subsequent therapy sessions along with the child in order to facilitate better interactions between them and their child. They were informed that improved parent-child interactions can enhance the parent-child relationships and reduce the behavioral problems of the child through effective disciplinary skills that will be acquired through therapy. The distress experienced by the parents was addressed at the beginning or end of every session.

An individual session was held with the child's step mother before the beginning of the therapy. She was psycho-educated regarding the behavioral problems of the child as she denied any illness in the child and usually expressed that the child was spoilt. Her difficulties and challenges as a mother and wife were also explored and addressed during the session.

The plan for psychological management in the future sessions focuses on the child, his father and step-mother. PCIT manual will be referred which divided therapy in two phases: Child-directed interaction (CDI) and Parent-directed interaction (PDI). In CDI, therapist emphasizes on skills that need to be learnt by parents in order provide a supportive and encouraging environment of the child. This helps in improving the communication skills of the child and boosts his self-esteem. The main rule of CDI is to follow the child's lead. As the child was interested in art activities, the parents were instructed to engage in art related activities with the child each day at home and follow his lead. This time is referred to as 'special time' in which the parents are given certain instructions to follow when they are engaged in art activity with the child. These rules are: praise, reflect, imitate, describe, and be enthusiastic. They were also instructed to avoid critical and sarcastic comments as well as questions. They were instructed to deal appropriately with undesirable behavior. The activities were taught through "role play" technique. CDI was planned for two months with sessions scheduled on every alternate day involving the child, his father and step-mother following the PCIT manual. In the sessions, the child engaged in art activities with father and step-mother one at a time whereas the therapist and the other parent would rate the parent involved with the child based on the rules of 'special time'. Homework assignments were also planned and discussed with the parents. Homework assignment included spending special time with the child everyday at home strictly following the rules of special time where one parent would rate and give feedback to other parent based on the CDI rules emphasized. Technique of modeling and getting support from each other were encouraged for the parents. Feedback was regularly communicated with each of the parents. The subsequent sessions focused on stress management and anger management. There was regular emphasis laid upon labeled praises and importance of social support for the child. Few sessions also focused upon boosting the self-esteem of the child in which a strengths approach was emphasized where the parents discussed regarding the talents, strengths, and resources available to the child. After the completion of the CDI session, a review session was held in order to monitor the progress of the child. CDI sessions are also referred to as relationship enhancement phase as it focuses on enhancing the parent-child relationship.

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In the second phase, Parent child interaction (PDI) also known as discipline and compliance phase was carried out in which the parents were taught effective and safe disciplinary tips for giving commands and instructions to the child. Parents were also encouraged to follow these tips during special time. Parents were asked to give effective commands such as cleaning up the play room and the child was encouraged to follow them. Steps of PDI involved giving a command, praise, warning, time out chair and time out room. Certain rules were taught to parents which should be kept in mind while practicing the PDI rules for giving commands such as- to be direct, specific, positive, age-appropriate, being polite, and to use only when required. Handout of these rules were provided to the parents so that these rules can easily be remembered as well as practiced at home. The parents were also be instructed about the introduction of 'house rules' to the child. The ways of tackling with the inappropriate public behaviors of the child were addressed during the therapy sessions. Lastly, the sibling of the child was included in the therapeutic process in order to resolve the issue of sibling rivalry. Sessions were planned on every alternate day and generalization to situations outside the playroom were encouraged.

Following the PDI sessions, regular review sessions on a monthly basis will planned in order to monitor the progress of the child.

DISCUSSION

This case study describes the ongoing implementation of Parent-Child Interaction Therapy (PCIT) along with the plan of therapy in the future sessions with a nine-year-old child experiencing behavioral problems such as aggressive behaviors, poor academic performance, impulsivity, and oppositional tendencies.

A primary issue to consider in providing therapy to a child who has been exposed to physical abuse and neglect involves the need to not only address the child's behavioral problems but also factors contributing to these problems. Cicchetti and Toth (1995) stated that when a therapist is providing individual child psychotherapy, it is important to consider that the child does not exist in isolation, but continues to be affected by his home, school, and the broader community. Therefore, the involvement of family members who strongly influence the child is necessary in the management of a child with behavioral problems.

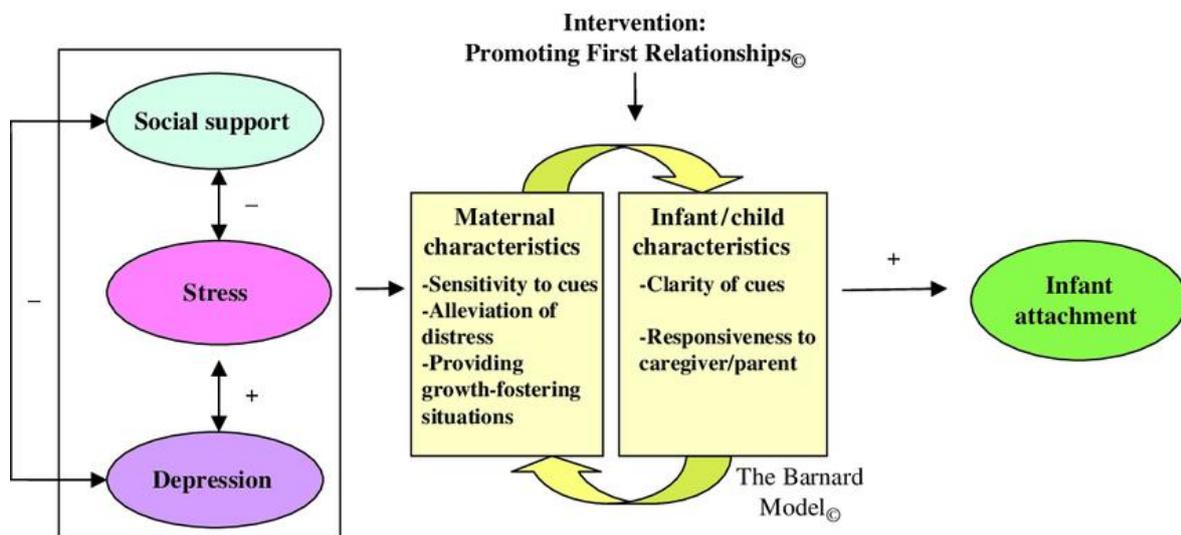
Parent child interaction therapy (PCIT) is an empirically supported treatment for children who have been exposed to trauma, domestic violence, and child abuse (Franke, 2016). As in the case of the child, his disturbances are rooted in poor quality of parent-child interactions contributed by child abuse and neglect as well as critical attitude of his step-mother, hence therapeutic process which aims at improving the parent child interaction and teaching effective parenting skills can be beneficial for the child. This therapy can aid in providing compensatory resources and support which can reduce the negative impact of traumatic incidents experienced by the child.

Research studies have shown that introduction of a step-parent is an event that is experienced as stressful, especially when the child already has experienced persistent negative experiences with his own mother in the past (Cain & Fast, 1966). In the case of the child, he not only experienced negative treatment by his mother but also critical and derogatory comments from his step mother consistently which led to development of the belief that 'All mothers are bad' as a result of which he often expresses his disappointment in his father's marriage.

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Past researches have showed evidence of clinically significant improvements in disruptive behaviors, conduct problems and oppositional behavior (Eisenstadt, Eyeberg, Funderburk, & McNeil, 1991). Another study has shown that pre to post treatment has led to improvement of child behavior, parents stress, and children's attitudes in cases of oppositional defiant disorders (McGrath et al., 2005). Research studies have examined the long term maintenance of progress after PCIT for children with behavioral problems. It has been indicated that mothers reported long term effectiveness and maintenance of PCIT on regular follow up. Mother's reports of disruptive behaviors decreased with time since treatment (Eyeberg & Hood, 2003).

Figure-1: Barnard Model of Parent-Child Interaction (Barnard et al., 1985)



The child's case has been understood with the help of the model suggested by Barnard et al. The model suggests that a healthy child development is dependent upon the parent responding to signals from the child in a loving and dependable manner starting from the moment of birth. The model aims to improve parent child interaction and provide a nurturing environment for the child. The extent of social support is strongly associated with the degree of stress and depressive symptoms. Maternal characteristics such as responsiveness to cues and providing a nurturing environment to the child can lead to positive attitude of the child and responsiveness to the instructions given to the child. In the case of the client, he has negative attitude towards the mother figure due to past negative events leading to behavioral problems in the child. The parent child interaction therapy focuses on improving the parent-child relationship in the first stage which further leads to the second stage in which parents focus on disciplinary process on the basis of the assumption that improved parent-child relationships will encourage the child to be responsive to parental instructions as opposed to showing oppositional tendencies.

The case report focuses on the ongoing management of the conduct disorder through the implementation of Parent-Child Interaction Therapy. Certain challenges are expected to be experienced during the course of the therapy. All guidelines of PCIT manual may be difficult to be implemented due to lack of appropriate infrastructure. Another challenge expected will be the lack of willingness of the child's step mother to be involved in therapeutic process. However, despite the challenges faced during the therapeutic process, the process also involved various strengths and positive aspects. The father and aunt of the

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child were always cooperative in therapy and compliant to the therapeutic process. As the therapy proceeded, the mother also began to show increased involvement and willingness to be a part of therapy. The client and his family members were always punctual during the sessions which facilitated proper implementation of therapeutic techniques and effective utilization of the time allotted for the therapy sessions. The form of therapy used involved a collaborative effort between the therapist, client and his family members in which the entire team worked in an efficient manner towards the achievement of a common goal. The management not only focuses on the client but also explore the nature of family environment, quality of interactions, and other family dynamics in order to achieve better outcomes in multiple aspects such as addressing behavioral problems of the child, improving the parenting skills of the parents as well as parent-child interactions.

The particular case was very effective in facilitating my learning as a therapist. It provided me with an opportunity to learn and implement a newer form of therapy which has been found to be effective in treating conduct problems of younger children. Since the child was very guarded during the initial sessions, it was extremely challenging to establish rapport with the child. However, the particular case has been helpful in improving my skills in dealing with guarded and difficult clients. It has been helpful in improving my skills in facilitating a collaborative effort and effective team work in which my experience was limited in the past. It has also been a great learning experience in dealing with a younger child having behavioral problems with no insight as it was always considered as a challenging area to work with children having behavioral problems. Lastly, the case has also helped in expanding my knowledge and experience in dealing with cases of abuse and neglect.

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Acknowledgements

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Arora S, Varma R & Sharma V (2020). Parent and child interaction therapy: management of case of conduct disorder- A case report. *International Journal of Indian Psychology*, 8(3), 441-450. DIP:18.01.054/20200803, DOI:10.25215/0803.054