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Research Paper

The effectiveness of parent - child interaction therapy on oppositional defiant disorder (ODD)

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ABSTRACT

The present study investigates the effectiveness of parent - child interaction therapy on oppositional defiant disorder (ODD). ***Hypothesis:*** - 1. Parent- child interaction therapy would be effective in increasing life satisfaction among parents of children with oppositional defiant disorders. 2 Parent –child interaction therapy would be effective in reducing oppositional defiant disorders symptoms in children. ***Sample:*** The present study carried out on 30 children with oppositional defiant disorder at Nagpur city, ranging age between 5 to 10 years. ***Research design:*** Pre-test and post-test research design was used for present research. ***Tool:*** The self- test for ODD was designed from symptoms criteria in the American psychiatric association DSM 5, it is not a diagnostic tool but designed to determine whether your child show symptoms similar to those of Oppositional defiant disorder (ODD).

Keywords: *Oppositional Defiant Disorder (ODD), Parent-Child Interaction Therapy*

Behavior problems [e.g., symptoms of oppositional defiant disorder (ODD) and conduct disorder (CD)] are a primary reason for the referral of young children to treatment, and they are prevalent in the population. These symptoms often manifest during the toddler and early preschool years, and if left untreated, such early emerging behavior problems tend to persist and often have a range of negative long-term outcomes, including dropping out of school and developing antisocial personality disorder. Therefore, to interrupt the dysfunctional and detrimental trajectories these children may follow, early intervention is essential.

Oppositional defiant disorder (ODD) is a type of behavior disorder. It is mostly diagnosed in childhood. Children with ODD are uncooperative, defiant, and hostile toward peers, parents, teachers, and other authority figures. They are more troubling to others than they are to themselves.

What causes in ODD child?

Developmental theory. This theory suggests that the problems start when children are toddlers. Children and teens with ODD may have had trouble learning to become independent from a parent or other main person to whom they were emotionally attached.

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Their behavior may be normal developmental issues that are lasting beyond the toddler years.

Learning theory. This theory suggests that the negative symptoms of ODD are learned attitudes. They mirror the effects of negative reinforcement methods used by parents and others in power. The use of negative reinforcement increases the child's ODD behaviors. That's because these behaviors allow the child to get what he or she wants: attention and reaction from parents or others.

Which children are at risk for ODD?

ODD is more common in boys than in girls. Children with these mental health problems are also more likely to have ODD:

1. Mood or anxiety disorders
2. Conduct disorder
3. Attention-deficit/hyperactivity disorder (ADHD)

What are the symptoms of ODD in children?

Most symptoms seen in children and teens with ODD also happen at times in other children without it. This is very true for children around ages 2 or 3, or during the teen years. Many children tend to disobey, argue with parents, or defy authority. They may often behave this way when they are tired, hungry, or upset. But in children and teens with ODD, these symptoms happen more often. They also interfere with learning and school adjustment. And in some cases, they disrupt the child's relationships with others.

Symptoms of ODD may include:

1. Having frequent temper tantrums
2. Arguing a lot with adults
3. Refusing to do what an adult asks
4. Always questioning rules and refusing to follow rules
5. Doing things to annoy or upset others, including adults
6. Blaming others for the child's own misbehaviors or mistakes
7. Being easily annoyed by others
8. Often having an angry attitude
9. Speaking harshly or unkindly
10. Seeking revenge or being vindictive

These symptoms may seem like other mental health problems. Make sure your child sees his or her healthcare provider for a diagnosis.

What is parent child interaction therapy?

Parent-Child Interaction Therapy – also called PCIT – is an evidence-based, short-term treatment designed to help young children with highly disruptive behavior learn to control their frustration. In PCIT, we work with each parent to strengthen their relationship with their child and build their confidence and ability to effectively guide and direct their child's behavior, set limits, calmly discipline, and restore positive feelings to their interactions. PCIT treats the parent, the child and most importantly their interactions. Families change one interaction at a time.

In the more than 40 years since its creation by Dr. Sheila Eyberg at the Oregon Health Sciences University, PCIT has been studied worldwide in connection with a variety of

populations and has been found to be an efficacious and effective intervention for a myriad of emotional and behavioral difficulties. The purposes of this article are to summarize the advances documented in the PCIT literature over the past 10 years and to highlight future directions for this important work. This article covers recent PCIT research pertaining to the following topics: treatment effectiveness, treatment components, adaptations for different populations (age groups, cultural groups, military families, individuals diagnosed with specific disorders, trauma survivors, and the hearing-impaired), format changes (group and home-based), teacher–child interaction training (TCIT), intensive PCIT (I-PCIT), treatment as prevention (for externalizing problems, child maltreatment, and developmental delays), and implementation.

REVIEW OF LITERATURE

Bjorseth A (2016) investigation was to compare the effectiveness of Parent-Child Interaction Therapy (PCIT) with treatment as usual (TAU) in young children who were referred to regular child and adolescent mental health clinics for behavior problems. Method: Eighty-one Norwegian families with two- to seven-year-old children (52 boys) who had scored ≥ 120 on the Eyberg Child Behavior Inventory (ECBI) were randomly assigned to receive either PCIT or TAU. The families were assessed 6 and 18 months after beginning treatment. Parenting skills were measured using the Dyadic Parent-Child Interaction Coding System (DPICS), and child behavior problems were measured using the ECBI and the Child Behavior Checklist (CBCL). Results: Linear growth curve analyses revealed that the behavior problems of children receiving PCIT improved more compared with children receiving TAU according to mother reports (ECBI d = .64, CBCL d = .61, both $p < .05$) but not according to father report. Parents also improved with regard to Do and Don't skills (d = 2.58, d = 1.46, respectively, both $p \leq .001$). At the 6-month assessment, which often occurred before treatment was finished, children who had received PCIT had lower father-rated ECBI and mother-rated CBCL-scores ($p = .06$) compared with those who had received TAU. At the 18-month follow-up, the children who had received PCIT showed fewer behavior problems compared with TAU according to mother (d = .37) and father (d = .56) reports on the ECBI and mother reports on the CBCL regarding externalizing problems (d = .39). Parents receiving PCIT developed more favorable Do Skills (6-month d = 1.81; 18-month d = 1.91) and Don't Skills (6-month d = 1.46; 18-month d = 1.42) according to observer ratings on the DPICS compared with those receiving TAU. Conclusion: Children receiving PCIT in regular clinical practice exhibited a greater reduction in behavior problems compared with children receiving TAU, and their parents' parenting skills improved to a greater degree compared with those receiving TAU.

Rae Thomas**,** Bridget Abell (2017) researcher explored 23 studies (1144 participants). PCIT was superior to control for reducing child externalizing (standardized mean difference [SMD]: −0.87, 95% confidence interval [CI]: −1.17 to −0.58). PCIT studies that required skill mastery had significantly greater reductions in externalizing behavior than those that did not (Mastery: SMD: −1.09, 95% CI: −1.44 to −0.73; Nonmastery: SMD: −0.51, 95% CI: −0.85 to −0.17, $P = .02$). Compared with controls, PCIT significantly reduced parent-related stress (mean difference [MD]: −6.98, 95% CI: −11.69 to −2.27) and child-related stress (MD: −9.87, 95% CI: −13.64 to −6.09). Children in PCIT were observed to be more compliant to parent requests (SMD: 0.89, 95% CI: 0.50 to 1.28) compared with controls. PCIT effectiveness did not differ depending on session length, location (academic versus community settings), or child problems (disruptive behaviors only compared with disruptive behavior and other problems). PCIT has robust positive outcomes across multiple parent-

reported and observed parent-child interaction measures, and modifications may not be required even when implemented in diverse populations.

Objectives of the research

1. To investigate the effectiveness of parent-child interaction therapy on parents life satisfaction.
2. To investigate the effectiveness of parent- child interaction therapy on children's behavior.

Hypothesis of the research

1. Parent- child interaction therapy would be effective in increasing life satisfaction among parents of children with oppositional defiant disorders.
2. Parent –child interaction therapy would be effective in reducing oppositional defiant disorders symptoms in children.

METHODOLOGY

Statement of the problem

To explore the effectiveness of the parent- child interaction therapy on oppositional defiant disorder (ODD)

Sample

The present study carried out on 30 children with oppositional defiant disorder at Nagpur city, ranging age between 5 to 10 years.

Variables

Independent variables

1. Parent-child interaction therapy

Dependent variables

1. Oppositional defiant disorder
2. Parents of children with Oppositional defiant disorder
3. Children's behavior

Research Tool

The self- test for ODD was designed from symptoms criteria in the American psychiatric association DSM 5, it is not a diagnostic tool but designed to determine whether your child show symptoms similar to those of Oppositional defiant disorder (ODD).

Procedure of data collection

Population for the present research children with Oppositional defiant disorder (ODD). Children with ODD who are undergoing psychiatric treatment in various special child school and hospitals in Maharashtra will be chosen as sample. Sample will consist of 30 subjects. The age range of the subjects will be 5-10. Purposive sampling method will be used.

Research design

For the present experimental study pre and post research design was use for session of Parent- child interaction therapy.

RESULTS AND DISCUSSION

Table no 1. Show mean, SD, and t value for pre-test and post-test research design was use for life satisfaction and Parent- child interaction therapy.

Therapy	N	Mean	SD	t value	Sign. lev
Pre-test	30	50.5	5.5	5.22	0.01
Post- test	30	55.5	5.45		

Present study investigates the effectiveness of parent - child interaction therapy on oppositional defiant disorder (ODD). The result table show that there is mean difference pre-test mean is 50.5 and SD is 5.5 and t value is 5.22 which is significant at 0.01 level there for hypothesis Parent- child interaction therapy would be effective in increasing life satisfaction among parents of children with oppositional defiant disorders was accepted. **Larissa N. Niec, (2016),** researcher investigated that the Eighty-one families with three- to six-year-old children (71.6% male; 85.2% Caucasian) with diagnoses of oppositional defiant or conduct disorder were randomized to individual PCIT (n = 42) or the novel format, group PCIT. Parents completed standardized measures of children's conduct problems, parenting stress, and social support at intake, posttreatment, and six-month follow-up. Therapist ratings, parent attendance, and homework completion provided measures of treatment adherence. Throughout treatment, parenting skills were assessed using the Dyadic Parent-Child Interaction Coding System. Parents in both group and individual PCIT reported significant improvements from intake to posttreatment and follow-up in their children's conduct problems and adaptive functioning, as well as significant decreases in parenting stress. Parents in both treatment conditions also showed significant improvements in their parenting skills. There were no interactions between time and treatment format. Contrary to expectation, parents in group PCIT did not experience greater social support or treatment adherence. Group PCIT was not inferior to individual PCIT and may be a valuable format to reach more families in need of services. Future work should explore the efficiency and sustainability of group PCIT in community settings.

Table no 2. Show mean, SD, and t value for pre-test and post-test research design was use for children behavior and Parent-child interaction therapy.

Therapy	N	Mean	SD	t value	Sign. lev
Pre-test	30	58.2	3.5	5.22	0.001
Post-test	30	60.4	5.5		

Present study investigates the effectiveness of parent - child interaction therapy on oppositional defiant disorder (ODD). The result table show that there is mean difference pre-test mean is 58.2 and SD is 3.5 and t value is 5.22 which is significant at 0.01 level. There for hypothesis Parent –child interaction therapy would be effective in reducing oppositional defiant disorders symptoms in children accepted. **Eyberg's (1998)** study shows that PCIT is most effective when used with children between 2 and 8 years of age. It is assumed that this is partly due to the use of play as a mean of changing the interaction between parent and child, and that playing is especially important for the child in these years. Factors that seem to reduce the efficiency are strong conflicts between the parents, substance abuse, severe learning disabilities and severe psychopathology with the parents.

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Conflict of Interest

The author declared no conflict of interest.

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