Noncompliant Behaviors in Day Treatment Children:

Factors Affecting Change

By

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ABSTRACT

This study examined the effectiveness of a day treatment program for 65 severely emotionally disturbed elementary school children who were referred to a day treatment program. An analysis of archival data, including teacher and clinician rating scales, was conducted. Factors examined in the archival data included oppositional behavior in the home and at school, parenting skills and difficulties, social skills and activity levels and impulsivity. Data was analyzed to determine if any entry characteristics of the children could predict later responses to treatment.

Reduction in noncompliant behaviors was measured by examining changes in oppositional behaviors at home and at school during first through second grade year. An analysis of the data indicated that reduction in oppositional behavior at home ($r = .23$, $p = .04$) and at school ($r = .37$, $p = .00$) over the course of the child's first grade year was best predicted by a child's improvement in social skills. However, improved social skills in the first grade did not significantly correlate with the reduction of oppositional behavior at home and at school in the second grade. Parenting skills, particularly the level of parental involvement in treatment in the first grade year, was the best predictor of change by the second grade year in oppositional behavior at home ($r = .30$, $p = .02$). Results of changes in parenting skills during the first grade year did not significantly predict a decrease in oppositional behavior in school during the child's second grade year. Implications for treatment of noncompliant behavior in this population were discussed.

CHAPTER I

INTRODUCTION

This proposed study seeks to examine the incidence of clinically significant change of noncompliant behaviors in a day treatment population over the course of the participants' first and second grade years. If we are able to identify mitigating factors at such an early age, prevention efforts and treatment planning may be more specific and successful. The following section will review the literature on noncompliant behaviors, including risk factors, clinical presentation and treatment options.

Literature Review

The majority of youth referred to mental health agencies are those that reportedly exhibit disruptive, aggressive and noncompliant behavior (Mash & Barkley, 1996). As a result, there has been an increased effort to identify predictor variables of violence and noncompliant behavior to more effectively develop appropriate and effective interventions.

According to Prodente, Sander and Weist (2002), at least 20% of youth present with emotional and behavioral problems severe enough to warrant intervention, but less than one fifth of these youth receive specialty mental health services. In stark contrast, spending for mental health care has declined as a percentage of what is spent for overall health care over the past decade (DHHS, 1999). Mental health and child welfare professionals are under pressure to generate effective but time-limited and cost-efficient treatment programs.

Prevention and early intervention services are now seen as valuable tools to combat disruptive behaviors in children before they can fully manifest. Identifying

predictor variables that have the most influence on the developmental trajectory of noncompliant and antisocial behaviors is critical in creating effective treatment programs.

Defining Noncompliant Behaviors

Noncompliant behaviors typical of children in a day treatment population include defiance, disobedience and hostile behavior toward others. As it is normal for all children to demonstrate noncompliant behaviors some of the time, what differentiates the day treatment population is the degree of severity and duration of these same behaviors. These children have been unsuccessful at integrating into the mainstream school environment and require the intensive support and structure that a day treatment setting provides. For the purposes of this study, noncompliant behavior is equated with oppositional and disruptive attitude and behavior in the school and in the home. Specific categories of oppositional behaviors include negative attitude, verbal or physical aggression, arguing with adults and resisting home and school routine.

Diagnoses Associated With Aggressive Behavior

Children who demonstrate various forms of noncompliant behavior may or may not meet criteria for a DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision) diagnosis. Disruptive behavior disorder diagnoses according to this classification system include Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). Oppositional behavior typically includes age-inappropriate and persistent presentation of angry, defiant and irritable behaviors. Conduct Disordered symptomology presents as repetitive and persistent patterns of behavior where the rights of others or societal norms are violated (DSM-IV-TR-TR, 2000). It has been found that developmental progression

toward more overt, destructive behavior is exacerbated by the presence of ADHD, or ADHD symptoms, including excessive impulsivity and hyperactivity (Barkley et al., 1999).

There is some question as to the independent grouping of the DSM-IV-TR classifications of Conduct Disorder (CD), Oppositional Defiant Disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD). It has been argued that ADHD, ODD and CD may be a more or less severe expression of the same disorder (Loeber, Lahey & Thomas, 1991). Symptomology of ADHD, ODD and CD have been found to co-occur in a manner greater than chance (Loeber & Keenan, 1994).

Certain noncompliant behaviors which are transient in young children are considered typical during the course of development. In contrast abnormal noncompliant behavior is persistent throughout the child's development and will emerge in new and additional ways as the child grows older. Comparisons between ODD and CD symptoms have shown that less problematic behaviors will develop earlier than more problematic ones (Loeber et al., 1991).

Etiology of Noncompliant Behavior

According to Frick, Lahey, Loeber, Stouthamer-Loeber, Christ and Hanson (1992), parent and family functioning play key etiological roles in the development of conduct problems in children. Loeber and Stouthamer-Loeber (1986) previously found that two of the strongest correlates of severe behavior problems in children were poor parental supervision and lack of parental involvement. Frick, Lahey, Loeber, Stouthamer, Christ and Hanson (1992) found a high rate of substance abuse in parents of children with

severe conduct problems. In addition, harsh, abusive and inconsistent forms of discipline have all been linked to severe childhood behavioral problems (Patterson, 1982).

Patterson (1976) has developed what he calls a coercion theory to account for the development, maintenance and escalation of negative parent and child behavior. According to this theory, when a parent gives a command (aversive stimulus) the child may cry, yell, or whine (coercive response). The parent may then responds by giving up, and withdrawing the request (removal of aversive stimulus). In this way, the child is negatively reinforced for his or her coercive behavior. The coercion theory involves parents as well. When the child is noncompliant (coercive response) a parent may begin to yell (application of aversive event) and the child will subsequently give in (removal of child's coercive response).

Coercive behavior may escalate if one response is not enough to remove the stimuli. If this escalation is then negatively reinforced, both parent and child become involved in a "negative reinforcement trap", whereby learned patterns of behavior maintain noncompliance and poor parent child interactions (Forehand & McMahon, 1981). Over time, a child will learn that increased noncompliance will effectively remove parental demands.

Other studies have examined how behavior problems often are intergenerational. A small study done by Schreiber and Schreiber (2002) looked at the personality characteristics of parents of violent children. Twenty-five parents of violent children and twenty-five parents of non-violent children were interviewed about their behavior. Parent personality characteristics that the authors' linked to violence included abusive behavior (verbal or physical), impulsivity, immaturity, insecurity, and emotionally cold and

inconsistent behavior. A chi square analysis indicated that there was a significant difference of parent by group on all six personality categories. It was found that parents of violent children were more frequently identified as exhibiting characteristics of personality disturbance than parents of the control group.

Brook, Whiteman and Lu Zheng (2002) interviewed grandmothers and parents of two hundred fifty-four 2-year-old toddlers. Pearson correlations were used to compare current problematic toddler behavior with the early relationship between parent and grandmother. Other variables examined included parental personality traits, parental drug use, parental marital harmony and parent-toddler relationship. The authors found that a lack of warmth (i.e., low communication, support and satisfaction) between grandmothers and parents, along with the use of power-assertive discipline, were linked to the toddler's problem behaviors. The authors suggested that younger generations might directly model how to interact with their parents based upon the older generation's interactional style.

Shaw, Gilliam, Ingoldsby and Nagin (2003) studied 284 boys from low-income families over the course of six years. Data was collected when the boys were 2, 3 ½, 5, 6 and 8 with retention rates ranging from 86% to 91% per assessment. These authors found that high levels of child fearlessness and rejecting parenting, measured at age two, differentiated persistently high levels of overt conduct problems as measured on the Child Behavior Checklist (Achenbach, 1991) at age eight. These results were maintained even when the authors controlled for maternal age, maternal education and child IQ (Shaw et al., 2003).