



International Journal of Clinical and Health Psychology

www.elsevier.es/ijchp



Parent management training for conduct problems in children: Enhancing treatment to improve therapeutic change

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Received 8 November 2017; accepted 14 December 2017

KEYWORDS

Parent management
Training;
Child conduct
problems;
Parents;
Experimental study

Abstract *Background/Objective:* The study evaluated two variations of Parent Management Training (PMT) for children referred to treatment for oppositional, aggressive, and antisocial behavior. The goal was to evaluate the impact of multiple enhancements to optimize common and placebo factors to augment therapeutic change. *Method:* The families of all children ($N=138$, 39 girls and 99 boys, ages 6-13) received PMT. One half of the families were assigned to receive an enhanced version with multiple additions designed to increase bonding of the parent to the therapist, professionalism of treatment and setting, credibility of the intervention, and expectancies for therapeutic change. Assessment included multiple treatment outcome measures of the child (problem behaviors, psychiatric symptoms, social competence, and adaptive functioning) and parents (depression, stress, and family relations) showed marked improvements over the course of treatment, and several process measures (therapeutic alliance, credibility of the procedures, expectancy for change). *Results:* The results indicated that children and parents made marked improvement in all the treatment outcome measures. The vast majority of children fell within the normative range at posttreatment on problem and prosocial behaviors. The two treatment conditions were no different in outcomes for children or parents. *Conclusion:* PMT led to marked changes in treatment outcome.

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<https://doi.org/10.1016/j.ijchp.2017.12.002>

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Please cite this article in press as: Kazdin, A. E., et al. Parent management training for conduct problems in children: Enhancing treatment to improve therapeutic change. *International Journal of Clinical and Health Psychology* (2018), <https://doi.org/10.1016/j.ijchp.2017.12.002>

PALABRAS CLAVE

Entrenamiento para padres;
Problemas de conducta infantil;
Padres;
Estudio experimental

Capacitación en entrenamiento de padres para problemas de conducta en niños: mejorar el tratamiento para mejorar el cambio terapéutico

Resumen *Antecedentes/Objetivo:* Se evalúan dos versiones del *Parent Management Training* (PMT) para tratamiento de conducta oposicionista, agresiva y antisocial en niños. El objetivo fue evaluar el impacto de múltiples mejoras para optimizar los factores comunes y de placebo con el fin de incrementar el efecto terapéutico. *Método:* Las familias de los niños ($N = 138$, 39 niñas y 99 niños de 6 a 13 años) recibieron PMT. La mitad fue asignada a una versión mejorada con múltiples adiciones para aumentar la vinculación de los padres con el terapeuta, la profesionalidad del tratamiento y el entorno, la credibilidad de la intervención y las expectativas de cambio terapéutico. La evaluación incluyó medidas del efecto del tratamiento en el niño (problemas de comportamiento, síntomas psiquiátricos, competencia social y funcionamiento adaptativo) y los padres (depresión, estrés y relaciones familiares) y medidas del proceso (alianza terapéutica, credibilidad de los procedimientos y expectativa de cambio). *Resultados:* Niños y padres mejoraron notablemente en todas las medidas del efecto del tratamiento. La gran mayoría de niños se situaron dentro del rango normativo en el post-tratamiento. Las dos condiciones de tratamiento no fueron diferentes para niños ni padres. *Conclusión:* PMT produjo cambios significativos en el resultado del tratamiento.

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In the history of psychotherapy, two broad influences have been proffered to explain why patients improve. The first of these has been the specific intervention techniques (e.g., cognitive therapy for depression) how those techniques lead to therapeutic change. The second broad influence proposed to explain the effects of psychotherapy has focused on factors that are generated or fostered by the techniques and the broad context in which these are provided. These broader influences are more readily conveyed in the context of placebo effects and the treatment of medical disorders. Generally stated, placebo effects are those outcome results that are due to a variety of influences that relate to the beliefs and expectations of the patient and those with whom they interact as well as contextual cues that can promote change (Carvalho et al., 2016; Kaptchuk & Miller, 2015). The power of these effects of treatment have been accorded a major role historically to explain why and how many interventions work and, with recent advances, underlying processes (e.g., in the brain) (Benedetti, 2014; Dodd, Dean, Vian, & Berck, 2017).

In the context of psychotherapy, effects analogous to those of “placebo” effects have been studied, but less extensively than placebo effects in the context of medication and medical treatments. Among the reasons is the difficulty in identifying an inactive, inert treatment (e.g., sugar pill or injection of saline solution). In psychotherapy, we have little idea of what “inert” would mean, given that we do not know the mechanism(s) of change, that is, how and why treatments work. Psychotherapy techniques depend on many interpersonal, intrapersonal, and contextual processes (e.g., learning, persuasion, social influence, cognitive change, alliance with a therapist) that overlap with those same processes leading to placebo effects.

In the psychotherapy literature, those factors that are associated with treatment delivery but not specific to a given treatment have been referred to as common factors of therapy (e.g., Duncan, Miller, Wampold, & Hubble,

2010; Rosenzweig, 1936). These factors span the majority of the several hundred forms of therapy and include coming to treatment sessions, meeting with a professional healer, developing a therapeutic relationship or alliance, hearing a persuasive story line about one’s malady and its treatment, engaging in procedures designed to help, having one’s expectations and hope mobilized for change, and other contextual or interpersonal influences that could promote expectations in the client or therapist that treatment will be effective. Common factors play a critical role in understanding psychotherapies and may explain in whole or in part why therapeutic change occurs (Frank & Frank, 1991; Wampold & Imel, 2015). Multiple findings support the critical role of common factors, and especially the role of expectations for therapeutic change and credibility of the treatment. We know that “fake” or made-up activities and various control conditions can lead to change if the clients believe the treatment is real and if that treatment is believable as a viable intervention and that viable treatments and control conditions are not likely to be different in treatment outcome if expectancies and credibility are controlled (e.g., Boot, Simons, Stothar, & Stutts, 2013; Gould, Coulson, & Howard, 2012; Kazdin, 2017b; Palpacuer et al., 2017).

While common factors and specific technique factors can be separated experimentally, in clinical work and patient care they operate together. In this approach, common factors of treatment that might promote change are not given instead of treatment factors and are not artifacts to be controlled. Rather, the challenge is to mobilize any factor that can reliably improve patient care. This might well include all sorts of influences in relation to the person who receives the treatment as well as those in their environment who interact and view the client in ways that might promote and encourage change (Grelotti & Kaptchuk, 2011).

The present study tested the effects of enhancing multiple factors related to the delivery of an evidence-based treatment. Several additions were combined to convey to

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