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## INTERVENTIONS AVAILABLE TO CHILDREN AND ADOLESCENTS WITH OPPOSITIONAL DEFiant DISORDER: A SCOPING REVIEW

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WITH OPPOSITIONAL DEFiant DISORDER: A SCOPING REVIEW

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Megan George  
Jacqueline Laitano  
May 2023

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## ABSTRACT

This research project aims to explore and identify empirical evidence-based interventions for children and adolescents with oppositional defiant disorder (ODD). This study will highlight evidence-based, non-pharmaceutical type interventions discussed in current research, the significance and potential impact it has on the field of social work, and the way in which this scoping review will be conducted.

ODD is a type of childhood disruptive behavior disorder in which children show ongoing patterns of uncooperative, defiant, argumentative, and hostile behaviors. ODD is among the most commonly diagnosed mental health conditions in children. Early intervention and treatment are important since various risk factors can result if the condition is not addressed. If left untreated, children with ODD are at risk of developing a more serious disruptive behavior disorder and potentially an antisocial personality disorder in adulthood. Research indicates that behaviorally oriented, non-pharmacological interventions that focus on the causes of disruptive behaviors typically result in positive outcomes. The data and research used for this scoping review will focus on existing relevant literature that discuss types of non-pharmacological interventions.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

Oppositional defiant disorder (ODD) is among the most commonly diagnosed mental health conditions in children. ODD is defined as “a pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness that is severe enough to impair the child’s functioning for at least 6 months” (APA, 2013, p. 100). Some of the behavioral symptoms include the loss of temper, being easily annoyed, anger and resentment, being argumentative with authority figures, being defiant, refusing to comply with rules, intentionally annoying others, and blaming others for their behaviors (APA, 2013). Studies suggest that the estimated prevalence of children and adolescents who have ODD is between 1 and 16 percent (Loeber et al., 200). Early onset of ODD usually begins in late preschool or early school age. Various risk factors can result if the condition is not addressed or if left untreated. Due to the defiant, spiteful, negative, hostile, and verbally aggressive behaviors of children and adolescents with ODD, there are major disturbances created at home, school, and in relationships. These, among other common ODD behavioral patterns, can cause stress and difficulty when establishing relationships in their families and can lead to disruption in the family’s harmony. ODD behaviors are one of the greatest contributors to parental stress (Christenson et al., 2016). Research shows that parents and guardians of children and adolescents with ODD have overwhelming difficulty managing their

aggressive, defiant, and deceitful behaviors and in turn, have experienced high levels of stress, anxiety, and depression (Oruche et al., 2015).

Furthermore, stress, anxiety, and depression experienced by parents or caregivers are considered substantial risk factors often linked to child abuse and neglect leading to involvement with the Child Welfare System (CWS) (APA, 2009). Thus, the complex and challenging behavioral needs of children and adolescents with ODD may increase the possibility of instability within their living situations. For instance, behavioral problems have been found to have a considerable negative impact on foster children's placement and permanency outcomes, leading to placement and adoption disruption, ultimately causing difficulty for foster children to form relationships which contribute to a cycle of additional moves and other negative placement outcomes (Leathers et al., 2012). Foster children in multiple living situations often struggle to make and maintain lifelong connections or close attachments to peers. In addition to not having a sense of belonging, the children may be at risk of poor overall health and well-being. Families (biological or foster) affected by the behavior of a child or adolescent with ODD, may not be able to meet the child's complex needs without adequate support.

The Family First Prevention Act of 2018, provides federal funding for prevention services and programs for children who are at risk of entering the CWS. The eligible services provided are evidence-based mental health services, in-home parenting skill training, parenting skills training, parent education and

individual and family counseling, and evidence-based kinship navigator programs (U.S. Department of Health & Human Services, 2021). In addition, children within the CWS are eligible for Medi-Cal, which entitles them to physical and mental health benefits. These benefits include Specialty Mental Health Services (SMHS), which provide foster children with mental health diagnoses, intensive psychiatric inpatient services, individual and group therapy, and therapeutic behavioral services. According to a Legislative Analyst's Office (2018) report, "around 260,000 children receive SMHS in a given year. Around 40,000 of these children are foster children" (p. 3).

Despite federal funding efforts aimed to promote prevention services for children at risk of entering the CWS, and stability and permanency for children within the CWS, the complex needs of children and adolescents with ODD continue to be a significant challenge for parents, guardians, and child welfare agencies across the U.S. The consequences at an individual level include the greater likelihood that the child or adolescent's ODD behavioral and emotional problems will become more severe. Research shows that if left untreated, about fifty-two percent of children with ODD will continue these behaviors past three years and an estimated half of them will progress into a more serious disruptive behavior disorder known as Conduct Disorder (CD) (Christenson et al., 2016). Additionally, the presence of other disorders co-existing with ODD could complicate treatment and lead to additional disorders in later years. Research shows that an estimated ten percent of children and adolescents with ODD will

eventually develop a personality disorder such as antisocial personality disorder in adulthood (Rutter et al., 1999). The consequences at a family level include the considerable strain and stress placed on the family unit leading to a greater likelihood of involvement with the CWS due to the risk of child abuse and neglect. Without the knowledge of the available empirical evidence-based interventions for children and adolescents with ODD, parents, and guardians may not be able to meet their child's complex needs. In turn, this can have a significant effect on the development and overall outcome of ODD in their children (Christenson et al., 2016). Consequences at an organizational level include the considerable strain placed on CWS across the U.S. Without the knowledge of the available empirical evidence-based interventions for children and adolescents with ODD, child welfare agencies involved with a child or adolescent with ODD, would not be able to provide adequate preventive or ongoing support to the families they serve. Behaviors resulting from ODD are considered difficult to change however, studies have shown that early intervention and treatment will help a child and adolescent improve and overcome ODD over time (American Academy of Child & Adolescent Psychiatry, 2009).

#### Significance of the Project for Social Work

The findings from this study could potentially fill the knowledge gap and aid social work practitioners by providing an overview of evidence-based interventions and promising practices to support families with children and adolescents diagnosed with ODD. Supporting families to adequately care for

children with ODD adequately will create a healthier outcome for children at risk of entering the CWS. In addition, the study results could encourage CWS and other agencies to develop and implement policies to improve their services. Furthermore, the findings could assist social workers in gaining knowledge of the mental health needs of children with ODD, available interventions for parents caring for children with ODD, and the importance of family involvement to help eliminate risk factors of child maltreatment. The current study will address the question: What does the existing literature indicate about the empirically evidence-based interventions available to children and adolescents diagnosed with Oppositional Defiant Disorder?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

For the purpose of this study, chapter two will discuss relevant literature on Oppositional Defiant Disorder (ODD) in children and adolescents and the interventions available. This chapter discusses children and adolescents diagnosed with ODD, factors associated with the development of the disorder, ODD behaviors, ODD effects on family dynamics, the prevalence of ODD in children and adolescents involved in the CWS, and evidence-based interventions and practices supporting children and adolescents with ODD.

#### Children Diagnosed with Oppositional Defiant Disorder

Estimates of the prevalence of ODD in children and adolescents vary. According to data, between 1 and 16 percent of children and adolescents have ODD. ODD often manifests in children who are late preschoolers or early school-aged children. When younger, males are more likely to experience ODD than females. However, the condition affects males and females equally when they are school-aged children and adolescents (American Academy of Children & Adolescent Psychiatry, 2009). It is believed that ODD generally progresses over time, usually beginning before the age of eight and no later than the beginning of puberty, and then gradually intensifies over time as more symptoms develop. It is also more common for both males and females with challenging temperaments

to exhibit ODD-like behaviors. Children with ODD have been found to exhibit relatively low or high levels of self-esteem, mood swings, cursing, poor levels of tolerance, and drug usage or abuse while they are of school age. Although pharmaceutical methods may help with coexisting conditions, there is little evidence to support their effectiveness in treating ODD symptoms. As a result, behaviorally oriented, non-pharmacological methods that focus on the causes of disruptive behaviors typically result in positive outcomes, with earlier intervention improving prognosis (Cederna-Meko et al., 2014).

### Risk Factors

According to The American Academy of Child and Adolescent Psychiatry (2009), although there is no single and clear cause of ODD, a combination of biological, psychological, environmental, and social risk factors have been associated with the development of the disorder. The biological and psychological factors associated with the development of ODD include: a biological parent with alcohol or substance abuse, a mother who smoked during pregnancy, a biological parent with a mood disorder, a biological parent with a history of attention-deficit/hyperactivity disorder (ADHD), ODD, or Conduct Disorder (CD), poor nutrition, poor relationship with a parent, and neglectful or absent parent (American Academy of Child & Adolescent Psychiatry, 2009). Additionally, the associated social factors include: poverty, abuse, neglect, chaotic environment, uninvolved parents, inconsistent discipline, and family



instability such as divorce or frequent moves (American Academy of Child & Adolescent Psychiatry, 2009).

### Oppositional Defiant Disorder Behaviors

ODD is classified in the DSM-5 (2013), under disruptive, impulsive control, and conduct disorders (DIC). Disorders in this category are usually classified as developmentally inappropriate behaviors, such as lack of self-control and impulsivity. The behaviors must be present for at least 6 months and negatively affect the child or adolescent social, academic, and occupational function. Children and adolescents diagnosed with ODD often have emotional disturbances which make them irritable and dissatisfied with others. ODD symptoms may only be present in one environment, which is often the home. Even if simply at home, those who exhibit enough symptoms to satisfy the diagnostic threshold may have serious social functioning issues. However, in more severe cases, the disorder's symptoms are noticeable in various contexts. The disorder's symptoms frequently involve a pattern of poor social encounters. Additionally, individuals with this disorder frequently do not see themselves as angry, rebellious, or defiant. Instead, they frequently defend their actions as reacting to unacceptable requests or conditions (American Psychiatric Association, 2013).

### Oppositional Defiant Disorder Effects on Family Dynamics

It is known that children and adolescents diagnosed with ODD have persistent negative, aggressive, provocative, and aggressive behavioral

symptoms, which can lead to disruption in the family's harmony. These, and other destructive behavior patterns, can cause stress and difficulty when establishing relationships in their families. Parents and guardians of children and adolescents diagnosed with ODD report having overwhelming difficulty managing their aggressive, defiant, and deceitful behaviors and, in turn, have experienced high levels of stress, anxiety, and depression (Oruche et al., 2015). Due to the increased stress, parents/guardians of children and adolescents with this disorder have been found to develop maladaptive and counterproductive parenting strategies when dealing with their children's ODD behaviors (Chronis et al., 2004).

Correspondingly, parents/guardians affected by the behavior of a child with ODD are at a higher risk for decreased parenting confidence, and developing emotional difficulties which could result in increasing the risk of less responsive and more authoritative parenting styles (McAloon et al., 2019). Consequently, the strain and stress placed on parents and guardians can lead to an exacerbation of child difficulties and a greater likelihood of involvement with the CWS due to the risk of child abuse and neglect, causing a cycle of trauma for the family system. Without adequate support, parents and guardians may not be able to meet the child's complex behavioral, emotional, and mental needs.

## Oppositional Defiant Disorder in Children and Adolescents involved in the Child Welfare System

Currently, children and adolescents in the foster care system have higher rates of mental health disorders than the general population. Studies suggest that eighty percent of children in foster care are diagnosed with a mental health disorder, which is nearly four to five times more prevalent than the general population (Howard, 2018). Low socioeconomic position, care disturbances brought on by switching primary caregivers, placement away from home, and instability are examples of environmental issues. Child placement and child maltreatment have also been linked to ODD (Cederna-Meko et al., 2014). Problematic caregiver-child interactions, abuse, neglect, and deprivation all play a significant part in the development and maintenance of ODD. Factors connected to ODD frequently have a cumulative impact on functioning, which is consistent with risk and resilience theories. In other words, the chance of young people acquiring chronic disruptive behavior issues of a pathological level increases with the amount of exposure they have to risk factors, which can in turn be exacerbated if children enter the Child Welfare system (Cederna-Meko et al., 2014).

In a study conducted on foster parents' perspectives and concerns regarding the mental health services for children in their care, foster parents reported having a "critical need for competency-based training to begin managing the health and mental health issues facing the children placed with them"

(Mayers et al., 2006, p. 47). Generally, children within the foster care system with mental health disorders are eligible to receive Specialty Mental Health Services (SMHS), providing intensive psychiatric inpatient services, individual and group therapy, and therapeutic behavioral services. These services are arranged and monitored by the Department of Mental Health Services. The Continuum of Care Reform (CCR) Legislature passed in 2012, requires Foster Family Agencies that recruit and support foster parents, “to provide access to SMHS for the children they supervise either by directly providing services themselves or contracting with mental health service providers to do so on their behalf” (Legislative Analyst's Office, 2018, p. 7).

## Evidence-Based Interventions to Support Children and Adolescents with Oppositional Defiant Disorder

### Interventions.

Treatment for children and adolescents with ODD can look different for each child, depending on their age and severity of behaviors. According to the American Academy of Child & Adolescent Psychiatry (2009), the most effective treatment plans are tailored to each child's needs and behavioral symptoms. The parent's commitment and follow-through are equally important since many treatments may last several months, if not longer. Suggested treatment for children with ODD by age group is as follows: parent management training, school-based intervention, individual therapy, and psychotherapy. Treatment for preschool-aged children frequently focuses on parent management training and

education. Children who are of school age do best when receiving a mix of individual therapy, parent management training, and school-based interventions. The most successful type of treatment for adolescents has been demonstrated to be individual therapy combined with parent-management training (American Academy of Child & Adolescent Psychiatry, 2009).

### Parent Management Training

Parents and other family members can understand how to manage a child's behavior through parent-management training (PMT). According to studies, one of the best strategies to decrease ODD's behavioral symptoms in all age groups is to intervene with the parents. Parent management classes offer parents age-appropriate monitoring, disciplinary methods, and constructive ways to handle their child's conduct. It is the strategy of choice for many mental health practitioners to stop disruptive child behavior (American Academy of Child & Adolescent Psychiatry, 2009).

Other successful PMT techniques include Parent-Child Interaction Training (PCIT), which has been shown in controlled research with randomized assignments to improve children with ODD clinically significant. Parent-directed interaction focuses on improving parenting skills by educating parents to offer clear directions, praise for compliance, and time-out for disobedience. Child-directed interaction trains parents in nondirective play skills to change the quality of parent-child relationships. Parents can get coaching in using acceptable parenting techniques from an observation room using a "bug in-the-ear" receiver

as part of training. PCIT is especially useful for smaller children since it uses realistic play environments (Burke et al., 2002).

### School-Based Intervention Programs

School-based intervention programs are offered in schools that instruct children and adolescents on how to interact with peers more positively and how to enhance their academic performance. These therapies work best when used in a natural setting, like a classroom or a social group. Whereas the goal of psychotherapy is to decrease improper behaviors by teaching children healthy methods to cope with stress. Children with ODD frequently only have negative interpretations and responses to everyday events in their toolboxes. Training in cognitive problem-solving techniques, a type of psychotherapy, teaches children how to interpret events and make the best possible decisions (American Academy of Child & Adolescent Psychiatry, 2009).

### Other Interventions

A few therapies that are used in treating ODD are Functional Family Therapy (FFT), Brief Strategic Family Therapy (BSFT), Multisystemic Therapy (MST) and Multidimensional Therapy (MDT) in the foster-care setting. According to the tenet of FFT, altering the way a family functions can modify a problem behavior by restoring the family's homeostasis. A similar approach is used in BSFT, but the method of intervention is different. MST addresses all the factors contributing to problem behavior in children holistically by incorporating peer, social, family, school, and individual interventions. Multiple protective

characteristics, such as a supportive atmosphere, a scheduled day, strong supervision, and prosocial peers, are guaranteed with MDT in foster care. Even without the necessary adaptation, many parenting techniques can be effective regardless of ethnicity or socioeconomic status (Ghosh et al., 2017).

### Theories Guiding Conceptualization

Two theories used to conceptualize the ideas in this study are the Attachment Theory and the Coercion Theory. Attachment theory is one of the most well-known theories in child and family social work. Attachment strategies from childhood can significantly affect the ability to regulate emotions in relationships in adulthood. When understanding oppositional defiant disorder and all possible challenges children, adolescents, and their parents/guardians face when living with this disorder, it is important to look at John Bowlby's attachment theory which originated in 1969 (McAloon et al., 2019). This theory explains the way that humans connect and develop interpersonal relationships. Bowlby's theory proposed that children learn to attach to adults who are both sensitive and responsive to their emotional and physical needs during infancy. Children feel safe and secure in their relationship with their parent and/or guardian and develop better emotional and behavioral skills as opposed to when a parent and/or guardian is harsh and rejecting towards them (McAloon et al., 2019). Children then use their parent and/or guardian as a foundational base when venturing out to explore other relationships later in their childhood. Any disruption between the foundational parent-child connection can develop an attachment

trauma. This theory provides a framework for understanding how children form concepts of self and other individuals to guide their expectations for handling negative emotions. At the same time, parents have their own expectations of their children, resulting in either positive or negative responses when facing their child's behavioral problems.

Bowlby noticed the connection between attachment and conduct problems (DeKlyen et al., 2001). According to the latest research, there is evidence of a connection between insecure attachments and the tendency to either resist or excessively seek comfort from a caregiver without finding relief. In contrast, disorganized attachments are characterized by an inconsistent approach, where a child both seeks and fears their caregivers. Bowlby's attachment theory correlates directly to understanding children and adolescents' challenges when living with this disorder.

The second theory that is used to conceptualize the ideas in this study is Coercion Theory which was developed by Gerald Patterson. This theory originated in 1982 and proposes that early conduct problems and harsh parenting can lead to adjustment difficulties for a child later in life since the parent-child coercive cycle could have a major impact on a child's social and behavioral development in early childhood (Waller et al., 2012). More specifically, this theory proposes that "undesirable child behaviour is actively engaged by parents, commonly in an effort to suppress it, thereby establishing a relational style that is inherently coercive and, in the process, potentially contingently and



positively reinforcing it” (McAloon et al., 2019, p. 2). This can be a vicious cycle for both parents/guardians and children with ODD since parents/guardians can feel unsuccessful and ineffective when their coercive parental strategy is not effective when dealing with their child’s ODD behaviors and the children learn to respond to their interpersonal relations with coercive responses.

As previously mentioned in this chapter, ODD behaviors can cause significant parental stress. In turn, this can lead to parental irritability and attention toward their child’s challenging and difficult behavior which increases the risk of parental coercive interchanges with their children. Research has found that the initiation and engagement of coercive interchanges between parents/guardians and their children can have a detrimental impact on child behavior (McAloon et al., 2019). Having a better understanding of this theory can help parents/guardians have better parental emotion regulation, and initiate and engage their children and adolescents with ODD in positive reinforcements as opposed to coercive or harsh punishment.

### Summary

This study will explore available empirical evidence-based interventions for children and adolescents with ODD. Deepening the understanding of this disorder can help to be better informed of necessary prevention and intervention efforts and strategies for parents, guardians, and social workers caring for children and adolescents with ODD. Studies show that preventative and early intervention is crucial when dealing with ODD since treatment is found to be

more difficult and less successful later in childhood and adolescence (McAloon et al., 2019). The Attachment and Coercion theories can further help professionals in the social work field to better understand and help this population.

## CHAPTER THREE

### METHODS

#### Introduction

Although there are several types of review methodologies for scientific research analysis, a scoping review was found to be most appropriate for this research study as it focuses on determining the scope of literature on this research topic, gives an overview of the volume of literature available, and allows to examine, identify, and map the types of emerging evidence available. This study will use a scoping review to explore, identify, and analyze relevant existing research studies addressing the available empirical evidence-based interventions accessible to children and adolescents diagnosed with ODD. Furthermore, a discussion will be provided on the implications of this study on the social work field. This chapter will discuss the purpose and design of this study, the method of sampling that was utilized in obtaining the data, the instruments utilized in the data collection, the procedures in which the data was collected, the protection of human subjects throughout the study, method concepts utilized for data analysis, and an overall summary.

#### Study Design

This study aims to identify different types of available interventions for children and adolescents diagnosed with ODD, identify gaps in the literature, map key concepts from existing literature, and explain the implications of this

study on the field of social work. This exploratory research project utilizes a scoping review to search, analyze, and synthesize existing literature on evidence-based interventions. Pre-defined inclusion and exclusion criteria will be utilized to minimize bias in an effort to provide reliable conclusions. Furthermore, we will utilize a PCC (population, concept, and context) framework model within the inclusionary criteria.

A strong point of using a scoping review is that it does not require the participation of human subjects since the data collection will be obtained using literature from previously conducted research. In turn, this provides the advantage of examining a more significant number of studies to provide efficient and effective available interventions for children and adolescents diagnosed with ODD.

A scoping review does not have many methodological limitations as its purpose is to collect as much literature to be analyzed. One limitation will be the time frame of the article's publication. To examine the most recent scientific knowledge of interventions for ODD, we limited our search to studies between the years of 2000 and 2022. In addition, studies available for selection will be further limited due to prohibited access to articles and journals while searching through the One Search, EBSCOhost, JSTOR, PsycINFO, SAGE Journals Online, or Google Scholar databases. There is a possibility of bias due to this study being performed by two investigators in the selection of studies to be included in this literature review as well as potential strength. The PCC

framework will enable a breakdown of the gathered information to help provide clarification to the research question.

### Sampling

This study will utilize data from peer-reviewed articles addressing empirical evidence-based interventions for children and adolescents diagnosed with ODD. The inclusion criteria include peer-reviewed and scholarly articles, studies published in English, articles published and studies conducted in the United States, articles readily available through One Search, EBSCOhost, JSTOR, PsycINFO, SAGE Journals Online, or Google Scholar databases; articles that are free to view; articles published between the years 2000 and 2022; the research must address evidence-based behavioral support, counseling, therapeutic, and non-pharmaceutical type interventions, the majority of the research sample must have an ODD diagnosis, research studies evaluating interventions having to do with children diagnosed with ODD between the ages of three to eighteen years, and populations in United States. The exclusionary criteria includes non-peer-reviewed articles, studies published in other languages other than English, articles published in foreign countries outside of the United States, studies conducted in foreign countries outside of the United States, gray literature, literature that has not yet been published, articles not readily available through searching One Search, EBSCOhost, JSTOR, PsycINFO, SAGE Journals Online, or Google Scholar databases, articles requiring a fee for purchase, articles published before the year 2000, studies

having to do with conduct disorders in children but not related to ODD, and studies focusing mostly on pharmaceutical interventions for ODD in children.

### Data Collection and Instruments

A review of secondary data collected from peer-reviewed empirical literature will be conducted. To collect the data used in this study, an in-depth search of secondary data from peer-reviewed and empirical studies was conducted by searching scholarly journals utilizing inclusion and exclusion keywords. The data collected for this study consists of articles available through the California State University, San Bernardino library databases, including One Search, EBSCOhost, JSTOR, PsycINFO, SAGE Journals Online, and Google Scholar. The selected literature will then be charted in a diagrammatic descriptive format using key information such as author(s), year of publication, country of origin, purpose, study population and size, methods, intervention type, outcomes, and key findings that relate to our research question. Therefore, no independent or dependent variables will be identified in this study. In addition, the research will not utilize qualitative questions in the form of interviews, questionnaires, or surveys. The electronic search produced preliminary results for articles that included our inclusion keywords.

Once a comprehensive search of relevant research pertaining to this study is performed, a screening process will be conducted in order to determine eligibility. Research reviewers will jointly screen the same number of articles by evaluating the titles and abstracts to determine whether they met the inclusionary

and exclusionary criteria. Each research reviewer will then separately read the full text of the remaining articles and screen for inclusion and exclusionary criteria to assess eligibility. Duplicate articles and articles that do not meet the criteria will be excluded. Based on the eligibility criteria and discussion between the research reviewers, the remaining articles will be selected to include in the scoping review. An Excel spreadsheet will be created and utilized as a data extraction tool to store data from eligible studies. Due to the nature of the research, there is no need for special tools or instruments to collect data or test the reliability and validity of our study.

### Procedures

Specific keywords were utilized in the internet search for peer-reviewed journals to collect relevant research for this study. The keywords included were the following: oppositional defiant disorder, ODD, children with ODD, adolescents with ODD, oppositional defiant behaviors, children with oppositional behavior, adolescents with oppositional behavior, conduct disorder, intervention, evidence-based intervention, intervention effectiveness, evidence-based practice, treatment, treatment of ODD, treatment of conduct disorder, treatment of oppositional behavior.

The California State University, San Bernardino library search engine databases, and Google Scholar will be used to search for the aforementioned key terms. The inclusion criteria utilized to select relevant research for inclusion in this study are as follows: peer-reviewed and empirical articles, studies

published in English, articles readily available through the CSUSB library or Google Scholar, articles published between the years 2000 and 2022, studies having to do with children and adolescents diagnosed with Oppositional Defiant Disorder and/or evidence-based interventions available to children and adolescents diagnosed with Oppositional Defiant Disorder, the research must address evidence-based behavioral support, counseling, therapeutic, and non-pharmaceutical type interventions, the majority of the research sample must have an ODD diagnosis, research studies evaluating interventions having to do with children diagnosed with ODD between the ages of three to eighteen years, and articles published and studies conducted in the United States. Additionally, the researcher will conduct the data collection for this study from online databases within the time period of January 2023 to February 2023.

#### Protection of Human Subjects

This study does not require the participation of human subjects since the data collection will be obtained using literature from previously conducted research. However, to ensure that this study will follow proper Institutional Review Board (IRB) guidelines and ethics, this study will go through an initial Collaborative Institutional Review Board Training Initiative (CITI) IRB review.

#### Data Analysis

A comprehensive search of relevant research pertaining to this study will be conducted through extensive data collection. Potential research will then be



selected based on this study's inclusion and exclusion criteria. To increase consistency, the research reviewers will screen the same number of articles, discuss the results, and evaluate the titles, abstracts, and then full text of all publications identified by our searches for potentially relevant peer-reviewed articles. The two reviewers will jointly develop a data-charting form to determine which variables to extract. The two reviewers will independently chart the data, discuss the results, and continuously update the data-charting form in an iterative process as the review nears completion. Data will be collected on participant characteristics (e.g., number of participants, age, gender, diagnosis, language ability, race/ethnicity, severity rating), intervention characteristics (e.g., treatment type, treatment dosage including the number of sessions, frequency of sessions, and length of the program, treatment grouping), study/methodological characteristics (e.g., aim of the study, recruitment source, study source, outcome measures, year of publication, setting, geographical location, study design). Furthermore, the selected research will be reviewed and the findings will be presented in tables to describe the research study type, methodology, type of interventions, population target, and effectiveness. This review is aimed to identify the available options of evidence-based interventions for children and adolescents diagnosed with Oppositional Defiant Disorder and the implications this study has on the field of social work.

## Summary

In summary, this study aims to explore the available evidence-based interventions for children and adolescents diagnosed with ODD, identify gaps in the literature, map key concepts from pre-existing literature, and explain the implications this study has on the field of social work. This chapter reviewed the design and process for this scoping review. A scoping review was chosen because it does not require the participation of human subjects since the data collection will be obtained using literature from previously conducted research. In turn, this method has the advantage of being able to examine a more significant number of studies. It allows for a more extensive study to be conducted in order to address the research question.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter provides the results of the scoping review in order to present the findings of the proposed research question. In this chapter, the findings of the study and tables are provided to assist in the description of the results of the study. After completing a comprehensive search of relevant research pertaining to this study through the use of six electronic databases, a screening process was conducted in order to determine eligibility. First, research reviewers jointly screened the same number of articles by evaluating the titles and abstracts to determine whether they met the inclusionary and exclusionary criteria. Unrelated articles or articles mainly focused on pharmaceutical interventions for ODD in children were excluded. This narrowed the search results to 21 articles which were saved onto a Google Drive with shared access by research reviewers and categorized into “yes” or “maybe” folders. Next, each research reviewer separately read the full text of the remaining articles and screened for inclusion and exclusionary criteria to assess eligibility. Duplicate articles and articles that did not meet the criteria were excluded. Based on the eligibility criteria and discussion between the research reviewers, 7 articles were selected to include in the scoping review.

An Excel spreadsheet was created and utilized as a data extraction tool, referred to as a data charting table/form for scoping reviews, to store the data from eligible studies collected through the careful review of each selected study (see Appendix A for Data Collection and Extraction Spreadsheet). The data collection and extraction spreadsheet was informed by the JBI Reviewer's Manual for Evidence Synthesis, Methodology for Scoping Reviews, chapter 11 as a guide to help identify, characterize, and summarize research findings. Specific key information based on relevant information related to the research question was extracted from the articles. The data collection spreadsheet was organized by several categories: (a) Person responsible for the extraction; (b) Bibliographical data including author, year of publication, country where the study was published, country where the study was conducted; (c) Methodology including the type of research method used, aim/purpose of the study; (d) Population including the number of persons involved, inclusionary criteria of the study, exclusionary criteria of the study, demographic characteristics; (e) Interventions including intervention type(s), intervention category(ies), number of intervention(s) used, duration of the intervention(s) used; (f) Results including overall research finding of study; and (g) Key findings including key findings that relate to the scoping review question.

## Presentation of Findings

### Bibliographical Data of Included Studies

Table 1. Bibliographical Data of Included Studies

Author	Year of Publication	Country of Publishing	Country where Study was Conducted
Booker et al.	2016	US	US
Dunsmore et al.	2013	US	US
Greene et al.	2004	US	US
Hood et al.	2015	US	US
Miller-Slough et al.	2016	US	US
Ollendick et al.	2016	US	US
Sprague et al.	2002	US	US

Of the selected articles that met eligible criteria, all seven were published between the years 2002 and 2016. All seven articles were published in the United States, and their studies were conducted within the United States.

## Methodology of Included Studies

Table 2. Methodology of Included Studies

Article	Research Method	Aim/Purpose of Study
Booker (2016)	Qualitative (Re-analysis of a prior Randomized Control Design study)	To explore whether the conduct behaviors and the effectiveness of treatment interventions on children with ODD were somehow influenced by the children's relationship with their parent
Dunsmore (2013)	Qualitative Study	To explore whether the symptoms of children with ODD, specifically the children's emotional regulation was influenced by their mother's emotion coaching
Greene (2004)	Qualitative Study (Blind Observational)	To examine, differentiate, and assess the outcomes of interventions related to Collaborative Problem Solving and Parental Training
Hood (2015)	Qualitative Study (Observational Comparative Effectiveness)	Gaining comprehension about the most effective approaches, including evidence-based behavioral interventions and specific psychiatric medications, for improving outcomes in children diagnosed with ODD
Miller-Slough (2016)	Qualitative Study (Multi-method assessment of a prior randomized control design study)	To explore whether the symptoms of children with ODD, specifically the children's emotions and aggressive behavior was influenced by the children's relationship with their parent after having received treatment
Ollendick (2016)	Qualitative Study (Randomized Control Design)	To explore whether the effectiveness of treatment interventions on children with ODD were somehow influenced by the children's relationship with their parent
Sprague (2002)	Qualitative Study	Conduct a review that outlines and explains the results of empirical studies on the effectiveness of psychosocial interventions for children and adolescents diagnosed with ODD

Of the selected articles that met the inclusion criteria, all seven used a qualitative research method for their study. Booker et al. (2016) conducted a re-analysis of youth from a larger and prior study conducted in Ollendick et al. (2016). The aim of this research was to investigate how the quality of the relationship between a child and their parent, as perceived by the child, affects the connection between behavioral issues and the effectiveness of treatments for children with ODD. The purpose for the study conducted in Dunsmore et al. (2013), was to examine how the emotion coaching behaviors of mothers and the emotion regulation abilities of children are related to both positive outcomes, such as better adjustment, and negative outcomes, including externalizing and internalizing symptoms, among children diagnosed with ODD.

The purpose for the study in Greene et al. (2004), was to compare and contrast the effectiveness of PT therapy to CPS therapy in ODD children with comorbid behaviors. The reasoning behind this study is because of ongoing criticisms of the parent-oriented therapy of PT, which focuses more on the parental spectrum of dealing with ODD but does not specifically deal with the children's lagging cognitive skills. On the other hand, Cognitive Behavioral therapies for children, while focusing on those aforementioned lagging cognitive skills does not adequately address any potential parent-inhibited problems such as cold/distant relationship of some parent-child dynamics which may exacerbate said child's ODD behaviors. Thus, by introducing CPS which is a dual parent-

child therapy and using PT as a control group, the authors can analyze the effectiveness of CPS.

The purpose for the study in Hood et al. (2015), was to review the current literature of ODD for a Pediatric clinician-based setting so potential pediatric personnel can not only identify symptoms of ODD, but have empirical based knowledge of behavioral interventions. Furthermore, the study also provided a hypothetical situation of a client with an apparent comorbidity, ADHD, which is also referenced throughout the study to analyze a common recurrence of children with ODD and how the use of psychotropics is not currently advised for treatment for ODD but rather any potential comorbidity or ill behaviors due to ODD.

Miller-Slough et al. (2016) conducted their research by utilizing the participant sample from a larger prior study outcome by Ollendick et al. (2016). Their study utilized a multi method assessment to examine parent–child synchrony, the inverse of parent–child incompatibility as a predictor of children’s emotional lability, aggression, and overall functioning following psychosocial treatment. Ollendick et al. (2016) used a randomized control design to examine the efficacy of CPS in treating ODD in youth by comparing this novel treatment to PMT, a well-established treatment, and a waitlist control group.

The purpose for the study in Sprague et al. (2002), was to conjure the current psychosocial empirical treatments of children and adolescents who meet the criteria for ODD to encourage social workers, clinicians, and school



professionals in adequate psychosocial techniques to foster better outcomes for children and adolescents affected by ODD. The treatments in focus in this study fall into 5 categories of different psychosocial therapies which are: Anger Control Therapy, Stress Inoculation Training, Assertiveness Training, Multisystemic Therapy, and Rational Emotive Therapy, which are part of the current body of knowledge to ODD therapies in usage.

Population of Included Studies

Table 3. Population of Included Studies

Article	Sample (n)	Inclusionary Criteria	Exclusionary Criteria	Demographic Characteristics
Booker (2016)	n=123 children	Between 7–14 years, and who fulfilled DSM-IV criteria for ODD	If children met diagnostic criteria for disorders such as CD, autism spectrum disorder, a psychotic disorder, intellectual impairment, or current suicidal or homicidal ideation	Chronological age, gender, race, family structure, parental education, family income, and comorbid conditions
Dunsmore (2013)	n=72 mother–child dyads	Between 7-14 years, mother child dyads only, all children diagnosed with ODD	Undefined	Chronological age, gender, family structure, race/ethnicity, maternal education, and family income
Greene (2004)	n=50 children	American children ages 4-12 with an ODD clinical diagnosis, children with estimated IQ above 80, children with symptoms of Bipolar/Major Depressive	American children ages 12 and above with/without ODD clinical diagnosis, children with estimated IQ below 80, children without	Chronological age, race, IQ, gender, socioeconomic status, various comorbidities

		disorder, children without active intrusive suicidal/homicidal thoughts.	at least underlying symptoms of Major Depressive Disorder/Bipolar Disorder, children with active intrusive suicidal/homicidal thoughts	
Hood (2015)	n=1 child and mother, hypothetical case (Pediatric survey study of ODD)	Children with ODD/ADHD, Ages 4-13 years old	Older Adolescents, children without referrals, Non-ODD/ADHD diagnosed children, older teenagers (14+), aversion therapy	Age
Miller-Slough (2016)	n=75 children	Between 7–12 years old; children had to meet diagnostic criteria for ODD but not Conduct Disorder, Autism Spectrum Disorder, or psychosis	Children could not have estimated Full Scale IQs below 80 or current suicidal or homicidal ideation	Chronological age, gender, family structure, race/ethnicity, maternal education, and paternal education
Ollendick (2016)	n=134 youth	Between 7-14 years of age; met full diagnostic criteria for ODD; ODD was the principal reason for referral in all instances	Youth were excluded if they met diagnostic criteria for CD, autism spectrum disorder, a psychotic disorder, intellectual, impairment, or current suicidal or homicidal ideation	Chronological age, gender, race/ethnicity, socioeconomic status, and family structure derived from a demographic form, measures of receptive and expressive language ability
Sprague et al. (2002)	n=36 children for the Anger Control/ Stress Inoculation Study	Anger Control: junior high school students participating in behavior modification program for multi	Undefined	Gender, family structure, race/ethnicity, criminal status

	n=48 male youth for Assertiveness Training	suspended delinquents were chosen based on their high rates of classroom and/or community disruptions		
	n=57 juvenile and their families for Multi-systemic Therapy	Stress Inoculation Training: institutionalized male delinquents showing verbal and physical aggression in response to anger provocations		
	n=40 youth for Rational Emotive Therapy	Multisystemic Therapy: 57 juvenile offenders		
		Rational Emotive Therapy: Hispanic and African American eleventh and twelfth graders who were at risk of academic failure and were also prone to misconduct		

Participants included in the nine selected articles ranged from ages 4 and 14 years. The study conducted by Booker et al. (2016), used a sample of 123 children of which 76 were boys and 47 were girls. The mean child age (M) was 9.56 years and the standard deviation (SD) was 1.81. The final sample of participants used in this study met the following criteria: between 7–14 years of age, fulfilled DSM-IV criteria for ODD, and could not met diagnostic criteria for

disorders such as conduct disorder, autism spectrum disorder, a psychotic disorder, intellectual impairment, or current suicidal or homicidal ideation. The demographic characteristics collected for the study sample included chronological age, gender, race, family structure, parental education, family income, or comorbid conditions.

The study conducted by Dunsmore et al. (2013), used a sample of 72 mother-child dyads of which 24 were daughters and 48 were sons. The final sample of participants used in this study met the following criteria: between 7-14 years, mother-child dyads only, diagnosed with ODD. The demographic characteristics collected for the study sample included chronological age, gender, family structure, race/ethnicity, maternal education, and family income. The M child age was 9.69 years, SD was 1.78, the M mother age was 38.66, SD was 6.67, with the range of 26-56 years. Eight children (11.11 percent) were African American, two children (2.78 percent) were Asian American, fifty-six children (77.78 percent) were European American, three children (4.17 percent) were Hispanic American, one child (1.39 percent) was 'other' ethnic background, and for two children, their ethnic background was not reported. A 56.94 percent of mothers were married to their child's father, 1.39 percent was unmarried but living with the child's father, 16.67 percent were separated or divorced, 5.56 percent were married to the child's stepfather, 9.72 percent were single, and 5.56 percent reported other family structures. A 98.57 percent of mothers had completed high school or a trade school, 31.43 percent had also completed

college, and 18.57 percent had completed post graduate education. The M family income was \$60,982 US dollars.

The study conducted by Greene (2004), used a sample of 50 children between the ages of 4-12 years old, of which 15 were girls and 32 were boys (3 were omitted from the study due to behavioral issues). Those enrolled in the program met the following criteria for the study: the children were between the ages of 4 through 12 with a diagnosis of ODD and potential symptoms of either major depressive disorder or bipolar disorder. The demographic characteristics for this study is as follows: age, gender, socioeconomic status, estimated full-scale IQ, and various comorbidities. Of the 19 children assigned to PT, the M age of children was reported to be 6.8 and a SD of 0.45. The M estimated IQ of children was 106.7 with a SD of 3.91. Out of the 19 children, 12 children had subthreshold or full major depression, 15 had subthreshold or full bipolar disorder, 13 had attention deficit/hyperactive disorder, and 8 had anxiety disorder (children may have had one or more of the comorbidities along with ODD). On the other hand, of 28 children who were randomly assigned to CPS; the M age was 7.4 with a SD of 0.40. The M estimated IQ of 105.7 with a SD of 2.53. The comorbidities of the children assigned to CPS were as follows; 17 had subthreshold or full major depression, 18 had subthreshold or full bipolar disorder, 18 had attention deficit/hyperactive disorder, 11 had anxiety disorder (1 or more). The authors do not make clear how they configured the income status of the participants in the study. The ethnic population size was quasi-

homogeneous as 45 children in this study were of White descent, the remaining five children included 4 children of African-American descent and 1 Asian-American child.

The study conducted by Hood et al. (2015) used a mixed study that included literature review of common interventions when dealing with ODD and a hypothetical case study of a 4-year-old child, as this was a survey of General Pediatric knowledge and solutions to ODD from the perspective of a healthcare clinician. The four-year-old male child presented to the doctor with symptoms of ODD, primarily; a disregard to authoritative figures (ie: mom and teacher) for longer than 6 months. The child also presented an apparent comorbidity, which the doctor diagnosed as ADHD.

The study conducted by Miller-Slough et al. (2016), used a sample of 75 children of which 46 were boys and 29 were girls. The final sample of participants used in this study were part of a larger treatment outcome study in Ollendick et al. (2016) and met the following criteria: between 7–12 years of age, fulfilled DSM-IV criteria for ODD, and could not meet diagnostic criteria for disorders such as conduct disorder, autism spectrum disorder, a psychotic disorder, intellectual impairment, or current suicidal or homicidal ideation. The demographic characteristics collected for the study sample included chronological age, gender, family structure, Race/ethnicity, maternal education, and paternal education. The mean child age (M) was 9.66 years and the standard deviation (SD) was 1.75. A 4.75 percent of children were African American, 4.3 percent were Asian

American, 88.45 percent were White, 2.65 percent were Hispanic/Latino, .25% were Native American, 1.8 percent were Biracial, and 77.35 percent of children were in two-parent households.

The study conducted by Ollendick et al. (2016), used a sample of 134 youth. The final sample of participants used in this study met the following criteria: between 7–14 years of age, fulfilled DSM-IV criteria for ODD, and could not meet diagnostic criteria for disorders such as conduct disorder, autism spectrum disorder, a psychotic disorder, intellectual impairment, or current suicidal or homicidal ideation. The demographic characteristics collected for the study sample included chronological age, gender, race/ethnicity, socioeconomic status, and family structure, and measures of receptive and expressive language ability. There were 83 males and 51 females, 83.6 percent were White and 16.4 percent were non-White. Twenty-six youth were from a single parent household, 107 were from a two-parent household, 58 youth had mothers who were not college graduates, 75 youth had mothers who were college graduates, 72 youth had fathers who were not college graduates, and 51 youth had fathers who were college graduates.

The study conducted by Sprague et al. (2002) is a literature review of previous studies regarding therapeutic interventions of ODD. They used the following studies and demographic data: Feindler, Marriot, and Iwata (1984) Anger Control Study which utilized 36 adolescents who had high rates of recidivism and suspension from school. They also utilized Schlicter and Horan

(1981) study of 38 male delinquents with unclear demographical content. Furthermore, the addition of Huey and Rank (1984) study focused on African-American males with high patterns of aggression. This study included 48 African-American male participants. Sprague and Thyer also used Henggeler et al. (1986) study which included 57 juvenile offenders of unknown demographics. Borduin et al. (1995) also examined 176 juvenile offenders of undescribed demographics, while Sutphen, Thyer and Kurtz (1995) examined 8 juvenile offenders. Meanwhile, the Block (1978) focused on 40 Hispanic and African American 11th and 12th grade students.

Interventions of Included Studies

Table 4. Interventions of Included Studies

Article	Type(s)	Category(ies)	No. of Intervention(s) Used	Duration of Intervention(s)
Booker (2016)	Parent Management Training (PMT) and Collaborative and Proactive Solutions (CPS)	Psychosocial	2	Two pre-treatment assessment sessions. Following pretreatment assessments, families were randomly assigned to one of the two treatment groups. Each treatment was designed for 12 weekly 75-min sessions. Children and parents participated in



				a post treatment assessment 1–2 weeks after completion of the final treatment session
Dunsmore (2013)	Maternal Emotion Coaching	Psychosocial	1	Each of the two assessment sessions lasted approximately 2 hours
Greene (2004)	Collaborative Problem Solving (CPS) and Parental Training (PT)	Psychosocial and Behavioral	2	Usually 7-16 weeks with a mean of 11 weeks
Hood (2015)	Parent Management Training (PMT) and Collaborative Problem Solving (CPS)	Psychosocial	2	About 2 years but due to the time-consuming nature of PMT classes, it is unclear if they continued PMT
Miller-Slough (2016)	Collaborative and Proactive Solutions (CPS) and Parent Management Training (PMT)	Psychosocial	2	Assessment session (pre-treatment & post-treatment). Families in both treatment conditions received weekly treatment for up to 14 sessions
Ollendick (2016)	Parent Management Training (PMT) and Collaborative Proactive Solutions (CPS)	Psychosocial	2	5-year Clinical Trial. Assessment session (pre-treatment & post-treatment). Families in

				both treatment conditions received weekly treatment for up to 14 sessions. Plus a 6 month follow up
Sprague (2002)	Anger Control, Stress Inoculation Therapy, Assertiveness Training, Multisystemic Therapy, and Rational Emotive Therapy	Psychosocial	5	Anger Control/Stress Inoculation Study 4.5 weeks  Assertiveness training: not stated  Multisystemic Therapy: not stated  Rational Emotive Therapy: not stated

Of the selected articles that met the inclusion criteria, there were seven different types of interventions utilized, three types of intervention categories, between 2-5 interventions were used, and the duration of the interventions used varied in studies. Booker et al., (2016), Greene et al., (2004), Hood et al., (2015), Miller-Slough et al., (2016), and Ollendick et al., (2016) utilized two types of interventions as part of their randomized controlled trial studies: Collaborative and Proactive Solutions (CPS) and Parent Management Training (PMT). CPS is an evidence-based model of psychosocial treatment originated and developed by

Dr. Ross Greene. Rather than attempting to modify children's challenging behaviors, the CPS model assists children and their guardians solve problems causing the behaviors. This model is designed to help solve problems, improve behavior, and enhance skills for children and guardians (Green R. W., 1998). PMT is an intervention program that trains parents to effectively manage their children's behavioral problems. It assists parents to become more consistent in their behavior management practices (Barkely, R. A., 1997). These interventions are categorized as a psychosocial type of treatment.

Dunsmore et al., (2013) utilized one type of intervention as part of their study: Maternal Emotion Coaching. Emotion coaching is a model based on research by American Psychologist, John Gottman, designed to use moments of heightened emotion and resulting behavior to guide and teach children about more effective responses. This model is characterized by the parents' acceptance and acknowledgement of their children's negative emotions and verbal coaching to help children understand, appropriately express, and properly cope with negative emotions. Through empathetic engagement with the child's emotional state, a sense of security is promoted which in turn activates changes in the child's neurological system that allows the child to calm down, physiologically and psychologically. Using this intervention is said to affect children's emotion regulation which in turn is proposed to effect change in children's outcomes (Gottman et. al, 1997). This intervention is categorized as a psychosocial type of treatment.

Sprague et al., (2002) utilized five types of interventions as part of their study: Anger Control, Stress Inoculation Therapy, Assertiveness Training, Multisystemic Therapy, Rational Emotive Therapy. Anger Control intervention and Stress Inoculation Therapy are coping skills therapies that seek to give the client cognitive and behavioral tools needed to handle stressful events and control personal stress reactions. On the other hand, Assertiveness Training is a technique for intervention that aims to improve interpersonal abilities. Alternatively, Multisystemic Therapy emphasizes the interconnectedness of adolescent psychopathology as well as the importance of the various systems in which the youth is embedded, including family, school, and peer group while Rational Emotive Therapy (RET) is a psychotherapeutic approach based on cognitive theory and the theories of psychologist Albert Ellis. RET advocates for the client to distinguish between what is true in the environment and what is subjective, while recognizing the false, unfavorable, and self-restraining interpretations made of their own actions and lives.

Results and Key Findings of Included Studies

Table 5. Results and Key Findings of Included Studies

Article	Results of Study	Key Findings related to Research Question
Booker (2016)	Both CPS and PMT treatment interventions appeared to work equally as well; mothers reported a small amount of improvement in their child's conduct behavior and overall ODD symptoms after	A child's response to CPS and PMT treatment intervention is significantly influenced by the children's relationship with their parent. It appears that when the child

	<p>treatment; children involved in this study reported that their ODD symptoms improved and that the effectiveness of their treatment was influenced by their relationship with their parent; clinicians reported a pattern showing how the effectiveness of the treatment for children with ODD was positively influenced when there was a better relationship between the child and their parent</p>	<p>considers to have a negative view of their relationship with their parent prior to receiving treatment or when there is a higher level of conflict between the child and their parent, it is harder to treat their ODD symptoms. Thus, when there is a positive relationship between a child with ODD and their parent, the child is better able to respond and comply to their parent's instruction and work together to solve problems. If the child views their relationship with their parent as positive, they are more likely to respond positively to treatment</p>
Dunsmore (2013)	<p>The emotional regulation of children with ODD was influenced by their mother's maternal emotion coaching and the children reported a decrease in ODD behavior; better emotion regulation could help the child's behavior and help mothers become more aware of these behavior improvements</p>	<p>The study's results are an addition to general research of the emotional responses of children with ODD when maternal emotional coaching treatment is involved</p>
Greene (2004)	<p>Results from surveys conducted before and after treatment, using the ODDRS diagnostic survey for ODD, indicate that Collaborative Problem Solving (CPS) led to significantly greater improvements in symptoms. Additionally, the study found that children who received CPS were more likely to have changes in their medication during the study period. The</p>	<p>To a certain degree, the non-linear methodology of Collaborative Problem Solving (CPS) can enhance personalized treatment, whereas Parental Training (PT) mainly focuses on addressing inadequate behavioral techniques of parents. Nonetheless, both CPS and PT are effective in treating ODD</p>

	authors suggest that this could be attributed to the CPS module focused on medication and prescription changes, which may have influenced parents to modify or stop their children's medication	and have a positive association with treatment outcomes
Hood (2015)	The study contends that the majority of children with ODD are not being treated with the most effective methods. Upon reviewing the data, it was found that the best treatment option is behavioral therapy through parent management training, along with a potential stimulant like Methylphenidate (MPH), Atomoxetine (ATX), or Alpha-2 agonists. On the other hand, other treatments such as antipsychotics were found to have a weak positive correlation	Doctors should prioritize the importance of Parental Management Training (PMT) and encourage parents to engage in PMT either through self-directed learning or with the help of a third-party
Miller-Slough (2016)	The symptoms of children with ODD, specifically the children's emotions and aggressive behavior was influenced by the children's relationship with their parent after having received treatment; the better the relationship between a child with ODD and their parent was prior to treatment, the better the child would respond to treatment; the better the relationship between the child and parent is, the easier it was for them to work together when it came to behavioral goals and when solving problems	The quality of relationship between child and parent influences on the overall effectiveness of CPS and PMT treatment for children with ODD and could help decrease ODD symptoms throughout their treatment
Ollendick (2016)	Compared to the WLC, the CPS and PMT interventions were found to be more effective; the CPS intervention was found to be equally as effective as the PMT	PMT and CPS treatment interventions produced better outcomes for children and youth with ODD than those who were placed in a WLC group

	intervention and could also be considered as an evidence-based intervention; these interventions appeared to work better for younger children with ODD compared to youth with ODD	who did not receive these interventions. Since this study was performed on children of different ages and gender who also had co-occurring conditions such as ADHD. Both PMT and CPS interventions worked equally as well for the children involved in the study. As a result of this finding, the CPS intervention could be considered as an evidence-based treatment intervention option for children with ODD
Sprague (2002)	To date, there is limited empirical evidence supporting the efficacy of psychosocial treatments for youth who meet the criteria for oppositional defiant disorder (ODD) as outlined in the DSM-4. It appears that there is still a significant lack of research on this specific disorder	Psychosocial treatments may have some benefits, but there is currently insufficient empirical evidence to fully support them in treating youth who meet the DSM-4 criteria for ODD. Thus, they should be used in conjunction with PMT/CPS as a point of reference

As previously mentioned, two articles, Booker et al., (2016) and Miller-Slough et al., (2016), conducted their study based on the participant sample from a larger treatment outcome study by Ollendick et al., (2016). Although their research findings were based on the same participant sample, each author had a different purpose for their study and therefore had different results. The study by Ollendick et al., (2016) compared the effectiveness of two interventions, CPS and PMT when treating youth with ODD by using a waitlist control group (WLC). The results from their study found that (1) compared to the WLC, the CPS and PMT

interventions were found to be more effective; (2) the CPS intervention was found to be equally as effective as the PMT intervention and could also be considered as an evidence-based intervention; (3) these interventions appeared to work better for younger children with ODD compared to youth with ODD. Key findings found from this study that relate to the research question for this scoping review are that PMT and CPS treatment interventions produced better outcomes for children and youth with ODD than those who were placed in a WLC group who did not receive these interventions. This study was performed on children of different ages and gender who also had co-occurring conditions such as ADHD. Both PMT and CPS interventions worked equally as well for the children involved in the study. As a result of this finding, the CPS intervention could be considered as an evidence-based treatment intervention option for children with ODD.

Booker et al. (2016) conducted a re-analysis of youth from a larger prior study by Ollendick et al. (2016) in an attempt to explore whether the conduct behaviors and the effectiveness of treatment interventions on children with ODD were somehow influenced by the children's relationship with their parent. The results from their study found that (1) both CPS and PMT treatment interventions appeared to work equally as well as no major difference was found in how well the children did in treatment; (2) the mothers involved in this study reported that there was a small amount of improvement in their child's conduct behavior and overall ODD symptoms after having received treatment as opposed to how their behavior and symptoms were beforehand; (3) after having received treatment,



the children involved in this study reported that their ODD symptoms improved and that the effectiveness of their treatment was influenced by their relationship with their parent; (4) the clinicians involved in this study reported that there was a pattern found in the reports they received from those being studied, showing how the effectiveness of the treatment for children with ODD was positively influenced when there was a better relationship between the child and their parent. Key findings found from this study that relate to the research question for this scoping review are that their findings show that a child's response to CPS and PMT treatment interventions is significantly influenced by the children's relationship with their parent. It appears that when the child considers to have a negative view of their relationship with their parent prior to receiving treatment, it is harder to treat their ODD symptoms. Additionally, it is harder to treat their ODD symptoms when there is a higher level of conflict between the child and their parent. Thus, it appears that when there is a positive relationship between a child with ODD and their parent, the child is better able to respond and comply to their parent's instruction and work together to solve problems. This appears to be more common when the child's family is able to emotionally regulate and display warm affection to their child. If the child view their relationship with their parent as positive, they are more likely to respond positively to treatment. Children who display oppositional and conduct problems can be challenging to treat, but they may show greater engagement and responsiveness to interventions if they have

a positive perception of their relationship with their parents and feel valued by them (Pasalich et al. 2012).

Miller-Slough et al. (2016) conducted their research by utilizing the participant sample from a larger prior study outcome by Ollendick et al. (2016). The study employed multiple assessment techniques to analyze the connection between parent-child synchrony, which is the opposite of parent-child incompatibility, and its ability to predict emotional lability, aggression, and general functioning of children who underwent psychosocial treatment. The study found that parent-child synchrony at pre-treatment was linked to decreased emotional instability at the end of treatment. In this study, parent-child synchrony refers to the ability of a parent-child pair to share perspectives and meaning regarding events, indicating the degree to which they actively collaborate in problem-solving efforts. Synchrony is marked by active engagement, mutual understanding, and a willingness to listen to others (Laible & Song, 2006). A lack of harmony between parent and child can impede their capacity to mitigate and address behavioral issues. Conversely, parents and children who possess greater accord prior to treatment may have a more robust relationship and communication foundation, rendering them more receptive to and effective at utilizing interventions. Therefore, optimal agreement between parents and children may facilitate their joint efforts to achieve behavioral goals (as in PMT) and promote effective communication for conflict resolution (as in CPS). Moreover, children from families with high levels of synchrony demonstrated

greater improvement in overall functioning after undergoing treatment for ODD. These outcomes indicate that synchrony may enhance the cooperative utilization of treatment techniques, such as PMT and CPS, and therefore increase treatment effectiveness. Additionally, the study revealed that children from families with high synchrony were not initially less aggressive, but instead experienced a reduction in aggression over time during treatment. Lastly, further research into the role of parent-child synchronization in other clinical populations, including children with internalizing difficulties, may reveal disorder-specific treatment recommendations.

Dunsmore et al. (2013) conducted a qualitative study to investigate whether maternal emotion coaching and child emotion regulation could serve as protective factors for children with ODD. The study found that mothers who engaged in emotion coaching were associated with their children demonstrating greater emotion regulation and reporting lower levels of disruptive behavior. In turn, better emotion regulation could promote adaptive behavior in children, and maternal emotion coaching may also enhance mothers' awareness of their children's positive behavior and strengths. These findings hold significant promise for advancing our understanding of the emotional socialization processes and informing the development of interventions and prevention strategies aimed at improving outcomes for children at risk of developing disruptive behavior disorders, such as ODD.

Greene et al. (2004) focused their research on ODD children with subliminal or full comorbidities such as major depression, bipolar disorder, anxiety, and/or ADHD. A study of 50 children was conducted, where they were randomly assigned on a 3:2 ratio to either Collaborative Problem Solving (CPS) therapy or Parent Management Training (PT) to compare and contrast CPS relative to PT in terms of effectiveness. The results were statistically significant for both CPS and PT following treatment. The study found (1) greater statistically significant change on the participants who were assigned to CPS at both immediate posttreatment analysis and the 4-month follow up; (2) PT therapy was found to have statistically significant change at the immediate post treatment assessment, but had a moderate significant change relative to CPS following the 4-month assessment; and (3) the authors hypothesized that because CPS is a variable program that usually lasts with 7-16 weeks depending on the structure prescribed by the therapist and PT is a usually a fixed 10 week program, CPS can be enhanced to optimize therapy on a case-by-case basis. Key findings found from this study that relate to the research question for this scoping review are both CPS/PT are both effective in alleviating ODD symptoms. However, careful analysis should be made towards the utilization of PT due its fixed treatment regimen. Whereas, CPS can be utilized in a more individualistic treatment plan regimen.

Hood et al. (2015) focuses on a survey analysis of ODD through the lenses of a Pediatric perspective by reviewing psychotherapeutical and

pharmacological treatment of comorbid/ODD behaviors. Consecutively, a hypothetical case of a four-year-old male with ODD and a comorbid behavior of ADHD was introduced as an example. The results were (1) standard PT programs on average last about 10-14 weeks in 60 to 90-minute setting environments by the clinician therefore, the average PT-therapy ran by a therapist is not the only optimal choice. Research reviewed by the authors showed that shorter clinician-run PT sessions or self-thought PT parental guided lessons through books offer the same results as the 10 to 14-week standard PT session; (2) the use of CPS offers the same or better outcomes of PT. However, due to CPS being applied in clinical settings only, no study has been found so far in CPS-parent led only training. Due to the nature of this study, the remaining part of this article is omitted as it deals with medication and ODD/ADHD comorbid conditions which is not of relevance to this study. Key findings found from this study that relate to the research question for this scoping review is that there is strong evidence that supports PT interventions in ODD affected children and continuation of said program should be encouraged in clinical settings.

The research done by Sprague et al. (2002) was an attempted literature review of psychosocial treatment of children and adolescents who met the criteria of ODD and its outcome. The psychosocial treatments that were analyzed were Anger Control Training, Stress Inoculation Training (SIT), Assertiveness Training, Multisystemic Therapy (MST), and Rational Emotive Therapy (RET). The results of this literature review were as follows: (1) for the children assigned in the

Feindler et al. (1984) Anger Control Study, there was a significant drop in school suspensions, improvement in cognitive function, and rationalization skills; including self-control relative to the control group; (2) for Schlicter et al. (1981) and the SIT training reviewed by them, it was found that both SIT and the control group (Conventional Therapy) produced less physical aggression and anger. However, only SIT showed lowered verbal aggression; (3) Huey et al. (1984) and the Assertiveness training which was African American specific, produced results that empowered the participants to be more positively self-asserting through being assertive without aggressive/threatening gestures relative to conventional group discussion therapy and no therapy control group; (4) Henggeler et al. (1986) Multisystemic Study relative to conventional therapy and the no therapy control group showed that those assigned to MST displayed less anxiety, conduct problems, relations with problematic influences, and a more active role of the juvenile within their family spectrum; (5) Borduin et al. (2005) also analyzed MST relative to individual psychotherapy (IT) within juvenile offenders and the effects on recidivism using a longitudinal observational study and found that MT therapy not only displayed the results from Henggeler et al. (1986), but also lowered recidivism rates after a 4 year follow up; (6) the Sutphen et al. (1995) study on 8 adolescents offenders with high recidivism rates, showed MT displayed improvements on adolescent's family relations, parental reports of said problematic behavior, life skills, grades, school attendance, and a reduction to delinquent associations; (7) the Rational Emotive Therapy (RET) study done by

Block (1978) on African American and Hispanic kids who were randomly assigned to RET, psychodynamic therapy, and a control group showed that RET made the greatest improvement relatively to students assigned to psychodynamic therapy and the control group in regards to attendance, grades, and behavior in the classroom of said adolescents. A key finding found from this study that relates to the research question for this scoping review is that this literature review analysis expands the scope of therapy that can be applied to ODD outside of PT and CPS. However, there is little empirical data regarding ODD-only based solutions. Therefore, the authors specify that social workers should advocate for more empirical-based interventions and training due to the lack of specificity in ODD-only therapy.

### Summary

This chapter reviewed the findings and results of the study. After completing a comprehensive search of relevant research pertaining to this study, a screening process was conducted in order to determine eligibility. Unrelated, duplicate, and articles that did not meet the criteria were excluded. Based on the eligibility criteria and discussion between the research reviewers, 7 articles were selected to include in the scoping review. Five tables were utilized in this chapter to present the findings to help describe the data collected from the selected articles including: bibliographical data, methodology, populations, interventions, and the results and key findings of the included studies. Of the selected articles that met criteria, all seven were published in the United States between the years

2002 and 2016, and their studies were conducted within the United States. All seven articles used a qualitative research method for their study and used participants ranging from ages 4 and 18 years. Of the selected articles, there were eight different types of interventions utilized (PMT, CPS, Maternal Emotion Coaching, Anger Control, Stress Inoculation Therapy, Assertiveness Training, Multisystemic Therapy, and Rational Emotive Therapy); three types of intervention categories (Psychosocial and Behavioral); between 1-2 interventions were used in each study, and the duration of the interventions used varied. Results and key findings as they relate to our research question were included in this chapter. Further discussion will be conducted in the following chapter.



## CHAPTER FIVE

### DISCUSSION

#### Introduction

As mentioned in the last chapter, seven articles met the criteria for this study and were included in the review. These studies focused on the influence of parent–child relationship quality, associations between evidence-based interventions and conduct problems, and treatment responses for children and/or adolescents with ODD. This chapter will discuss the results of this scoping review, its implications, recommendations, and limitations to social work practice, policy, and research.

#### Discussion

The results derived from this study have provided a series of empirically-based interventions ranging from psychosocial, cognitive, and behavioral therapy that could be used in school, home, and personal settings. From the results found in this study, the most widely used and accepted form of therapy for ODD affected children, in comparison to all other types of intervention including CPS, CBT, psychosocial, and psychotropic, is Parent Management Training (PMT). However, this study finds that this form of therapy, while useful, may not be the best optimizing form of intervention for both children and parents. Referring back to the theories of Bolwby and Patterson, a child can adapt to maladaptive parenting and unmet needs by becoming avoidant, aggressive, anxious, and/or a

mix of these behaviors. Thus, this can be a contributive factor to a child exhibiting ODD behavior, which per the studies exhibited, may often come with other comorbidities (ADHD, depression, bipolar disorder). Therefore, a careful further analysis should be studied in the effectiveness of PMT relative not only to the other types of intervention, but also to the different parenting and attachment styles.

The study by Ollendick et al. (2016) further emphasizes this, as there appears to be correlation between family hostility and poor adaptive skills of ODD affected children. On the other hand, the same study saw a positive correlation between parental warmth and greater post-assessment adaptive skills. The authors of the study indicated that PMT may be better suited for families that already exhibit secure attachment styles (i.e.: warmth, low hostility, receptive) with their children as the data shows greater post-assessment effects on the adaptiveness of children with ODD. This is also relatively similar to the conclusions from Miller-Slough et al. (2016) and Dunsmore et al. (2016). However, Ollendick et al. (2016) suggests per the data that Community Problem Solving (CPS) intervention may be best suited for families who do not display good parent-child interactions, as it targets both the parents and children to come to a resolution by making both aware of their points of view and behaviors. The Greene et al. (2004) study also mentions this paradigm of potential individualization of preventative methods. In this research, the conclusion was found that the children that were randomly assigned to CPS based training had

relatively stronger post-intervention effects right after the study was conducted and after a four-month follow up relative to both PMT and the control group. The authors speculated that this might be due to another factor not mentioned in Ollendick et al. (2016), which is the customization of CPS based training relative to PMT. The authors stated that PMT is usually a ten-week program that is rigid in its topics. However, CPS may differ from in not only duration but also topics discussed per session. For example, CPS may include therapies based solely or partly on medication usage, understanding cognitive factors that may lead to aggressive behavior, meeting and handling of unrealized parent to child expectations, etc. This variable intervention strategy drastically differs from PMT and Cognitive Behavioral Therapy (CBT), as both of these therapies are entirely parent focused or child focused in regards to the latter.

The Hood et al. (2015) article enlightened this research on a practical perspective of a Pediatrics doctor, as it may provide a reasoning why PMT is relied upon more often than CPS/CBT therapies. The study found that PMT may be rigid, but more easily accessible to the general public per its various instruction material available that can include therapist-based, non-therapist based, and self-guided interventions using widely available books and other media material. This differs from CPS/CBT, as there is currently no widely recognized self-guided learning for CPS specifically. This also appears to be a problem for psychoanalytical based therapies from the Sprague et al. (2002) research, as these interventions required a live therapist.

## Recommendations and Limitations for Social Work Practice, Policy, and Research

From the findings of this scoping review, recommendations should be made to social workers to carefully analyze parent-child interactions to provide the best available form of intervention. In addition to the emphasis that should be established in parent-child interactions, careful review of the family's history, socio-economic status, and availability should also be taken into consideration when referring to a specific mode of intervention. For example, if a family's case report appears to have a history of severe neglect/hostility, but have open availability for a live-therapist focused intervention, CPS may offer the best optimal form of intervention. On the other hand, if a family case appears to be more in-tune with each other and less hostility but less availability for live sessions, then self-practiced PMT may be more beneficial for the family. These multiple considerations can help social work practitioners holistically view the widely available interventions with the potential to optimize better outcomes based on these variables.

As previously mentioned, the current policy in place, The Family First Prevention Act of 2018, provides federal funding efforts aimed to promote prevention services for children at risk of entering the CWS, and stability and permanency for children within the CWS. However, this policy does not provide specific guidance or specific training requirements to help meet the complex needs of children and adolescents with ODD. Therefore, it is significant to emphasize the need for further research in non-pharmacological treatments

which would require policies to obtain an increase in governmental funding for further research.

Various recommendations can be offered for future research. Although there was a variety of options gathered, emphasis was mostly given to Parent Management Training and Collective Problem Solving. For example, both Greene et al. (2004) and Ollendick et al. (2016) used PMT/CPS groups to compare and contrast their research. Ollendick et al. (2016) did use a no therapy control group whereas Greene et al. (2004) did not. Neither used another therapeutic option for reference which may create an essential bias since these specific articles did not take into consideration Cognitive Behavioral Therapy, Multisystemic Therapy, Rational Emotional Therapy, or any other psychoanalytical therapy. Thus, this study recommends further research in the effectiveness of other potential psychoanalytical, cognitive, and behavioral therapies referenced in Sprague (2002) relative to PMT/CPS and a no-therapy control group to further analyze results. Furthermore, this research also realized through the readings the majority of families involved in all studies unless explicitly done on purpose, were inherently families of White descent and were also mostly attended by the mothers of the children involved. This could generate a potential bias when it comes to understanding the most optimal therapies for families as it excludes ethnic, cultural, and gender viewpoints in regards to these interventions. Thus, further research is needed with a more multicultural and/or

more father inclusive approach on purpose to be able to determine whether cultural/gender differences affect these interventions.

### Conclusions

In conclusion, this scoping review reveals that there is a limited amount of information on empirically-based interventions available to treat children and adolescents with ODD. Of the seven different types of interventions found through this scoping review, five of the seven selected articles that met criteria (Booker et al., (2016), Greene et al., (2004), Hood et al., (2015), Miller-Slough et al., (2016), Ollendick et al., (2016)) utilized only two types of interventions as part of their randomized controlled trial studies: CPS and PMT. The results highlight the need for further research in the effectiveness of other potential psychoanalytical, cognitive, and behavioral therapies for children and adolescents with ODD. In addition, two of these articles, Booker et al., (2016) and Miller-Slough et al., (2016), conducted their study based on the participant sample from a larger treatment outcome study by Ollendick et al., (2016). Within the remaining articles, the majority of families involved in all studies were inherently families of White descent and were also mostly attended by the mothers of the children involved. Thus, further research is needed with a more multicultural and/or more father inclusive approach on purpose to be able to determine whether cultural/gender differences affect these interventions.

APPENDIX A  
DATA COLLECTION AND EXTRACTION SPREADSHEET

## Data Collection and Extraction Spreadsheet

Data Charting	
INTERVENTIONS AVAILABLE TO CHILDREN AND ADOLESCENTS WITH OPPOSITIONAL DEFIANT DISORDER: A SCOPING REVIEW	
Data Extraction Tool	
<b>A. Person responsible for the extraction</b>	
<b>B. Bibliographical data</b> Author Year of publication of the article Country of origin where study was published Country of origin where study was conducted	
<b>C. Methodology</b> Type of research method used Aim/purpose of study	
<b>D. Population</b> Number of persons involved Inclusionary criteria of the study Exclusionary creiteria of the study Demographic characteristics	
<b>E. Interventions</b> Intervention type(s) Intervention category(ies) Number of intervention(s) used Duration of intervention(s) used	
<b>F. Results</b> Overall research findings of study	
<b>G. Key Findings</b> Key findings that relate to the scoping review question	



APPENDIX B  
INSTITUTIONAL REVIEW BOARD APPROVAL

# Institutional Review Board Approval



Jacqueline Laitano <006782835@coyote.csusb.edu>

## IRB-FY2022-212 - Modification: IRB Approval Protocol Change/Modification Letter

1 message

do-not-reply@cayuse.com <do-not-reply@cayuse.com>

Fri, Oct 7, 2022 at 4:24 PM

To: 004458310@csusb.edu, 006396256@coyote.csusb.edu, 006782835@coyote.csusb.edu, cmcallis@csusb.edu



October 7, 2022

### CSUSB INSTITUTIONAL REVIEW BOARD

Protocol Change/Modification

IRB-FY2022-212

Status: Approved

Yawen LiJacqueline Laitano  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
[San Bernardino, California 92407](#)

Dear Yawen Li Jacqueline Laitano:

The protocol change/modification to your application to use human subjects, titled "INTERVENTIONS AVAILABLE TO CHILDREN WITH OPPOSITIONAL DEFIANT DISORDER : A SCOPING REVIEW" has been reviewed and approved by the Chair of the Institutional Review Board (IRB). A change in your informed consent requires resubmission of your protocol as amended. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study. A lapse in your approval may result in your not being able to use the data collected during the lapse in your approval.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following by submitting the appropriate form (modification, unanticipated/adverse event, renewal, study closure) through the online Cayuse IRB Submission System.

- 1. If you need to make any changes/modifications to your protocol submit a modification form as the IRB must review all changes before implementing them in your study to ensure the degree of risk has not changed.**
- 2. If any unanticipated adverse events are experienced by subjects during your research study or project.**
- 3. If your study has not been completed submit a renewal to the IRB.**
- 4. If you are no longer conducting the study or project submit a study closure.**

You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, Research Compliance Officer. Mr. Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mjgillesp@csusb.edu](mailto:mjgillesp@csusb.edu). Please include your application approval number IRB-FY2022-212 in all correspondence.

## REFERENCES

- American Academy of Child & Adolescent Psychiatry. (2009). *Oppositional defiant disorder: A guide for families by the American academy of child & adolescent psychiatry*.  
[https://www.aacap.org/App\\_Themes/AACAP/docs/resource\\_centers/odd/odd\\_resource\\_center\\_odd\\_guide.pdf](https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/odd/odd_resource_center_odd_guide.pdf)
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).  
<https://doi.org/10.1176/appi.books.9780890425596>
- American Psychological Association. (2009, September 8). Understanding and preventing child abuse and neglect.  
<https://www.apa.org/pi/families/resources/understanding-child-abuse>
- Barkely, R. A. (1997). *Defiant children: A clinician's manual for parent training* (2nd ed.). Guilford.
- Booker, J., Ollendick, T., Dunsmore, J., & Greene, R. (2016). Perceived parent-child relations, conduct problems, and clinical improvement following the treatment of oppositional defiant disorder. *Journal of Child & Family Studies*, 25(5), 1623–1633. <https://doi-org.libproxy.lib.csusb.edu/10.1007/s10826-015-0323-3>
- Burke, J.D., Loeber, R., & Birmaher, B. (2002). Oppositional defiant disorder and conduct disorder: A review of the past 10 years, part II. *Journal of the*

*American Academy of Child and Adolescent Psychiatry*, 41(11), 1275–1293. <https://doi.org/10.1097/00004583-200211000-00009>

Cederna-Meko, C., Koch, S. M., & Wall, J. R. (2013). Youth with oppositional defiant disorder at entry into home-based treatment, foster care, and residential treatment. *Journal of Child and Family Studies*, 23(5), 895–906. <https://doi.org/10.1007/s10826-013-9745-y>

Christenson, J.D., Crane, D.R., Malloy, J. (2016). The cost of oppositional defiant disorder and disruptive behavior: A review of the literature. *Journal of Child and Family Studies*, 25, 2649–2658. <https://doi.org/10.1007/s10826-016-0430-9>

Connor, D.F. (2002). Aggression and antisocial behavior in children and adolescents: Research and treatment. New York: The Guilford Press.

Cross, T. P., Koh, E., Rolock, N., & Eblen-Manning, J. (2013). Why do children experience multiple placement changes in foster care? Content analysis on reasons for instability. *Journal of Public Child Welfare*, 7(1), 39–58. <https://doi.org/10.1080/15548732.2013.751300>

Dunsmore, J. C., Booker, J. A., & Ollendick, T. H. (2013). Parental emotion coaching and child emotion regulation as protective factors for children with oppositional defiant disorder. *Social Development*, 22(3), 444–466. <https://doi.org/10.1111/j.1467-9507.2011.00652.x>

- Ghosh, A., Ray, A., & Basu, A. (2017). Oppositional defiant disorder: Current insight. *Psychology Research and Behavior Management, 10*, 353–367. <https://doi.org/10.2147/prbm.s120582>
- Gonzalez-Prendes, A. (2012). Cognitive-behavioral practice and social work values: A critical analysis. *Journal of Social Work Values and Ethics, 9*, 21-33.
- Gottman, J. M., Katz, L. F., & Hooven, C. (1997). *Meta-emotion: How families communicate emotionally*. Lawrence Erlbaum associates.
- Greene, R. W., Ablon, J. S., Monuteaux, M. C., Goring, J. C., Henin, A., Raezer-Blakely, L., Edwards, G., Markey, J., & Rabbitt, S. (2004). Effectiveness of collaborative problem solving in affectively dysregulated children with oppositional-defiant disorder: Initial findings. *Journal of Consulting and Clinical Psychology, 72*(6), 1157–1164. <https://doi.org/10.1037/0022-006X.72.6.1157>
- Hamilton, S., & Armando, J. (2002). Oppositional defiant disorder. *American Family Physician, 78*(7), 861–866. <https://www.aafp.org/afp/2008/1001/p861.html>
- Hood, B.S., Elrod, M.G. & DeWine, D.B. (2015). Treatment of childhood oppositional defiant disorder. *Current Treatment Options in Pediatrics, 1*, 155–167. <https://doi.org/10.1007/s40746-015-0015-7>
- Howard, A. (2018, October 30). Mental health among children in foster care - safely preserving families, securing futures. Safely preserving families,

securing futures. <https://www.safy.org/mental-health-among-children-in-foster-care/>

Laible, D., & Song, J. (2006). Constructing emotional and relational understanding: The role of affect and mother-child discourse. *Merrill-Palmer Quarterly*, 52, 44–69.

Leathers, S. J., Spielfogel, J. E., Gleeson, J. P., & Rolock, N. (2012). Behavior problems, foster home integration, and evidence-based behavioral interventions: What predicts adoption of foster children? *Children and Youth Services Review*, 34(5), 891–899.  
<https://doi.org/10.1016/j.chilyouth.2012.01.017>

Legislative Analyst's Office. (2018) The California Legislature's Nonpartisan Fiscal and Policy Advisor. (2018, October 23). Overview of mental health services and funding for foster children.  
<https://lao.ca.gov/Publications/Detail/3904>

Levenson, J. (2017) Trauma-Informed social work practice, *Social Work*, 62(2), 105–113, <https://doi.org/10.1093/sw/swx001>

Lin, X., He, T., Heath, M., Peilian Chi, & Hinshaw, S. (2022). A systematic review of multiple family factors associated with oppositional defiant disorder. *International Journal of Environmental Research and Public Health*, 19(17), 10866. <https://doi.org/10.3390/ijerph191710866>

Loeber, R., Burke, J. D., Lahey, B. B., Winters, A., & Zera, M. (2000). Oppositional defiant and conduct disorder: A review of the past 10 years,

part I. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(12), 1468–1484. <https://doi.org/10.1097/00004583-200012000-00007>

Mayers. (2006). Health and mental health services for children in foster care: The central role of foster parents. *Child Welfare.*, 85(1). <https://doi.org/info:doi/>

McAloon, J., & Lazarou, K. D. (2019). Preventative intervention for social, emotional and behavioural difficulties in toddlers and their families: A pilot study. *International Journal of Environmental Research and Public Health*, 16(4), 569–. <https://doi.org/10.3390/ijerph16040569>

Miller-Slough, R. L., Dunsmore, J. C., Ollendick, T. H., & Greene, R. W. (2016). Parent–child synchrony in children with oppositional defiant disorder: Associations with treatment outcomes. *Journal of Child and Family Studies*, 25(6), 1880–1888. <https://doi.org/10.1007/s10826-015-0356-7>

Miranda, M., Molla, E., & Tadros, E. (2019). Implications of foster care on attachment: A literature review. *The Family Journal*, 27(4), 394–403. <https://doi.org/10.1177/1066480719833407>

National Association of Social Workers. (2021). NASW code of ethics. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Ollendick, T. H., Greene, R. W., Austin, K. E., Fraire, M. G., Halldorsdottir, T., Allen, K. B., Jarrett, M. A., Lewis, K. M., Whitmore Smith, M., Cunningham, N. R., Noguchi, R. J. P., Canavera, K., & Wolff, J. C. (2016).

- Parent management training and collaborative & proactive solutions: A randomized control trial for oppositional youth. *Journal of Clinical Child & Adolescent Psychology*, 45(5), 591–604. <https://doi-org.libproxy.lib.csusb.edu/10.1080/15374416.2015.1004681>
- Oruche U.M., Draucker C.B., Al-Khattab H., Cravens H.A., Lowry B., Lindsey L.M. (2015). The challenges for primary caregivers of adolescents with disruptive behavior disorders. *Journal of Family Nursing*. 21(1):149-167. <https://doi.org/10.1177/1074840714562027>
- Pasalich, D. S., Dadds, M. R., Vincent, L. C., Cooper, F. A., Jawes, D. J., & Brennan, J. (2012). Emotional communication in families of conduct problem children with high and low callous-unemotional traits. *Journal of Clinical Child and Adolescent Psychology*, 41, 302–313.
- Peters, M. D., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *International Journal of Evidence-Based Healthcare*, 13(3), 141–146. <https://doi.org/10.1097/XEB.0000000000000050>
- Rutter, M.L., Giller, H., & Hagell, A. (1998). Antisocial behavior by young people. *Journal of American Academy of Child and Adolescent Psychiatry*, 38.1320-1321.
- Sprague, A., Thyer, B. A. (2002). Psychosocial treatment of oppositional defiant disorder. *Social Work in Mental Health*, 1:1, 63-72, [https://doi.org/10.1300/J200v01n01\\_05](https://doi.org/10.1300/J200v01n01_05)



U.S. Department of Health & Human Services. (2021, September 3). Children's bureau: An office of the administration for children & families. Title iv-e prevention program: [https://www.acf.hhs.gov/cb/title-iv-e-prevention program](https://www.acf.hhs.gov/cb/title-iv-e-prevention-program)

Waller, R., Gardner, F., Hyde, L.W., Shaw, D.S., Dishion, T.J., Wilson, M.N. (2012). Do harsh and positive parenting predict parent reports of deceitful-callous behavior in early childhood? *Journal of Child Psychology and Psychiatry*. 946-953. <https://doi.org/10.1111/j.1469-7610.2012.02550.x>

## ASSIGNED RESPONSIBILITIES

This research paper was a two-person project where the authors, Megan George and Jacqueline Laitano, collaborated throughout. All research and written chapters were completed together including the data collection, data analysis, presentation of findings, and discussion. The chapters were divided evenly throughout.