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Percieved confidence when working with children affected by disruptive behavior disorders

Renee Blair and Kristen Hawley

Previous studies have found that up to ten percent of children have some form of a disruptive behavior disorder. Disruptive behavior disorders are a group of psychiatric problems characterized by antisocial behaviors, aggressiveness, and oppositionality. Two childhood psychiatric diagnoses fall within this category: Oppositional Defiant Disorder and Conduct Disorder. Many children with a disruptive behavior disorder also have co-occurring problems including Attention-Deficit/Hyperactivity Disorder (ADHD), learning disorders, mood disorders, anxiety disorders, and substance abuse. Disruptive behavior disorders are the most common reason for child referral to mental health services, accounting for one third to one half of all referrals. Given the prevalence and interference associated with these disorders, extensive research has been done to identify effective treatments. To date, the most effective treatments are behavioral parent training (e.g., coaching parents on behavioral management strategies) and child cognitive-behavioral skills training (e.g., training in social skills, challenging cognitive biases to attribute hostile intent to others). Using a large national survey of child mental health providers, we examined providers confidence in their ability to successfully treat children with disruptive behavior disorders. We compared confidence levels for disruptive behavior disorders versus depressive and anxiety disorders, and compared confidence in treating children with a single diagnosis of disruptive behavior disorder versus children who also had one or more co-morbid diagnoses. We also examined differences across psychiatrists, psychologists, social workers, marriage and family therapists, and professional counselors in perceived success in treating children with disruptive behavior disorders. Depending on our findings, future research may focus on developing clinician training programs to address potential gaps in training for one or more mental health disciplines.