Clinical trials of treatments for children's behaviour disorders

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Behaviour problems are among the most common child mental health problems. Credit: Thinkstock

Most parents have times when their defiant, argumentative child seems like an antagonistic alien. Hostile, boundary-pushing behaviour is usually part of normal childhood development.

However, when the behaviour isn't transient, when it's intense and relentless, when it disrupts the family and the classroom and causes significant distress, it may be a psychological condition called oppositional defiant disorder (ODD).

"A significant proportion of children with ODD can go on to have further problems," says clinical psychologist Dr Rachael Murrihy, a

research leader in the Health Psychology Unit at the University of Technology, Sydney (UTS).

"Children can stop meeting developmental milestones, they get socially rejected and isolated at school, they put a lot of strain on the classroom environment and the learning of others and they are constantly in trouble."

Long-term effects can be profound, she says, and disruptive behaviour disorders such as ODD – and the more serious diagnosis of conduct disorder – are the most common precursor to all adult mental health problems. Those who have this are much more likely to get involved in serious violent crimes, or to experience employment difficulties, homelessness and physical health problems.

Early intervention is the key. But while behaviour problems are among the most common child mental health problems (ODD occurs in about 3 per cent of children), they are also some of the most intractable.

Dr Murrihy is recruiting families to participate in a study that compares the effectiveness of two ODD treatments – parent management training (PMT) and collaborative and proactive solutions (CPS).

The strategies of parent management training have been popularised by the television series Supernanny, Dr Murrihy says, and involve common systems such as time out and sticker charts.

PMT is the "gold standard" therapy but 20 to 40 per cent of families do not respond to this treatment. Dr Murrihy's team will compare the two treatments in a real-world setting.

"CPS theorises that children with these problems frequently have skills deficits, so the therapy identifies what these might be and tries to mould

the environment around those through a process called collaborative problem solving."

A randomised control trial in the US found equivalent results between the two therapies – results that were consistent when followed up six months later, she says.

"Our unit is an effectiveness research unit, meaning we translate university research to the real world. So we're going to test these two therapies in a clinical, community setting."

The three-year project will test what works with Australian families. A team of clinical psychologists is recruiting up to 70 families in a 15-kilometre radius of the UTS Health Psychology Unit at St Leonards who have one or more children aged seven to 14 with a mild to moderate behaviour disorder.

She says the study aims to see "clinically significant outcomes" in all participants by the end of the two- to three-year treatment.

"In other words, whatever treatment the family is allocated to, we expect there will be improvements to a level that families are satisfied with, and that children will hopefully be diagnosis free at the end of the study."

Dr Murrihy says there is a large overlap between ODD and other conditions such as attention deficit hyperactivity disorder ADHD – which occurs in more than half the children diagnosed with ODD – and also with childhood depression and anxiety.

That's a problem often faced by clinical psychologists such as Dr Anne Chalfant, who runs a practice called Annie's Centre in Randwick.

"Typically, children who present with ODD experience other issues,

such as a learning difficulty, anxiety or ADHD," she says.

Dr Chalfant says behavioural interventions such as parent-child interaction therapy and cognitive behaviour therapy are the most common treatments. "Whatever we call them, they involve working with the family as a unit," she says.

This can involve helping parents acquire skills to respond more assertively and less aggressively, or in helping children develop better social and emotional regulation skills, she says.

Dr Chalfant says the research UTS is doing will bring welcome evidence to help clinicians make the best choice for their clients. "One challenge for families is that there's a lot of approaches out there that have little evidence to support them," she says. "When you're desperate for support and advice, the University of Google is a handy place to turn to."

"We know just how hard this disorder can be on everyone around the child," Dr Murrihy says. "This research involves real-world family interventions which will hopefully bring relief to the families as well."

Provided by University of Technology, Sydney