ASPEN GROVE
FAMILY THERAPY

Understanding Buffalo's

Theoretical Foundations for Treating Disruptive Behavior Disorders

About Me

- Husband and Father
  - → Oldest is on the ASD spectrum with severe ADHD
  - → Second born is “explosive”
  - → Third born is “defiant”
  - → Last born is “typical”
- Licensed Marriage and Family Therapist, working at Aspen Grove Family Therapy
- MS at Brigham Young University and PhD at Michigan State University

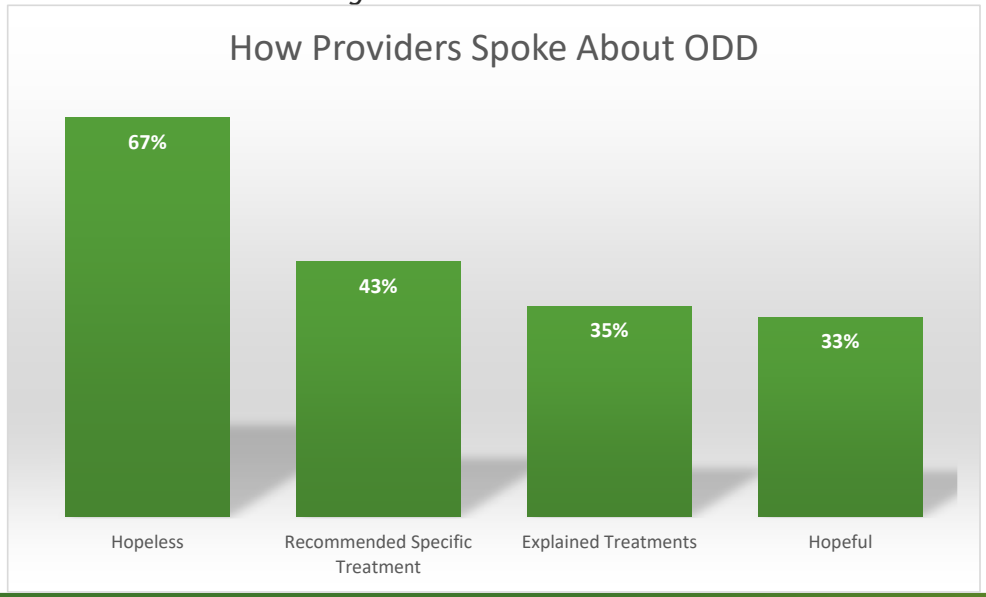
Purpose

"I believe the greatest gift I can conceive of having from anyone is to be seen by them, heard by them, to be understood and touched by them. The greatest gift I can give is to see, hear, understand and to touch another person."

- Virginia Satir

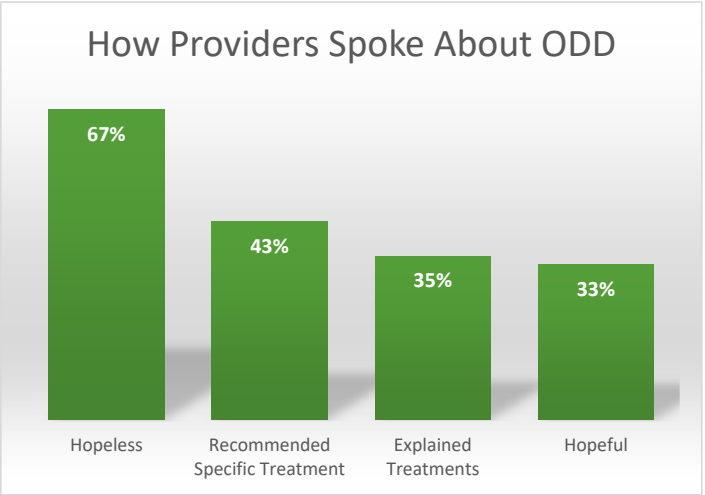
Current Family Experiences of ODD/DBD

- Nationwide, informal anonymous survey -
  - → 3 Large ODD Parent Support Facebook Groups
    - Total of about 50,000 group members among all three.
    - Only about 5% answered the survey.



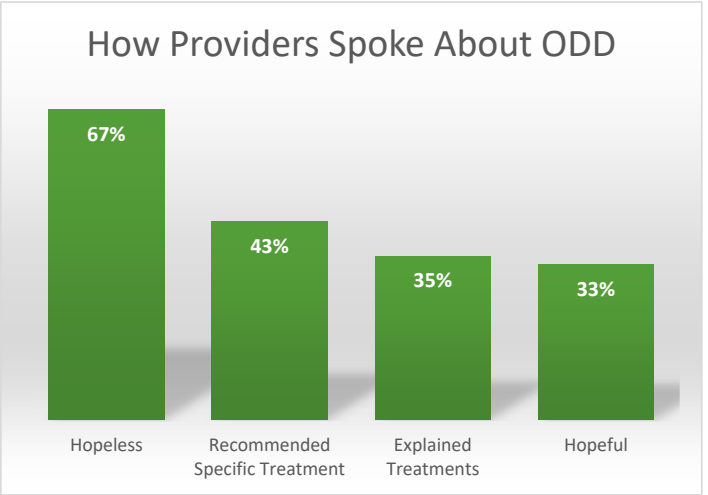
Statements by providers to parents:

- Our pediatrician diagnosed ODD but was very dismissive and immediately recommended residential care because "*conduct disorder is inevitable*".



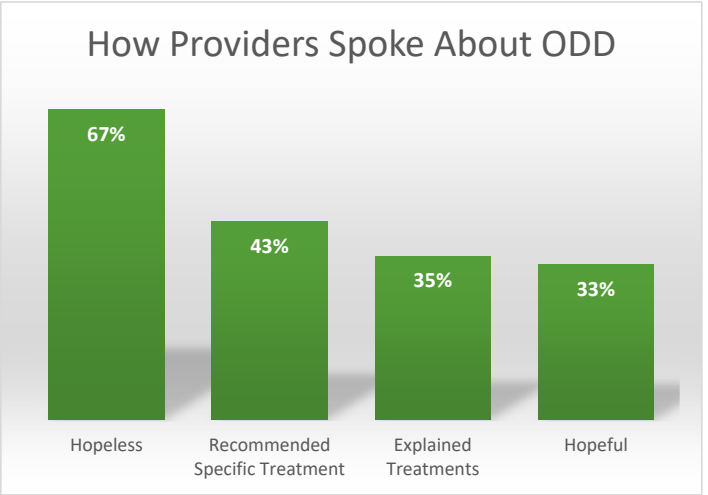
STATEMENTS BY PROVIDERS TO PARENTS:

- The doctor just said, *"you need to discipline her better, if you don't she'll grow up to be a criminal"*.



Statements by providers to parents:

- They said that there isn't any known treatments and that all we can do is try to accept this new normal.



Children with DBD's

Who are they?

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Michael R. Whitehead Ph.D., LMFT

Disruptive Behavior Disorders (DBD's)

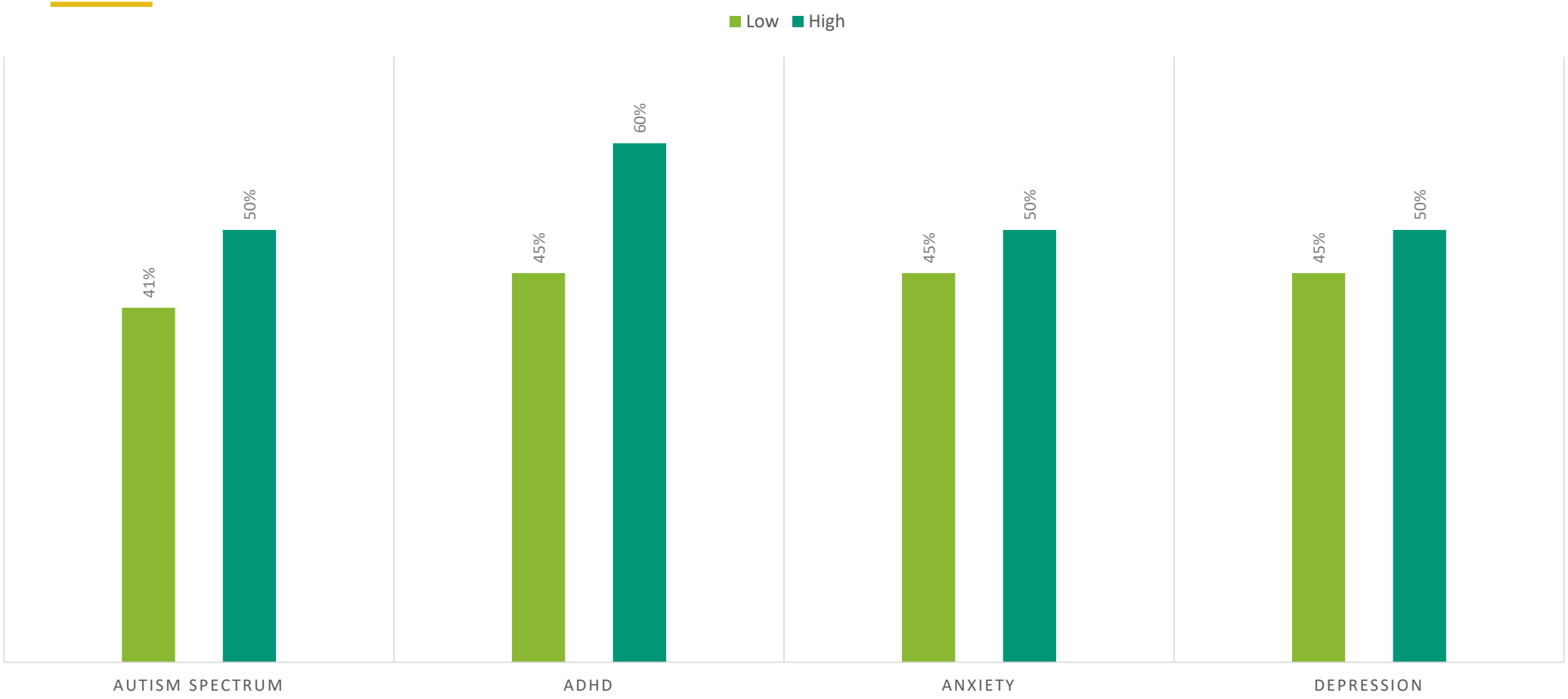
"Official" Diagnoses

- Oppositional Defiant Disorder
- Conduct Disorder
- Intermittent Explosive Disorder
- Disruptive Mood Dysregulation Disorder

Common "Sources"

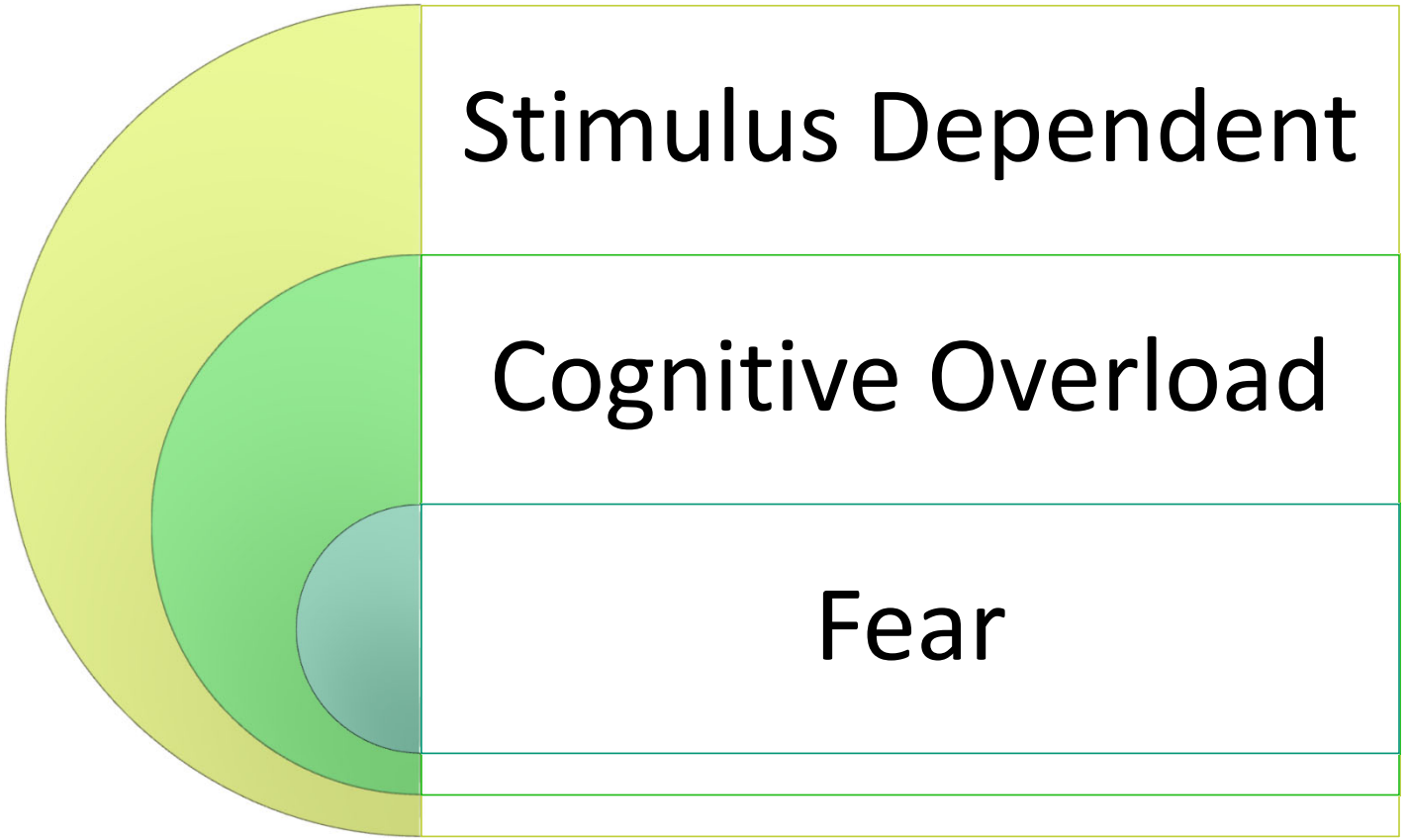
- ADHD
- ASD
- Anxiety Disorders
- Sensory Processing
- Learning Disorders
- Medical Issues
- Difficult Temperament

ODD Comorbidity

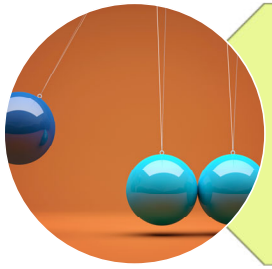


ODD Types & Outcomes

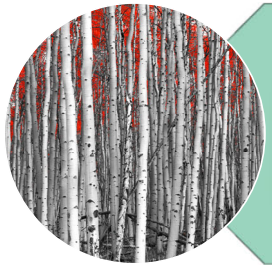
- A caution about "predicting outcomes"!



Theory of Temperament



Coercion Theory



Family Systems Theory

The Importance of Theory

"What causes things to happen – and why."

- Clayton Christensen

Theory of Temperament

Nature or nurture?

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Whitehead
Ph.D., LMFT

Nine Temperament Traits (Thomas and Chess, 1977)

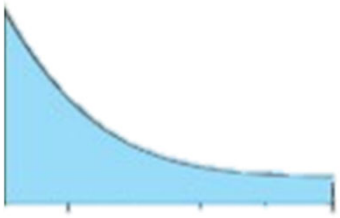
1. Activity Level
2. Approach/Withdrawal
3. Adaptability
4. Intensity
5. Mood
6. Attention Span
7. Distractibility
8. Sensory Threshold
9. Biological Regularity

Mixture of Nature/Nurture –

- Biologically based, environmentally sensitive.

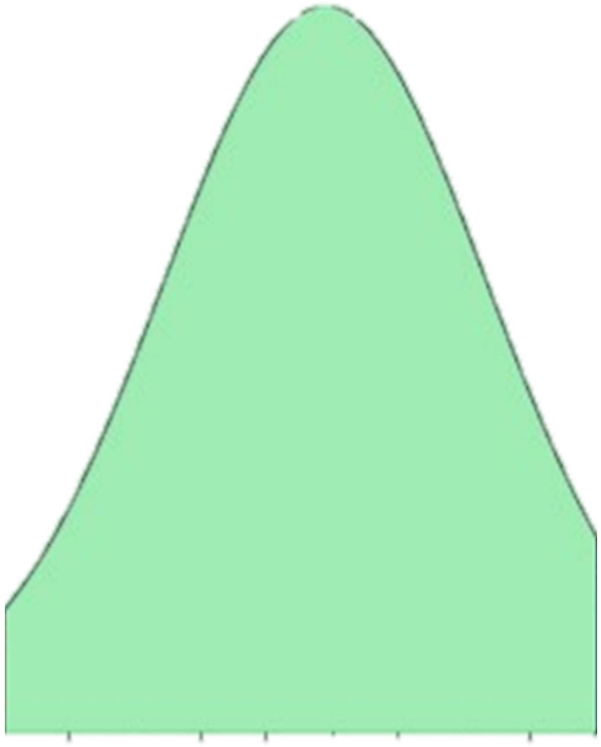
Slow to Warm-up

- 15% of children fit the “Slow to Warm-up” profile –
- Noteworthy traits:
  - → Low energy
  - → Withdraw from novelty
  - → Shy
  - → Anxious



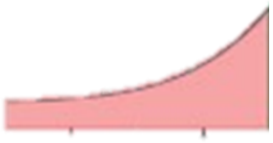
Easy

- 40% of children fit the “Easy” profile –
- Noteworthy traits:
  - → Positive attitude
  - → Cheerful
  - → Adaptable
  - → Extroverted



Difficult

- 10% of children fit the “Difficult” profile –
- Noteworthy traits:
  - → Inconsistent response to routines
  - → High energy
  - → Hypersensitive sensory response
  - → Oppositional



The Coercion Theory

An environmental disorder?

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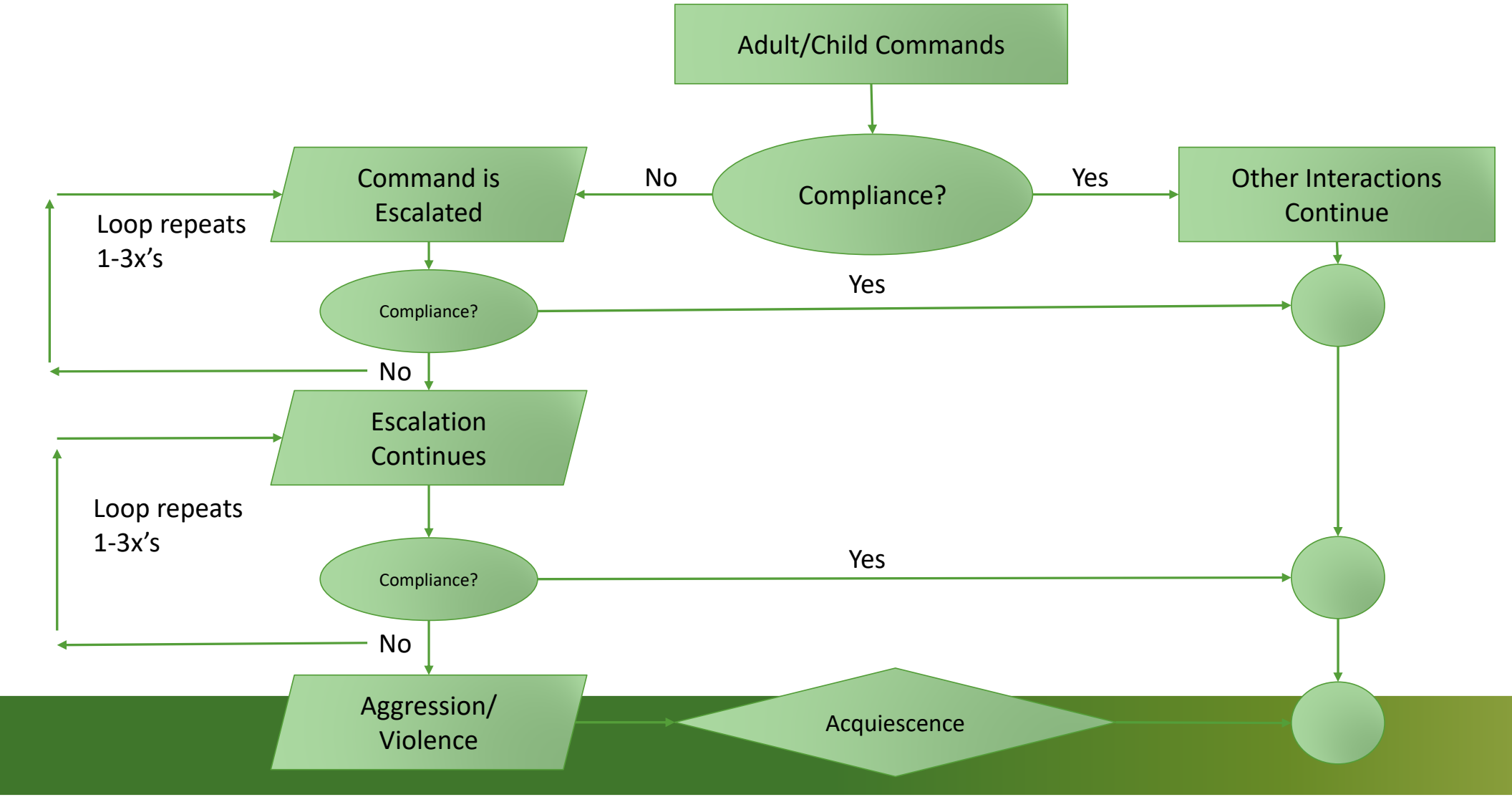
Definitions

Coercive Caregiving/relationships

- Characterized by hostility and/or contempt from adult to child.
- Emphasizes control over autonomy.
- Uses punishments to maintain authority.

Coercion Cycle (Coercion Theory)

- Not inherently pathological, a natural social process that evolves in relationships.
- Is a tool used to escape aversive stimuli.
- Builds on itself until it becomes an automatic response within relationships.


Adult/Child Commands
Compliance?
No
Yes
Command is Escalated
Other Interactions Continue
Loop repeats 1-3x's
Compliance?
Yes
No
Escalation Continues
Loop repeats 1-3x's
Compliance?
Yes
No
Aggression/ Violence
Acquiescence

Changes from coercion

1. Overly Inclusive Classification
2. Negative Attribution
3. Punishment Acceleration
4. Non-Responsive to Positive Social Stimuli
5. Emotion Dysregulation (both adults & child)

Family Systems Theory

The solution is often the problem.

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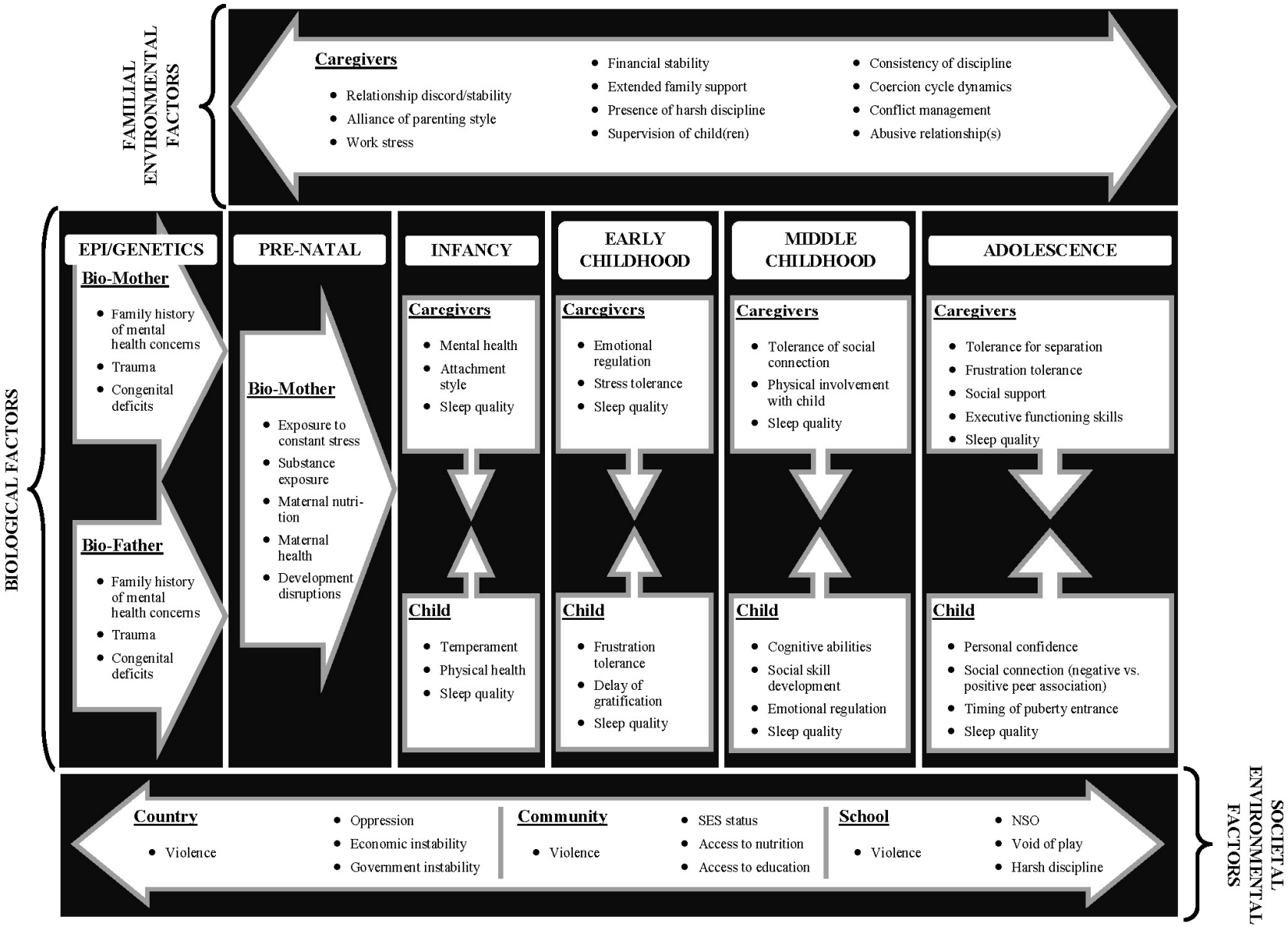
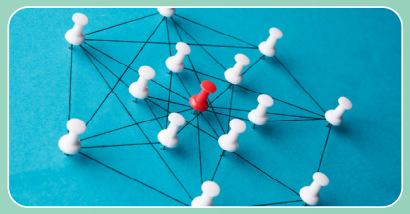

FAMILIAL ENVIRONMENTAL FACTORS
Caregivers
Relationship discord/stability
Alliance of parenting style
Work stress
Financial stability
Extended family support
Presence of harsh discipline
Supervision of child(ren)
Consistency of discipline
Coercion cycle dynamics
Conflict management
Abusive relationship(s)
BIOLOGICAL FACTORS
EPI/GENETICS
Bio-Mother
Family history of mental health concerns
Trauma
Congenital deficits
Bio-Father
Family history of mental health concerns
Trauma
Congenital deficits
PRE-NATAL
Bio-Mother
Exposure to constant stress
Substance exposure
Maternal nutrition
Maternal health
Development disruptions
INFANCY
Caregivers
Mental health
Attachment style
Sleep quality
Child
Temperament
Physical health
Sleep quality
EARLY CHILDHOOD
Caregivers
Emotional regulation
Stress tolerance
Sleep quality
Child
Frustration tolerance
Delay of gratification
Sleep quality
MIDDLE CHILDHOOD
Caregivers
Tolerance of social connection
Physical involvement with child
Sleep quality
Child
Cognitive abilities
Social skill development
Emotional regulation
Sleep quality
ADOLESCENCE
Caregivers
Tolerance for separation
Frustration tolerance
Social support
Executive functioning skills
Sleep quality
Child
Personal confidence
Social connection (negative vs. positive peer association)
Timing of puberty entrance
Sleep quality
Country
Violence
Oppression
Economic instability
Government instability
Community
Violence
SES status
Access to nutrition
Access to education
School
Violence
NSO
Void of play
Harsh discipline
SOCIETAL ENVIRONMENTAL FACTORS

Systemic Operating Principles

Circular Causality

Paradoxical Interdependence



Triangulation

Meet "Wild Thing"

- Wild Thing Video Link:

https://www.youtube.com/watch?v=ZdzUB6aR96U

Principles to Remember:

"Kids do well if they can" "Skill, not will"

"If you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid"

Videos to Watch:

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- Rethinking Challenging Kids: https://youtu.be/zuoPZkFcLVs
- Resolving the Heart of Conflict: https://youtu.be/YyhOT3jCcR4
- Leadership and Self Deception (specifically between 0:45 and 1:15): https://youtu.be/MbkhK5HK_j0

Books/Articles to Read:

Cavanagh, M., Quinn, D., Duncan, D., Graham, T., & Balbuena, L. (2017). Oppositional Defiant Disorder Is Better Conceptualized as a Disorder of Emotional Regulation. *Journal of Attention Disorders, 21(5)*, 381–389.

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- Explosive, Noncompliant, Disruptive, Aggressive Kids: What Works, What Doesn't and How to Turn it Around
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TODAYS DATE

To the allied professionals in the child's life,

I wanted to take a moment to explain the current understanding and best practices approach to treating, helping, and teaching children who exhibit the symptoms of Oppositional Defiant Disorder (DSM – V: 313.81; F91.3) (ODD)[1].

While ODD is rarely a disorder diagnosed without another co-morbid mental health issue (i.e. ADHD, Generalized Anxiety Disorder, Depression, Adjustment Disorder, etc.) I will only focus on the current research dealing with ODD. If the child has a co-morbid diagnosis, the treatment for ODD is the same, with the addition of the standard of treatment for the other diagnosis[2].

ODD is a diagnosis that is best understood in the context of environments. Opposition does not take place in a vacuum. A child needs an authority figure (i.e. parents, school staff, teacher, government, etc.) to rebel and be defiant against. If the authority figure is not careful, they will play right into the child's diagnostic symptoms and further entrench the opposition. The leading theory on the development of ODD is called the Coercion Cycle[3]. The Coercion Cycle is a system of recurring interactions that the child and authority figure engage in that creates an environment of defiance and boundary testing.

The Coercion Cycle is present in all relationships and is not inherently negative. It can be positive, and the treatment for ODD uses this cycle in a positive way to decrease opposition and increase compliance. In short, the Coercion Cycle occurs in the following way (below the authority figure is a parent, it could just as well be a teacher):

- Parent issues command to child.
    - Child either complies or defies.
    - If the child complies, the cycle ends.
- If the child defies, the parent escalates the command (either with vocal intonation, force, or threat of consequences).
    - Child either complies or defies.

[1] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, DC: American Psychiatric Association.

[2] Barkley, R. A., & Benton, C. M. (2013). *Your Defiant Child, Second Edition: Eight Steps to Better Behavior* (2 edition). New York: The Guilford Press.

[3] Patterson, G. R., & Forgatch, M. S. (2010). Expanding the coercion cycle. In E. Befring, I. Frones, & M. A. Sorlie (Eds.), *Young and vulnerable: New perspectives and approaches* (pp. 168–179). Gyldendal Akademisk.

    - If the child complies the parent will typically start their next commands at this level of escalation since it worked in the past.
- If the child escalates the defiance, the parent will escalate further.
    - Child either complies or defies.
    - Parent either acquiesces or escalates.
    - If parent acquiesces the child will start defiance at this level of escalation in the future since it worked in the past.
    - If the child complies the parent will typically start their next commands at this level of escalation since it worked in the past.

As this cycle continues to build in a relationship, the child becomes more defiant with simpler commands, and the parent becomes more aggressive/hostile at the presence of any sign of defiance. This cycle perfectly describes the symptoms of ODD.

There are several approaches that research has indicated as extremely effective with ODD, and all approaches should be considered equally. I generally recommend the following two approaches to parents and teachers[4], since I have seen the most effectiveness with most of my cases of ODD:

- Emotion Coaching – John Gottman, PhD[5]
- Collaborative and Proactive Solutions – Ross Greene, PhD[6]
- Parent Management Training – Multiple iterations, but some common iterations include Alan Kazdin, PhD[7], Russell Barkely, PhD[8], and Marion Forgatch and Gerald Patterson[9].

Until you can familiarize yourself with either of these approaches, please be mindful during your interactions with this child that any "power struggle" is viewed by the child as a competition. If you take the competition away (by choosing only the most serious battles, and ignoring or minimizing the others) you have the greatest chance of interrupting the Coercion Cycle and developing a positive relationship with the child, which gives you the relational capitol to intervene and challenge when really needed.

Attached to this letter are a few one-page research spotlights indicating some of the more effective interventions that schools and parents are able to utilize in reducing oppositional behavior in their environments.

---

[4] Ollendick, T. H., Greene, R. W., Austin, K. E., Fraire, M. G., Halldorsdottir, T., Allen, K. B., … Wolff, J. C. (2016). Parent Management Training (PMT) and Collaborative & Proactive Solutions (CPS): A Randomized Control Trial for Oppositional Youth. *Journal of Clinical Child and Adolescent Psychology : The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, *45*(5), 591–604.

[5] Gottman, J. M., & DeClaire, J. (1997). *Raising an emotionally intelligent child*. Simon & Schuster Paperbacks.

[6] Greene, R. W. (2014). *Lost at School: Why Our Kids with Behavioral Challenges are Falling Through the Cracks and How We Can Help Them* (2 Rev Upd edition). New York: Scribner.

[7] Kazdin, A. E. (2009). *The Kazdin Method for Parenting the Defiant Child* (Pap/DVD Re edition). Boston: Mariner Books.

[8] Barkley, R. A., & Benton, C. M. (2013). *Your Defiant Child, Second Edition: Eight Steps to Better Behavior* (2 edition). New York: The Guilford Press.

[9] Patterson, G. R., & Forgatch, M. S. (2005). *Parents And Adolescents Living Together: Part 1, The Basics (2nd edition)*. Research Press.

If you have any questions or would like further guidance on how to minimize the symptoms of ODD, feel free to contact me (Email: michael@aspengrovetherapy.com; Phone: 208-258-7681). We are both on this child's team. Together we can help them become the best person and student they can be.

Sincerely,

Michael Whitehead, Ph.D., LMFT
Licensed Marriage and Family Therapist
AAMFT Approved Supervisor
Registered Play Therapist-Supervisor
ID License: LMFT-7120

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RESEARCH SPOTLIGHT

Exploring the impact of Child-Centered Play Therapy for Children Exhibiting Behavioral Problems: A Meta-Analysis[1].

Implications for Counselors:
"Interestingly, results examining externalizing behaviors compared to an active treatment resulted in the highest effect size obtained, demonstrating CCPT may be moderately more effective than the alternative treatment…"

The diagnostic criteria this definition may match –

- *Oppositional Defiant Disorder*
- *Childhood onset of Conduct Disorder*
- *Attention-Deficit/Hyperactivity Disorder*
- *Autism Spectrum Disorders*

Reason for the study: "The purpose of this study is to evaluate the effectiveness of play therapy on mitigating behavioral problems among children referred for treatment due to disruptive behaviors… To conduct a meta-analysis exploring the impact for CCPT on children's disruptive behaviors."

Methods:

- Meta-analysis: An examination of data from a number of independent studies of the same subject used to understand the overall conclusions regarding results from that research.
- Study qualities were determined based on agreed upon standards. Of the 23 studies examined, 10 were of higher quality (7+ of an 11 point scale, 11 being highest quality).

Results:

	"Diagnosis"	Overall Effect Size (*p*)
CCPT vs. No Treatment	Externalizing Behaviors	-0.34 (.00)
CCPT vs. Alternative Treatment	Externalizing Behaviors	-0.56 (.00)
CCPT vs. No Treatment	Overall Problem Behaviors	-0.48 (.00)
CCPT vs. No Treatment	Aggressive Behaviors	-0.26 (.10)

This study used + & - to indicate CCPT vs. "Other". In this study when effect sizes are negative they indicate a positive change from CCPT.

Conclusion:

- Child-Centered Play Therapy (CCPT) is an effective treatment for externalizing problem behaviors in children.
- There is a moderate effect size (0.56 or about 70% better) when comparing CCPT to alternative child therapy treatments (i.e. CBT, Parent Training, etc.).

[1] Parker, M. M., Hollenbaugh, K. M. H., Kelly, C. T. (2021). Exploring the impact of child-centered play therapy for children exhibiting behavioral problems: A meta-analysis. *International Journal of Play Therapy, 30*(4), 259–271.

RESEARCH SPOTLIGHT

Emotion Coaching – A Strategy for Promoting Behavioral Self-Regulation in Children/Young People in Schools: A Pilot Study[1].

Why should emotion coaching be used:
"This approach recognizes that socially competent children who are able to understand and regulate their emotions are better equipped to go on to achieve higher academic success than those who lack impulse control or have poor social skills."

The diagnostic criteria this definition may match –

- *Oppositional Defiant Disorder*
- *Childhood onset of Conduct Disorder*
- *Attention-Deficit/Hyperactivity Disorder*

Reason for the study: "Katz et al's (2012) recent review of emotion coaching research calls for more studies that explore the role of emotion socialization agents other than parents, such as teachers and peers. Productive interactions between individuals are fundamental to effective educational practice, and teachers have identified that emotional management is integral to their work…"

Methods:

- Senior and Junior teaching staff, teaching assistants, school support staff… and some parents received training in Emotion Coaching.
- The majority of Emotion Coachers were teachers (80%).
- Students of trained teachers were followed for one year after the training took place.

Results:

- Student call-outs (referrals) was decreased by 26% with an effect size of (0.36).
- Student exclusions (suspensions) was decreased by 30% with an effect size of (0.39).
- Student consequences (in class) was decreased by 15% with an effect size of (0.45).

Conclusion:

- A significant reduction in disruptive behavior and a positive impact on behavioral regulation by the children/young people across the research settings.
- Results indicate that emotion coaching can be utilized successfully alongside, or as a supplement to, the existing behaviorist model focusing on behavior modification.
- The affective teacher behaviors of warmth and empathy are strongly associated with positive school outcomes and skills in emotional regulation have significant educational and social effects.

For more information about Emotion Coaching, see "EmotionCoaching.Gottman.com".

[1] Rose, J. (2015). Emotion Coaching: A new approach to supporting children's behaviour in schools. *The European Journal of Social and Behavioural Sciences*, *13*(2), 1766–1790.

RESEARCH SPOTLIGHT

The Efficacy of Play Therapy with Children: A Meta-Analytic Review of Treatment Outcomes[1].

Implications for Counselors: "The obvious implication of this research is that play therapy demonstrates itself to be an effective intervention for children's problems, one that is uniquely responsive to children's developmental needs. Of significant note, play therapy has a large effect on children's behavior, social adjustment, and personality."

The diagnostic criteria this definition may match –

- *Behavioral Concerns*
- *Social Adjustment*
- *Sense of Self*
- *Family Relationship Concerns*
- *Developmental Concerns*
- *Personality*
- *Fear/Anxiety Concerns*

Reason for the study: "Today, play therapy is widely used among clinicians to treat a wide range of emotional and behavioral problems… [yet] play therapy has not received widespread acceptance from the scientific community and has often been criticized for a lack of sound empirical evidence to support its use."

Methods:

- Meta-analysis: An examination of data from a number of independent studies of the same subject used to understand the overall conclusions regarding results from that research.
- This meta-analysis included 93 studies, with a total of 3,248 child participants. The studies that were included in the analysis were chosen for their experimental designs. Random assignment to treatment groups was present in 70% of the studies examined.

Results:

	Overall Effect Size (*p*)
Play Therapy vs. Control Group	0.89 (.05)
Play Therapy vs. Alternative Treatment (traditional child therapy)	0.79 (.05)
Registered Play Therapist (RPT) Provider	0.72 (.05)
Parent trained by RPT Provider	1.15 (.05)

Conclusion:

- "After play therapy, the average treated child was functioning at 0.80 standard deviations better than children not treated."
- When play therapy is conducted by a trained professional (RPT), parents are involved from the beginning, and the treatment is approximately 35 sessions or more, the impact and effectiveness of play therapy is long lasting and significant.

[1] Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The Efficacy of Play Therapy with Children: A Meta-Analytic Review of Treatment Outcomes. *Professional Psychology: Research and Practice*, *36*(4), 376–390.

RESEARCH SPOTLIGHT

Effects of Child-Centered Play Therapy for Students with Highly-Disruptive Behavior in High-Poverty Schools[1].

Highly-disruptive behavior was defined as: "causing significant and persistent interference with one's own and peers' learning and instruction, through frequent aggression toward peers or teacher and/or noisiness and frequent refusal or failure to follow directions."

The diagnostic criteria this definition may match –

- *Oppositional Defiant Disorder*
- *Childhood onset of Conduct Disorder*
- *Attention-Deficit/Hyperactivity Disorder*

Reason for the study: "CCPT was provided… for students who were not showing a decrease in highly disruptive behavior in spite of multiple other intervention facets, including social work resource assistance, parent programs, teacher support, alternative disciplinary programs, extensive mentoring, and school counselor services."

Treatment:

- 30 Minute CCPT sessions twice weekly. The sessions were a full 30 minutes, not including travel time from classroom to therapy room.
- Play therapy areas ranged from a section of an empty classroom, a section of a short hallway, some administrative offices, and some providers had to change locations throughout the study.

Participants:

- 52.4% - Kindergarten to second grade
- 47.6% - Third grade to fifth grade
- 76.9% - Male
- 52.3% - identified as Caucasian
- 38.5% - identified as African American
- 7.7% - identified as Hispanic

Providers:

- Many were graduate students with one semester of CCPT instruction.

Results:

- Teacher reports found that students significantly improved from a clinical rating to a normal rating during the nine-week treatment.
- A 47% reduction in disciplinary referrals;
- A 61% reduction in suspensions;
- A 40% reduction in absences.

Conclusion:

- Most school administrators doubted that the students treated in this study would ever change and were surprised with the results.
- The approach to limit-setting in CCPT encourages students become self-motivated in limit setting, translating to greater control and attention during school hours.

For more information about Play Therapy or Child Centered Play Therapy, see "A4PT.org".

[1] Cochran, J. L., & Cochran, N. H. (2017). Effects of child-centered play therapy for students with highly-disruptive behavior in high-poverty schools. *International Journal of Play Therapy*, 26(2), 59–72.

RESEARCH SPOTLIGHT

Maternal Criticism and Children's Neural Responses to Reward and Loss[1].

Reason for the study: Research evidence suggests that parental criticism is linked to depression, anxiety, oppositional defiant disorder, and other internalized and externalized behavioral concerns in children and adolescents. Parental criticism is usually defined as expressing hostility toward a child's character rather than describing specific behaviors that need to be changed. No study has identified how criticism increases negative outcomes for children, but one possibility is that children who experience criticism are less likely to respond to typical reward programs.

Methods:

- Children (ages 7-11) and their biological mothers were included.
- Children with developmental or learning disabilities were excluded.
- Children were presented with a task designed to activate the reward centers of the brain.
- Mothers were asked to describe their child for 5 minutes uninterrupted. This task has been shown to measure expressed criticism toward children.
- During the "reward" task, children were receiving an EEG to identify activation of the reward and loss systems in the brain.

Results:

- All children, regardless of maternal criticism had higher activation in the reward system than the loss system (indicating children respond better to rewards than punishments).
- Children whose mothers scored "high" on the measure of criticism had less activation in the reward system and the loss system (indicating that children who experience maternal criticism have a harder time responding to both rewards and punishments).
- When parental and child anxiety and depression were controlled for, the results were the same (indicating that it is expression of criticism, not mental health, that is impacting the reward and loss systems).

Conclusion:

- While not fully generalizable, the findings do indicate that children with critical parents experience a blunted response to both rewards and punishments.
- Results also indicate that children with critical parents may not be learning from experiences typically prescribed for behavior management (i.e., reward charts, punishments, etc.).
- While future research is needed, the results suggest that family therapy focused on increasing the positive relationship between parent and child, and particularly, reducing parental expressions of criticism, may help increase the response that children have to rewards and punishments.

[1] James, K. M., Foster, C. E., Tsypes, A., Owens, M., & Gibb, B. E. (2021). Maternal criticism and children's neural responses to reward and loss. *Journal of Experimental Child Psychology, 211*, 105226.

RESEARCH SPOTLIGHT

Exploring the impact of Child-Centered Play Therapy for Children Exhibiting Behavioral Problems: A Meta-Analysis[1].

Implications for Counselors:
"Interestingly, results examining externalizing behaviors compared to an active treatment resulted in the highest effect size obtained, demonstrating CCPT may be moderately more effective than the alternative treatment…"

The diagnostic criteria this definition may match –

- *Oppositional Defiant Disorder*
- *Childhood onset of Conduct Disorder*
- *Attention-Deficit/Hyperactivity Disorder*
- *Autism Spectrum Disorders*

Reason for the study: "The purpose of this study is to evaluate the effectiveness of play therapy on mitigating behavioral problems among children referred for treatment due to disruptive behaviors… To conduct a meta-analysis exploring the impact for CCPT on children's disruptive behaviors."

Methods:

- Meta-analysis: An examination of data from a number of independent studies of the same subject used to understand the overall conclusions regarding results from that research.
- Study qualities were determined based on agreed upon standards. Of the 23 studies examined, 10 were of higher quality (7+ of an 11 point scale, 11 being highest quality).

Results:

	"Diagnosis"	Overall Effect Size (*p*)
CCPT vs. No Treatment	Externalizing Behaviors	-0.34 (.00)
CCPT vs. Alternative Treatment	Externalizing Behaviors	-0.56 (.00)
CCPT vs. No Treatment	Overall Problem Behaviors	-0.48 (.00)
CCPT vs. No Treatment	Aggressive Behaviors	-0.26 (.10)

This study used + & - to indicate CCPT vs. "Other". In this study when effect sizes are negative they indicate a positive change from CCPT.

Conclusion:

- Child-Centered Play Therapy (CCPT) is an effective treatment for externalizing problem behaviors in children.
- There is a moderate effect size (0.56 or about 70% better) when comparing CCPT to alternative child therapy treatments (i.e. CBT, Parent Training, etc.).

[1] Parker, M. M., Hollenbaugh, K. M. H., Kelly, C. T. (2021). Exploring the impact of child-centered play therapy for children exhibiting behavioral problems: A meta-analysis. *International Journal of Play Therapy, 30*(4), 259–271.

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