

# Strong-Willed Preschoolers (Young Children's Strong-Willed / Noncompliant / Disruptive Behavior)

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## **Problem, Etiology, Prevalence**

### **Problem**

- Disruptive behavior problems among young children can escalate and not only become more resistant to change but can also be very costly to society; early intervention is important.
- Primary Care Providers (PCP) are positioned to help identify disruptive behavior problems (e.g., noncompliance, defiance, aggression) among young children before they escalate into more serious behavioral disorders.
- Parents frequently use the term “strong-willed” to describe their young children who may be developing disruptive behavior problems.
- When parents use terms such as “strong-willed” PCPs should try to determine the significance of the behavioral concerns and consider recommending interventions.
- Strong-willed children often have many positive characteristics such as being independent, assertive, confident, determined, and persistent; however, these characteristics often lead many of these children to become stubborn, argumentative, and perhaps most importantly—persistently *noncompliant*.
- The importance of noncompliance
  - Noncompliance is considered one of the most prevalent behavioral concerns among young children referred for mental health services.
  - Noncompliance is often a clinically significant issue across multiple mental health diagnoses.
  - Noncompliance is considered a keystone behavior in the early development of conduct disorders.

## Etiology

How do these behavioral problems develop and escalate?

- Many risk factors contribute to the development of disruptive behavior and conduct problems.
  - Unfortunately, many are not easily preventable or modifiable (e.g., neurobiological and genetic factors, community risk factors).
  - However, ineffective and inconsistent parenting practices, as well as coercive parent-child interactions, are modifiable.
- Longitudinal studies have found that there are multiple pathways to the development of more serious conduct disorders. A common pathway, often referred to as the “*early starter*”, typically begins in the preschool years and is characterized by a high degree of continuity throughout childhood and into adolescence and adulthood.
- Children on the “early starter pathway” progress from less serious problems (e.g., noncompliance, temper tantrums) to more serious problems (e.g., aggression, lying, stealing).
- This early starter pathway is considered to be the primary developmental pathway for the most serious conduct disorders in adolescents and adulthood,<sup>6</sup> and left untreated the costs to society are tremendous.
- The important role of parenting in the development of the early-starter pathway has been empirically demonstrated.
  - Of primary significance is the escalating cycle of coercive parent-child interactions in the home that starts during the preschool years.
  - A critical factor in this cycle is ineffective parental management of noncompliance to parental instructions.
- Young children with disruptive behavior problems are at increased risk for abuse by their parents, later school problems including dropout, and later substance abuse.

## Prevalence of Disruptive Behavior Disorders

- Reported prevalence rates for Oppositional Defiant Disorder (ODD) in preschool children have typically ranged from 4% to 17%.
  - One study reported ODD to be as high as 35% in low-income families.
  - ODD is more prevalent in boys than girls prior to adolescence but this gender difference is not consistently found in adolescents and adults.
  - Prevalence rates have been found to be relatively consistent across various races and ethnicities.
- The median one-year population prevalence rate for Conduct Disorder has been reported to be 4% (with a range of 2% to more than 10%).
  - Prevalence rates increase from childhood to adolescence with higher rates for males.
  - Prevalence rates appear to be relatively consistent across various races and ethnicities.

## Assessment and Diagnosis

### Assessment

- Diagnoses for disruptive behavior disorders are usually based on an assessment that involves collecting information from multiple sources including clinical interviews of caregivers and standardized behavior rating scales.
- The Eyberg Child Behavior Inventory (ECBI) is frequently used to assess disruptive behaviors.

- The ECBI contains 36 items and parents indicate whether each behavior is a problem for them and provide an intensity rating.
- It has been used in primary care settings to identify families with children at risk for externalizing behavior problems.
- The externalizing behavior scale of The Child Behavior Checklist (CBCL) has also been found to predict later disruptive behavior for children.
  - The CBCL is a standardized behavioral checklist for parents to report the frequency of 100-113 problem behaviors.
  - There are different versions for two age groups (1) 1.5-5 years of age, and (2) 6-18 years old.
- There are many complex behavioral-observation rating systems to assess noncompliance to parental directions.
  - However, for the primary care provider it might be most practical to ask a single screening question. "On average what percent of time does your child follow your directions (without having to repeat them) with no more than one warning?"
  - While there are not strong norms available, we do know that compliance increases with age during early development.
  - The compliance rate for 4-5 year old children has been found to be 77.7%.
  - If the compliance rate for children in this age range or older is below 60% consideration should be given to recommending some type of intervention to address the noncompliance.

## **DSM-5/ICM-10 Diagnoses**

- DSM-5 / ICM-10 Diagnoses that could be used for disruptive behavior problems include:
  - Parent-Child Relational Problem (V61.20)/(Z62.820)
  - Other Specified Disruptive, Impulse-Control, and Conduct Disorder (312.89)/(F91.8)
  - Other Unspecified Disruptive, Impulse-Control, and Conduct Disorder (312.9)/(F91.9)
  - Oppositional Defiant Disorder (ODD) (313.81)/(F91.3)
  - Conduct Disorder (CD) - Childhood-onset type (312.81)/(F91.1)

(American Psychiatric Association. Diagnostic and statistical manual of mental disorders: Fifth Edition, DSM-5)

## **Management and Treatment Recommendations**

### **Early Intervention**

- *Intervening early is important.*
- Evidence indicates the earlier the intervention takes place the more effective it is.
- Left untreated, children's disruptive behavior disorders become more resistant to treatment.
- ODD behaviors become increasingly resistant to change after 6 years of age.

### **Intervention during primary care visits**

- Parenting skills/interventions are generally considered to be the most effective strategies for addressing these problems (Refer to next section).

- Limited effectiveness of teaching parenting skills during well-child visits
  - No randomized controlled trials have demonstrated effective sustained outcomes of teaching discipline to parents of young children during normal well-child care visits.
  - Those interventions in the primary care setting that have been found to be more effective have typically required more time than is usually possible during normal visits or have occurred outside normal well-child visits, for example, interventions in the primary care setting that require several separate sessions devoted to the intervention.
- Recommending books to parents
  - For some parents whose child has minor disruptive behavior recommending a book might be an effective strategy. In fact, there is evidence that “bibliotherapy” (reading materials as an intervention) can be effective even in treating ODD.
    - It has been reported that 71% - 74% of parents of young children report using books, other written materials, and media sources to help answer their questions about parenting.
    - Specific parenting books that have been demonstrated to be effective in randomized controlled studies include *The Incredible Years* and *Parenting the Strong-Willed Child*. A self-administered Triple P (Positive Parenting Program) approach has also been found to be effective.
    - Of course, recommending a parenting book will only work when parents are motivated and able to read the book and commit to utilizing the recommended strategies.
- Referral to parenting classes
  - Parenting classes that are based on specific evidence-based Parent Management Training (PMT) programs (refer to next section) are the most likely to be effective. For example parenting classes based on the Incredible Years Program and the Helping the Noncompliant Child program have been demonstrated to be effective in reducing disruptive behaviors and improving compliance in randomized controlled studies.
- Referral for mental health treatment services
  - For young children with more significant disruptive behavior problems (e.g., ODD, CD), a referral for mental health services is recommended.
  - Parenting-based interventions have been found to be the most effective treatment for young children with significant disruptive behavior disorders.
  - Whenever possible refer for evidence-based PMT services (refer to next section).
- Medications
  - Although the effectiveness of medications are well established in the treatment of ADHD, this is not the case when treating disruptive behavior disorders (e.g., ODD).
  - There is no licensed medication for the treatment of disruptive behavior disorders.
  - If medications are utilized it is recommended that they only be used in conjunction with other forms of treatment (e.g., Parent Management Training - PMT).
  - Psychostimulants have been found to be effective in treating children who have ADHD and a comorbid disruptive behavior disorder; however, their effectiveness in treating children with disruptive behavior disorders who do not have ADHD symptomology is unknown.
  - Atypical antipsychotics (e.g., Risperidone) have been found to be effective in reducing aggression in older children; with more severe disruptive behavior disorders, there is concern about their impact the developing brain.

## **Parenting-based interventions (Parent Management Training - PMT)**

- The most thoroughly researched and validated type of interventions to treat young children’s disruptive behavior are often collectively referred to as Parent Management Training (PMT),

Behavioral Parent Training (BPT), or sometimes just as Parent Training (PT). (The term PMT is used in these guidelines to refer to this general type of intervention.)

- PMT approaches typically involve working with both the parent and child, teaching parents specific parenting skills to improve the parent-child relationship, improve compliance, and decrease disruptive behavior.
- PMT approaches should be considered as the first line approach for mental health services for young children with clinically significant disruptive behavior.
  - Whenever possible refer for therapy services that involve an evidence-based PMT model.
  - See list of some evidence-based models in section below.
  - PMT approaches based on behavioral theories have demonstrated more positive long-term effects than those based on non-behavioral approaches.
- PMT programs have also been found to be an effective treatment for preschoolers with disruptive behavior and comorbid ADHD.
- A meta-analysis found that placing young children with disruptive behavior problems in individual therapy in addition to PMT did not improve outcomes over PMT alone.
- Interventions that involve working alone with the child rather working with the parents should be reserved for older children who are more able to benefit from cognitive- behavioral approaches.
- PMT approaches often utilize modeling, skill-building, and home practice; many involve teaching parents to increase positive attention to appropriate child behaviors, reducing parenting attention to inappropriate behaviors, and utilizing more effective instructions and consequences for noncompliance.
  - An important factor in parents effectively learning these skills appears to be the use of in vivo feedback (i.e., direct coaching of parents as they practice the skills).
  - A Centers for Disease Control (CDC) review and others have found that the critical components of effective PMT programs that focus on decreasing children’s disruptive behavior include
    - Teaching parents to interact more positively with their child
    - Requiring parents to practice with their child during program sessions
    - Teaching parents to respond consistently to their child
    - Teaching parents the correct use of time-out
- PMT approaches are consistent with the American Academy of Pediatrics recommended approach to discipline that includes 3 elements:
  - A positive and supportive parent-child relationship
  - Proactive teaching and strengthening of desired behaviors (e.g., through use of positive reinforcement)
  - Strategies to decrease or eliminate undesired behaviors (e.g., through punishment, time-out, etc.)
- Model evidence-based PMT programs include the following:
  - Parent-Child Interaction Therapy (PCIT)
  - Helping the Noncompliant Child (HNC)
  - The Incredible Years (TIY)
  - Triple P (Positive Parenting Program)
- Limitations of PMT
  - Factors associated with poorer PMT outcomes include
    - Social class and race/ethnicity are related to treatment completion; unclear is whether this is related to the intrinsic aspects of the interventions, clinician-parent racial matching, or other factors.
    - The results of a meta-analysis of parent training programs suggest that economically disadvantaged families benefited significantly more from parent training interventions that are individually administered compared to group

- delivery.
- Parent mental health problems (e.g., parental depression) can adversely affect outcomes; these problems often need to be treated in order for PMT interventions to be optimally effective.
- Factors such as stressors, obstacles to treatment, and treatment demands have not been found to be related to intervention attendance.
- These evidence-based programs are often not widely available, especially in rural areas; however, availability should increase over time as efforts are made to disseminate these programs more widely.

## Summary

- Intervening early is important to effectively address disruptive behavior problems and prevent escalation of the problem into the school-aged years when they become more resistant to treatment.
- Evidence suggests that briefer, less intense interventions may be effective in addressing mild levels of disruptive behavior in young children; these approaches include recommending specific parenting books as well as parenting classes that are based on evidence-based programs.
- For young children with diagnosable disruptive behavior disorders referral for mental health treatment that utilizes an evidenced-based PMT program is recommended.
- Traditional individual therapy for young children is of limited effectiveness in treating disruptive behavior disorders.
- The use of medications with young children with disruptive behavior problems is typically only indicated if they have comorbid ADHD.

## References

*This guideline was developed to improve health care access in Arkansas and to aid health care providers in making decisions about appropriate patient care. The needs of the individual patient, resources available, and limitations unique to the institution or type of practice may warrant variations.*

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