



The Prevention, Treatment and Management of Conduct Problems in Childhood

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Introduction

In this talk I will attempt three tasks:

- i) A brief review of the evidence showing linkages between childhood conduct problems and later developmental outcomes including crime, imprisonment, mental health outcomes, substance abuse, teen pregnancy, domestic violence and related outcomes.
- ii) A more extensive review on the evidence from randomised trials of prevention and treatment programmes.
- iii) Examine the translation of this evidence in the development New Zealand policy.

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The Christchurch Health And Development Study

The Christchurch Health and Development Study (CHDS) is a longitudinal study of a birth cohort of 1265 children born in Christchurch, New Zealand.

This cohort has been studied at birth, 4 months, 1 year, annual intervals to 16 and at 18, 21, 25 and 30 (a total of 22 occasions).

As part of this research, extensive data was gathered on childhood behavioural adjustment and outcomes in young adulthood.

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Key Findings From The CHDS

On the basis of data gathered from parent and teacher reports over the ages 7-9 years, children were classified on an underlying dimension of conduct problems that ranged from none to severe.

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Outcomes At Age 25 Crime

| Outcome 21-25 | Extent of Early Conduct Problems | | | | p |
|-----------------------|----------------------------------|-----|------|-----------|-------|
| | Low 1 | 2 | 3 | High 4 | |
| % Violent Offending | 3.2 | 6.4 | 11.6 | 34.8 | <.001 |
| % Arrested | 3.0 | 6.5 | 15.0 | 32.6 | <.001 |
| % Imprisonment (ever) | 0.2 | 1.0 | 5.7 | 14.3 | <.001 |

With increasing early conduct problems there were increases in rates of offending, arrest and imprisonment

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Outcomes At Age 25 Substance Use

| Outcome 21-25 | Extent of Early Conduct Problems | | | | p |
|---------------------------|----------------------------------|------|------|-----------|-------|
| | Low 1 | 2 | 3 | High 4 | |
| % Nicotine dependence | 15.9 | 26.2 | 31.3 | 41.3 | <.001 |
| % Alcohol dependence | 5.6 | 5.0 | 4.8 | 8.7 | NS |
| % Illicit drug dependence | 5.2 | 7.8 | 15.7 | 19.6 | <.001 |

With increasing early conduct problems there were increases in rates of nicotine dependence and illicit drug dependence

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Outcomes At Age 25 Mental Health

| Outcome 21-25 | Extent of Early Conduct Problems | | | | p |
|---------------------------|----------------------------------|------|------|-----------|-------|
| | Low 1 | 2 | 3 | High 4 | |
| Anxiety/depression | 24.4 | 36.8 | 38.1 | 32.6 | <.001 |
| Antisocial personality | 1.0 | 3.2 | 5.4 | 17.4 | <.001 |
| Suicide attempt (ever) | 4.4 | 10.3 | 14.8 | 18.4 | <.001 |

With increasing early conduct problems there were increases in rates of mental health problems and suicidality.

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Outcomes At Age 25 Sexual And Partner Relationships

| Outcome | Extent of Early Conduct Problems | | | | p |
|----------------------------------|----------------------------------|------|------|-----------|-------|
| | Low 1 | 2 | 3 | High 4 | |
| % Multiple (10+) sexual partners | 12.3 | 17.1 | 19.7 | 24.4 | <.001 |
| % Pregnant/partner pregnant <20 | 11.7 | 17.6 | 25.5 | 36.7 | <.001 |
| % Became parent <20 | 4.4 | 8.1 | 14.3 | 19.6 | <.001 |
| % Inter-partner violence | 5.2 | 8.8 | 15.0 | 23.9 | <.001 |

With increasing early conduct problems there were increases in rates of sexual risk taking, early pregnancy/parenthood, and inter-partner violence.

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Covariate Adjustment

These associations persisted after control for confounding factors and were evident for both males and females.

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Major Conclusion

These findings show the pervasive effects of early conduct problems on later development.

It may be argued, plausibly, that no other common childhood condition has such pervasive and far reaching consequences for later development, as childhood conduct disorders.

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The Prevention and Treatment of Childhood Conduct Problems

In the last two decades there has been an explosion of research using randomised controlled trials (RCTs) that have tested the extent to which various interventions are effective in the prevention and treatment of conduct problems in childhood and adolescence.

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The Importance of RCTs

The role of RCTs in public and social policy has been controversial with recurrent claims that RCTs are unethical, inappropriate and can be replaced by alternative methodologies using qualitative and observational methods.

These claims have not been substantiated and there is growing evidence to suggest that well conducted randomised trials are the most reliable method for establishing efficacy of interventions.

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Effective Treatment Programmes for 3-7 Year Olds

| Tier | Site | |
|-----------|---|---|
| | Home | School |
| Universal | Triple P, Level 1 | School Wide Behaviour Support |
| Targeted | Triple P, Level 3,4 Incredible Years Parent Programme Parent Management Training Oregon | Incredible Years Teacher Programme CLASS |
| Intensive | Parent Child Interaction Training Treatment Foster Care | RECESS |

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Effective Treatment Programmes for 8-12 Year Olds

| Tier | Site | |
|-----------|---|---|
| | Home | School |
| Universal | Triple P, Level 1 | School Wide Behaviour Support |
| Targeted | Triple P, Level 3,4 Incredible Years Parent Programme Parent Management Training Oregon | Incredible Years Teacher Programme CLASS |
| Intensive | Parent Child Interaction Training Multi Systemic Therapy Functional Family Therapy Treatment Foster Care | RECESS |

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Effective Treatment Programmes for 13-17 Year Olds

| Tier | Site | |
|------------------------|--|-------------------------------|
| | Home | School |
| Universal | Teen Triple P | School Wide Behaviour Support |
| Targeted/ Intensive | Functional Family Therapy Multi-Systemic Therapy Aggression Replacement Training Treatment Foster Care Teaching Family Homes | |

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A Proposed Menu of Interventions

| Intervention | Age | | |
|---------------------------------|-----|------|-----|
| | 3-7 | 8-12 | 12+ |
| <u>Universal</u> | | | |
| Triple P Level 1,2 | ✓ | ✓ | ✓ |
| School Wide Behavioural Support | ✓ | ✓ | ✓ |
| <u>Targeted/Intensive</u> | | | |
| Parent Management Training | ✓ | ✓ | – |
| Teacher Management Training | ✓ | ✓ | – |
| Functional Family Therapy | – | ✓ | ✓ |
| Multi-systemic Therapy | – | ✓ | ✓ |
| Treatment Foster Care | ✓ | ✓ | ✓ |
| Teaching Family Home | – | – | ✓ |
| Aggression Replacement | – | – | ✓ |

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Recent NZ Policy Development

In 2007, the NZ Government set up a committee to provide advice on the treatment and management of conduct problems. This committee (AGCP) has now produced 3 reports on this issue. These reports are beginning to have an impact on Government policy.

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Recent New Zealand Policy

These reports have underwritten the recent Positive Behaviour for Learning (PB4L) policy announced by the Minister of Education in 2010. PB4L includes 3 evidence based interventions recommended by the AGCP:

- The Incredible Years Basic Parent Programme
- The Incredible Years Teacher Training Programme
- School Wide Positive Behaviour Support

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Policy Implementation

To introduce these programmes to the Education sector, the Ministry then held a series of meetings throughout New Zealand to introduce teachers, health workers and social workers to the reasoning underlying PB4L and the evidence supporting the programme choices. These meetings were well attended with over 1000 participants in 12 centres, and very well received by the sector. This effort laid the groundwork for the implementation of PB4L.

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Programme Implementation

By 2014, PB4L intends to deliver:

- School Wide Positive Behaviour Support to 400 NZ Schools
- Incredible Years Basic Parent Programme to 12,000 parents
- Incredible Years Teacher Programme to 5,000 teachers

This represents a very large investment in evidence based services within the education sector.

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Evaluation

- The reports of the AGCP have emphasised the need for thorough evaluation of programmes before they are widely implemented. The Ministries involved have been responsive to this view and a research unit has been set up in the Ministry of Social Development to evaluate evidence based programmes in this area.
- The first evaluation planned is a first phase assessment of the Incredible Years Basic Parent Programme.

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Evaluation of Incredible Years Parent Programme

The evaluation planned involves:

- 150 families from three sites who will be studied at: baseline, mid programme, end of programme, and 3 months after programme completion
- At least 50 families will be Māori
- Assessments will be made of child behaviour, parenting practices and family functioning before, during and after the programme

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Evaluation of Incredible Years Parent Programme

These assessments will be supplemented by single subject studies of 30 families (10 per site) and client satisfaction studies

The overall aim will be to build up a clear picture of the changes that families display following the introduction of the programme and to compare these results with benchmarks derived from existing randomised trials.

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The Prevention Science Model

The process I have described has followed the Prevention Science model for the translation of research evidence to policy and practice.

- In the first stage of the process, longitudinal data provided strong evidence of the long term consequences of childhood conduct problems.
- This work was then followed by an extensive systematic review of the evidence to identify effective programmes.
- Policy was then developed on the basis of this review and efforts made to disseminate the key findings.
- Evidence based services were then developed and evaluation set in place.

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