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# CONDUCT DISORDER: AN EVALUATION OF A PARENTING INTERVENTION

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#### ABSTRACT

The primary aim of this study was to evaluate the parenting component of the Youth Horizon Trust programme for families of young people with severe conduct disorder. Empirical research supports the assertion that interventions designed to change parental discipline practices are the most effective interventions in reducing conduct problem behaviour in young people. Eleven parents of Youth Horizon Trust programme participants completed a multi-method questionnaire conducted with repeated assessments over a twelve week period. The constructs measured have been consistently linked to conduct disorder. The questionnaires and a similar evaluation method were used in prior North American research (Frick, Christian, & Wootton, 1999; Shelton, Frick, & Wootton, 1996). The present study was designed to determine whether there were differences in parenting practices during a three month portion of intervention (hypothesis 1), among parents in the first, second and third years of programme participation (hypothesis 2), towards the end of programme involvement, compared to parents early in the programme (hypothesis 3) and related to the level of the young person's distress at the time of intake (hypothesis 4). The present study found firstly, that the two positive parenting scale results differed from prior research but the three negative parenting subscales showed similarities in the direction of changes (Frick et al., 1999). Secondly, there was no overall relationship between the time duration of the intervention and improvement in parenting practices, but changes in the third year indicated reductions in negative parenting practices and improved parental involvement, monitoring, supervision, and consistency. In addition, the most distressed young people at the beginning of the treatment programme had parents who indicated less involvement in their parenting practices. The overall implication drawn from the findings is that improvement in supervision, monitoring, and consistency of discipline by parents are more readily adopted than involvement and positive parenting practices. Further research with more extensive monitoring, larger samples and over a greater time frame are discussed.

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#### FOREWORD

Conduct disorder is one of the disruptive behaviour disorders of childhood and adolescence (American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, *DSM-IV*, 1994). Severe impact is often seen on the young person's family, teachers, and significant others, and can also be measured in the resultant property damage and police attention. These aspects of the disorder have aroused the popular media and politicians to comment widely upon causes and cures. New Zealand research has indicated that up to 25% of 15 year old young people experience adjustment disorders in adolescence (Fergusson & Horwood, 2001; McGee et al., 1990), and in the Dunedin Multidisciplinary Child Development Study it was estimated that 7% met the criteria for conduct disorder (Moffitt, 1993a).

Conduct disorder is understood to be multi dimensional in its causes; however much of the research has concentrated on familial influences upon the development and maintenance of this disorder (Amato & Keith, 1991; Dishion, Patterson, Stoolmiller, & Skinner, 1991; Loeber & Stouthamer-Loeber, 1986). A community organization, Youth Horizon Trust, located in Auckland, New Zealand, has developed a treatment programme for young people with severe conduct disorder. The present research is a preliminary study to evaluate the parenting component of the Youth Horizon Trust treatment programme for young people with conduct disorder. This thesis starts with a literature review and brief exploration of two New Zealand longitudinal studies that highlight the presence of adjustment disorders in the adolescent population (Chapter 1). This section also defines the anti social behaviours that fall into the *DSM-IV* (1994) diagnostic category of Disruptive Behaviour Disorders including conduct disorder, the risk factors linked to this disorder, trajectories, and comorbidity. This is followed by a review of the two main multisystemic treatment options supported by empirical evidence, and subsequently incorporated into the treatment models developed by Youth Horizon Trust (Chapter 2). The significance of this particular research study and the research questions are also included in this section. An overview of the study, outline of the Youth Horizon Trust programme for severe conduct disorder and the role of the staff within the programme are next presented (Chapters 4 and 5). The details of the study's methodology, findings, and implications for further research are then outlined to conclude the thesis (Chapters 6 and 7).