Annotated Reference List

Barmish, A. J., & Kendall, P. C. (2005). Should Parents Be Co-Clients in Cognitive-Behavioral Therapy for Anxious Youth?. *Journal Of Clinical Child And**Adolescent Psychology, 34*(3), 569-581. doi:10.1207/s15374424jccp3403\_12.

Barmish and Kendall (2005) conducted a literature review about the impact of parent’s involvement in CBT for children who experience anxiety. This review suggests that many factors contribute to the effectiveness of CBT and parental involvement is a factor. There is no conclusive data supporting or denying positive effects of parental involvement and needs further research. Factors such as the child’s age and severity of the anxiety are relatedto whether or not parental involvement would benefit the outcomes of CBT. This information is important to understanding the disorders and the parental roles in helping the child; however, conduct disorders are not mentioned and may not fully provide information important to CD.

Davis, A. S. (2006). The neuropsychological basis of childhood psychopathology. *Psychology In The Schools, 43*(4), 503-512. doi:10.1002/pits.20164.

Davis (2006) reviews the neuropsychological relationships between the brain and childhood mental disorders. This review helps illustrate the biological and neurological differences between child with and without mental disorders. This type of information helps to provide a scientific basis for some of the differences that may lead to further investigation of the biological basis of behavior. Davis (2006) identifies the neurological information for conduct disorders as well as other disorders during childhood. This can help identify the best type of intervention when working with children who have behavioral or other mental disorders.

Eames, C. C., Daley, D. D., Hutchings, J. J., Whitaker, C. J., Jones, K. K., Hughes, J. C., & Bywater, T. T. (2009). *Treatment fidelity as a predictor of behaviour**change in parents attending group-based parent training.* 35(5), 603-612. doi:10.1111/j.1365-2214.2009.00975.x.

Eames and colleagues (2009) aimed to demonstrate whether or not the Leader Observation Tool (LOT) could predict a change in parenting skills after participating in a program geared toward the prevention and treatment of CD. This quantitative study found that the LOT does predict well the changes in behaviors of parents as reported by the parents and independent observers. This positive finding supports other information that parent education and knowledge can lead to increased prosocial behaviors with children who have CD. Essentially this supports the hypothesis that if parents change behaviors, the child’s behaviors can change as well.

Hagen, K., Ogden, T., & Bjørnebekk, G. (2011). Treatment outcomes and mediators of parent management training: A one-year follow-up of children with conduct problems. *Journal Of Clinical Child And**Adolescent Psychology, 40*(2), 165-178. doi:10.1080/15374416.2011.546050.

Hagen and colleagues (2011) followed up with the Parenting Management Training- the Oregon (PMTO) model a year later with parents. This was the first time an effectiveness study was conductedfor this technique. The results indicated that the follow-up was comparedto other treatment techniques as opposed to a no control group. Hagen and colleagues describe the results as “modest” because of the inability to distinguish the continued progress as a direct result of a parenting dimension from the previous year or this parenting dimension is unrelatedto the progress of CD. This information is helpful in what can be further exploredabout parenting and CD.

Henggeler, S. W., & Sheidow, A. J. (2012). Empirically supported family‐based treatments for conduct disorder and delinquency in adolescents. *Journal Of Marital And**Family Therapy, 38*(1), 30-58. doi:10.1111/j.1752-0606.2011.00244.x.

This article reviews the current findings of the different types of treatment for families of children with CD. Henggeler and Sheidow (2012) evaluated the current findings of multisystemic therapy (MST) and functional family therapy (FFT). In addition to this, long-term rates of progress were identifiedwith the basis for each. A comprehensive explanation of CD was discussed. This was not a study, rather a review of current evidence from other researchers that compared the effectiveness of different therapies.

Keiley, M. K. (2002). Attach and affect regulation: A framework for family treatment of conduct disorder. *Family Process, 41*(3), 477-493. doi:10.1111/j.1545-5300.2002.41312.x.

The bond of attachment is brokenwhen a child has CD. Children are not able to bond with others and when placed in jail or other group living situations can further harm the client who has CD. Thus it is important for families to work together in regulating the attachment and affect. This is doneby becoming aware of the behaviors and responding appropriately for both the child and parent. In some situations, parents are essentially reinforcing negative behaviors. Participation in some of thetherapies and programs Keiley (2002) mentioned demonstrate future avenues for families to follow to cease the cycle of the unproductive behaviors associated with CD. This article is a review and suggests other forms of treatment that possibly may beconducive to the treatment and management of CD.

Miller, G. E., & Prinz, R. J. (1990). Enhancement of social learning family interventions for childhood conduct disorder. *Psychological Bulletin, 108*(2), 291-307. doi:10.1037/0033-2909.108.2.291.

Miller and Prinz (1990) have an older study relating to the direction of treatment for CD. This article reviews the social learning family intervention (SLFI). What makes this article important to research is that it addressed some of the original concepts for treatment and management of CD. Miller and Prinz (1990) suggested a change to the interventions and make recommendations based on more current evidence at that time. This is valuable to understanding the basis and directions of changes that have occurred for treatment of CD. At this particular time biological underpinnings were beginning to be examinedand therefore expanding the models used for treatment need modification.

Resch, J., Benz, M. R., & Elliott, T. R. (2012). Evaluating a dynamic process model of wellbeing for parents of children with disabilities: A multi-method analysis. *Rehabilitation Psychology, 57*(1), 61-72. doi:10.1037/a0027155.

Resch, Benz, and Elliott (2012) studied the effects of parental wellbeing when raising a child with a disability. Resch and colleagues (2012) used a qualitative approach to determine if parents have the skills, personal health, and environmental/social supports necessary to fulfill their responsibility to the child. Parents were recruitedthrough a parental organization that provided services to families with children with disabilities. An online survey was conductedto obtain demographic information, child disability severity using the Activities of Daily Living (ADL) and Personal Care Assessment Form (PCAF). The problem-solving abilities of parents using the Social Problem Solving Inventory-Revised was includedto evaluate the parent’s abilities in this area. The environmental/social were measuredusing the Resources and Environmental/Social Supports-Questionnaire (RESS-Q) and additionally added four open-ended questions for parents to comment on challenges in this area. Furthermore, researchers surveyed personal growth and threat appraisals using the Post Traumatic Growth Inventory (PTGI) to determine the perception of growth or threat when raising a child with a disability. The wellbeing of parents was also evaluated using the SF-12, FSS, and SWLS; these evaluate life satisfaction, family satisfaction, and mental/physical wellbeing. Resch and colleagues (2012) found that many factors contribute to the wellbeing of parents and children in these instances. The severity of the child’s disability may not be the best predictor of the parent’s wellbeing; however, social andenvironmental supports are positively correlatedwith the positive wellbeing of parents with a child who has a disability. Higher income is associated with higher levels of parent wellbeing and reasons for this are unclear (Resch, Benz, & Elliott, 2012). This article helps to understand the role of parents in helping their child with a disability.

Scholte, E. M., Van Berckelaer-Onnes, I. A., Van der Ploeg, J. D., & Van den Bergh, P. M. (2008). Parental reports of symptoms of childhood disorders in Dutch children. *Adolescence, 43*(172), 847-859.

Scholte, et. al. (2008) studied childrenin Holland who are reportedby parents to display symptoms of ADHD, ODD, CD, GAD, social phobia, depression, and autism. The purpose of this study was to evaluate the reporting of behavioral disorders in childhood because it is suggestedthat childhood behavioral disorders are highly unreportedto the DSM-IV estimates. The survey of the Dutch sample population was found to represent the population sufficiently and therefore, consistent with previous demographic reports of childhood disorders in Holland. Parental reports were found to run the risk of impairment for adolescent males when parents perceived symptoms are usedas the source of information (Scholte, et. al., 2008). This type of information is what I am interestedin to understand the perceptions and awareness of behavioral disorders and how parental interventions are usedor not used to support the child. The basic findings of this article are consistent with previous research; males at higher risk for behavioral disorders than females, and existence of co-occurring disorders. Researchers provided parents with questionnaires based on DSM criteria but notthe extended criteria for diagnosis; this too is important to understanding the parent’s perceptions or lack thereof. I chose this article also because of the growing need to understand the multiple reports of childhood behaviors from different perspectives. Families report differently fromschools, and doctors, caregivers, etc. Understanding these differences and finding the baseline behaviors would benefit awareness and interventions.