

The Oregon Model of Behavior Family Therapy: From Intervention Design to Promoting Large-Scale System Change

Thomas Dishion

ASU REACH Institute, Arizona State University

Marion Forgatch

Implementation Sciences International Inc., and Oregon Social Learning Center

Patricia Chamberlain

Oregon Social Learning Center

William E. Pelham III

ASU REACH Institute, Arizona State University

This paper reviews the evolution of the Oregon model of family behavior therapy over the past four decades. Inspired by basic research on family interaction and innovation in behavior change theory, a set of intervention strategies were developed that were effective for reducing multiple forms of problem behavior in children (e.g., Patterson, Chamberlain, & Reid, 1982). Over the ensuing decades, the behavior family therapy principles were applied and adapted to promote children's adjustment to address family formation and adaptation (Family Check-Up model), family disruption and maladaptation (Parent Management Training–Oregon model), and family attenuation and dissolution (Treatment Foster Care–Oregon model). We provide a brief overview of each intervention model and summarize randomized trials

of intervention effectiveness. We review evidence on the viability of effective implementation, as well as barriers and solutions to adopting these evidence-based practices. We conclude by proposing an integrated family support system for the three models applied to the goal of reducing the prevalence of severe problem behavior, addiction, and mental problems for children and families, as well as reducing the need for costly and largely ineffective residential placements.

Keywords: parent training; treatment foster care; prevention; developmental models; peers

This research was supported in part from the Oregon Youth Authority and from the following grants: R01 DA007031-21A1, R01 DA036832-01A1, P50 DA035763, and R01 DA032634 from the National Institute on Drug Abuse; RO1 DA 16097 from the Prevention Research Branch, NIDA, U.S. PHS; and RO1 MH 38318 and RO1 MH 54703 from the Child and Adolescent Treatment and Preventive Intervention Research Branch, DSIR, NIMH, U.S. PHS. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Drug Abuse, Child and Adolescent Treatment and Preventive Intervention Research Branch, or the National Institutes of Health.

Address correspondence to Thomas Dishion, Ph.D., ASU REACH Institute, Arizona State University, 900 S. McAllister Ave., Room 205, Tempe, AZ 85287-6005; e-mail: dishion@asu.edu.

0005-7894/© 2016 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd. All rights reserved.

IN THE LATE 1950s, THE EFFECTIVENESS of treating children's behavior problems with even intensive residential interventions was called into question. Despite gains during treatment, returning children back into pathogenic environments meant losing treatment gains (Redl & Wineman, 1957). At the same time, a new science of behavior was taking hold (Skinner, 1954) with a strong emphasis on the observation of reinforcement for problem behavior in the natural environment. The application of reinforcement principles to improving the family environment of children with problem behavior was a promising application. There were four groups within the United States that led this effort using a coordinated set of strategies (Patterson, 2002): Sidney Bijou (Bijou & Baer, 1966), Connie Hanf (1968),

Robert Wahler (Wahler, Winkel, Peterson, & Morrison, 1965), and Gerald Patterson (Patterson, 1965). These interacting research groups generated a set of core principles that remain central in today's parent training programs: (a) parents, not therapists, serve as the treatment agents; (b) parents learn to track and record behavior; and (c) parents apply contingency management with their children using positive reinforcement for positive child behavior and mild negative sanctions to discourage problem behavior.

In the most recent compendium of evidence-based psychotherapies (Weisz & Kazdin, 2010), all eight of the treatments for "externalizing disorders" have their roots in behavior family therapy innovations emerging from these four groups in the 1960s, and the following were directly derived: The Incredible Years (Webster-Stratton & Reid, 2010), Parent Management Training (Kazdin, 2010), Parent-Child Interaction Therapy (Zisser & Eyberg, 2010), Triple P Positive Parenting (Sanders & Murphy-Brennan, 2010), Parent Management Training–Oregon model (Forgatch & Patterson, 2010), and Treatment Foster Care, Oregon model (Smith & Chamberlain, 2010). In addition, family-based treatment for oppositional behavior by McMahon and Forehand (2005) is based on these basic behavior change principles applied to families. A search of Google Scholar for the term "behavioral parent training" yielded 1,520,000 scholarly articles on this topic.

The application of reinforcement principles to improving family life, in general, and children's mental health, in particular, is the major success story of behavior science in the 20th century. Of interest is the potential for a systematic integration of advances in behavioral family interventions to improve the mental health and well-being of children and adolescents in communities, especially those most vulnerable to pathogenic environments. This review provides an overview of the evolution of research within the Oregon group since the seminal publication by Patterson, Chamberlain, and Reid (1982) in addressing the unique needs of children and families across the spectrum of family disruption and contexts. Randomized trials are reviewed, as well as implementation success and failures. Reflection on the findings from these coordinated programs of research suggests next steps for applying behavior change principles to improve the lives of youth and families at the population level.

Oregon Studies of Child Aggression

In the mid-1960s, the Oregon group studied primarily families seeking help to improve children's aggressive and disruptive behavior. This initiated a series of case

studies focused on children with behavior problems. Over the next decade, the studies became more ambitious, with pre/post and follow-up data, larger samples, replications, and randomized controlled trials (Arnold, Levine, & Patterson, 1975; Fleischman & Szykula, 1981; Forgatch & Toobert, 1979; Patterson, 1974; Patterson et al., 1982; Patterson & Reid, 1970). Success in treating aggressive behavior in children fueled new efforts to apply the same behavioral principles to family intervention to treat multiple offender adolescents (Bank, Marlowe, Reid, Patterson, & Weinrott, 1991; Reid, 1976) and families referred for child abuse (Reid, 1986). The application of behavior therapy to families referred for chronic delinquency and child abuse, however, gave pause to the group, and suggested the need for a developmental model that provided an account for challenges of clinical work with these populations, as well as to guide improved treatment strategies. Incidental to the analysis of family contributions to the severity of problem behavior was the increasing realization within the group and the field (Capaldi & Patterson, 1991; Forgatch, Patterson, & Skinner, 1988; Patterson, 1982) that family dissolution and change were integral to children's progression from problem behavior to severe forms of delinquency, antisocial behavior, depression, and drug abuse in adolescence.

Family interaction had long been of interest to sociologists concerned with predicting which children would eventually be arrested for criminal behavior in adolescence; many of the criminology studies began in the 1930s (Loeber & Dishion, 1983). Interestingly, when home visitors described families of children who later became delinquent, they reported both overly harsh discipline as well as lax supervision as highly predictive. These early observations from a sociological perspective fit well with the direct observations of research that led to the formulation of the coercion model (Patterson, 1982). The coercion model provides a developmental perspective on how both harsh parenting as well as lax supervision might co-occur. As youth become more problematic, parents disengage from parenting (Patterson, DeBaryshe, & Ramsey, 1989; Patterson, Reid, & Dishion, 1992) and fail to track or monitor youth behavior in the community. Thus, the same parent can be both lax, and overly harsh, often after discovering a child's most recent escapade (e.g., stealing). Longitudinal research began to fill in the gaps as well as accounting for seemingly paradoxical findings of both clinical research and sociological research on delinquency.

Several research groups converged on an understanding of the longitudinal development and changes observed from childhood through adolescence (see Dishion & Patterson, *in press*, for a recent review).

Download English Version:

<https://daneshyari.com/en/article/5038001>

Download Persian Version:

<https://daneshyari.com/article/5038001>

[Daneshyari.com](https://daneshyari.com)