THE IMPACT OF TREATMENT ON DEVIANCE TRAINING IN CHILDREN WITH ADHD

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INTRODUCTION

Most of the settings in which children develop peer relations are, by definition, group settings. Because of this, most of the findings in which peer deviance is addressed are also group settings (McFadyen-Ketchum & Dodge, 1998). Recently, however, several prominent investigators have argued against conducting interventions for peer problems in isolation from group behavior (Dishon & Andrews, 1995). In this study, deviant behavior of children was addressed in the context of group behavior because deviant training (DT) can occur (e.g., Dishon et al., 1999). DT is the shaping of a child’s negative behavior by reinforcing attention from other children.

Revisions against aggregating disruptor children for group settings have implications for children with disruptive behavior disorders given that many of these children had comorbid peer problems which may better be addressed in group settings.

Non-treatment studies of deviance training demonstrate that in a laboratory, unstructured, unspoken, dyadic interactions, a high-risk adolescent will be favored (by laughing) their peer’s rule-breaking negative statements or actions (Capaldi, Dishon, Stoolmiller, & Yoeger, 2001; Dishon, 2000; Dishon & Andrews, 1995; Dishon, Edery, Ho, Li, & Spracklen, 1997; Dishon, Poulin, & Burraston, 2001; Dishon & Yoeger, 2001; Poulin & Burraston, 2001; Spracklen, Andrews, & Poffenbarger, 1996; Stoolmiller, Dishon, & Yoeger, 2000; Poffenbarger & Ho, 1999). Additionally, deviance training in early adolescence is correlated with a number of negative outcomes later in adolescence (e.g., personal use, violence, antisocial to women, and poorer friendship quality). These studies provide a strong rationale to explore the impact of DT on children.

To our knowledge, no studies measure DT within intensive treatment settings, none vary intensity of treatment, and none contrast these results with the level of DT in non-treatment settings. Additionally, no studies examine DT in children with behavior disorders. The current study will compare levels of deviance training in children with behavior disorders and comparison children without behavior disorders. Further, this study will investigate whether DT occurs within group settings when minimal treatment is employed if it is efficacious training intervention, pharmacological treatment, or the combination, is an effective agent of DT. We hypothesize that DT will be high in children with behavior disorders. Additionally, we predict that behavioral and pharmacological treatment will significantly decrease rates of DT across settings, with more effects being seen in higher intensity conditions.

PARTICIPANT CHARACTERISTICS

Seventy-two children aged 5 through 12 (48 children with ADHD and 24 children without ADHD) entered the investigation. All participants were required to have a minimum IQ scale IQ of 80. The disruptive behavior disorders sample was required to meet DSM IV criteria for ADHD and have no documented adverse response to methylphenidate. Inclusion criteria for the comparison sample included no diagnosis of any externalizing disorder. All subjects were participants in a larger study designed to examine the relative effects of and interactions between different doses of behavioral (active, low, and high) and pharmacological (methylphenidate) treatments. Deviance training (DT), social reinforcement, and aggression tendency were found in children with behavior disorders. Additionally, we predict that behavioral and pharmacological treatment will significantly decrease rates of DT across settings, with more effects being seen in higher intensity conditions.

Table 1. Participant Characteristics.

| Full Scale IQ | SD | Age in Years | M | SD |
| 75 – 84 | 106.97 | 11.43 | 131.14 | 17.27 |
| 85 – 95 | 78.83 | 6.67 | 89.77 | 5.18 |
| 96 – 105 | 14.93 | 2.33 | 97.00 | 1.82 |

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MEASURE

Deviance training was measured on a daily basis as well as during the study period (Kazdin & Brim, 1978). Deviance training was defined as any behavior that was contingent on acting negatively, and was contingent on the child receiving attention from other children (Dishon et al., 1999). DT is the shaping of a child’s negative behavior by reinforcing attention from other children.

MEASUREMENT

Daily deviance training was measured by the number of deviant behaviors observed during the study period. Deviance training was measured in the classroom and recreational settings. Deviance training was defined as any behavior that was contingent on acting negatively, and was contingent on the child receiving attention from other children (Dishon et al., 1999). DT is the shaping of a child’s negative behavior by reinforcing attention from other children.

RESULTS

The study was funded by the National Institute of Mental Health, #MH62946. For a copy of this poster send an e-mail to: aonyango@psychiatry.umsmed.edu

DISCUSSION

The impact of treatment on deviance training (DT) in children with ADHD has been inconsistent. The current study was designed to investigate whether DT occurs within group settings when minimal treatment is employed if it is efficacious training intervention, pharmacological treatment, or the combination, is an effective agent of DT. We hypothesize that DT will be high in children with behavior disorders. Additionally, we predict that behavioral and pharmacological treatment will significantly decrease rates of DT across settings, with more effects being seen in higher intensity conditions.

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