INTRODUCTION

The aim of this chapter is to review preventive experiments for Oppositional Defiant (ODD) or Conduct (CD) Disorders and evaluate their efficacy. To our surprise, we found no preventive interventions that met our selection criteria (see later discussion) and used DSM-III-R or DSM-IV (American Psychiatric Association, 1987, 1994) categories of ODD and CD as outcomes. We thus broadened the scope and selected studies with outcome measures related to CD/ODD symptoms, including court-recorded or self-reported delinquency, self-, parent-, or teacher-rated measures of aggressive-externalizing behavior, and observer-rated measures of aversive behavior in the classroom. We generally refer to these outcomes using the term Disruptive Behavior Disorders (DBD).

Only studies employing random assignment or quasi-experimental (pre- and post measures in intervention and adequate control groups) designs were included. The review was also limited to those studies using nonreferred children ages 12 and under to ensure that the interventions were preventive in nature (i.e., not studies with children referred for treatment) and that the focus was on interventions designed to alter developing DBD tendencies in childhood. The differences in behavioral characteristics between nonreferred subjects in a prevention experiment and referred subjects in a clinical experiment are often tenuous. Inclusion of studies was limited to those studies with follow-up periods of at least 1 year, congruent with the idea that effective preventive interventions have relatively long-term outcomes. We would have preferred to set the limit at 3 years of follow-up at least; however, not enough studies met that criterion. The fact that none of the studies used DSM criteria for outcome and very few studies have at least a year of follow-up after the end of the intervention tells us much concerning the state of research on the prevention of ODD and CD. Only 20 studies met our criteria and only 11 were originally designed to specifically prevent DBD (numbers 1, 2 in Figure 1; number 3 in Figure 2; numbers 11, 12, 13, 14, 15, 16, 17, 18 in Figure 3). The nine other studies were
designed to foster children’s development more generally and eventually assessed DBD. A visual summary of these studies is presented in Figures 1, 2, and 3, and descriptive statistics of some of the studies’ characteristics are presented in Table 1.

To obtain a uniform measure of treatment effects we calculated Hedges and Olkin’s (1985)

![Figure 1](image1.png)
**FIGURE 1.** Preintervention ages, length of interventions, and length of follow-up periods for the 2 universal prevention studies for disruptive behavior. Effect size (ES) at the most recent follow-up is included: na = not available.

![Figure 2](image2.png)
**FIGURE 2.** Preintervention ages, length of interventions, and length of follow-up periods for the 8 selective prevention studies for disruptive behavior included in the review. Studies are ordered by decreasing age of start of intervention. Effect size (ES) at the most recent follow-up is included: na = not available.