THE NORWEGIAN CENTER FOR
CHILD BEHAVIORAL DEVELOPMENT

Presentation of NUBU
NUBU/PALS and VIP seminar

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Department for Children/NUBU
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Governmental initiative: Conduct problems

- In 1997 a political decision was made to implement and scale up the use of evidence-based interventions.
- A project was established in 1999 to implement PMTO and MST nationwide.
- In 2003 The Norwegian Center for Child Behavioral Development/ was established to develop, implement and evaluate EBPs
- The initiative were from 4 different ministries: Children and Families, Health, Education and Research, and Justice

Population: 5 million
19 counties
426 municipalities
5 health regions

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Mandate

- The center's aim is to strengthen the knowledge and competence to prevent and treat serious behavioral problems among children and youth.

- The center shall engage in research, develop and implement interventions for children, families and schools. The interventions offered must be evidence-based, and experienced as relevant to individually needs.

- NUBU has a nationwide responsibility to support services for children and youth both at a state level and in the municipalities

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Funding

The center is financed through a joint commission from:

- The Norwegian Directorate for Children, Youth and Family Affairs (Bufdir)
- The Norwegian Directorate of Health (Hdir)
- The Norwegian Directorate for Education and Training (Udir)

- The Norwegian Directorate for Children, Youth and Family Affairs has from 2009 been in charge of coordinating the commission.
- In addition we have research projects funded by the Research Council of Norway.

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Organization of NUBU

The center is a subsidiary company of NORCE - Norwegian Research Centre AS since 2019.
From 2003-2019 the center was an affiliate of the University of Oslo

Board with 6 members
CEO

Department for Children

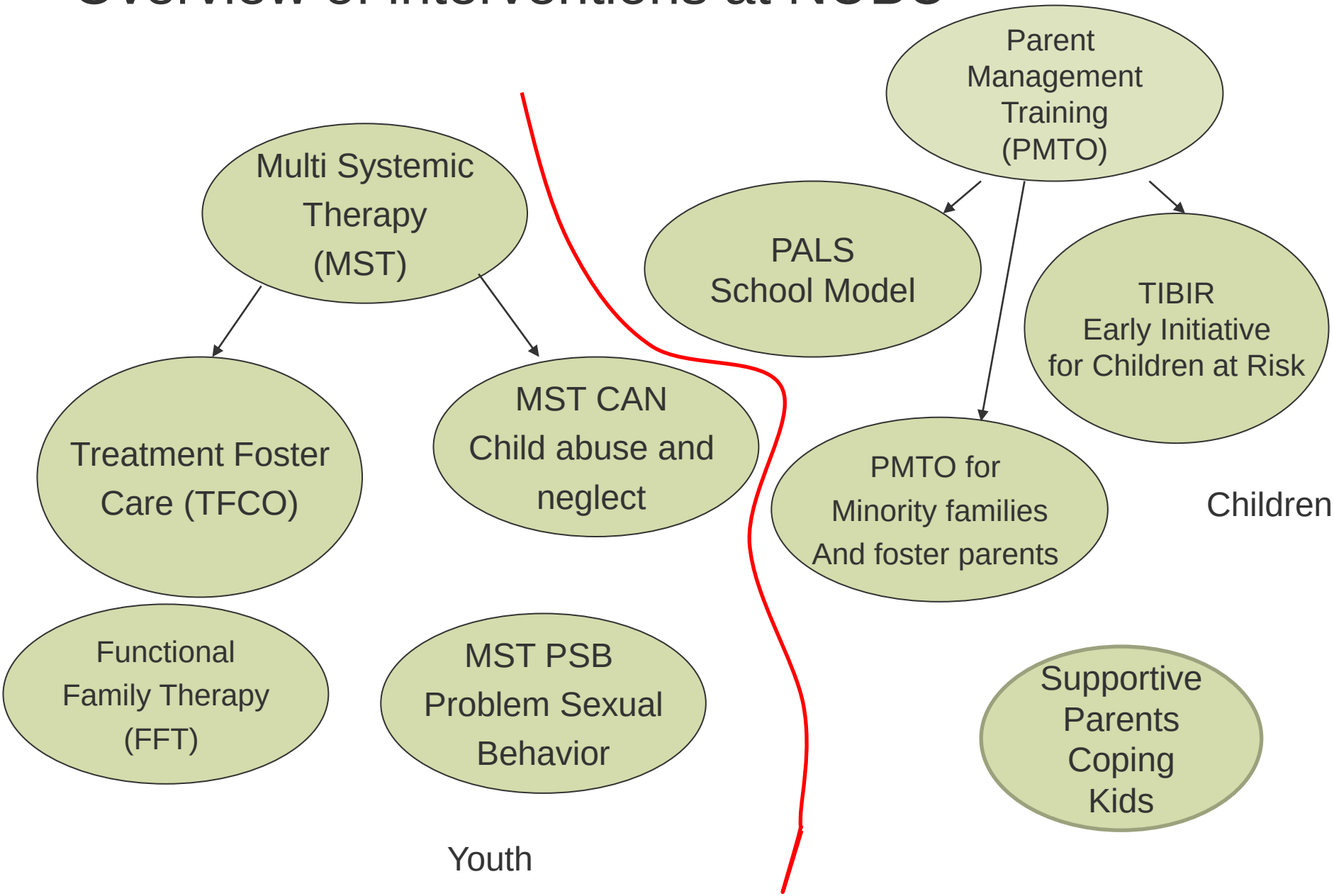
Department for Youth

Research Departement

Administration Department

Approximately 45 employees

Overview of interventions at NUBU



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The family and the local environment are key to sustainable changes in parent and child behavior

- All interventions that are developed and implemented are **family- and community-based** in order to:
  - Prevent and reduce problem behavior and placement out of home.
  - Promote prosocial behavior and a healthy psychological development
  - Encourage positive parent-child interaction

- All interventions are **theory- and evidence-based**, and are evaluated in controlled trials.

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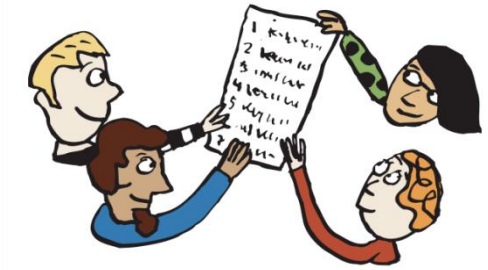
A nationwide implementation of evidence-based interventions

TREATMENT

To strengthen competence at state level specialist services in mental health and child welfare for children and youth with conduct problems



PREVENTION

To make the evidence-based knowledge and principles available in various settings and arenas in municipality-based services for children and youth

Directive Q-16/01 *from The Norwegian Ministry for Children and Family Affairs*

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Developing a Prevention Program based on applied principles from PMTO

PMTO Training of Therapists

Treatment Effectiveness of Parent Management Training in Norway: A Randomized Controlled Trial of Children With Conduct Problems

Terje Ogden and Kristine Amlund Hagen
University of Oslo

This study was a randomized control trial (RCT) of Parent Management Training—The Oregon Model (PMTO) in Norway. A sample representing all health regions of Norway and consisting of 112 children with conduct problems and their families participated in the study. Families were randomly assigned to either PMTO or a regular services comparison group. PMTO was delivered via existing children's services, and families were recruited using the agencies' regular referral procedures, making this the first effectiveness study of PMTO and the first RCT of PMTO conducted outside of the United States. Using a multiagent–multimethod approach, results showed that PMTO was effective in reducing parent-reported child externalizing problems, improving teacher-reported social competence, and enhancing parental discipline. Age level and gender modified the effects of PMTO treatment on other outcomes. In a path model, participation in PMTO was associated with improved parental discipline, and effective discipline predicted greater child compliance, fewer child-initiated negative chains, and lower levels of child externalizing problems. Findings are presented along with a discussion of the implications for practice and research and the challenges accompanying effectiveness trials.

Keywords: parent management training, conduct problems, randomized control trial, effectiveness study, observational methodology

Externalizing behavior in early childhood may for some children be transient and limited to a developmental period. But for many children, early signs of aggressive and disruptive behaviors are indicative of maladaptation and can set the stage for an unfavorable developmental trajectory. Studies have shown that among children who are characterized as antisocial in the preschool years, 50%–60% are still classified as such in adolescence (Kazdin, Siegel, & Bass 1992; Tremblay, Masse, Pagani, & Vitaro, 1996). The probability of antisocial development likely increases in cases of early onset, in cases with high levels of persistent aggression, and in children who are exposed to a great deal of contextual stress (Campbell, Spieker, Burchinal, Poe, & National Institute of Child Health & Human Development, 2006; Schaeffer, Petras, Ialongo, Poduska, & Kellam, 2003).

If left untreated, childhood externalizing behavior can result in later difficulties that may include school dropout, out-of-home placement, substance use, criminal involvement, and psychological disorders (Hinshaw & Lee, 2003; Schaeffer et al., 2003; Webster-Stratton & Reid, 2003). Developing and refining effective interventions to circumvent these negative prognoses have therefore ranked high on the research agenda in recent years. Programs targeting young children have received particular attention because research has indicated that interventions are typically more successful at reducing conduct problems in younger samples (Webster-Stratton & Hammond, 1997).

Reviews of evidence-based psychosocial intervention programs have documented that Parent Management Training, which delivers treatment directly to the parents, is one of the most promising approaches for children with conduct problems (e.g. Kazdin, 1997). In a review article by Brestan and Eyberg (1998), 82 studies of psychosocial treatments for children and youths with conduct problems were evaluated. The Oregon model of Parent Management Training was one of only two interventions identified as well established. The majority of studies reviewed in such evaluations, however, are efficacy trials conducted in controlled research contexts. Results from effectiveness trials, in which programs are implemented and tested in real-world settings, are quite limited (Ogden, Forgatch, Askeland, Patterson, & Bullock, 2005). There is also a scarcity of studies evaluating the transportability of interventions, that is, whether evidence-based programs can be disseminated and implemented successfully in new settings and with different participant groups.

The present study was a randomized controlled trial of Parent Management Training—The Oregon Model (PMTO) using a sample representing all health regions of Norway. The children were referred to children's services agencies for conduct problems. First, we examined the treatment effects of PMTO on key outcome measures. Second, we tested a path model in which PMTO treatment predicted improved parenting skills and parenting skills in turn predicted changes in child behavior.

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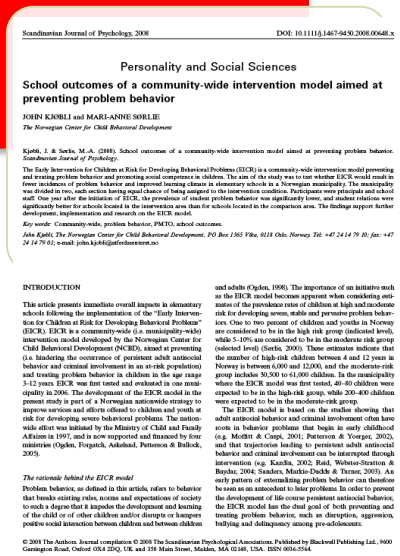
TIBIR program development



Scandinavian Journal of Psychology, 2008 DOI: 10.1111/j.1467-9450.2008.00648.x

Personality and Social Sciences

School outcomes of a community-wide intervention model aimed at preventing problem behavior

JOHN KJOBLI and MARI-ANNE SØRLIE
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Kjøbli, J. & Sørlie, M.-A. (2008). School outcomes of a community-wide intervention model aimed at preventing problem behavior. *Scandinavian Journal of Psychology*.

The Early Intervention for Children at Risk for Developing Behavioral Problems (EICR) is a community-wide intervention model preventing and treating problem behavior and promoting social competence in children. The aim of the study was to test whether EICR would result in fewer incidences of problem behavior and improved learning climate in elementary schools in a Norwegian municipality. The municipality was divided in two, each section having equal chance of being assigned to the intervention condition. Participants were principals and school staff. One year after the initiation of EICR, the prevalence of student problem behavior was significantly lower, and student relations were significantly better for schools located in the intervention area than for schools located in the comparison area. The findings support further development, implementation and research on the EICR model.

Key words: Community-wide, problem behavior, PMTO, school outcomes.

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INTRODUCTION

This article presents immediate overall impacts in elementary schools following the implementation of the "Early Intervention for Children at Risk for Developing Behavioral ProBlems" (EICR). EICR is a community-wide (i.e. municipality-wide) intervention model developed by the Norwegian Center for Child Behavioral Development (NCBD), aimed at preventing (i.e. hindering the occurrence of persistent adult antisocial behavior and criminal involvement in an at-risk population) and treating problem behavior in children in the age range 3-12 years. EICR was first tested and evaluated in one municipality in 2006. The development of the EICR model in the present study is part of a Norwegian nationwide strategy to improve services and efforts offered to children and youth at risk for developing severe behavioral problems. The nationwide effort was initiated by the Ministry of Child and Family Affaires in 1997, and is now supported and financed by four ministries (Ogden, Forgatch, Askeland, Patterson & Bullock, 2005).

The rationale behind the EICR model

Problem behavior, as defined in this article, refers to behavior that breaks existing rules, norms and expectations of society to such a degree that it impedes the development and learning of the child or of other children and/or disrupts or hampers positive social interaction between children and between children and adults (Ogden, 1998). The importance of an initiative such as the EICR model becomes apparent when considering estimates of the prevalence rates of children at high and moderate risk for developing severe, stable and pervasive problem behaviors. One to two percent of children and youths in Norway are considered to be in the high risk group (indicated level), while 5–10% are considered to be in the moderate risk group (selected level) (Sørlie, 2000). These estimates indicate that the number of high-risk children between 4 and 12 years in Norway is between 6,000 and 12,000, and the moderate-risk group includes 30,500 to 61,000 children. In the municipality where the EICR model was first tested, 40–80 children were expected to be in the high-risk group, while 200–400 children were expected to be in the moderate-risk group.

The EICR model is based on the studies showing that adult antisocial behavior and criminal involvement often have roots in behavior problems that begin in early childhood (e.g. Moffitt & Caspi, 2001; Patterson & Yoerger, 2002), and that trajectories leading to persistent adult antisocial behavior and criminal involvement can be interrupted through intervention (e.g. Kazdin, 2002; Reid, Webster-Stratton & Baydar, 2004; Sanders, Markie-Dadds & Turner, 2003). An early pattern of externalizing problem behavior can therefore be seen as an antecedent to later problems. In order to prevent the development of life-course persistent antisocial behavior, the EICR model has the dual goal of both preventing and treating problem behavior, such as disruption, aggression, bullying and delinquency among pre-adolescents.

TIBIR diffusion

- Evaluation of program modules

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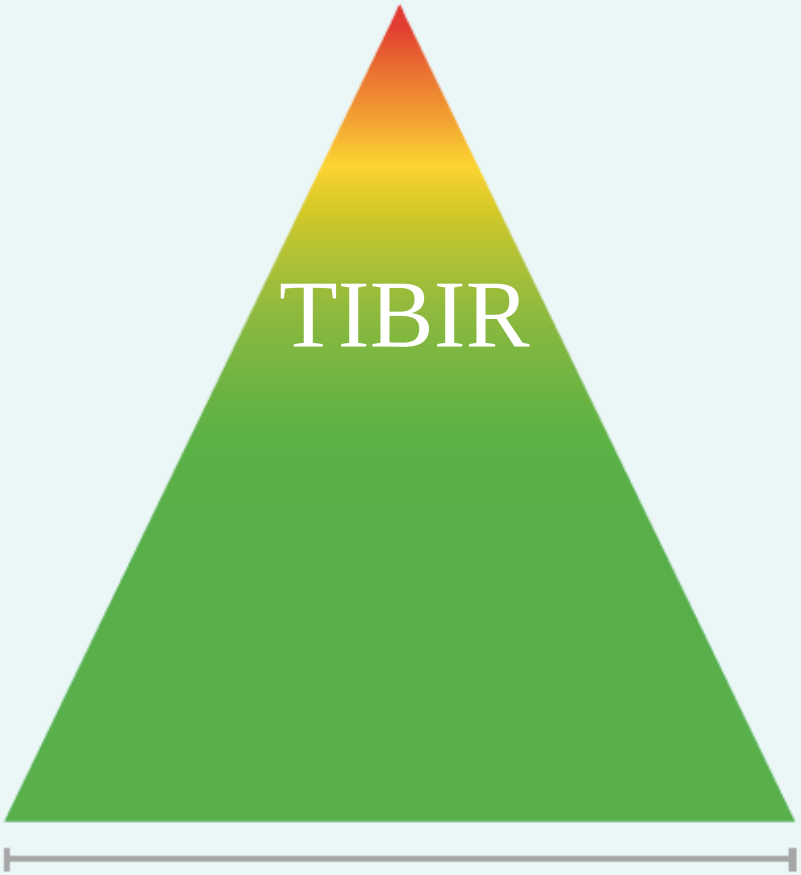
Target Group for PMTO and TIBIR:

Families with children from 3-12 years with behavioral problems



High risk

Moderate risk

Low or no risk

TIBIR is implemented within existing primary care services

PMTO, PMTO-GROUP or BPT
delivered by
Child Health Center or Child Welfare

CONSULTATION
delivered by
Educational-Psychological service

SOCIAL SKILLS TRAINING
delivered by
School / Kindergarten

Coordination of services

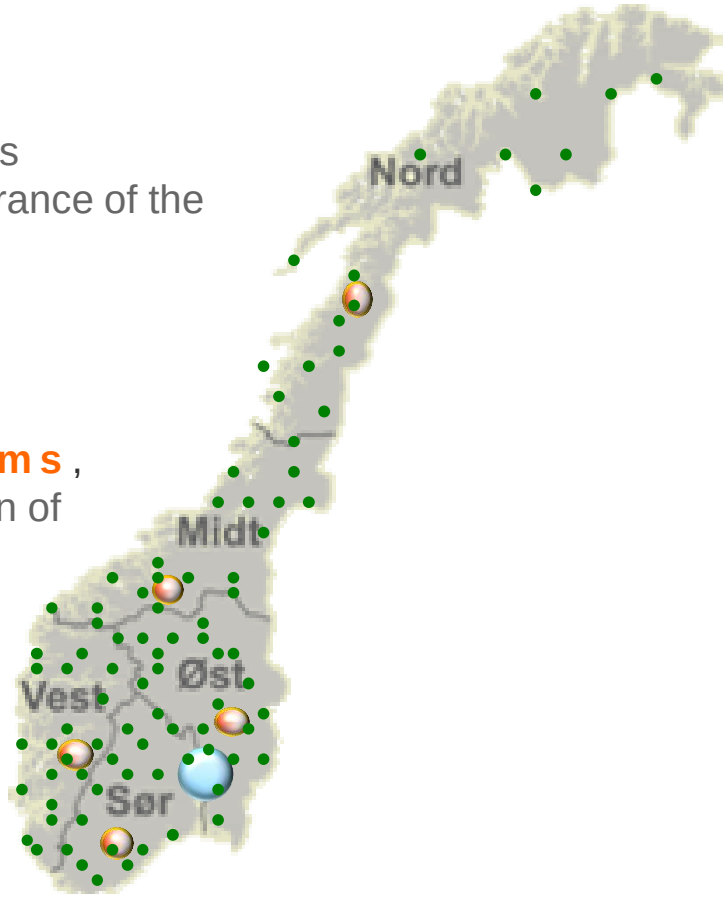
Implementation infrastructure

The scale-up of TIBIR has made it necessary to chose an implementation strategy which builds up the local capacity:

1 national implementation team (NIT), who is responsible for development, improvement and quality assurance of the programs and implementation tools.

NIT consists of **5 regional implementation teams**, who are responsible for regional diffusion and implementation of the programs, as well as supporting the local implementation teams.

106 local implementation teams are responsible for the practical implementation of TIBIR in their own municipality.



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Factors of success in the Norwegian PMTO-Implementation

- Recruiting ***clusters of three*** or more practitioners at each agency secured support and stability

- ***Developing a system for coaching/supervision***, both for sustaining fidelity and provide the practitioners with professional support to keep up enthusiasm and engagement

- Engaging the **most competent** therapists to hold ***varied implementation tasks*** (training, coaching, participating in research projects) with enhanced competence and motivation to continue working

- **Stable funding of a National Implementation Team**