

Disruptive Behavior Disorders

DSM-IV Diagnostic Code: 312.8 Conduct Disorder
313.81 Oppositional Defiant Disorder

Diagnostic Guidelines

1. Establish diagnostic accuracy as defined by DSM-IV.
2. R/O other possibilities including ADHD, mood disorders, and normal adolescent turmoil.
3. Consider co-morbid substance use/abuse or organicity, e.g., history of significant head trauma, lead toxicity. Assess whether further medical work-up is needed. Coordinate care with primary care physician.

Causes

1. There is no clear cause underpinning Oppositional Defiant Disorder or Conduct Disorder.
2. Contributing causes may include:
 - ◆ The child's inherent temperament
 - ◆ The family's response to the child's style
 - ◆ A genetic component that when coupled with certain environmental conditions (such as lack of supervision, poor quality daycare or family instability) increases the risk for ODD and/or Conduct Disorder.
 - ◆ Biochemical or neurological factors
 - ◆ The child's perception that he or she isn't getting enough of the parent's or caregiver's time and attention

Risk factors

1. A number of factors play a role in the development of Oppositional Defiant Disorder and Conduct Disorder.
2. Disruptive Behavior Disorders are complex problems involving a variety of influences, circumstances and genetic components. No single factor alone causes either ODD or Conduct Disorder. However, the more risk factors a child has for these disorders, the greater their risk. Possible risk factors include:
 - ◆ Having a parent with a mood or substance abuse disorder

- ◆ Being abused or neglected
- ◆ Harsh or inconsistent discipline
- ◆ Lack of supervision
- ◆ Poor relationship with one or both parents
- ◆ Family instability such as multiple moves, changing schools frequently
- ◆ Parents with a history of ADHD, oppositional defiant disorder or conduct problems
- ◆ Financial problems in the family
- ◆ Peer rejection
- ◆ Exposure to violence
- ◆ Frequent changes in daycare providers
- ◆ Frequent Changes in Housing and Home Environments
- ◆ Parents who have a troubled marriage or are divorced

Treatment Guidelines

1. Treatment should focus on targeted problem areas which may include:

- ◆ Impulsivity;
- ◆ Aggression;
- ◆ Explosiveness;
- ◆ Fighting;
- ◆ Relationships with peers, family, teachers;
- ◆ Antisocial behavior; and
- ◆ School performance

Resolving these issues becomes an endpoint for treatment

2. Medications may be considered for uncontrollable aggressive behavior or target symptoms suggesting medication responsiveness (e.g., consider Lithium for persistent mood swings and impulsiveness; major tranquilizers or Tegretol for decreasing impulsiveness, excitability and explosiveness).
3. Family therapy, emphasizing parenting skills, should be a major part of the treatment.

4. Consider group therapy, as adolescents tend to respond favorably to peer interaction. Groups may help in addressing issues such as communication and behavioral management.
5. Coordinate treatment with other social and natural supports (e.g., Ala-teen, athletics, church, probation, social services, family friends and relations). Get input from those who know the patient well (e.g., teachers, coaches, ministers/rabbis).
6. Psychotherapy should be solution- focused, directive and supportive, and it may include cognitive, behavioral, and interpersonal approaches.

Selected References

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