Disruptive, Impulse Control, & Conduct Disorder

Disruptive Behavior Disorders: Risk and Protective Factors

Risk Factors	Protective Factors
Community	
Neighborhood criminality	Positive role models
Overcrowding	
Family	
Family history of problem	Positive parental influence
Severe parental discord	Consistent consequences and well defined expectations from family
Parent's incarceration, or psychopathology	
Large family size	
Excessive sibling rivalry	
Inconsistent, harsh discipline	
Permissive/poor parental monitoring	
Early rejection by caregivers	
Neglect, abuse, or violence	
School	
Maladaptive peers	Meaningful activities
	Pro-social peers or activities
Individual	
Low investment in school	Good social skills
Economic hardship	Spirituality
High emotional reactivity/inability to regulate emotion	Attachment to caregivers or supportive adults
Difficulty being soothed	
High motor activity	
Early institutionalization	
Neurological damage caused by low birth weight or birth complications	
Fearlessness or stimulation seeking behavior	
Learning impairments	
Autonomic under arousal	
Insensitivity to physical pain or punishment	
Hostile attributions	

National Assembly on School Based Health Care
http://www.sbh4all.org/

Developmental Considerations

Development

- Tantrums
- Disruptive behaviors
- Individual concern vs. system

McKinney, C. & Morse, M. (2012). Assessment of disruptive behavior disorders: Tools and recommendations. *Professional Psychology: Research and Practice*, *43*(6), 641-649.

Gender

- Males more disruptive before puberty, levels off after
- Females show faster increase than males during adolescence
- Females have lower prevalence, but more severe
- Physical vs. relational

Cultural Considerations

- When compared to their more advantaged counterparts:
  - children in the most disadvantaged neighborhoods (those characterized by safety concerns, poor housing, garbage/litter in streets, and vandalism) had 1.9 times higher odds
  - children in poverty had 3.7 times higher odds
  - children of parents with less than high school education had 1.9 times higher odds of having behavioral problems

Singh, G.K. & Ghandour, R.M. (2012). Impact of Neighborhood Social Conditions and Household Socioeconomic Status on Behavioral Problems Among US Children. Maternal and Child Health, 16 (1), pp 158-169

Oppositional Defiant Disorder

Prevalence range is 1-11%, with the average of 3.3%.

Appears to occur more often in males 1.4:1 prior to adolescence.

Oppositional Defiant Disorder

Pattern of negative, defiant, disobedient, hostile behavior toward authority figures for at least 6 months.

Key Criteria

- At least four symptoms of angry/irritable mood, argumentative/defiant behaviors, and/or vindictiveness over 6 months.
- Daily for those under the age of 5 and weekly for those 5 and up.
- Distress in self or others.
- Specifiers: mild (one setting), moderate (two settings),
- and severe (in three or more settings).

Conduct Disorder

Prevalence: one year population rates range from 2-10%, with a median of 4%.

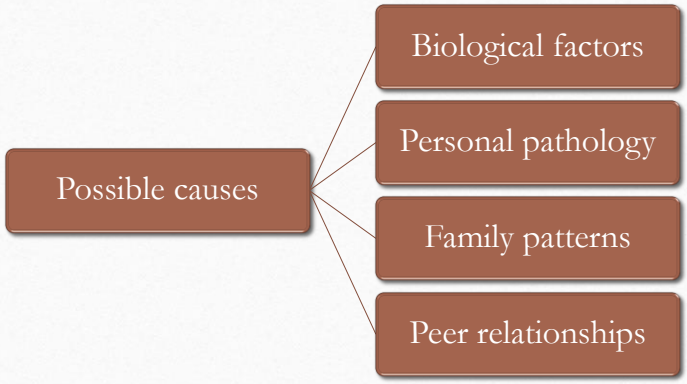
Conduct Disorder

Ongoing violation of rules without regard for other's rights.

Key Criteria

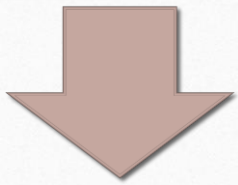
- Three of 15 behaviors under aggression, destruction, lying & theft, and rule violation.
- Symptoms occurring within 1 year, with 1+ symptoms in the past 6 months.
- Onset codes: Childhood onset type (at least one problem with conduct before 10), Adolescent onset type (no problems before age 10), and Unspecified onset (insufficient information).
- Severity: Mild (sufficient, but not a lot of symptoms, harm to others minimal), Moderate (symptoms and harm intermediate), Severe (many symptoms and much harm)
- Specify: With limited prosocial emotions

Oppositional Defiant Disorder and Conduct Disorder



Oppositional Defiant Disorder and Conduct Disorder

Effective treatments = cohesive family model and behavioral techniques



Ineffective treatment = Punitive treatments

Treatment

- No single treatment emerges as the "best."
- Parent training as the first line approach for young children
  - The Incredible Years
  - Early Risers
  - Parent–Child Interaction Therapy
    - http://www.pcit.org/- manual

Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-Based Psychosocial Treatments for Children and Adolescents With Disruptive Behavior. *Journal Of Clinical Child & Adolescent Psychology*, *37*(1), 215-237. doi:10.1080/15374410701820117

Treatment

- Older children – multicomponent treatments - MST and MTFC
  - Parent and child training components
  - Multisystemic Therapy (MST)
  - Multidimensional Treatment Foster Care (MTFC)

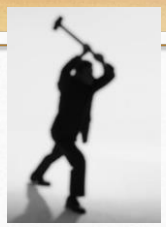
Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-Based Psychosocial Treatments for Children and Adolescents With Disruptive Behavior. *Journal Of Clinical Child & Adolescent Psychology*, *37*(1), 215-237. doi:10.1080/15374410701820117

Intermittent Explosive Disorder

7% of Americans lifetime

Key Criteria

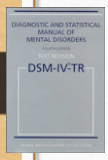
- Recurrent behavioral outbursts manifested by either:
  - Verbal aggression: 2x's weekly for three months
  - Three behavioral outburst involving damage or destruction and/or physical assault to animals or others occurring within 12 months
- Aggression expressed greatly out of proportion to the event
- Outbursts are impulsive and not committed to gain something tangible.
- Distress or impairment
- Must be at least 6 (or equivalent developmental age)

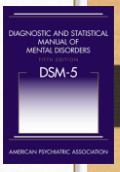


Cultural Considerations

- Lower prevalence rates in other areas (Asia, Middle East) or countries (Romania, Nigeria) lend evidence that recurrent, problematic, impulsive aggressive behaviors are present due to cultural factors.

Changes From DSM-IV-TR to DSM 5





- These disorders were listed under "Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence" in the DSM 4, now they are under their own category.
- Oppositional Defiant Disorder – Three subtypes, exclusion for conduct disorder has been removed, frequency and severity indicator have been added
- Conduct Disorder - New specifier: With limited prosocial emotions
- Intermittent Explosive Disorder – Verbal aggression and non-destructive/ non-injurious physical aggression now meet the criteria, frequency of outbursts added, and age of 6 requirement
- Antisocial Personality Disorder has a dual listing here and in personality disorders

Pyromania & Kleptomania

- Pyromania: Deliberately set multiple fires. They are not motivated by profit or revenge. Motivated instead by an interest in fire and things related to it. Feel tense or excited beforehand and release or pleasure afterwards.
- Kleptomania: Stealing occurs not as the result of need or even desire. They experience mounting tension, which yields to a sense of release when the theft takes place.