

# Disruptive Behavioral Disorders— Symptoms and Treatment

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**Disruptive behaviour disorders are impaired patterns of behaviour, occurring in children and adolescents. The two types are conduct disorder and oppositional defiant disorder. In this article, epidemiology, etiology, sign and symptoms, diagnosis, and treatment of disruptive behaviour disorders will be discussed.**



## Definition of Disruptive Behavioral Disorders

**Disruptive behavior disorders (DBD) are characterized by impaired patterns of behavior and problematic interactions,** which impair social functioning and can negatively affect the child's development. The impaired patterns of behavior include uncooperative, defiant, and hostile behaviors towards authority figures.

## Classification of ODD

**DSM-IV classifies disruptive disorders into 2 types :**

1. Oppositional defiant disorder (ODD)
2. Conduct disorder (CD)

# Oppositional Defiant Disorder (ODD)

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), defines oppositional defiant disorder (ODD), as a **continuous pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness** which is present for at least 6 months.

It is a **very common mental health condition** diagnosed in childhood.

**High yield:** ODD patients do not show aggressive or violent behavior and they do not impinge on other people's rights.

## Epidemiology of ODD

Behavioral disruptive disorders are more often seen in males than in females (3:1). They are predominantly diseases of children and adolescents.

ODD is prevalent in children and adolescents between 1–11%. In younger children, **before puberty, ODD is more common in boys than girls**. But in school-aged children and adolescents, the condition is equally common among boys and girls. It is commonly seen (50 %) in children affected with attention deficit hyperactivity disorder (ADHD).

## Risk Factors and Etiology of ODD

There are no exact causes of ODD, but **a combination of biological, psychological, and social risk factors are responsible for the development** of the disorder.

**Biological Factors:** ODD is more common in children and adolescents if a parent has a history of disruptive behavior disorder, mood disorder, drinking or substance abuse.

**Other factors responsible are:**

- Any impairment in the part of the brain which hampers reasoning, judgment, and impulse control.
- Factors such as smoking during pregnancy, exposure to toxins and malnutrition during pregnancy have been associated with the development.

**Psychological Factors/ environmental factors:** these include a poor relationship with the patient's parents, absent or neglectful parenting and difficulty in making social relationships.

**Social Factors:** these include poverty, abuse, chaotic environment, uninvolved parents, varying discipline and some family issues such as divorce or frequent moves.

**Physical factors:** children born of low birth weight or suffered neurological injury are thought to be at a greater risk of developing these disorders.

## Symptoms of ODD

The disorder consists of recurrent patterns of:

- Extreme negativity
- Hostility
- Defiance behavior

These **symptoms are constant and last for at least 6 months**. Most of the behavior is usually directed toward an authority figure such as teachers, principals, coaches, and parents. However, ODD is less severe than conduct disorder.

**Symptoms associated with ODD include:**

- Many temper tantrums
- Angry and annoyed easily
- Too many arguments with adults
- Non-compliant to rules
- Annoys and upsets others
- Blames others
- Anger outbursts
- Resentful and revenge-seeking behavior

## Diagnosis and DSM-5 Criteria of ODD

The ODD disorder is diagnosed **if at least four symptoms from the following categories are present for  $\geq$  6 months:**

### **Angry/Irritable Mood**

- Repeatedly loses temper
- Frequently touchy/ easily annoyed
- Gets angry and offended

### **Argumentative/Defiant Behavior**

- Regularly argues with authority figures such as teachers, principals, coaches, and parents.
- Non-compliance to rules
- Purposefully annoys others.
- Blames others.

### **Vindictiveness**

The spiteful attitude at least twice within the past 6 months

### **Tools like the national initiative for children's healthcare quality (NICHQ)**

**Vanderbilt can evaluate children** with suspected or diagnosed ADHD. It has questions that help in the identification of oppositional defiant disorder.

Other tools such as Swanson, Nolan, and Pelham Teacher and Parent Rating Scale, Teacher and Parent Rating Scale for children with ADHD **helps to detect oppositional defiant disorder** as well as other psychological concerns.

The pediatric symptom checklist tool is not specific for the oppositional defiant disorder, however, it can screen cognitive, emotional, or behavioral problems, and **can identify children who require additional investigation.**

## Differential Diagnosis of ODD

**Conduct disorder:** Compared to conduct disorder, the **behavior of oppositional defiant disorder is less severe** in nature and does not involve aggressive behavior towards people/animals or destruction of property, or theft, etc.

**Attention deficit hyperactivity disorder (ADHD):** ADHD is a comorbid condition that occurs in patients with oppositional defiant disorder.

**Depressive and bipolar disorders:** Such disorders involve negative affect and irritability.

**Disruptive mood deregulation disorder:** Chronic negative mood and temperamental outbursts, can occur both in oppositional defiant disorder and disruptive mood dysregulation disorder. But such symptoms are more severe with disruptive mood dysregulation disorder.

**Intermittent explosive disorder:** This disorder involves a lot of anger. But in this disorder, there is serious aggression toward others and this is not part of oppositional defiant disorder.

## Treatment of ODD

If another comorbid condition like ADHD is present in children with oppositional defiant disorder (ODD) **guanfacine or stimulants can be helpful in altering the behavior of a child.** Apart from this, parents and other family members should be trained to change the behavior of their children.

Attention should be focused on avoiding harsh punishments and positively interact with the child. Such training can help parents to change the behavior of their children. This is helpful in children of all ages who have this disorder. However, most important is to note that **early intervention in the child's initial stage of this disorder is most helpful.**

## Conduct Disorder (CD)

Which is also known as delinquency is a more serious disruptive disorder that entails a higher amount of cruelty as children and adolescents with the disease show aggression towards others and willfully destroy property, steal, or may lie.

It is thought that the disruptive disorders occur as a spectrum with the CD being the most severe form of the disorders.

## Epidemiology of CD

In the United States, prevalence rates range from 2-9 %. Conduct disorder is seen in 5 out of every 100 adolescents. There is a **high degree of overlap with other disorders, CD, ODD, and ADHD.**

Conduct disorder involves aggression in which social norms are often violated. The **incidence increases as the child progresses to adolescence stage.** It is important to note that 40 % of children diagnosed with conduct disorder will have antisocial personality disorder in adulthood. CD is more common in younger boys ranging from 6-9% of the school children in the United States.

## Risk and Prognostic Factors of CD

**Temperamental:** it includes difficult, uncontrolled infant temperament and lower-than-average intelligence, and especially verbal IQ.

**Environmental:** family-level risk factors such as parental rejection and neglect, unpredictable child-rearing practices, very strict discipline, physical/sexual abuse, no supervision, early institutional living, large family size, and parental criminality.

**Community-level risk factors:** friends rejection, association with a wrong group, and neighborhood, and exposure to violence.

**Genetic and physiological:** the risk is high in children with a biological or adoptive parent or a sibling with conduct disorder. It is more commonly seen in children of biological parents with:

- Severe alcohol use disorder
- Depressive and bipolar disorders
- Schizophrenia
- Parents who have a history of ADHD or conduct disorder

Family history is responsible for the childhood-onset subtype of conduct disorder.

## Symptoms of CD

Conduct disorder **children are generally impulsive**. They are hard to control, and not concerned about the feelings of other people.

### Symptoms include:

- Do not follow rules.
- Aggressive behavior toward people or animals
- Absence from school
- Heavy drinking
- Heavy drug use
- Destruction of property intentionally
- Lying to get a favor
- Running away from home
- Physical fights

Such children make no effort to hide their aggressive behaviors. They cannot make real friends.

## Diagnosis of CD

There is a recurrent behavior in which patients do not comply with the basic rights of others. To confirm a diagnosis, **at least 3 behaviors should be present with one year** and at least one should have occurred within the past 6 months.

**Violent behavior:** bullies or threatens others, begins a physical fight, carries a weapon, physically cruel to people and animals, commits robbery, forces someone into sexual activity.

**Destruction behavior:** purposefully destroys property.

**Theft and lying:** lies to others to get a favor, steals or enters someone else's home.

### Serious breaking of rules:

- Stays out at night time despite parent's restrictions.
- Occurrence of running away from home for at least twice a month and absence

from school

These symptoms occur before age 13.

## Treatment of CD

Conduct disorder can be **treated by a multimodal approach which includes family therapy, behavioral modification, and pharmacotherapy**. Family therapy is aimed at increasing communication skills and family interaction. A positive attitude and spending more time with children can help alter the patient's behavior. Behavioral approach includes anger management and social improvement skills.

There is **no medication for conduct disorders**. Pharmacotherapy is directed at specific symptoms. Symptom-control medications that are generally used are:

- Selective serotonin reuptake inhibitor (SSRIs)
- Mood stabilizers
- Antipsychotics

## References

Loeber R, Burke JD, Lahey BB, Winters A, Zera M (2000), Oppositional defiant and conduct disorder: a review of the past 10 years, part I. J Am Acad Child Adolesc Psychiatry 39:1468-1484.

Oppositional Defiant Disorder and Conduct Disorder. Thomas Christopher R.

Dulcan's Textbook of Child and Adolescent Psychiatry, Second Edition. September 2016

American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5 (5th ed.)(2013). PP 462-466.

Connor DF (2002), Aggression and Antisocial Behavior in Children and Adolescents: Research and Treatment. New York: The Guilford Press.

Burke JD, Loeber R, Birmaher B (2002), Oppositional defiant and conduct disorder: a review of the past 10 years, part II. J Am Acad Child Adolesc Psychiatry 41:1275-1293.

Skovgaard AM, Houmann T, Landorph SL, Christiansen E (2004), Assessment and classification of psychopathology in epidemiological research of children 0-3 years of age: a review of the literature. Eur Child Adolesc Psychiatry 13:337-346.

National Initiative for Children's Healthcare Quality. Caring for children with ADHD: a resource toolkit for clinicians.

<http://www.nichq.org/NICHQ/Topics/ChronicConditions/ADHD/Tools/ADHD.htm>.

Swanson JM. The SNAP-IV teacher and parent rating scale.

<http://www.adhdcanada.com/pdfs/SNAP-IVTeacherParentRatingScale.pdf>.

Ganti, Latha; Kaufman, Matthew; and Blitzstein, Sean. First Aid for the Psychiatry Clerkship, Fourth Edition. New York: McGraw-Hill Education, 2016.

Jacob S (2006). Diagnosis and Treatment of Conduct Disorder. American Medical Association Journal of Ethics. 8(10): 672-675.

Hamilton SS, Armando J (2008). Oppositional defiant disorder. Am Fam Physician.,78(7), 861-6.

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