# Disruptive Behavior in Young Children

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### Objectives



#### What are Disruptive Behavior Disorders



How to do we diagnose



What conditions commonly co-exist



What are the evidence-based treatment options

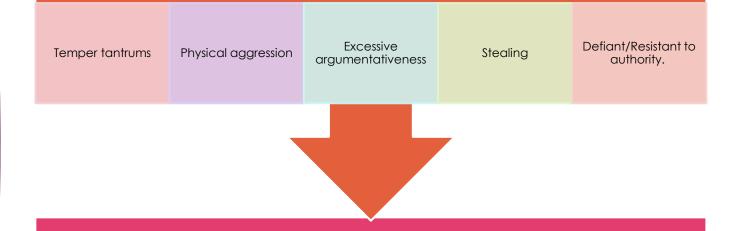


### Disruptive Behavior Disorders

DBDs are called "disruptive" because affected children literally disrupt the people and activities around them (including at home, at school and with peers).

# What do they look like in young children?

# Externalizing behaviors that might include:



Can be typical behaviors taken to a more extreme level that impairs functioning, often across settings

### DSM-V

Fall under Disruptive, Impulse-Control and Conduct Disorders Includes:

- Oppositional Defiant Disorder
- Conduct Disorder
- Intermittent Explosive Disorder
- Pyromania
- Kleptomania
- Other Specified Disruptive, Impulse-Control and Conduct Disorder
- Unspecified Disruptive, Impulse-Control and Conduct Disorder

# Oppositional Defiant Disorder

#### Minimum of 4 of 8 criteria for at least 6 months from three categories

- Angry/irritable mood
  - Loses temper, angry or resentful, touchy or easily annoyed
- Argumentative/defiant behavior
  - Argues with authority figures or adults, actively defies or refuses to comply with adult's requests or rules, deliberately annoys others, blames others for his/her mistakes
- Vindictiveness
  - Has been spiteful or vindictive at least twice in the past 6 months
- Classified as Mild, Moderate or Severe (based on number of settings)

#### Conduct Disorder

- Repetitive and persistent pattern of behavior that violates the basic rights of others or violates major age-appropriate societal rules or norms
- In a 12 month period, 3 out of 15 criteria must be present from any of the following four categories, with at least one criterion present in the last six months.
- Categories include: aggression towards people or animals; destruction of property; deceitfulness or theft; or serious violation of rules.
- Must cause clinically significant impairment in social, academic or occupational functioning.
- Classifications: mild, moderate or severe and childhood onset, adolescent onset and unspecified onset subgroups

Common Co-existing or Mimicking Conditions

#### ADHD

Depression

Anxiety

Cognitive/Learning disability

Substance Use

Autism

#### Diagnosis

- Diagnose Other/Primary Disorder (ADHD, anxiety, depression, learning problems, speech delays, autism)
- For Disruptive behaviors:
  - Clinical interview and exam (biological, individual, family, social/school risk factors)
  - Rating scales (Vanderbilt, Child Behavior Checklist, Overt Aggression Scale - modified, Youth Self Report)
- Sometimes may not have a clear diagnosis in a young child and instead focus on impairing symptoms.

## Psychosocial Treatments for Disruptive Behavior Disorders in Children

- Review of psychosocial treatments for children ages 12 and younger
- 64 eligible studies
- 6 broad categories of treatment approaches
  - Parent Behavior Therapy: group or individually (with or without child)
    - teach parents to be more effective behavioral reinforcer. Dual focus: strengthen parent/child relationship, provide parent with more effective behavior strategies
  - Child Behavior Therapy
    - cognitive behavioral techniques of helping the child identify and understand their emotions and behavioral triggers, evaluate ambiguous or threatening social situations, and select appropriate behavioral responses.

Jennifer W. Kaminski & Angelika H. Claussen (2017) Evidence Base Update for Psychosocial Treatments for Disruptive Behaviors in Children, Journal of Clinical Child & Adolescent Psychology, 46:4, 477-499,

# Psychosocial Treatments for Disruptive Behavior Disorders in Children

#### 6 Broad categories

- Teacher Training
  - classroom/group behavior management strategies and (similar to parent behavior therapy) making the teacher a more effective reinforcer of children's behavior.
- Parent-focused therapy
  - ▶ treatments that focused primarily on parents' emotions, attitudes, or boundaries
- Child-centered play therapy
  - provide the child a "safe" space through which to explore and work through negative emotions.
- Family problem-solving training

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### Psychosocial Treatments



- Parent Management Training
  - Parent Management Training Oregon Model
  - Incredible Years
  - Parent-child Interaction Therapy
  - Positive Parenting Program
- Multisystemic Therapy
  - Integrative, Family Based Treatment for serious delinquent behaviors that is prolonged that aims to improve psychosocial functioning
- Individual Therapy (Cognitive Behavioral Therapy)
  - Emphasizes problem-solving skills and anger control/coping strategies

#### Medication

- Not strong evidence for the use of medication in disruptive behavior disorders
- Good evidence for the use of medication in co-existing disorders treat these with medication first and disruptive behaviors may improve
  - Stimulants for ADHD (and/or alpha agonists/SNRIs)
  - SSRIs for anxiety/depression
- Consider atypical antipsychotic medications

## Disruptive behavior and Atypical Antipsychotic medication

- Included 10 trials (spanning 2000 to 2014), involving a total of 896 children and youths aged five to 18 years
- Primarily outpatient setting.
- ▶ Eight trials assessed risperidone, one assessed quetiapine and one assessed ziprasidone.
- Nine trials assessed acute efficacy (over four to 10 weeks); one of which combined treatment with stimulant medication and parent training. One trial was a six-month maintenance trial assessing symptom recurrence.
- 3 trials looked at Aberrant Behavior Checklist (ABC) Irritability subscale, Other scales used: Overt Aggression Scale – Modified (OAS-M) Scale and the Antisocial Behavior Scale (ABS)
- Conclusions: There is some evidence that in the short term risperidone may reduce aggression and conduct problems in children and youths with disruptive behavior disorders

Jik H Loy1, Sally N Merry2, Sarah E Hetrick3, Karolina Stasiak2. Atypical antipsychotics for disruptive behaviour disorders in children and youths. Cochrane Database of Systematic Reviews 2017, Issue 8. Art. No.: CD008559.



# Questions