

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:

Temper tantrums

Physical aggression

Excessive argumentativeness

Stealing

Defiant/Resistant to authority.

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.

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

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