

EVIDENCE-BASED
PRACTICES

KIT

Knowledge Informing Transformation

Guide to EBPs

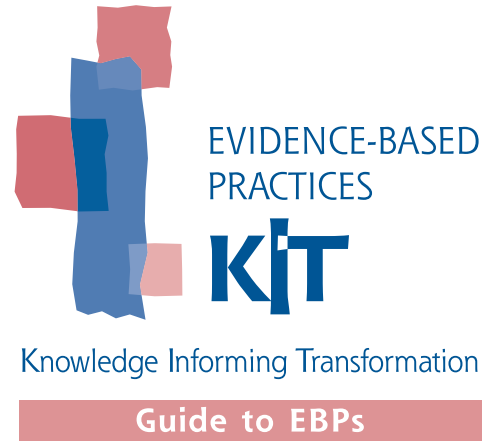
Characteristics and Needs

of Children with Disruptive
Behavior Disorders and
Their Families

Interventions for Disruptive Behavior Disorders



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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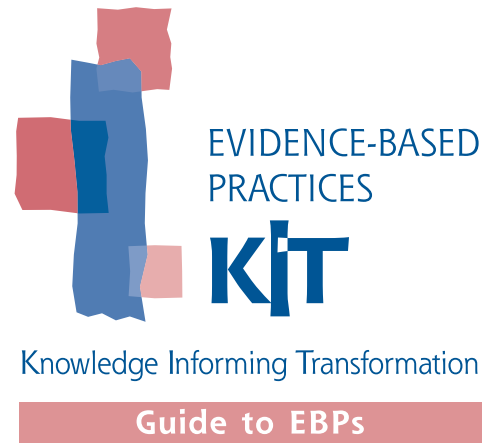
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Characteristics and Needs of Children with Disruptive Behavior Disorders and Their Families

This booklet addresses the first step in selecting evidence-based practices: understanding the population of interest. It identifies risk factors, protective factors, behavioral manifestations across three developmental stages, diagnostic criteria, co-occurring conditions, and the course of these disorders.

Interventions for Disruptive Behavior Disorders

For additional references on interventions for disruptive behavior disorders, see the booklet, *Evidence-Based and Promising Practices*.

This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of the Interventions for Disruptive Behavior Disorders KIT, which includes six booklets:

How to Use the Evidence-Based Practices KITs

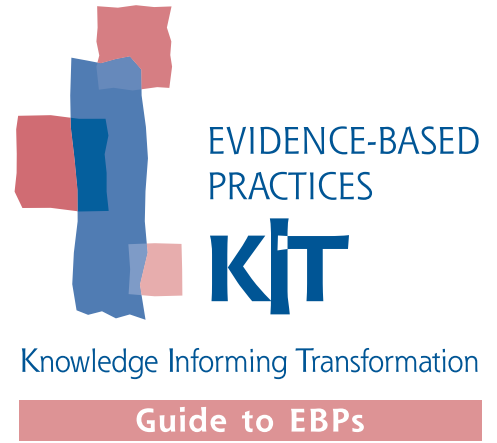
Characteristics and Needs of Children with Disruptive Behavior Disorders and their Families

Selecting Evidence-Based Practices for Children with Disruptive Behavior Disorders to Address Unmet Needs: Factors to Consider in Decisionmaking

Implementation Considerations

Evidence-Based and Promising Practices

Medication Management



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Interventions for Disruptive Behavior Disorders

Characteristics and Needs

Introduction

This KIT focuses on evidence-based interventions for children and adolescents with disruptive behavior disorders, specifically, Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). These diagnostic categories basically mean that a child's or adolescent's behavior is causing trouble at home, at school, or in the community. Such behavior may first appear in any of three developmental stages: early childhood, school age, or adolescence.

These behavioral problems have historically been considered difficult to treat effectively, and many professionals have been pessimistic about the

effectiveness of usual care—normally, individual therapy. Previously, access to interventions with an evidence base was limited, but such interventions are now becoming more widely available.

The opportunity to intervene early is now feasible with new treatments that have been developed and tested for all three developmental stages.

Characteristics and Needs of Children with Disruptive Behavior Disorders and Their Families identifies risk factors, protective factors, behavioral manifestations across three developmental stages, diagnostic criteria, co-occurring conditions, and the course of these disorders.



Risk Factors

Considerable research has identified family, neighborhood, school, and societal factors that may place a youth at risk for long-term negative outcomes. Although these factors do not fully explain why disruptive behavior emerges in a child, they may point to areas for intervention (Walker and Sprague, 1999). See Table 1.

Table 1: Risk Factors

- Poverty
- Abuse and neglect
- Harsh and inconsistent parenting
- Drug and alcohol use by caregivers
- Emotional and physical or sexual abuse
- Modeling of aggression
- Media violence
- Negative attitude toward school
- Family transitions (death or divorce)
- Parent criminality

Protective Factors

A report from the Surgeon General (2001) outlined protective factors that may buffer or lower the risks of antisocial behavior or general delinquency. See Table 2.

Table 2: Protective Factors

Individual domain

- High IQ
- Being born female
- A positive social orientation

Family domain

- A warm supportive relationship with parents or older adults
- Parental monitoring or supervision activities

School domain

- Extracurricular activities
- Encouragement from teachers toward their future

Peer domain

- Having friends who behave conventionally
- Associating with peers who disapprove of violence

Behavioral Manifestations of Risk Factors by Developmental Stage

Risk factors may result in behavioral difficulties, which increase in severity as a child ages. See Table 3.

Table 3: Behavioral Manifestations of Risk Factors by Developmental Stage

Early on, such behaviors include the following (Walker and Sprague, 1999):

- Defiance of adults
- Lack of school readiness
- Coercive interactive styles (for example, threatening, manipulation)
- Aggression toward peers
- Lack of problem-solving skills

Behavior that is more problematic is observed in elementary and early secondary school age youth (Walker and Sprague, 1999):

- Truancy
- Peer and teacher rejection
- Low academic achievement
- High number of school discipline referrals
- Large number of different schools attended
- Early involvement with drugs and alcohol
- Early age of first arrest (under 12 years)

By adolescence and early adulthood, long-term and severe consequences include the following (Walker and Sprague, 1999):

- School failure and dropout
- Delinquency
- Drug and alcohol use
- Gang membership
- Violent acts
- Adult criminality
- Lifelong dependence on welfare system
- Higher death and injury rate

Diagnostic Criteria

Children who show the types of behavior identified on this page and who are brought into the mental health system are likely to be evaluated and identified as meeting criteria for a diagnosis

of Oppositional Defiant Disorder or, less frequently, the more severe disorder of Conduct Disorder. These disorders are found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (2000). See Table 4.

Table 4: DSM Diagnostic Criteria for Oppositional Defiant Disorder and Conduct Disorder

313.81 Oppositional Defiant Disorder

A. A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:

1. Often loses temper
2. Often argues with adults
3. Often actively defies or refuses to comply with adults' requests or rules
4. Often deliberately annoys people
5. Often blames others for his or her mistakes or misbehaviors
6. Is often touchy or easily annoyed by others
7. Is often angry and resentful
8. Is often spiteful or vindictive

Note: Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

- B. The disturbance in behavior causes significant clinical impairment in social, academic, or occupational functioning.
- C. The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.
- D. Criteria are not met for Conduct Disorder.

312.8 Conduct Disorder

A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months.

Aggression to people and animals

1. Often bullies, threatens, or intimidates others
2. Often initiates physical fights
3. Has used a weapon that can cause serious physical harm to others (for example, a bat, brick, broken bottle, knife, gun)
4. Has been physically cruel to people
5. Has been physically cruel to animals
6. Has stolen while confronting a victim (for example, mugging, purse snatching, extortion, armed robbery)
7. Has forced someone into sexual activity

Destruction of property

1. Has deliberately engaged in fire setting with the intention of causing serious damage
2. Has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft

1. Has broken into someone else's house, building, or car
2. Often lies to obtain goods or favors or avoid obligations (that is, "cons" others)
3. Has stolen items of nontrivial value without confronting a victim (for example, shoplifting, but without breaking and entering; forgery)

Serious violations of rules

1. Often stays out at night despite parental prohibitions, beginning before age 13 years
2. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
3. Often truant from school, beginning before age 13 years
4. Disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning

From *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.) (pp. 102-103 and 98-99). Arlington, VA: American Psychiatric Publishing. Copyright 2000 by the American Psychiatric Association.



Prevalence of Condition

Both ODD and CD occur fairly frequently among children and represent a large proportion of the youth seeking mental health services. It is estimated that ODD occurs in 2 percent to 16 percent of youth, depending on the population being examined and the method of diagnosis (for example, measured in research as opposed to existing clinical diagnosis).

For conduct disorder, which is more common in younger boys, the rates range from 6 percent to 9 percent.

Co-Occurring Conditions

Youth with either ODD or CD may also experience other emotional or behavioral conditions. Most common are the following:

- Attention-deficit/hyperactivity and trauma symptoms in younger children;
- Anxiety and depressive disorders in children of school age; and
- Substance abuse among children in early adolescence.

A comprehensive assessment is indicated for youth presenting serious behavioral problems and, as is appropriate, clinical treatments for conditions that co-occur with ODD and CD.

Course of Condition

Both ODD and CD are likely to become evident at a young age, before a child is 8 years old for ODD and as early as 5 to 6 years old for CD.

Early onset of CD is likely to result in more serious long-term consequences than onset in adolescence which is rare (after 16 years of age). Early intervention is indicated for both conditions to prevent the emergence of more severe behavior and a greater impact on social functioning and school achievement.

Characteristics and Needs

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