

DISRUPTIVE BEHAVIOR DISORDERS: OPPOSITIONAL DEFIANT DISORDER (ODD) AND CONDUCT DISORDER (CD) FACT SHEET

- Oppositional Defiant Disorder (ODD) involves hostile, inflexible behavior.
- Conduct Disorder (CD) involves intentional, physically aggressive and cruel behavior.
- A disruptive behavior disorder is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with the child’s day-to-day functioning.
- A disruptive behavior disorder seriously affects all areas of a child’s life – home, work, school, and social life.

Clinical Symptoms

SYMPTOM	WHAT DOES A PARENT/CAREGIVER SEE?
Anger/hostility	<ul style="list-style-type: none"> • Negative • Hostile • Defiant • Excessive arguing with adults • Will not comply with adult requests and rules • Intense rigidity • Easily upset or annoyed
Uncooperative/defiant	<ul style="list-style-type: none"> • Deliberate attempts to annoy or upset people • Bullying • Blaming others for his or her mistakes or misbehavior • Lack of remorse • Aggressive and cruel with people and animals • Destructive • Seeks revenge when things go badly • Lying, stealing or conniving

SYMPTOM	WHAT DOES A PARENT/CAREGIVER SEE?
Interpersonal difficulties	<ul style="list-style-type: none"> • Frightens and alienates family and classmates • Antisocial • Reckless • Sociopathic behaviors causing serious harm to others • Physically attacks others • Intimidation • Loners who feel they have nothing to lose by acting worse

Evidence-Based Practices

Evidence-based practices are treatments that have been shown through clinical research to produce positive outcomes for children and their families.

Treatment Approaches

The following are the best-supported treatment approaches for treating disruptive behavior in children and adolescents:

- Parent Management Training
- Multisystemic Therapy
- Anger Management Training
- Social Skills Training
- Cognitive Behavior Therapy
- Contingency Management
- Assertiveness Training
- Therapeutic Foster Care

Treatment Practices

The following are the best-supported treatment practices for treating disruptive behavior in children and adolescents:

- Praise: This strategy teaches parents how to effectively use words to reward behaviors. Many times caregivers forget to let their children know when they are on track. Remembering to praise children when they behave well can improve their behavior. Praising them for their specific actions (rather than things they can't control) can build their self-esteem.
- Tangible Rewards: Tangible means using actual objects or activities as rewards for children when they behave as requested. This can include gum, stickers, computer time, or small toys. (Intangible rewards are not objects and include things like praising or hugging the child.) Tangible rewards can be helpful in promoting desired behaviors, particularly those that are more challenging for a child to perform.

Tangible rewards are often used at the same time as praise so that gradually the reward can be faded out and the praise is enough to continue the positive behavior.

- **Problem Solving:** Children with mental illnesses often think their problems are too big to handle. Problem solving is a strategy that teaches a child how to clearly identify a problem, look at all possible solutions, and choose a solution. They also learn to evaluate their choices, and if necessary, come up with different solutions. This strategy teaches children how to use problem solving in their day-to-day activities.
- **Differential Reinforcement of Other Behavior:** This strategy teaches the caregiver how to remove attention and rewards in response to minor disruptive behaviors (actively ignoring them) and to provide increased attention and rewards for appropriate behaviors (reinforcing them). Over time, the caregiver is able to control the environment in a way that makes it more likely that the child will behave more appropriately.
- **Time Out:** Sometimes children need a break to calm down. Time out is a strategy that removes the child from all activities and attention. Time out works best if it is relatively brief, and the child has clear directions about what is expected. It is also helpful if the child can learn to use this strategy to self-monitor behavior (i.e., learn to remove oneself as a way to calm down).
- **Commands:** This is a strategy that is used to help parents learn to give clear and consistent instructions to their children. Changing caregiver actions can often help to improve a child's behavior. Parents have expectations of their children. However, some ways of keeping children on track are better than others. Commands are how parents tell children what to do. Parents can learn how to do this in a way that makes it more likely the child will do what is asked. They often change how they respond to the child when he or she chooses to obey or disobey.
- **Psychoeducation to caregiver:** The purpose of psychoeducation is to help the caregiver understand how the child's illness affects their behaviors, what kind of activities or treatment might help, and that there are others who have similar problems. This type of education helps them understand what will happen in the treatment sessions and how long the treatment might take. They will also learn what role the parent, the therapist, and the child will play in the treatment, and that they will be a team that will work on problems together.
- **Modeling:** When learning a new skill, it is often helpful to see another person using the skill first. This strategy involves demonstration to the child of a desired behavior, typically performed by a therapist, peers, or other actors, to encourage the child to copy the behavior and perform that behavior in the future.
- **Monitoring:** Monitoring involves training a caregiver, teacher, or other important member of the youth's daily life in the repeated measurement or observation of a specific mood or behavior that is relevant to a treatment goal.
- **Response Cost:** Response cost involves training parents, teachers, or others involved in the child's daily life how to use a point or token system in which unwanted behaviors result in the loss of point or tokens for the youth.
- **Goal Setting:** Goal setting involves the treatment team (child, therapist, and caretakers) working together to select a therapeutic goal. Once a goal is selected, plans are developed to achieve that goal. Goal setting often involves repeated assessment of how successfully treatment is progressing to achieve the goal.

- **Maintenance/Relapse Prevention:** Maintenance/relapse prevention includes exercises and training designed to consolidate skills the child has already developed and to anticipate future challenges that might arise after the termination or reduction of therapeutic services. The overall goal of maintenance/relapse prevention is to minimize the chance that the gains made during the course of treatment will be lost in the future.
- **Attending:** Attending involves the youth and caregiver playing together in a specific manner to facilitate their improved verbal communication and nonverbal interaction. Typically the caregiver is instructed to provide a running commentary or description of the youth's activities, and is instructed not to give commands, criticize, or question the youth. Attending can be done with the therapist observing, or assigned as homework.
- **Cognitive Processing:** Cognitive processing is used to teach children about how the way they think about things can affect how they feel, and how they feel can affect how they behave. Cognitive methods might be used to help children understand how their thoughts are related to their moods and behaviors. They are taught strategies to help them check the accuracy of their thoughts and replace negative or unhelpful thoughts with more positive or helpful thoughts.