

DISRUPTIVE BEHAVIOUR PROBLEMS

INTRODUCTION

All children misbehave from time to time, particularly when tired, hungry, stressed or upset. They may argue, talk back, disobey, and defy parents, teachers, and other adults. Oppositional behaviour is often a normal part of development for two to three year olds and early adolescents. However, openly uncooperative and hostile behaviour becomes a serious concern when it is so frequent and consistent that it stands out when compared with other children of the same age and developmental level and when it affects the child's social, family, and academic life. The most common disruptive behaviour disorders are Oppositional Defiant Disorder and Conduct Disorder.

WHAT IS OPPOSITIONAL DEFIANT DISORDER?

In children with Oppositional Defiant Disorder (ODD), there is an ongoing pattern of uncooperative, defiant, and hostile behaviour toward authority figures that seriously interferes with the child's day to day functioning. Around one in ten children under the age of 12 years are thought to have oppositional defiant disorder (ODD), with boys outnumbering girls by two to one.

Symptoms of ODD may include:

- frequent temper tantrums
- excessive arguing with adults
- active defiance & refusal to comply with adult requests and rules
- deliberate attempts to annoy or upset people
- blaming others for his or her mistakes or misbehaviour
- often being touchy or easily annoyed by others
- frequent anger and resentment
- mean and hateful talking when upset
- seeking revenge

These symptoms are usually seen in multiple settings, but may be more noticeable at home or at school. The causes of ODD are multiple, but the best way of reducing this problem is through helping parents to manage their child's problems.

WHAT IS CONDUCT DISORDER?

Conduct disorder (CD) refers to a pattern of behaviour in which the rights of others, and family or community rules are violated. It is characterised by aggression and sometimes delinquent or criminal behaviours. About two to nine percent of children are diagnosed with CD, with boys outnumbering girls by four to one. CD is typically

diagnosed when the child is between 10 and 16 years of age, with boys generally diagnosed at an earlier age than girls.

Symptoms of CD can include:

- refusal to obey parents or other authority figures
- lying
- aggression to people, including bullying, threatening or fighting with others
- aggression to animals
- destruction of property
- criminal behaviour, such as stealing, deliberately lighting fires, breaking into houses, shoplifting, and vandalism
- running away from home
- truanting from school

A child who ultimately develops CD is usually irritable and temperamental during infancy, although most difficult babies do not develop conduct disorder. The milder oppositional defiant disorder (ODD) usually develops before CD.

HOW ARE ODD AND CD DIAGNOSED?

A child presenting with ODD or CD symptoms should have a comprehensive evaluation. It is important to look for other disorders which may be present, such as Attention Deficit Hyperactive Disorder (ADHD), learning disabilities, mood disorders (depression, bipolar disorder) and anxiety disorders. It may be difficult to improve behavioural problems without treating any coexisting disorders. Diagnosis methods might include:

- Diagnosis by a paediatrician, psychologist, or child psychiatrist.
- In-depth interviews with the parents, child, and teachers.
- Standardised questionnaires or behaviour checklists.

A diagnosis is made if the child's behaviour meets the criteria for ODD or CD in the *Diagnostic and Statistical Manual of Mental Disorders* from the American Psychiatric Association.

HOW ARE ODD AND CD MANAGED?

Untreated children with behavioural disorders may experience persistent behavioural, emotional and social difficulties through adolescence and adulthood, including poor school performance, increased substance abuse, delinquency, relationship difficulties and criminal activity. However, effective treatments are available. Generally, the earlier the intervention, the better the outcome.

Treatment usually is made up of several components, and depends on the particular needs of the child and family, but may include:

- Behavioural family interventions – These programs aim to change aspects of the way family members interact with each other to reduce behavioural and emotional problems. Behavioural parent training programs which are based on targeting improvements in parenting have shown to be the most effective of all treatments in assisting the families of children with disruptive behaviour. The *AccessEI* program is the e-version of one such program, the Behavioural Family Intervention developed by Mark Dadds and David Hawes.
- Child-focused approaches – Cognitive behavioural therapy may help children learn specific skills, including social skills, problem solving, and anger and stress management.
- Medication – in the case of co-existing conditions such as depression or ADHD.

WHERE TO GET HELP?

- Your local doctor
- Paediatrician
- Clinical psychologist
- Child psychiatrist

Disclaimer: This publication is intended to support, not replace, discussion with your doctor or healthcare professionals. The authors of this handout have made a considerable effort to ensure the information is accurate, up to date and easily understood.