Disruptive behaviour disorders –

Oppositional defiant disorder (ODD) / Conduct disorder (CD)

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Outline of presentation

1. ODD/CD: definition
2. Key psychosocial/biological risk factors
3. Key comorbid conditions: definition
4. A model for intervention
"Hello, Emily. This is Gladys Murphy up the street. Fine, thanks ... Say, could you go to your window and describe what's in my front yard?"
1. **ODD/CD: definition**

Diagnostic nosology—some comments:

DSM-IV definition of a mental disorder—
A mental disorder is conceptualized as

a clinically significant
*behavioural pattern* that occurs
in an individual
and
is associated with *impairment* in
one or more areas of functioning

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1. ODD/CD: definition

Diagnostic nosology—some comments

in children and adolescents—

impairment is *developmentally inappropriate*,
judged relative to children of the same age, gender and IQ
in social, academic, occupational or other important areas
of functioning

*multi-informant* reports required

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1. **ODD/CD: definition**

The Spectrum of Antisocial Behaviour (Steiner, 1997)

- antisocial behaviour
- criminality and delinquency
- antisocial behaviour and psychopathology
- persistent conduct problems
- conduct disorder

- psychopathy

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1. **ODD/CD: definition**

Oppositional defiant disorder (ODD)

- a recurrent pattern of negativistic, defiant, and hostile behaviour
- onset usually before 7 years of age
- usually first emerges in the home setting
- always a precursor for Conduct disorder (approximately 3% of children with ODD develop CD)
- point prevalence children and adolescents (CD/ODD: 0.8%/1.4% females, 2.1%/3.2% males) (Maughan et al., 2004)

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1. **ODD/CD: definition**

Conduct disorder (CD)

-repetitive and persistent pattern of behaviour in which the basic rights of others and/or major age-appropriate norms or rules are violated, evidenced by three or more of the following criteria within the previous 12 months, with at least one criterion present in the past 6 months:

-Serious violations of social rules/norms
-Theft
-Destruction of property
-Aggression/Cruelty towards people and/or animals

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1. ODD/CD: definition

Comorbidity of ODD/CD

- ADHD, combined type
- language-based learning difficulties/disorders
- depressive disorders
Biological and/or psychosocial risk factors

Healthy  ODD  CD

- $d = 1.0$
- $d = 0.5$
2. **ODD/CD: Key psychosocial risk factors**

- parental psychopathology
- parent-child relationship; sibling-child relationship
- peer relationships
- social adversity
- comorbid alcohol/substance abuse/dependence disorders
2. ODD/CD: Key psychosocial risk factors

- parental psychopathology

  conduct disorder/antisocial PD
  key comorbid disorders

  genetic risk: gene-environment interaction
  coping style
  belief system

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2. ODD/CD: Key psychosocial risk factors

- parent-child relationship dysfunction

  loss of key resilience factors: empathy, attunement, sensitivity, responsiveness

  Patterson’s coercive family process (1982, 1992): punitive, inconsistent, low warmth, high aggression

  perverse family interactions: dissonance between thoughts, feelings, behaviours through to predatory destructive interactions (rare)

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2. ODD/CD: Key psychosocial risk factors

- sibling-child relationship dysfunction

sibling rivalry
scape-goat position within the family system
2. ODD/CD: Key psychosocial risk factors

- peer relationships dysfunction
  
  peer models, group identity, process and roles
2. ODD/CD: Key psychosocial risk factors

- social adversity

- alcohol and/or drug abuse/dependence disorders
2. **ODD/CD: Key biological risk factors**

- alcohol and/or drug abuse/dependence disorders
- decreased verbal learning abilities
- lower verbal/performance IQ
- hypo-arousal; hyper-arousal; irritability
- executive function deficits - especially response inhibition and working memory deficits

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“All right, Billy, you just go right ahead! . . . I’ve warned you enough times about playing under the anvil tree!”
3. Key comorbid conditions: definition

Attention Deficit Hyperactivity Disorder (ADHD)

DSM-IV CRITERIA

-six or more symptoms, at least six months, maladaptive/inconsistent with developmental level
-inattention dimension and/or
hyperactivity-impulsivity dimension
-evident at least two settings
-onset before seven years of age
-impairment social, academic, occupational functioning
-symptoms not due to a PDD, Psychotic, Mood, or Anxiety Disorder
3. Key comorbid conditions: definition

TYPES of ADHD

- combined type
- predominantly inattentive type
- predominantly hyperactive-impulsive type

3-5% prevalence in primary school age children
3. Key comorbid conditions: definition

COMORBIDITY of ADHD

-oppositional-defiant through to conduct disorders
-language-based learning disorders
-anxiety and depressive symptoms and/or disorders
-development coordination disorder

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3. **Key comorbid conditions: definition**

Major depressive disorder – one or more episode(s) characterized by the following:

*period of two weeks or more*

-depressed and/or irritable mood predominant and/or

-loss of interest or pleasure

-3 or 4 or more of the following;

  - feelings of worthlessness or excessive or inappropriate guilt,
  - >5% weight change in a given month, in/hyper somnia,
  - psychomotor agitation/retardation, anergia (fatigue), decreased concentration or ability to think or decisiveness, recurrent thoughts of death, suicidal ideation, suicide plan or suicide attempt

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3. Key comorbid conditions: definition

Dysthymic disorder is characterized by the following:

1 year or more (most of the day, for more days than not),
<2 months absence in a given year
-depressed and/or irritable mood predominant
-2 or more of the following:
  feelings of hopelessness, low self-esteem, appetite change,
in/hyper somnia, anergia (fatigue), decreased concentration or
decisiveness
no major depressive episode evident in first year of the symptoms
3. **Key comorbid conditions: definition**

- Dysthymic disorder: most common pre-puberty
  Major depressive disorder: most common post-puberty

- Comorbidity of depressive disorders
  anxiety disorders
  oppositional-defiant through to conduct disorders
"Rub his belly, Ernie! Rub his belly!"
4. A model for intervention

-assessment and treatment focuses on delineation of risk factors and resilience factors—biologically (eg, executive function deficits; good arousal regulation) psychologically (eg, externalise blame; balanced critical self-reflection) and socially (eg, hostile critical interpersonal environment; confiding, nurturing consistent interpersonal environment)

-monitoring of these risk and resilience factors and their response to treatment through developmental phases
4. A model for intervention

-a practical approach

[A] psychological and social treatment approach implemented for 4-6 weeks (may take 6 months of new habit formation before sustained behavioural change)

*key elements are the interpersonal and the intra-individual milieu*

**interpersonal:** making and keeping friends, turn taking, active listening, active ignoring, empathy skills

**intra-individual:** controlled breathing, muscle biofeedback, guided visual imagery
4. A model for intervention

- a practical approach

[B] key other vulnerabilities addressed – vision, hearing, specific verbal and/or visuospatial learning difficulties, developmental coordination difficulties

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4. A model for intervention

A practical approach

[C] medication use to facilitate availability of the young person to learn from the psychological and social interventions through

better arousal regulation
better mood regulation
better executive functioning

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Symptom based medication approach

**Symptoms that are likely to respond to medication**
- hyperactivity, inattention, obsessions, tics, psychosis,
- impulsiveness, labile mood

**Symptoms that need behavioural modification as well**
- aggression, rituals, self-injury, depression

**Symptoms that require specific remediation**
- deficits in academic, social or sports domain(s)
## Symptom based medication approach

<table>
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<th>Symptom</th>
<th>Noradrenaline</th>
<th>Dopamine</th>
<th>Serotonin</th>
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<tr>
<td>Obsessions</td>
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<tr>
<td>Depression</td>
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<td>Hyperactivity</td>
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<td>Inattention</td>
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<td>Stereotypies</td>
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4. A model for intervention: a rationale

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**The two main components of the epigenetic code**

- **DNA methylation**
  Methyl marks added to certain DNA bases repress gene activity.

- **Histone modification**
  A combination of different molecules can attach to the ‘tails’ of proteins called histones. These alter the activity of the DNA wrapped around them.
Summary

- spectrum of ODD → CD

- individual psychosocial risk factors are important
  - parental psychopathology
  - family relationships dysfunction
  - peer relationships dysfunction

- these factors contribute to onset and progression of key comorbid disorders: depressive disorders and ADHD

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Summary

- medication can aid a child’s ability to invest in a psychosocial treatment program and learn from this program

- can take 6 months of practice before new habits are formed

- biological and psychosocial treatments maximize resilience and minimize risk factors through shared effects on the brain and the mind