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?"
DO YOU THINK KEN'S,constipation WILL END HAPPY? 

The ending is unimportant; what matters most is the sheer drama of his difficult and lonely situation.
I'm sick of the internet.
I want a yabby net.

Well you can't have one.
It would corrupt you.

You would end up staring
into some strange, dark pond
all day: some pond
full of reeds and mud...

... and mysterious life forms.
Then you would stare at the reflection
on the water and see the sky,
the clouds and the birds
all quite differently.

You would throw a stone
into the pond causing the reflection
to ripple and distort.
And gazing at it you would fall into a trance of
wonderment and delight
and never fit into normal life again.

Sorry... no yabby net! (sigh)
How interesting. George Bush has called the Prime Minister a man of steel and Mark Latham has called him a suckhole.

The truth is always somewhere in between... He's a suckhole of steel.

Leunig
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)
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
1. ODD/CD: definition

Comorbidity of ODD/CD

- ADHD, combined type
- speech and language learning difficulties/disorders
- reading, spelling, maths, writing difficulties/disorders
- depressive disorders
Biological and/or psychosocial risk factors

Healthy  ODD  CD

\[ d = 0.5 \]

\[ d = 1.0 \]
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
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)
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

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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
- speech and language learning difficulties/disorders
- reading, spelling, maths, writing difficulties/disorders
- anxiety and depressive symptoms and/or disorders
- developmental 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
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
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
**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>
<thead>
<tr>
<th>Symptom</th>
<th>Noradrenaline</th>
<th>Dopamine</th>
<th>Serotonin</th>
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<tbody>
<tr>
<td>Obsessions</td>
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<td>Depression</td>
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<td>Hyperactivity</td>
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<td>Stereotypies</td>
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4. A model for intervention: a rationale

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
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

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