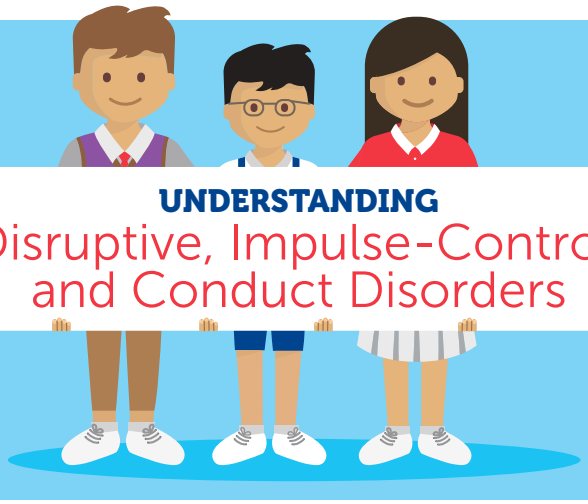

UNDERSTANDING
Disruptive, Impulse-Control, and Conduct Disorders

The Disruptive Behavior Disorders are a group of behavioral health problems in children and adolescents characterized by out-of-control feelings and behavior.

TYPES OF DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS

OPPOSITIONAL DEFIANT DISORDER

The less severe of these problems – *Oppositional Defiant Disorder* – is characterized by a persistent pattern of angry outbursts (temper tantrums), arguing and disobedience, and spitefulness which is directed at authority figures (such as parents and teachers). To be diagnosed as a *psychiatric disorder*, these behaviors must be more frequent and more severe than most children normally exhibit (especially when hungry, tired, or under stress), must be present at least 6 months, and must occur at least once a week (for school age children) or on most days (for preschool children). In addition, these behaviors must distress the youth or others in his/her environment and/or impair the youth's function at home, at school, or with peers. It is estimated that around 3 out of 100 youths have this disorder, more boys than girls.

CONDUCT DISORDER

The more severe of these problems – *Conduct Disorder* – is characterized by a persistent pattern of serious rule-violating behavior, including behaviors that harm (or have the potential to harm) others. Behaviors included in Conduct Disorder are physical aggression to people and animals, destruction of property, lying or stealing, staying out late at night, running away from home, and truancy. To be diagnosed as a *psychiatric disorder*, these behaviors must be present at least one year, and must impair the youth's function at home, at school, or with peers. It is estimated that around 4 out of 100 youths have this disorder, more boys than girls.

INTERMITTENT EXPLOSIVE DISORDER

A problem that is intermediate in severity – *Intermittent Explosive Disorder* – is characterized by repeated behavioral outbursts involving either 1) verbal or physical aggression (not causing injury or property destruction) occurring at least twice a week for at least 3 months, or 2) at least 3 outbursts involving injury or property destruction within 1 year. To be diagnosed as a *psychiatric disorder*, the behavioral outbursts must be greatly out of proportion to the precipitating situation, and must be impulsive (not planned). In addition, these behaviors must distress the youth and/or impair the youth's function at home, at school, or with peers. It is estimated that around 3 out of 100 youths have this diagnosis.

UNSPECIFIED DISRUPTIVE, IMPULSIVE-CONTROL, AND CONDUCT DISORDER

If some of the above problems are present, but not enough to diagnose a specific psychiatric disorder, or if the clinician does not have enough information to be certain about the specific diagnosis, the disorder is called *Unspecified Disruptive, Impulsive-Control, and Conduct Disorder*.

DIAGNOSIS

Qualified behavioral health professionals experienced with children (child and adolescent psychia trists, child psychologists, child-trained social workers, counselors, clinical nurse specialists) are best trained to accurately diagnose the Disruptive, Impulse-Control, and Conduct Disorders. The evalua tion for these diagnoses typically takes several hours, and requires input from multiple people who know the child. The diagnosis is based upon findings from interviews, questionnaires, and a mental status examination. There are no blood tests or other medical tests to diagnose these disorders.

CAUSE

The Disruptive, Impulse-Control, and Conduct Disorders usually develop when the parent uses ineffective parenting strategies with a difficult-to-manage child. Difficult-to-manage children tend to be strong-willed and rigid and to have intense, negative feelings, which makes parenting very challenging. The child may be difficult because of personality characteristics that he or she inherited from members of the family tree. He or she also may be difficult because of certain exposures in the womb (such as cigarette smoking), because he or she does not have a positive attachment to a parent, or because he or she is reacting to a lot of stress or a lack of predictable structure in the home or community environment.

In simple terms, ineffective parenting strategies include authoritarian parenting, in which the parent may show too much anger or be too harsh, permissive parenting, in which the parent may give in to the demands of the child, and neglectful parenting, in which the parent is too busy or preoccupied to pay enough attention to the child. Parents with a difficult-to-manage child often use these ineffective strategies because those are the strategies their parents used, or because they are over-whelmed with their own difficulties, or because they haven't learned more effective strategies. Even though parents may use them unintentionally, these ineffective parenting strategies increase the risk of the child developing a Disruptive, Impulse-Control, or Conduct Disorder.

TREATMENT

The best treatment for Oppositional Defiant Disorder and Intermittent Explosive Disorder is helping the parent learn effective ***parenting strategies***. These strategies include developing a warm, loving relationship between parent and child; providing a predictable, structured household environment; setting clear and simple household rules; consistently praising and rewarding positive behaviors (such as ready for school and bed on time); consistently ignoring annoying behaviors (such as whining), followed by praise when the annoying behavior ceases; and consistently giving conse-quences (such as time out or loss of privileges) for dangerous or destructive behaviors (such as physical aggression or destroying things). Another treatment that can be helpful is ***social-emotional skills training*** for the child, which helps the child develop skills to identify and manage feelings, get along with others, and be able to make good decisions based on thinking rather than feeling.

Because Conduct Disorder is more serious, treatment must be more intensive and extensive, some-times involving other child-serving agencies (such as juvenile justice and child welfare). If physically aggressive, dangerous behavior is prominent in conduct disorder, medication can be helpful.

If the child has another behavioral health problem (like ADHD) in addition to a Disruptive, Impulse-Control, or Conduct Disorder, treatment must include treatment of the other disorder at the same time.

COURSE

Oppositional Defiant Disorder, Intermittent Explosive Disorder, and to a lesser extent, Conduct Disorder respond well to the above treatments when delivered by qualified behavioral health professionals. Although some children grow out of the Disruptive, Impulse-Control, and Conduct Disorders, if untreated, the disorders can go on to cause significant problems, including disrupted relationships with parents and other adults and with peers, failure at school, and delinquency, and in adulthood, antisocial or criminal behavior, loss of employment, legal problems, marital instability, impulse-control problems, substance abuse, anxiety, and depression.

This information was developed by Heather J. Walter, MD, MPH.