

CHAPTER 1

What Are the Disruptive Behavior Disorders?

Defining Disruptive Behavior

Diagnostically speaking, disruptive behavior disorders refer to oppositional defiant disorder (ODD), conduct disorder (CD), and disruptive behavior disorder (NOS). Although attention deficit with hyperactivity disorder (ADHD) is a disorder characterized by disruptive behavior, it has been distinguished from the other disruptive behavior disorders and, for the most part, has its own outcome literature as well as evidence-based practice guidelines. Consistent with this distinction in the literature, we are going to focus on disruptive behavior of the oppositional and conduct type.

Having said this, please note that many of the participants in the treatment studies supporting empirically supported treatments (ESTs) for ODD and CD have multiple comorbidities, including and not limited to ADHD. Although not desirable from a diagnostic-clarity perspective, one benefit of this complexity is that it increases confidence that the research participants who have responded to ESTs for disruptive behavior are highly representative of those seen in everyday practice.

Let's look at the diagnostic criteria for the two primary disruptive behavior disorders that will be the focus of this program: ODD and CD.

Oppositional Defiant Disorder

Oppositional defiant disorder refers to a pattern of negativistic, hostile, and defiant behavior in persons less than 18 years old that lasts at least six months, during which four (or more) of the following behaviors are evident:

- Often loses temper
- Often argues with adults
- Often actively defies or refuses to comply with adults' requests or rules
- Often deliberately annoys people

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- Often blames others for his or her mistakes or misbehavior
- Is often touchy or easily annoyed by others
- Is often angry and resentful
- Is often spiteful or vindictive.

These behaviors occur more frequently than is typically observed in individuals of comparable age and developmental level.

To meet criteria for ODD, the disruptive behavior should cause clinically significant impairment in social, academic, or occupational functioning.

It is also important to rule out that the disruptive behavior is not occurring exclusively during the course of a psychotic or mood disorder, and that it doesn't meet the criteria for CD.

Conduct Disorder

Conduct disorder is a more serious pattern of repetitive and persistently defiant behaviors in which the basic rights of others or major age-appropriate societal norms or rules are violated. It is characterized by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months in an individual under the age of 18:

Aggression to people and animals

- Often bullies, threatens, or intimidates others
- Often initiates physical fights
- Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- Has been physically cruel to people
- Has been physically cruel to animals
- Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- Has forced someone into sexual activity

Destruction of property

- Has deliberately engaged in fire setting with the intention of causing serious damage
- Has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft

- Has broken into someone else's house, building, or car
- Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)

- Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

Serious violations of rules

- Often stays out at night despite parental prohibitions, beginning before age 13 years
- Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
- Is often truant from school, beginning before age 13 years

The disruptive behavior causes clinically significant impairment in social, academic, or occupational functioning.

The diagnostician also specifies the onset of the disorder as follows:

- *Childhood-onset type*: This means that at least one criterion characteristic of conduct disorder was evident prior to age 10 years.
- *Adolescent-onset type*: This means there was an absence of any criteria prior to age 10 years.

Severity of the disorder is also specified as follows:

- *Mild*: Few if any conduct problems in excess of those required to make the diagnosis; conduct problems cause only minor harm to others
- *Moderate*: The number of conduct problems and their effect on others intermediates between mild and severe
- *Severe*: Many conduct problems, in excess of those required to make the diagnosis, or conduct problems cause considerable harm to others

ODD typically begins before the age of 8 and almost always by early adolescence.

CD usually occurs before late childhood or early adolescence, but can begin in those as young as 5 or 6 years old.

ODD has been found to be comorbid with attention deficit hyperactive disorder in 54 to 67% of children diagnosed with ADHD. CD is a more serious behavior disorder and a known precursor to antisocial personality disorder.

Chapter Review

1. What are the disruptive behavior disorders?
2. What is oppositional defiant disorder (ODD)?
3. What is conduct disorder (CD)?

Chapter Review Test Questions

1. To meet diagnostic criteria such as those in the DSM, what is the minimum length of time that the behavioral characteristics of oppositional defiant disorder (ODD) should be seen in the child?
 - A. One month
 - B. One year
 - C. Six months
 - D. Three months

2. Which of the following is a potentially severe disruptive child/adolescent behavior disorder in which there is often serious violation of the rights of others?
 - A. Attention deficit disorder (ADD)
 - B. Conduct disorder (CD)
 - C. Oppositional defiant disorder (ODD)
 - D. Separation anxiety disorder (SAD)

Chapter Reference

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revised). Washington, DC: American Psychiatric Association.