Conduct Disorder and Oppositional Defiant Disorder
Introduction to CD

- Case Presentation
- What is Conduct Disorder?
  - Chronic pattern of behavior that causes harm to others
  - Chronic pattern of behavior that violates societal rules
- Conduct Disorder and antisocial behavior in children.
  - Actions and attitudes that are age-inappropriate.
  - Violate expectations of family and society.
  - Damage others’ personal or property rights.
Issues in defining Conduct Problems

- Historically, we have defined conduct problems:
  - Legally
  - Psychologically

- DSM-IV-TR includes:
  - Oppositional Defiant Disorder
  - Conduct Disorder

- Children with conduct disorders show a wide range of behaviors.
Environmental Component

- CD and ODD is associated with the person’s environment
  - Poverty / disorganized neighborhood
  - Violence within the home / neighborhood
  - Abuse/neglect / inadequate supervision
  - Poor quality schools
Community Factors

Community Social Disorganization

Neighborhood Characteristics
- Low Quality of Health Care and Municipal Services
  - Poor Infant Health

Developmental Outcomes
- Inadequate Social Networks and Formal Support
  - Child Maltreatment

- Poor Supervision and Control of Teen-aged Groups
  - Juvenile Delinquency

- Social Isolation
  - Crime, Unemployment, and Mental Disorders

Childhood
- Adolescence
- Adulthood
The History of CD

- The Boston boy fiend: 1874 Jesse Pomeroy, age 14.
- Adolescent gangs in large cities during the 1700s and 1800s.
- How should we handle juvenile delinquents?
- If a minor is found guilty of an aggressive act, how do we handle that in the court system?
CONDUCT DISORDER
Persistent pattern of behavior where rights of others/societal norms violated, shown by 3 or more of following in last year, at least 1 in past 6 months:
Aggression to people and animals
____ _____ often bullies, threatens, or intimidates others
____ _____ often initiates fights
____ _____ used a weapon that can cause serious physical harm
____ _____ been physically cruel to people
____ _____ been physically cruel to animals
____ _____ stolen while confronting the victim
____ _____ forced sexual activity
Destruction of property
____ _____ deliberately fire set with intent of doing serious damage
____ _____ deliberately destroyed others' property other than by fire
Deceitfulness or theft
____ _____ break and entry into a car or house
____ _____ often lies to obtain things or avoid obligations ("cons others")
____ _____ stolen items without victim confrontation
Serious violations of rules
____ _____ often stays out at night despite parental prohibitions
____ _____ run away from home overnight at least twice (or 1 extended)
____ _____ often truant beginning before age 13
Two Subtypes of CD

- **Childhood-Onset type:**
  - 1 criterion of CD present before 10 years old

- **Adolescent-Onset type**
  - No evidence prior to 10 years old

- **Severity**
  - Mild, moderate, severe
## Cluster analysis of CD

### Destructive

**Property Violations**
- Cruelty to animals
- Lies
- Sets fires
- Steals
- Vandalism

**Aggression**
- Assaults others
- Blames others for mistakes
- Bullies others
- Cruel to others
- Physical fights
- Spiteful/vindictive

### Covert Status Offenses

**Breaks rules**
**Runs away from home**
**Swears**
**truancy**

### Oppositional Overt

**Angry-resentful**
**Annoys others**
**Argues with adults**
**Defies adults’ requests**
**Stubborn**
**Temper tantrums**
**Touchy-easily annoyed**

### Nondestructive

**Based on Frick et al. (1993)**
Oppositional Defiant Disorder

OPPOSITIONAL DEFIANT DISORDER
A. 6 month pattern of negativistic and defiant behavior during which at least 4 of following present (considered against what is normal for age level):

____ often loses temper
____ often argues with adults
____ often actively defies or refuses adult requests or rules
____ often deliberately annoys people
____ often blames others for own mistakes
____ often touchy/easily annoyed by others
____ often angry and resentful
____ often spiteful or vindictive

B. ____ Does not meet criteria for Conduct Disorder, and does not occur exclusively during psychosis or depression
1. Are ODD and CD distinct categories? Would a dimensional view be more appropriate? How might DSM-V handle this issue?

2. Does our culture help determine who is diagnosed with ODD and CD? Are girls underdiagnosed?

3. Might an environment create ODD or CD?
Associations with CD & ODD

- Intelligence and underachievement in school
- Lack of emotional intelligence
- Personality factors: impulsive, callous, unemotional
- Multiple problems in relationships: peers, family, teachers, authority figures.
- Co-occurring Disorders: ADHD, anxiety, depression, substance abuse.
Epidemiology

- **Prevalence:** 5-8% for CD.
- **10.2% ODD.**
- **Gender differences:** the ratio of boys to girls 10 to 1 in childhood; 1.5 to 1 in adolescence.
- **Gender differences in symptom expression.**
- **Developmental pathways**
  - Early onset versus later onset
  - Peer aggression
  - Firesetting and cruelty to animals
Precursors and Course of CD

- General Developmental Course

Diagram showing the development of various behaviors and problems from preschool to adolescence, including:
- Difficult Temperament
- Hyperactivity
- Overt Conduct Problems/Ad
- Withdrawal
- Poor Peer Relationships
- Academic Problems
- Covert or Concealing Conduct
- Association with Deviant Peers
- Delinquency (Arrest)
- Recidivism
Contingencies train children to be coercive to get what they want.
Developmental Progression of Conduct Problems Behaviors (ASBs)- Probabilistic Progression

**Oppostional**
- Argues
- Bragging
- Demands attention
- Disobeys at home
- Impulsive
- Temper Tantrums
- Stubborn
- Teases
- Loud

**Offensive**
- Cruelty
- Disobeys at school
- Screams
- Poor Peer relations
- Fights
- Sulks
- Swears
- Lying

**Delinquent**
- Sets fires
- Steals outside
- Alcohol/Drug use
- Truancy
- Runs away
- Vandalism

PreSchool → Adolescence
Overt (often in home) → Becomes more Covert
Etiology of Conduct Problems

- Etiological Theories
  - Family and twin studies
  - Shared environmental factors
  - Non-shared environmental factors
  - Teratogen exposure prenatally
  - Perinatal stressors
  - Abnormal neurophysiological responding
  - Temperament
  - Ineffective parenting
  - Problematic peers / environmental
Treatment

- Working with Parents
- Problem-solving Training
- Family Therapy
- Prevention Issues
TIME-OUT PROCEDURE

aggression

demand placed on child

warning

destruction

time-out chair
1-2 minutes for each year of age

child screams, kicks, etc.

child behaves for time-out period

child gets out of time-out chair

put child behind barrier (60 seconds)

child escapes from barrier

return to barrier; start minute over

put back in chair for remainder of time-out

release child from time-out

put child back into original situation and have him/her behave appropriately

IGNORE the behavior

still screaming at end of time-out

tell child he/she must be quiet to end time-out

wait for 15 seconds of quiet behavior

still screaming after 5 minutes

reduce time to 5 sec. of quiet behavior

quiet at end of time-out
Thompson House Rules

1. No setting each other up. This means no name calling, no tripping, and no elbowing.
2. No violence against other people. This means no hitting, no throwing things at others, and no grabbing others.
3. No property destruction.

Violating any of these rules results in no Nintendo, TV, or Gameboy for the rest of the day.

Violating either rule after dinner means no Nintendo, TV, or Gameboy for the rest of the day AND the next day.

Additional rules:
4. Morning Nintendo, TV, or GameBoy only after ready for school (dressed, teeth brushed, bed made).
5. Afternoon and evening Nintendo, TV, or Gameboy only after the bedroom is picked up and all homework is done.

Mom will inspect to make sure these rules are met and approve before Tim or Tom plays Nintendo, TV, or GameBoy.
Susan’s Agreement with Staff

Each day I earn at least half (½) of my Community Participation points (40 points total), I will be given 15 minutes of extra phone time, or 15 minutes of extra Walkman time, whichever I choose. My extra 15 minutes can be used on day shift only, at a time determined by staff.

Things I can do to earn more points:
1. get up on time, after 2 prompts or less.
2. attend unit meetings on time, after 2 prompts or less.
3. attend school on time, after two prompts or less.
4. follow directions from staff.
5. actively participate in unit activities.

Things I should not do or I will not earn points:
1. refuse to get out of bed.
2. stay in my room during unit activities.
3. refuse to participate in unit activities.

If I earn 40 Community Participation points for 4 days out of 7, my mother will be allowed to bring my dog in during visiting hours on Saturday or Sunday. If I earn 50 points for 5 days out of 7, my mother will also be allowed to bring pizza in for my dinner on Saturday or Sunday.
Parent behavioral training

- Three parenting mistakes to avoid
- Over-reacting/personalizing
- Verbosity (Act, don't yak!)
- Inconsistency
- Inconsistency
- Inconsistency
- Inconsistency
Social Skills Training

Problem situation: Jason, one of the kids in your class, has taken your Nintendo game. You want to get it back. What do you do?

Step 1: What am I supposed to do? This step asks the child to identify and define the problem. I want to get my Nintendo game back from Jason.

Step 2: I have to look at all my possibilities. This step asks the child to come up with alternative solutions to the problem. I can beat him up and take it back, ask him to give it back, or tell my teacher.

Step 3: I had better concentrate and focus in. This step instructs the child to concentrate and evaluate the solutions that he or she comes up with. If I beat him up, I would get into trouble. If I asked him, he might give it back.

Step 4: I need to make a choice. In this step, the child chooses the solution that he or she thinks is the most effective. I’ll try asking him, and if that doesn’t work, I will tell my teacher.

Step 5: I did a good job or I made a mistake. In this final step, the child evaluates the solution: whether it was the best of those available, whether the problem-solving process was followed correctly, whether a mistake or less than desirable solution was selected (if so, the five-step process starts anew). I made a good choice. I won’t get into trouble. Jason and I can still be friends if he returns my Nintendo game. If not, I did my best to get it back before asking my teacher for help. I did a good job!
Multisystemic Therapy

- Targets multiple systems with a treatment "team"
  - Family, including siblings
  - School Personnel
  - Peers
  - Juvenile Justice System

- Effective but very expensive ➔ or is it?
Additional Treatments

- Prevention
- Institutionalization
- Medication
Empirically Supported Treatments

- According to Chambless & Hollon, ESTs are: "...clearly specified psychological treatments shown to be efficacious in controlled research with a delineated population."
Criteria for ESTs

- These treatments are identified by asking the following questions:
  - Has the treatment been shown to be beneficial in controlled research?
  - Is the treatment useful in applied clinical settings, if so, with what patients under what circumstances?
  - Is the treatment cost effective relative to alternative interventions?
Treating Conduct Problems

- In general, the further along a child is in the progression of antisocial behavior, the greater the need for intensive interventions and the poorer the prognosis.
ESTs for ODD and CD

- Parent Management Treatment
- Multi-Systemic Treatment
- Cognitive Problem Solving Skills Treatment
- Preventative Interventions
Multi-Systemic Therapy

- An intensive family and community approach for adolescents with severe CPs
- Draws on a number of techniques and is carried out with all family members, school personnel, peers, juvenile justice staff, and other individuals in the child’s life
Cognitive Problem-Solving Skills Training

- Focuses on the cognitive deficiencies and distortions in interpersonal situations
- Provides instruction, practice, and feedback to teach new ways of interacting
Preventative Interventions

- Recent efforts have focused on trying to prevent CPs through intensive programs of early intervention
- Example: Fast Track (The Conduct Problems Prevention Research Group)
Two Specific ESTs for CP

- “The Incredible Years” – Webster-Stratton
- Fast Track – The Conduct Problems Prevention Research Group
The Incredible Years

- Group Parenting Skills Training
- Group Teacher Classroom Management Training
- Child Training
The Incredible Years

- Parent Skill Training
- Focuses on:
  - Increasing positive parent-child interactions
  - Behavior tracking
# Behavior Tracking

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<th>DAY</th>
<th>TIME</th>
<th>OCCASION/INCIDENT (child misbehavior)</th>
<th><em>YOUR ACTION</em></th>
<th>OUTCOME</th>
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The Incredible Years

- Parent Skill Training
- Focuses on:
  - Increasing positive parent-child interactions
  - Behavior tracking
  - Using “time-out” to discourage problem behaviors
  - Making household contingencies explicit
  - Reward contingencies
## Rewards: Sticker Chart

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I am trying to earn

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I am trying to earn
The Incredible Years

The Child Curriculum focuses on:
- emotional literacy
- empathy or perspective taking
- friendship skills
- anger management
- interpersonal problem solving
- school rules
- how to be successful at school
Outcome Studies

- Improves parent child interactions
- Reduces parent reliance on violent or critical discipline methods
- Reduces child conduct problems
  - At 3 year follow up, 2/3 of children continued to show clinically significant behavioral improvements (Webster-Stratton, 1990b).
Fast Track

- Fast Track is a multi-site, comprehensive, 10-year intervention project designed to prevent serious antisocial behavior.
- Begins when children are in 1st grade
- School-wide program with pull out groups for children high in CD.
Fast Track

- Focuses on improving
  - child competencies
  - parenting effectiveness
  - school context
  - school-home communications
Fast Track: Components

- Teacher-led classroom curricula (called PATHS) directed toward the development of:
  - emotional concepts
  - social understanding
  - self-control (including weekly teacher consultation about classroom management)
Fast Track: Components

- Parent training groups designed to promote the development of positive family-school relationships and to teach parents behavior management skills, particularly in the use of praise, time-out, and self-restraint
- Home visits for the purpose of fostering parents' problem-solving skills, self-efficacy, and life management
Fast Track: Components

- Child social skill training groups (called Friendship Groups)
- Child tutoring in reading
- Child friendship enhancement in the classroom (called Peer Pairing).
Fast Track: Outcomes

- Compared with children in the control group, children in the intervention group displayed significantly less aggressive behavior at home, in the classroom, and on the playground.
- By the end of third grade, 37 percent of the intervention group had become free of conduct problems, in contrast with 27 percent of the control group.
Fast Track: Outcomes

- Placement in special education by the end of elementary school was about one-fourth lower in the intervention group than in the control group.
- Court records indicate that by eighth grade, 38 percent of the intervention group boys had been arrested, in contrast with 42 percent of the control group.
Psychiatric interviews after ninth grade indicate that The Fast Track program intervention has reduced serious conduct disorder by over a third, from 27 percent to 17 percent.
There ARE ESTs for Conduct Problems
Better to prevent or intervene early than to treat full blown Conduct Disorder
Parent participation is integral to treatment success