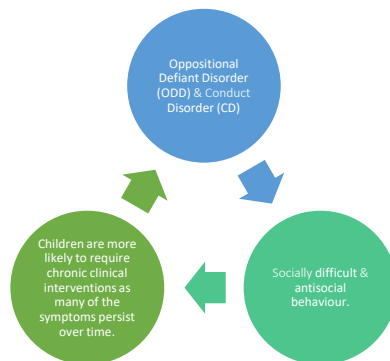


CONDUCT DISORDERS

ECAP4007

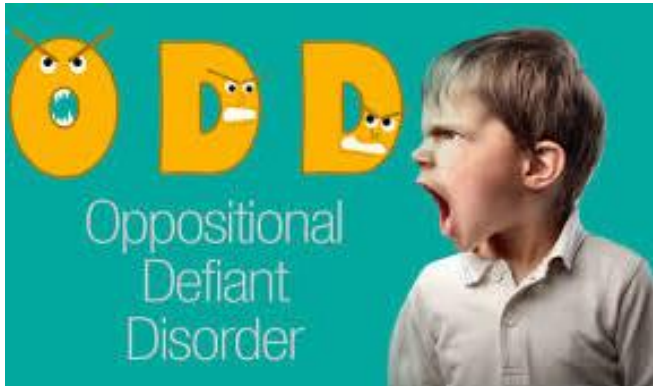
1

Disruptive behaviour disorders (externalising disorders)



2

Classification of DBD



- Oppositional Defiant Disorder (ODD)
- Conduct Disorder (CD)
- Antisocial Personality Disorder (APD)
- Developmental differences



3

Diagnostic Criteria



Diagnostic and statistical manual of mental disorders (DSM-V: APA, 2013).



International Classification of Diseases (ICD-10; WHO, 2016).



Relatively similar in terms of emphasizing the persistent duration of the behaviours



4

Comorbidity

- Psychopathy (Lynam & Gudonis, 2005)
- Autistic traits (Gilmour et al., 2004)
- Bullying (Olweus, 1993)
- Adolescent partner violence (Ehrensaft et al., 2004)
- Emotionally labile temperament (irritability).
- Half of those referred for ODD/CD have dual diagnosis of ADHD (Kazdin, 1995).
- More than 90% meet the diagnostic criteria for other disorders (Moffitt, 2003)

5

Conduct Disorder

Show persistent & serious patterns of misbehaviour.

Violate the rights of others (e.g., stealing, vandalism & aggression).

Actively aggressive towards people (fighting with siblings and peers, sexually aggressive) and/or animals (engage in animal torture), commit vandalism, lie and steal from persons outside the home, and seriously violate society's moral codes.



6

International Classification of Diseases (ICD-10; WHO, 2016)

Conduct disorder
confined to the
family context

Unsocialized
conduct disorder

Socialized
conduct disorder

Depressive
conduct disorder

7

What is ODD? (DSM-V, 2013)

Usually first symptoms in
preschool, rarely later than
early adolescence

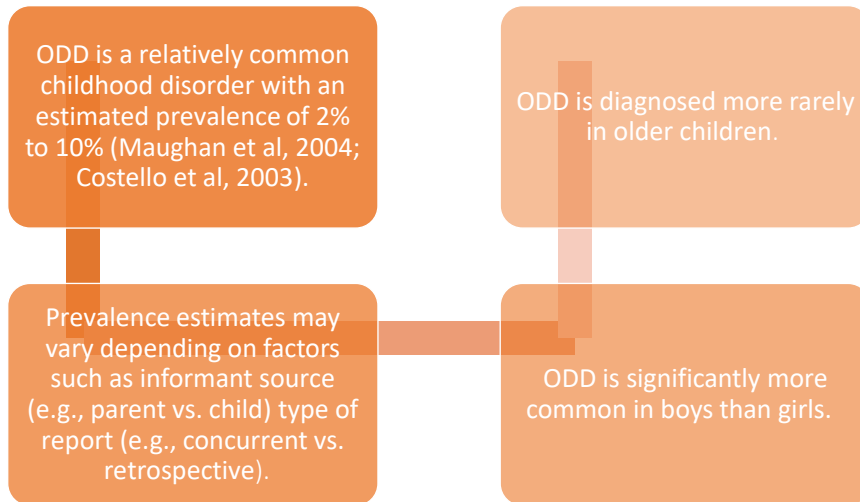
Provides later risks for
antisocial behaviour, impulse
control, substance use,
anxiety and depression in
adulthood

Often precedes Conduct
Disorder (CD), often earlier
onset



8

Prevalence



9

Diagnosing ODD: DSM-V Symptoms



Criterion A: At least 4 symptoms throughout past 6 months (not only with siblings)

Angry/Irritable Mood

- Often loses temper
- Often touchy/easily annoyed
- Often angry/resentful

Argumentative/Defiant Behavior

- Often argues with authority or adults
- Often actively defies rules and requests
- Often deliberately annoys others
- Often blames others for own mistakes

Vindictiveness

- Spiteful or vindictive 2+ times in past 6 mos.



Criterion B: Associated with distress for individual or others, or impacts negatively on education, social occupation, or other areas



Criterion C: Symptoms do not occur only during course of a psychotic, substance use, depressive, or bipolar disorder. Individual does not meet criteria for disruptive mood dysregulation disorders.

10

ODD DSM-V Risk & Prognostic Features

- Emotional regulation problems

Temperamental



- Harsh, inconsistent, or neglectful child care

Environmental



- Low heart rate, low skin conductance, reduced basal cortisol reactivity, abnormalities in prefrontal cortex and amygdala

Genetic/Physiological



11



Temperament

ODD/CD children are hard to parent – often result in coercive (hostile) parenting (Patterson, 1982).

Can lead to **parental exhaustion** – e.g., leads to behaviour being **negatively reinforced** when the parent fails to follow through with their promised consequences.

The **parent backs down** = the child learns they can manipulate the parent.

12



Genetics

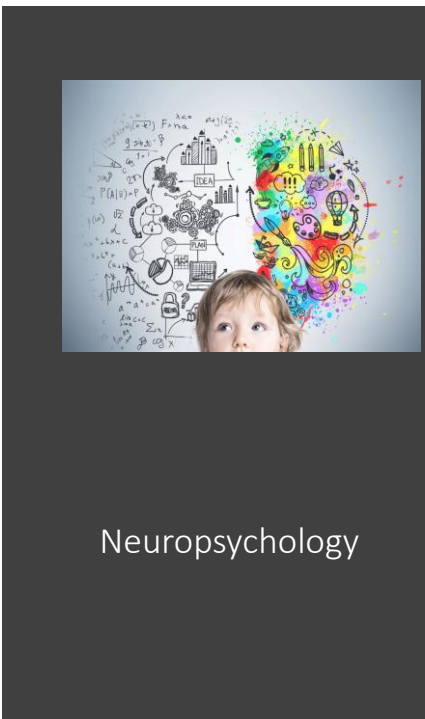
A functional polymorphism in the monoamine oxidase A (MAOA) – warrior gene.

Only weak effects on the risk of developing CD when it occurs in isolation – but increases susceptibility when combined with exposure to maltreatment (Caspi et al, 2002).

As with other psychiatric disorders – many genes are involved and complex interactions between genes and environment are likely to explain aetiology.

Dick et al., 2005; Tuvblad et al., 2009; Rhee & Waldman, 2002

13



Neuropsychology

CD – increased rates of verbal and language-based deficits and poor executive function (Moffitt, 1993).

More sensitive to positive/rewarding stimuli, and less sensitive to negative or punishing stimuli (Fairchild et al, 2009)

Weaker psychophysiological responses to punishing or painful stimuli (Luman et al, 2010).

Reductions in amygdala and anterior insula grey matter which explains **deficits in empathy and facial expression recognition** (Fairchild et al, 2011).

These go some way to help explain social difficulties – but longitudinal studies are needed – cause or contribute?

14

Hostile Attributional Bias (Naseby, Hayden, & DePaulo, 1980)

Cognitive bias

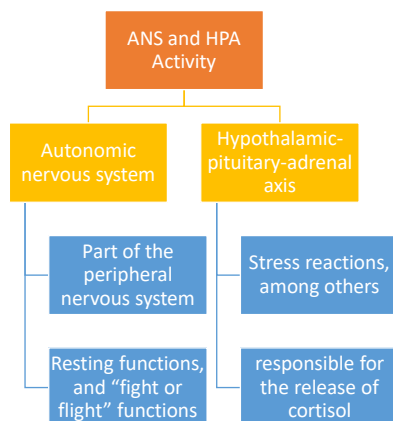
Social and ambiguous cues

Aggressive response (probability of 25%)



15

Neurobiological Underpinnings (ANS and HPA Activity)



Snoek et al. (2004) measured cortisol, heart rate, and skin conductance level (SCL) during baseline and stress in 95 children, 7-12 years old.

Evidence for children with ODD to experience less ANS and HPA arousal during stress and baseline

16

Are Prevention Programs Effective?

Prevention programs have demonstrated small effect sizes in preventing symptoms of ODD and CD

Preventing property violation, oppositional behaviour, and aggression

Effect sizes highest when records (i.e. from schools, police, or courts) as opposed to teacher, parent, or self reports used to determine effectiveness of programs (more implications for CD than ODD?) (Grove et al., 2008)

Bradley & Mandell, 2005 – metaanalysis of 7 studies (studies targeted teachers, parents & students).

17



Interventions

- Educational interventions
- Family therapy
- Cognitive behavioural therapy (CBT)
- Medication

18

Family



Parenting styles (Maccoby & Martin, 1983):

- Authoritarian
- Authoritative
- Permissive
- Neglective

Parental control (Barber, 1996; Schaefer, 1965)

19

Interventions: A Focus on Parents (Kazdin, 1997)

Uses social learning principles

Operant conditioning

Aims to increase positive and decrease deviant behaviours

Does it work?

Yes, **effects can sometimes be seen for years**

Improvements on parent and teacher reports

Improvements to non-clinical range

Has performed better than wait-list control and other treatments

Treatment outcome affected by: Home life factors
E.g. high parent stress, harsh punishment, parent history of antisocial behavior.

Focuses on "ABC'S"

Antecedents, Behaviours, Consequences

- Positive reinforcement especially crucial (mild punishment sometimes also helpful)
- Most effective when contingent and timely
- Most effective when parents truly understand principles



20

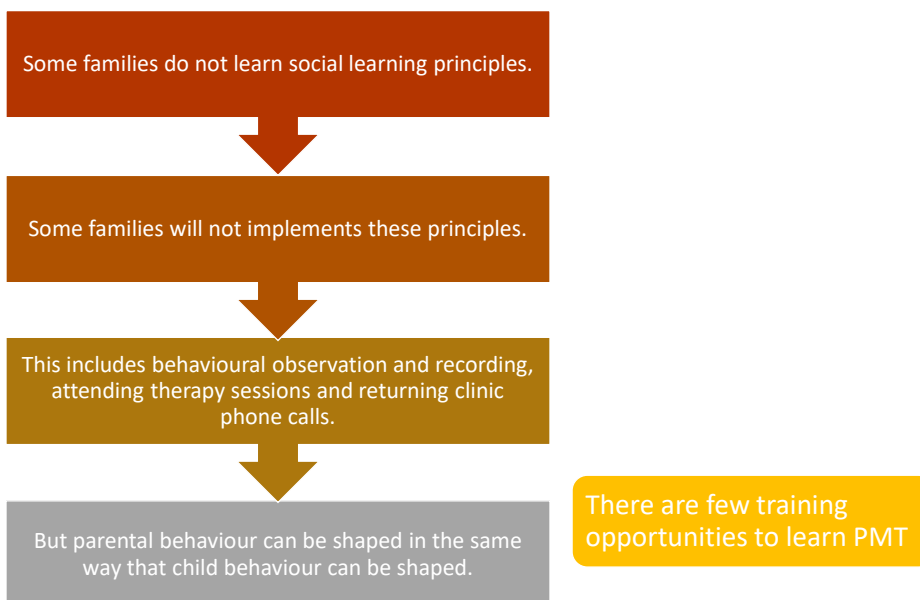
Parent Interventions (cont.)

Reid et al. (2003) “Incredible Years Intervention”

- 2 year follow up data on a 6 month intervention for ODD
- 159 children
 - 4-8 years old with ODD (or CD) as defined by DSM IV
 - Scored more than 2 SD above mean on Eyberg Child Behavior Inventory
- Conditions
 - Parent training (PT)
 - Parent and teacher training (PT+TT)
 - Child training (CT)
 - Child and teacher training (CT+TT)
 - Parent and child and teacher training (PT+CT+TT)
 - Wait-list control (CON)

21

PMT Limitations



22

Managing Disruptive Behaviours in the Classroom



Clear expectations and rules
Social skills training
Classroom environment
Emotional regulation & coping skills
Time-out from positive reinforcement
Time-out of the classroom
Physical (corporal) punishment (illegal and banned in Wales!)
Individualised support

23

Managing ODD- Medication

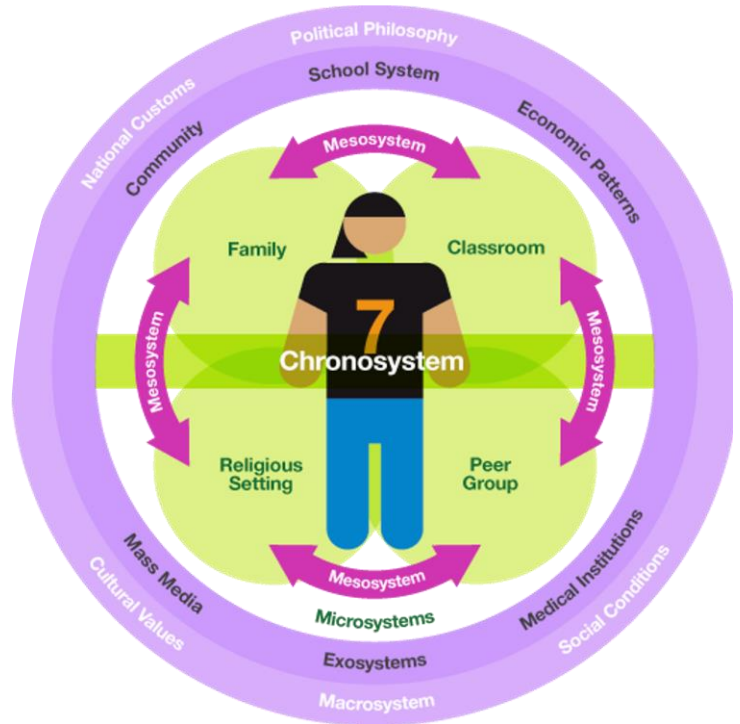
Spencer et
al. (2006)

- looked at Mixed Amphetamine Salts Extended Release (Adderall XR) in ODD and ODD/ADHD children
- Participants: 308 children
 - 6-17 years old
 - Met DSM IV criteria for ODD
- Conditions
 - MAS XR 10 mg, 20 mg, 30, mg, 40 mg, and placebo
 - Excluded for CD
- Measured symptoms using the ODD subscale of the Swanson, Nolan, and Pelham-IV (SNAP IV) parent and teacher ratings
- Participants completed 1-4 week washout phase, then randomly assigned to one of the five conditions, then 4 weeks of medication

24

Family & Social Context

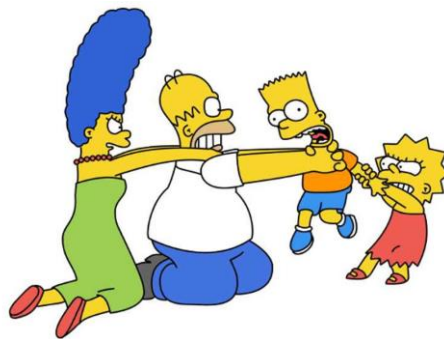
- Rapid global change is altering the family, presenting new opportunities and challenges to young people's health and well-being.
- Children's development occurs against a cultural backdrop of contexts that includes family, peers, school, community, and nation, each with its cultural legacies.



25

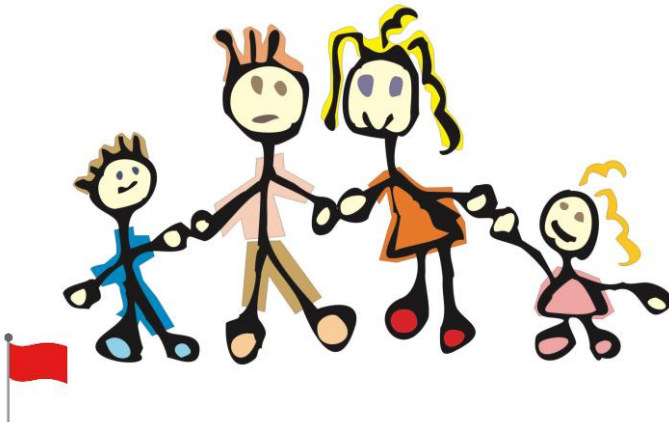
Family Environment

- Role of parents and parenting styles
- Baumrind (1971): parental responsiveness and demandingness
- Influence is bi-directional (Schaffer, 2006)
- Key variable: **communication styles**.
- Key variable: information management (Marshall et al. 2005).
- The effect of culture and ethnicity (e.g., emotional closeness).
- UK context - different cultural groups.



26

Family Therapy



- Systemic/multisystemic approach
- Robust evidence effectiveness in the US (van der Stouwe, 2014)
- (START study - Fonagy et al., 2018)

27

Attachment & Family Therapy

- The importance of a secure base (relationships) within the family.
- Identifying situations that undermine the secure family base.
- Build a secure family base.
- Address attachment issues in the family
- Providing parenting support and education (e.g., parenting programmes)



28

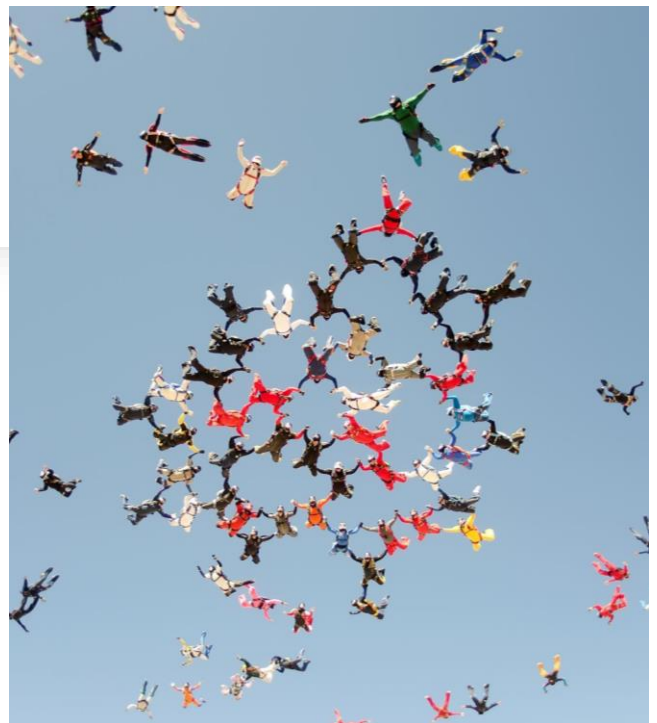
Research Challenges

- Comorbid CD and ADHD (lack of individual studies and metaanalyses focusing on ODD alone)
- Many DBD studies focus mostly on CD, and features relating primarily to CD (e.g. aggression)
- Less data on mood/temperament
- Medication confounds
- Small sample sizes

29

What Does the Future Hold?

- Early diagnosis and treatment can help these individuals learn how to cope with stressful situations and manage their behavioural symptoms.
- Psychotherapy, parent-management training, skills training, and family therapy work.
- Research shows that children and adolescents respond well to therapy for ODD. In fact, for those who receive treatment, many are symptom-free once therapy has concluded and will go on to lead rewarding and happy lives.



30