# Oppositional Defiant Disorder for Primary Care Physicians

Behavior issues can be very common. Up to 12% of all children can start experiencing significant psychosocial dysfunction. These types of behaviors cause significant distress for caregivers. These issues can cause problems with management of other mental health disorders. Usually these problems present first to the primary care provider due to lack of access to mental health providers. Often parents may feel shame and stigma of utilizing mental health resources for their child.

## Diagnosis

↓

Use Vanderbilt Screening - https://depts.washington.edu/dbpeds/03VanAssesScaleParentInfor.pdf

↓

### Oppositional Defiant Disorder

- Must score a 2 or 3 on 4 out of 8 behaviors on questions 19-29
- Usually diagnosed prior to the age of 8 with persistent symptoms
- Up to 3/4 of these children have some symptoms after 2 years.
- Usually children will have a more intense temperament.
- Experience negative moods.
- Difficulty with transition and less adaptable to change.
- Negative attention seeking

### Conduct Disorder

- Must score a 2 or a 3 on 3 out of 14 behaviors on questions 27-40
- Usually not diagnosed until adolescence with males being predominately affected.
- Behaviors that are out of societal norms including bullying, threatening others, cruelty to others, setting fires, and destroying property.
- In adolescence: truancy, theft, attempted burglary, deceiving others to gain goods/favors.

- Diagnostic Pearls
- Gather data from multiple sources including teachers.
- Gather a behavior focused history
  - Antecedents, Behaviors, and Consequences
  - Frequency
  - Duration
  - Determine if the aggression is planned to obtain a goal or is it poorly planned and impulsive.

# Treatment

There are no FDA approved medications for ODD and Conduct Disorder

Treat comorbid conditions accordingly.

Treatment can be broken down to child and parent oriented modalities.

## Parent

- Always use positive praise and keep praising early and often.
- When using timeout be consistent with use and no interaction when child is in timeout.
- Focus on changing one behavior at a time.
- Always try to maintain a calm presence to avoid reinforcing attention seeking behavior.
- Spend 15 - 30 minutes at least 3 times a week on an activity for the child's choosing. This would include playing together with their favorite toy.
- Make sure to have Child directed play even when child is having a poor behavior day.

Extinction Burst:

- An increase in frequency or intensity of an unwanted behavior when attempting to extinguish this behavior.
- Must be consistent and not succumb to the attempt by the child to resist the change in behavior.
- Example: A parent would always pick up a toy that the child drops on the ground. The child begins to throw the toy on the ground on purpose. Because of this the parent is advised to not pick up the toy. The child will start to throw tantrums because the parent is no longer picking up the toy.

## Child

- Individual Psychotherapy which focuses on finding rewarding ways for the child to display a desired behavior.

- Preschool Age Children
  - Behavioral Management Training
- School Age Children
  - Behavioral Management Training
  - School Based Interventions (I.e. 504 plan or social skills groups)
  - Individual therapy that focuses on problem solving
- Adolescents
  - Behavioral Management Training
  - Individual Therapy
  - The use of medication

- The use of medication when symptoms are severe.
  - Severe symptoms include being kicked out of school or multiple suspensions
  - Harming other children or siblings
  - Legal troubles

- Consider first line medication to be alpha agonist (Clonidine or Guanfacine)
  - Identify treatment goals and monitor frequency/severity of behaviors.
  - Avoid polypharmacy. Discontinue any failed treatment
- If symptoms continue to persist, risperidone (Risperdal) has the most evidence to reduce severe aggression.
  - Important to note that there are no FDA approved meidications.
  - Risperiodne (Risperdal) requires frequent therapeutic lab monitoring if used
  - Therapeutic lab monitoring includes complete blood count, comprehensive metabolic panel, and hemoglobin AIC

# Differential Diagnosis

| Diagnosis | Clinical Pearls |
|---|---|
| ADHD | - Most common, found in nearly 1/2 of all children diagnosed with ODD |
| Depression | - Often appears as irritability in children with behaviors.<br>- Children get easily annoyed by parents or older adults.<br>- Adolescents can often isolate themselves. |
| Trauma Disorders | - Children often get startled by loud noises and have maladaptive self-soothing.<br>- Children are unable to regulate their emotions and have crying episodes that occur for more than 30 min at a time. |
| Anxiety | - Children often have physical symptoms concurrent with behaviors<br>- Children often may have GI symptoms of stomach aches, nausea, as well as headaches |
| Substance Abuse | - Children and adolescents may be disoriented and inebriated.<br>- Children may abuse over the counter drugs that can cause aggressive behavior. |
| Intellectual Disabiliity | - Children have difficulty understanding directions and process information slowly. |

Useful Links:

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-With-Oppositional-Defiant-Disorder-072.aspx

https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/odd/odd_resource_center_odd_guide.pd

https://daybreakacademy.org/wp-content/uploads/2018/07/Magic.pdf

https://www.clarkcountynv.gov/residents/family_services/services/parenting_project.php

https://nvpep.org/resources-faq/

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Conduct-Disorder-033.aspx