

## **A Parent's Primer on Behavior Disorders**

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Approximately 10-16% of all children display a recurrent pattern of negative and defiant behavior referred to as oppositional defiant disorder (ODD). Such children are argumentative, rude, noncompliant, angry and throw frequent temper tantrums. They seem to deliberately annoy others, appear touchy or spiteful and blame others for their own mistakes. While all children display such behaviors at times, the term oppositional defiant disorder is reserved for those children who display a constant pattern of those behaviors for at least six months. Perhaps 50% of these children persist in violating the basic rights of others and are referred to as conduct disorder (CD). Children and adolescents with conduct disorders often display aggressive or destructive behavior, repetitive lying or stealing, school disruptive behavior, or truancy. Usually these disruptive or antisocial behavior patterns are evident in early childhood, but some children begin this behavior pattern in early adolescence.

Children with oppositional or conduct disorders are unlikely to outgrow these disorders without treatment. In fact, the earlier the symptoms emerge, the greater the risk in adult life for serious antisocial or substance abuse problems.

The combination of childhood aggressive behavior and peer rejection is also highly predictive of adolescent conduct disorders. Follow-up studies have demonstrated that half of the children with conduct disorders will go on to display such problems in adulthood and one third will go on to display serious antisocial, criminal or substance abuse problems. Individuals with conduct disorder are also at higher risk for mood or anxiety disorders.

Children and adolescents with oppositional or conduct disorders may also suffer from an attention deficit/hyperactivity disorder (ADHD), a specific learning disability (LD), or a mood disorder. Such disorders are considered different or distinct disorders from oppositional defiant disorder, or conduct disorder. The combination or co-morbidity of conduct disorder and attention deficit/hyperactivity disorder, learning disabilities, or depression leads to even higher risk of future emotional, behavioral, social, academic, and vocational problems.

The terms seriously emotionally disturbed (SED) and severe behavior disorders (SBD) are used by many school districts to describe students with severe conduct disorders, severe mood disorders, or psychotic disorders. Such children or adolescents make up between .5-3% of school age children, the prevalence depending on the specific criteria used by each school district. The term behavior disorders (BD) is a more generic or "umbrella" term used to describe all children or adolescents who display persistent behavior problems.

### **How Are Behavior Disorders Diagnosed?**

Psychologists and other mental health professionals or educators will attempt to “measure” a child’s behavior through standardized rating scales completed by parents and/or teachers. A careful history of the problem will also be collected. Psychologists may make systematic observations of children’s behaviors or interactions, or ask parents or teachers to keep track of specific problem behaviors. Psychologists may also administer intelligence, academic, or personality tests to rule in or out other disorders, and physicians may rule out medical conditions. Mental health professionals use the Diagnostic and Statistical Manual of Mental Disorder (or DSMIV) to diagnose disorders and educators use state special education regulations.

Many children display temporary adjustment problems due to divorce, family disruptions, grieving, inappropriate school programs or peer difficulties, and do not meet the criteria for oppositional or conduct disorder. They would, however, also benefit from brief psychological services.

### **What Causes Behavior Disorders?**

Psychologists and other specialists are not sure of all the reasons children develop oppositional or conduct disorders. Research demonstrates that behavior disorders are associated with both genetic and environmental factors. Conduct and oppositional disorders are more common in families with a parent or sibling with severe conduct disorders, alcohol abuse, mood disorders, schizophrenia, or attention deficit/hyperactivity disorder. Conduct and oppositional disorders are also more common in families with serious marital conflicts. Inappropriate or coercive parenting styles, abuse, neglect or violence, or exposure to antisocial behavior can also contribute to behavior disorders.

### **How Are Behavior Disorders Treated?**

The most common and effective treatment for behavior disorders requires parents, teachers, and caretakers to learn and implement structured behavior management procedures. Such procedures include providing clear and specific expectations, contingently rewarding positive behavior and punishing noncompliant and antisocial behavior, monitoring children and adolescents more closely, and modeling appropriate prosocial and problem-solving behaviors. Although many parents have tried these procedures on their own, successful treatment usually requires professional help to implement procedures skillfully and consistently. This is especially true in families where behavior problems have persisted for a number of years. Other techniques include teaching children and adolescents specific social, communication, and problem-solving skills, utilizing token reinforcement systems or powerful rewards, and maintaining records to promote consistency over a long period of time. Usually such procedures are taught in family therapy sessions. Cognitive or supportive therapy, group therapy and social skills training groups are also utilized at times to teach specific skills, and to treat associated problems such as depression, low self-concept, or friendship problems. In general, the more antisocial or “out of control” the child, the less effective individual or group therapy is, and the more direct and structured the behavior management procedures must be. The length and frequency of therapy are usually determined by the severity and history of the problems. Mild or moderate behavior problems may only require a few sessions, while severe oppositional or conduct disorders often require lengthy and comprehensive services. Medications such as stimulants, antidepressants, clonidine, mood stabilizers, and antipsychotics have been

found helpful in some cases, but no medications alone or in combination with psychological therapies have been demonstrated to be consistently beneficial.

Many experts believe that conduct disorder is a chronic lifelong disorder which requires evaluation, intervention, and monitoring over the course of one's life. It therefore seems much wiser to implement psychological services at the earliest stage, hopefully preventing behavior problems from progressing into a conduct disorder. Many studies have demonstrated that these specific psychological therapies can bring about lasting improvement when implemented before a behavior disorder becomes severe.

If you would like more information on behavior disorders, learning disorders, or attention deficit hyperactivity disorder, please call:

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