IOWA HEALTH CARE | Stead Family Children's Hospital

BEHAVIOR BASICS: WHEN TO WORRY, WHAT TO DO

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Disruptive behavior can occur at every stage of development. It is important to consider that many behaviors that are perceived as negative or disruptive are developmentally normative. Examples of disruptive but expected behaviors include a toddler having tantrums, a young child lying, and an adolescent not following all of their caregiver's expectations. Factors to consider when determining if a disruptive behavior has reached a level warranting intervention include the behaviors' duration (often six or more months), its frequency (extremely often), and its severity (intense with strong potential to cause harm to child and/or others). There is a good chance that there are associated safety concerns with the behavior.

Developmentally appropriate disruptive behaviors:

Pre-mobile infants:
- Crying to communicate needs
- Cluster feedings

Mobile infants:
- Taking toys from others
- Mouthing toys
- Climbing or crawling on others
- Knocking things down
- Stranger anxiety

Toddlers:
- Biting
- Saying, "No"
- High levels of activity and trouble sitting still
- Wanting to do things independently ("Me do it!")
- Whining and crying
- Saying "mine" even about items that aren't theirs

Preschoolers:
- Fears and vivid imaginations
- Telling others what to do
- Tattling

School age children:
- Stubborn, refuses to do something
- Bossy, likes to be in control
- Not liking criticism
- Still emerging independence – wants things their own way

Adolescents:
- Wanting more independence
- Rebellious attitude
- Needing more sleep
- Mood swings
- Aggression
- Lying or hiding facts
- Arguing
- Changing one's appearance
- Worrying about physical appearance
- Refusing to do chores
- Decreased communication
- Indecisiveness
- Romantic feelings

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DSM-5 DISRUPTIVE BEHAVIOR DISORDERS:

Oppositional Defiant Disorder | Conduct Disorder | Disruptive Behavior Disorder

Epidemiology of Disruptive Behavior Disorders:

- Oppositional Defiant Disorder (ODD) and Conduct Disorders (CD) are common
- 2% to 16% of youth have an ODD
- The prevalence of CD is 6% to 9% and is more commonly diagnosed in boys
- Steiner and Remsing (2007) indicate that approximately two-thirds of children diagnosed with ODD will no longer meet diagnostic criteria after three years.
- The trajectory is often assumed to be disruptive behavior then ODD then CD then Antisocial Personality Disorder (ASPD). One reason to treat early is to prevent this trajectory.
- Earlier onset ODD is three times more likely to progress to CD.
- 40% percent of those diagnosed with CD eventually meet the criteria for ASPD.

Citations:

https://psychiatry.uams.edu/wp-content/uploads sites/120/2015/02/disruptive.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3057683/

Challenges with disruptive behavior and comorbid disorders:

By the time disruptive behavior gets to a disordered level, there is a good chance that there are comorbid disorders as well. Rarely does a disruptive behavior disorder stand alone. Additionally, other disorders can show disruptive behavior as a secondary symptom. For example, child and adolescents with ADHD can be disruptive. In this case, to reduce the behavioral issues, ADHD treatment should be maximized and the disruptive behavior may be effectively addressed. It is important to make this distinction because in medicine we always strive to treat the "underlying condition" and often underlying conditions need different treatments.

Treatments:

Therapy is the primary treatment for disruptive behaviors. Evidence-based psychotherapeutic interventions include parent behavior therapy (parent groups or dyadic sessions with child), family therapy, and some cognitive-behavioral therapy approaches. The table lists examples of common approaches by age.

Age	Treatment Approach	Examples
Preschoolers	Parent behavior therapy	Parent child interaction therapy Incredible Years
School-age children	Parent behavior therapy	Parent management training (Oregon Model) Triple P – Positive Parenting Program (Level 4)
Adolescents	Family therapy	Functional family therapy Multisystemic therapy

Psychopharmacological treatments to be considered if symptoms do not resolve with psychotherapeutic interventions:

- Alpha agonists such as guanfacine or clonidine
- Atypical antipsychotics such as risperidone or aripiprazole
- Psychostimulants such as methylphenidate or amphetamine products (with comorbid ADHD)

Ineffective treatments:

- Military-style "boot camp" programs
- Taking the child to visit prison
- Poorly supervised group psychotherapy
- Corporal punishment

PRIDE SKILLS USING SPECIAL PLAY TIME

PRIDE skills can be used by a caregiver as they follow their child's lead in play. It works best with toys like blocks, play sets, and dolls. Using **PRIDE** skills will increase positive interactions.

Praise: Say what you like about the child's actions. "Thanks for sharing your toys with me!"

Reflect: Repeat back what the child says as they play. "Yes, that is a big tower."

Imitate: Play with the same kinds of toys as your child. If the child is playing with cars, so are you.

Describe: Say what the child is doing as they play. "You put a hat on Mr. Potato Head."

Enjoy: Have a good time with your child. Show you are having fun as you play.

Tips:

- Try to spend 5 minutes each day just following your child's lead in play ("special play time").
- Avoid distractions during special play time; turn off TVs and smartphones.
- During special play time, use the PRIDE skills above and avoid asking your child questions, giving them directions, or saying negative things (e.g., no, don't, stop).
- Misbehavior that is not dangerous or destructive can be ignored during special play time.
- Special play time should happen even if the child has misbehaved at other times during the day

Families can also visit **www.cdc.gov/parents/essentials/index.html** for ideas on how to improve communication, increase consistency and predictability, create rules, give effective directions, and use age-appropriate consequences.

→ uichildrens.org/behavioral-health

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