



STUDYDADDY

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Therapy

- This is some Zen shit
- Acceptance is key
 - Don't fight it kids. Be an anxiety lover, not a fighter
- Exposure is essential
 - Graded exposure/fear ladders
- Cognitive techniques
 - Focus on reappraisal/offset worries
 - What's the worst that could happen? How likely is it even so bad? What are more likely things that would
- Psychoeducation key for panic in particular
- Dumbo's feather

Disruptive Behaviour Disorders

aka Bad Kids and Punk Teens

Don't Be So Antisocial

- What do we mean by “antisocial behaviour”
- Rule-breaking behaviour
 - Drinking, smoking, drugs, etc.
 - Skipping school/running away
 - Stealing
 - Lying
 - Vandalism
- Aggressive behaviour
 - Fighting/teasing/arguing
 - Throwing tantrums
 - Destroying property
 - Defying authority figures

Oppositional Defiant Disorder

- Now with subtypes and severity rating!
- Criterion A: A pattern of **angry/irritable mood, argumentative/defiant behavior, or vindictive behavior** lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and exhibited during interaction with at least one individual who is not a sibling.

How ODD...

- Angry/Irritable Mood
 - Often loses temper.
 - Is often touchy or easily annoyed.
 - Is often angry and resentful.
- Argumentative/Defiant Behavior
 - Often argues with authority figures or, for children and adolescents, with adults.
 - Often actively defies or refuses to comply with requests from authority figures or with rules.
 - Often deliberately annoys others.
 - Often blames others for his or her mistakes or misbehavior.
- Vindictiveness
 - Has been spiteful or vindictive at least twice within the past 6 months.

Conduct Disorder

- A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, manifested by the presence of at least three of the following 15 criteria in the past 12 months, with at least one criterion present in the past 6 months.

The CD Type

- Aggression to People and Animals
 - Often bullies, threatens, or intimidates others
 - Often initiates physical fights.
 - Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, bottle, knife)
 - Has been physically cruel to people
 - Has been physically cruel to animals.
 - Has stolen while confronting a victim (e.g., money, purse snatching, extortion, armed robbery).
 - Has forced someone into sexual activity.

- Destruction of Property
 - Has deliberately engaged in fire setting with the intention of causing damage.
 - Has deliberately destroyed others' property (other than by fire setting).
- Deceitfulness or Theft
 - Has broken into someone else's house, building, or car.
 - Often lies to obtain goods or favors or to avoid obligations (i.e., "conning").
 - Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).
- Serious Violations of Rules
 - Often stays out at night despite parental prohibitions, beginning before 13 years of age.
 - Has run away from home overnight at least twice while living in the parental surrogate home, or once without returning for a lengthy period.
 - Is often truant from school, beginning before age 13 years.

Specify Me, CD

- Childhood-onset type (symptoms before 10)
- Adolescent-onset type (no symptoms before 10)
- Unspecified onset (don't know when symptoms started)
- With limited prosocial emotions
 - Lack of remorse or guilt
 - Callous (lack of empathy)
 - Unconcerned about performance
 - Shallow or deficient affect

Age of Onset

- Childhood onset (life course persistent?)
 - More likely to be boys
 - More aggressive
 - Antisocial behaviour tends to persist
- Adolescent onset (adolescent limited?)
 - Similar rates for guys and girls
 - Less severe behaviour
 - Less likely to commit violent offenses
 - Less likely to persist into adulthood

Is ODD like baby CD

- Not really
 - ODD not seen as a precursor to CD
- Seem to be different “disorders”
- Half of kids diagnosed with CD not diagnosed earlier with ODD
- Most ODD kids do not end up progressing
 - 50% continue to display symptoms of ODD
 - 25% stop displaying symptoms of ODD

Is CD baby Antisocial Personality Disorder

- Criteria very similar. Both involve:
 - Disregard for, and violation of, the rights of others
 - Involvement in multiple illegal behaviours
- Approx 40% of children with CD develop APD
- Are they little psychopaths too?
 - Psychopathy more about interpersonal manipulation, unemotional/callous/unempathic/lack of remorse
 - Behavioural dimension too (like CD), but not the same
 - CD and APD are more about behaviour, less about the affective, superficial, manipulative, callous elements of psychopathy
 - So, maybe?

The Most Concerning T

- Callous/unemotional
 - Lack of concern for others' feelings
 - Lack of guilt/remorse
 - Lack of concern about school/work performance
 - Emotionally inhibited
 - Inability to maintain friendships
- Narcissistic/interpersonal
 - Thinks he/she is better/more important than others
 - Excessive boasting
 - Manipulating/conning others
 - Charming, but superficial
 - Emotionally reactive to being corrected
- Impulsivity
 - Acting without thinking of consequences
 - Easily bored
 - Risk taking behaviour

Causes/Theories/Associated Difficulties (who knows what's

- Social problems
 - As kids, poor regulation skills and perspective taking (might that come from?) → increased aggression/less cooperation → academic difficulties and peer rejection
 - Peer rejection can result in association with other children, increasing the probability of behaviour problems
 - Peer influences are largest in early adolescence → increased risk of problem behaviour
- Family/parenting
 - Use harsh but inconsistent punishment
 - Physical abuse, overly punitive
 - Inconsistent warmth/positivity/follow through
 - Lack of supervision
 - Family conflict

More “causes” and st

- Temperament/physiology
 - Low arousal/reactivity
 - Less responsive to punishment
 - Lack of inhibition
 - Lack of response to others’ distress
 - Impulsivity
- Social factors
 - Low SES overrepresented in legal system
 - Lack of neighbourhood resources
 - Lack of parental availability

Treatment

- Behavioural parent programs
 - See ADHD; similar idea
- Attachment
 - Family or parent work aimed at enhancing a relationships
 - Emphasizes importance of attachment relationship across the lifespan
 - Reframes behaviour in attachment terms
 - Examining the meaning of behaviour
 - Empathy for underlying factors, rather than focus on behaviour

ADHD and Conduct Problems

ADHD

- Now included with neurodevelopmental disorders
- The reason?
 - Group together disorders with early onset and persistent course
 - ADHD believed to be due to disruptions in neurodevelopment
 - Implications?
- Now for adults too!

Diagnostic Criteria

- A persistent pattern of inattention and/or hyperactivity/impulsivity that interferes with functioning or development, as characterized

Inattention

- Six (or more) of the following symptoms (present for at least 6 months)
- Inconsistent with developmental level
- Negatively impacts directly on social and academic/occupational activities
- The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or inability to understand tasks or instructions

Inattentive Symptoms

- Often fails to give close attention to details or makes mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate)
- Often has difficulty sustaining attention in tasks or activities (e.g., has difficulty remaining focused during lectures, conversations, or reading lengthy writings)
- Often does not seem to listen when spoken to directly; mind seems elsewhere, even in the absence of any distraction).
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace; starts tasks but quickly loses focus and is easily sidetracked
- Often has difficulty organizing tasks and activities; difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized; has poor time management; fails to meet deadlines

More Inattentive Symptoms

- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
- Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, keys, paperwork, eyeglasses, or mobile telephone).
- Is often easily distracted by extraneous stimuli. For older adolescents and adults, may include unrelated thoughts).
- Is often forgetful in daily activities (e.g., doing errands, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

Hyperactivity/Impulsivity

- Same requirements as inattention (at least 6 symptoms, at least 6 months, yada yada)
- Often fidgets with or taps hands or feet or squirms
- Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom or other workplace, or in other situations that require remaining seated).
- Often runs about or climbs in situations where it is inappropriate. (**Note: In adolescents or adults, may be limited to feeling restless**)
- Often unable to play or engage in leisure activities

Hyperactivity/Impulsivity

- Is often “on the go,” acting as if “driven by a motor” (e.g., is uncomfortable being still for an extended time, as in restaurants or meetings; may be experienced by others as being restless and difficult to keep up with).
- Often talks excessively.
- Often blurts out an answer before a question has been completed, completes people’s sentences and “jumps the gun” in conversations (cannot wait for next turn in conversation).
- Often has difficulty waiting his or her turn (e.g., while waiting in line).
- Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people’s things without receiving permission; **for adolescents and adults, may intrude and take over what others are doing**).

Other Criteria

- Onset of symptoms before age 12
- Symptoms present in at least 2 settings
- Interference with social, academic function
- Not better accounted for by another disorder

Specify Me

- Combined Presentation
 - Criteria for inattention and hyperactivity/impulsivity are past 6 months.
- Predominantly Inattentive Presentation
- Predominantly Hyperactive/Impulsive Presentation
- **Mild:** Few, if any symptoms in excess of those required for the diagnosis are present; minor impairments in functioning.
- **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- **Severe:** Many symptoms in excess of those required for the diagnosis, or several symptoms that are particularly severe, or the symptoms result in marked impairment in social, academic, or occupational functioning.

Attention

- Attentional capacity
 - Amount of information we can remember and attend to
 - ADHD kids do not have deficits with capacity
- Selective attention
 - Concentrate on relevant stimuli and not be distracted by irrelevant info
 - Deficits in selective attention → distractibility
- Sustained attention
 - Ability to maintain persistent focus over time or when bored
 - Primary deficit in ADHD
- Alerting and preparing/initiating can also be problematic



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