Diagnosis, Case Formulation and Nationally Accepted Practice

An Approach to Disruptive Behavior Disorders

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Today’s Agenda

• Briefly review major children's impulse control disorders
• Define evidence-based treatment
• Discuss National Practice Standards (NPS)
• Highlight the treatment of Disruptive Behavior Disorders
# DSM-5 Disruptive Behavior Disorders

<table>
<thead>
<tr>
<th>ADHD</th>
<th>Oppositional Defiant Disorder</th>
<th>Conduct Disorder</th>
<th>Disruptive Mood Dysregulation Disorder</th>
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</thead>
<tbody>
<tr>
<td>• Hyperactivity</td>
<td>• Pattern of angry/irritable mood</td>
<td>• Aggression to people or animals</td>
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<tr>
<td>• Impulsivity</td>
<td>• Argumentative defiant behavior</td>
<td>• Deliberate property destruction</td>
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<td>• Inattention</td>
<td>• Vindictiveness</td>
<td>• Deceitfulness or theft</td>
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<td>• Occurs before 12 years old onset</td>
<td>• &gt; 6 months duration</td>
<td>• Serious rule violations</td>
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<td>• Two or more settings (Home, school; friends or relatives; other activities)</td>
<td></td>
<td>– Others’ basic rights</td>
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<td></td>
<td></td>
<td>– major age-appropriate social rules and laws</td>
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<td></td>
<td></td>
<td>• Severe Recurrent temper outbursts</td>
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<td></td>
<td></td>
<td>• Verbal and/or behavioral</td>
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<td>• Grossly out of proportion in intensity or duration to the situation or provocation</td>
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<td>• Inconsistent with developmental level</td>
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<td>• Angry or irritable most of the day nearly every day</td>
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Diagnostic Assessment

- Joint effort to identify specific disorders that respond to treatment
- Both an activity and the end product
- Requires multiple sources of information
Multidimensional, Multifactorial Etiologies

- Biological (genetics and physiology)
- Psychological (perceptions and adaptations)
- Social (family, school, community)
- Stakeholders (agencies and government)
Hypothetical Vignette

• 11 year old 4th grade boy with ADHD and mathematics disorder living with single mother and three younger siblings

• Receives 3 day suspension after missing recess to complete homework, throws a chair at the teacher and screams “I hate you, you b ------. You are just like my mother.”

• When asked if he received his medication that morning, he cursed at the principal
### 4-P Model

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<th>Predisposing</th>
<th>Precipitating</th>
<th>Perpetuating</th>
<th>Protective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological</td>
<td>ADHD, several concussions</td>
<td>N/A</td>
<td>Not receiving ADHD medication</td>
<td>Previous very + med response; generally healthy, high IQ</td>
</tr>
<tr>
<td>Psychological</td>
<td>Irritable temperament; Mathematics Disorder</td>
<td>Being made to miss recess to complete homework elicits anger</td>
<td>Easily frustrated; rejection sensitive; poor at problem solving</td>
<td>Hard worker, likes $, wants to please</td>
</tr>
<tr>
<td>Social</td>
<td>Not on medication due to family conflicts</td>
<td>Last night, he could not watch favorite TV show because homework incomplete</td>
<td>Depressed mother does not press case for medication use</td>
<td>+ relationship with maternal uncle who takes/values medication</td>
</tr>
</tbody>
</table>
Principles of Child Treatment

• Children live in a context of caregiving adults:
  – True for pediatrics
  – True for behavioral health issues
  – Needed for normal development
• Family involvement & therapy is critical for good outcomes
• Without family buy-in, other treatment methods have little success
What Are and Why Use National Practice Standards?

• National professional organizations have determined which clinical research findings can be confidently believed*
• Institute of Medicine studies find that interventions using national practice standards have better outcomes than treatment as usual

*American Psychiatric Association Practice Guidelines (www.psychiatry.org)
American Academy of Child and Adolescent Psychiatry Practice Parameters (www.aacap.org)
Nationally Accepted Treatment

• Biological
  – Medication (EB +++): All ages

• Psychological
  – Individual therapy to improve problem solving. (EB +++): School-aged children

• Social
  – Family therapy with Parenting Skills Training to resolve family conflict, improve communication, and shape behavior through consistent rewards and sanctions. (EB +++): All ages
Multimodal Treatment

• Parent Management Training
• Problem Solving Skills Training
• Social Skills Training
• Chemical Dependency Treatment
• Educational Accommodations
• Medication Management (if indicated)
Family Centered Practices

• Greatest empirical support
  – Increases efficacy compared to individual treatment

• Lowest risk
  – Demonstrates safety with low suicide risk

• Economically reasonable and feasible
  – Costs much less than placement and treatment

• Socioculturally competent
  – Develops from caregiver values
Family Therapy: Specific Issues

• What is this?
• Why should parents not be offended?
• What does it entail?
• How quickly does it work?
• What does it help?
Family Therapy

• Helps communication and enables more efficient adult problem solving
• Increases strengths, wisdom, and supports for caregivers
• Tempers high levels of reactivity and emotion
• Puts parents back in control
• Outcome related to comprehensive inclusiveness and session frequency
Parent Skills Training

• Reduce positive reinforcement of disruptive behavior *(extinguishes disruptive behavior)*

• Increase reinforcement of desired and compliant behavior through positive reinforcement *(catches them being good)*

• Apply consequences and/or punishment for disruptive behaviors *(lets them know you are serious)*

• Make parental response predictable, contingent, consistent, and immediate *(lets them know your expectations)*
Parent Skills Training versus CBRS

- PST has extensive scientific support, CBRS does not
- PST enables parents, not providers, to parent their children
- Parents control the reinforcers, not someone from outside the family
- Parents have greater availability to monitor and alter behavior, if given skills
Summary

• There are evidence-based treatments for DBD’s**
• These treatments are codified in national practice standards
• Parents, not providers, are the central principle of child treatment

Thank you!

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