Diagnosis, Case Formulation and Nationally Accepted Practice

An Approach to Disruptive Behavior Disorders

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Today's Agenda

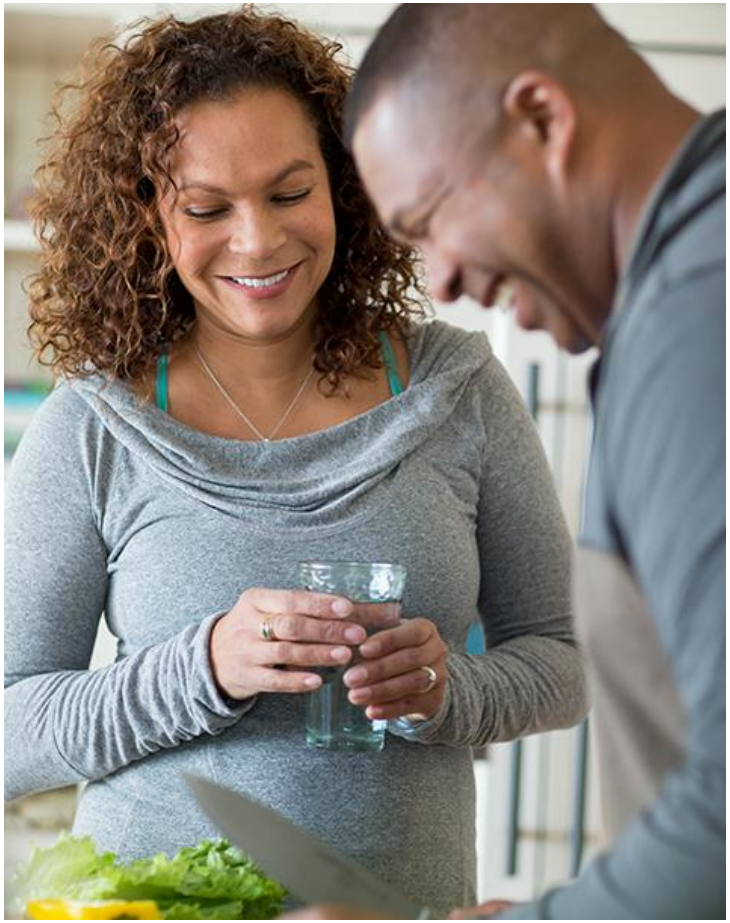
- Briefly review major children's impulse control disorders
- Define evidence-based treatment
- Discuss National Practice Standards (NPS)
- Highlight the treatment of Disruptive Behavior Disorders

DSM-5 Disruptive Behavior Disorders

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

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

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

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

**http://www.nrepp.samhsa.gov/.

Thank you !

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