

Disruptive Behavioral Disorders

How can children with disruptive behavioral disorders be identified?

- Children with disruptive behavioral disorders often stand out in the classroom because they have significant difficulty with
 - Following directions
 - Staying calm when they are challenged or frustrated
 - Being safe with themselves, other children, and the classroom
- The level of disruptive behavioral patterns is more intense than typical behavioral patterns in the age group, which can create difficulties in the child's functioning with peers, at home, in public, or in school.

How common is it?

The term *disruptive behavioral disorders* includes a number of problems, usually oppositional defiant disorder and conduct disorder. In preschoolers, *disorder of disruptive anger and aggression* is a more developmentally specific way of categorizing problems with extreme emotional and behavioral reactions.¹ The number of children who receive diagnoses of disruptive behavioral disorders are as follows:

- Preschoolers: Just under 10%²
- School-aged children and adolescents: About 5% to 6%³

It is more common in

- Boys than girls in preschool only (same rates in older children)
- Children exposed to adversity at home or in the community
- Children with a family member who has behavioral or emotional difficulties

But anyone can display disruptive behavioral disorders.

What are the behaviors usually seen?

- Young children who display disruptive behavioral disorders may have trouble with
 - Following directions and rules
 - Being respectful with adults



- Staying calm, especially when frustrated
- Taking responsibility for mistakes and behaviors
- Staying safe with themselves, others, and the environment (ie, may show aggressive and/or destructive behaviors)
- Children with disruptive behavioral disorders do not just have a “bad day”; they have consistent behavioral patterns that last at least 6 months.
- In young children, disruptive behavioral disorders often reflect the fact that a child is struggling to organize his or her behaviors when the child is experiencing strong emotions. So, this diagnosis can be thought of an emotional disorder in which the observable behavior patterns show the child's internal emotional difficulties.

When should a more concerning issue be suspected?

Disruptive behavioral problems indicate signs of a concerning clinical problem when they

- Include prolonged tantrums
- Involve breaking things or hurting other people
- Interfere with a child's participation in classroom activities or peer relationships

Disruptive Behavioral Disorders (continued)

What are typical management strategies in the behavioral support plan?

- Children with disruptive behavioral problems benefit from even more structured approaches to positive behavioral strategies. This can sound counterintuitive, because the child with disruptive behavioral disorders is showing some behaviors that are not worthy of praise. However, children with disruptive behavioral disorders usually also demonstrate some positive behaviors that can be supported with praise.
- Specifically, adults can help children with disruptive behavioral disorders to be motivated for on-task and prosocial behaviors and feel good about themselves by providing positive attention for on-task behaviors such as
 - Following directions
 - Sitting quietly (even for just a bit longer than usual)
 - Being gentle
 - Staying calm when limits are set
- Examples of positive attention can include
 - Praise that is specific for the behavior: “Good job waiting!” or “Thank you for using your inside voice.”
 - Describing what you see the child doing: “I see Joey sitting on his circle spot.”
 - Repeating what the child says: when the child says, “I’m drawing a circle,” respond with, “Yes! You *are* drawing a circle.”
 - For older preschoolers, a structured approach to setting clear expectations by using a positive behavior chart can be helpful. A behavior chart defines expected positive behaviors and a child receives a smiley face, sticker, or stars when he or she achieves the desired behavior.
- Giving attention fuels behaviors (good and bad), so avoid giving attention to mildly disruptive behaviors that disrupt the learning environment or display failure to cooperate but do not cause harm and that are not unsafe. Withdrawing attention from low-level behaviors takes away the motivation for those behaviors when applied consistently.

- Use clear, consistent consequences for unsafe, inappropriate behaviors, such as aggression. Clear consequences may include removal of a privilege for a brief period, removal from playing for a brief period, or receiving a time-out. Children with disruptive behavioral disorders will succeed best if they know how they can work to earn back the privilege they lost.

When should I ask for additional support?

- A mental health consultant can help tailor expectations for children with disruptive behavioral disorders and develop appropriate behavioral plans.
- Young children who appear to have a disruptive behavioral disorder should undergo a full assessment by a pediatrician or developmental or mental health professional who has expertise in working with young children. These clinicians can help caregivers to understand the meaning or purpose behind the behaviors and, therefore, how to help the child. The child may have a disruptive behavioral disorder or another problem, including depression, anxiety, posttraumatic stress disorder, autism spectrum disorder, a developmental delay, or reaction to a stressful life event.
- The recommended treatment for disruptive behavioral disorders is behavioral therapy based on the same principles as described previously for classroom behavioral plans. These behavioral treatments are often called *parent management training* because the caregivers are taught the same skills that therapists use to help a child practice on-task behaviors.
- Children’s therapists, doctors, or clinicians who treat a disruptive behavioral disorder may ask teachers to complete questionnaires that ask about the child’s symptoms. Communicating teachers’ observations through these questionnaires and/or conversations with the clinician are helpful in treatment planning. The more information that is made available to the child’s therapist, the more specific the treatment plan can be.

Disruptive Behavioral Disorders (continued)

What training and/or policies may be needed?

Training child care and early educational staff members in positive behavioral management techniques can help children who have disruptive behavioral disorders to be more successful.

It can also be helpful to provide training in responding to a child with unsafe behaviors to keep the child and the other children safe. In general, although teachers can use specific strategies with an individual child, it is important that centers and schools develop systematic strategies that provide support to individual teachers and the entire classroom.

Where can I find additional resources?

- Green RW. *The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children*. New York, NY: HarperCollins Publishers; 2014
- American Academy of Child and Adolescent Psychiatry: ODD: a guide for families (https://www.aacap.org/app_themes/aacap/docs/resource_centers/odd/odd_resource_center_odd_guide.pdf)

References

1. Zero to Three. *DC:0–5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*. Washington, DC: Zero to Three; 2016
2. Egger HL, Angold A. Common emotional and behavioral disorders in preschool children: presentation, nosology, and epidemiology. *J Child Psychol Psychiatry*. 2006; 47(3-4):313–337 PMID: 16492262 <https://doi.org/10.1111/j.1469-7610.2006.01618.x>
3. Canino G, Polanczyk G, Bauermeister JJ, Rohde LA, Frick PJ. Does the prevalence of CD and ODD vary across cultures? *Soc Psychiatry Psychiatr Epidemiol*. 2010;45(7): 695–704 PMID: 20532864 <https://doi.org/10.1007/s00127-010-0242-y>

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