Pediatric Behavior Problems: ODD and DMDD

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Acting out: What to call it

Externalizing disorders
- Oppositional Defiant Disorder (ODD)
- Disruptive Mood Dysregulation Disorder (DMDD)
- Conduct Disorder
- Intermittent explosive disorder
- Bipolar disorder
DSM 5

ODD
- Angry/Irritable Mood
  - 1. Often loses temper.
  - 2. Is often touchy or easily annoyed.
  - 3. Is often angry and resentful.
- Argumentative/Defiant Behavior
  - 4. Often argues with authority figures
  - 5. Often actively defies or refuses to comply with requests from authority figures or with rules.
  - 6. Often deliberately annoys others.
  - 7. Blames others for mistakes or misbehavior.
- Vindictiveness
  - 8. Has been spiteful or vindictive

DMDD
- Severe recurrent temper outbursts
  - verbally (e.g., verbal rages)
  - behaviorally (e.g., physical aggression toward people or property)
  - Outbursts are:
    - grossly out of proportion in intensity or duration to the situation or provocation.
    - inconsistent with developmental level.
- The temper outbursts occur multiple times a week and are present for 12 or more months
- Persistently irritable mood between temper outbursts
- Present in at least two settings.
- Age 6 years to 18 years.
The DMDD story: moving away from bipolar

- Increased diagnosis of bipolar in kids
- Using mood stabilizers for behavior (AEDs and antipsychotics)
- Children diagnosed bipolar did not meet criteria as adults
- Chronic/persistent irritability vs episodic irritability
Real life

- No one reads the text book
- Our categories are syndromes or clusters of symptoms that may represent multiple disorders
Behavior serves a purpose

- Get something
  - Attention
- Avoid something
- Modeling
  - Navigate the world
Treatment: Medications

- “Behavioral treatments for behavioral problems”
- Treat the underlying condition
  - ADHD
    - Impulsivity
    - Mood instability
  - Anxiety
    - Irritability
  - Depression
    - Irritable mood
  - Autism
  - Trauma disorders
A word about antipsychotics and mood stabilizers

- Side effects
  - Metabolic syndrome (obesity, hyperlipidemia, diabetes, heart disease)
  - Dystonia/EPS
  - Tardive dyskinesia
  - Others: SJS, NMS, liver toxicity, seizures, QT prolongation
Clinical pearl

- Guanfacine
  - Hyperactivity
  - Opposition
  - Impulsivity
Treatment: Therapy

- “Treat behavior problems with behavioral interventions”
- Parent child interaction therapy (PCIT)
- The Incredible Years
- 1-2-3 Magic
- “Wrap around” services or multisystem approaches
In Office Interventions: Parenting techniques

- Prevention
- Distraction
- Special time/Time in
- Active/Planned ignoring
- Positive reinforcement
- Time out
- Corporal punishment
Prevention

- Give warnings about transitions
  - “We will clean up in 5 minutes” “1 more minute and it is time to go”
- Clear positive prompts
  - “Stop that” vs “Be a good boy” vs “Soft hands”
  - Eye contact, get down to kids level
- If, then statements
  - “If you clean up now, you will earn a sticker”
- Offer choices
  - “Put the cups or the plates on the table”
- Avoid hunger and tiredness
Distraction

- The place to start, especially in toddlers
- Most parents already do this

- Reading
- Bubbles
- Games
- Songs
Special time

- 10-15 minutes everyday
- Child directed play
- Descriptive commenting
- Parallel play
- Provides positive attention
- Parent and child to enjoy each other again
Active/Planned ignoring

- Used for “annoying/irritating” behavior; tantrums
- Attention to tantrums is reinforcing
- Turn away, leave the room
- Calm voice, blank face
- If you must say something, one short sentence
- Return attention as soon as see desired behavior
Positive reinforcement

- Tangible reward for desired behavior
- Start with immediate rewards
  - Praise and attention are rewards
- Token economies teach delayed gratification
- Pick 1-2 target behavior
- Rewards may need to change to stay motivating
- Catch children doing good
Time out

- Start with 1-2 target behaviors
  - Mostly for aggressive behavior, sometimes for non-compliance
  - Identify ahead of time
- Really a higher level of ignoring
  - Minimal attention and language
  - Calm voice, flat face
  - Turn away or leave the room
Time Out Technique

- One calm sentence
  - “You are going in time out for hitting your sister”
- Specific area/chair
- Use a timer
- 1 minute per age
- Back in time out if not calm or behavior resumes
- Once calm = resume positive attention
Corporal punishment
Tips

- These are hard to do with fidelity
  - Be patient and supportive with families
  - Lifestyle changes
- “Good enough parent”
- Warn about extinction burst