

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.

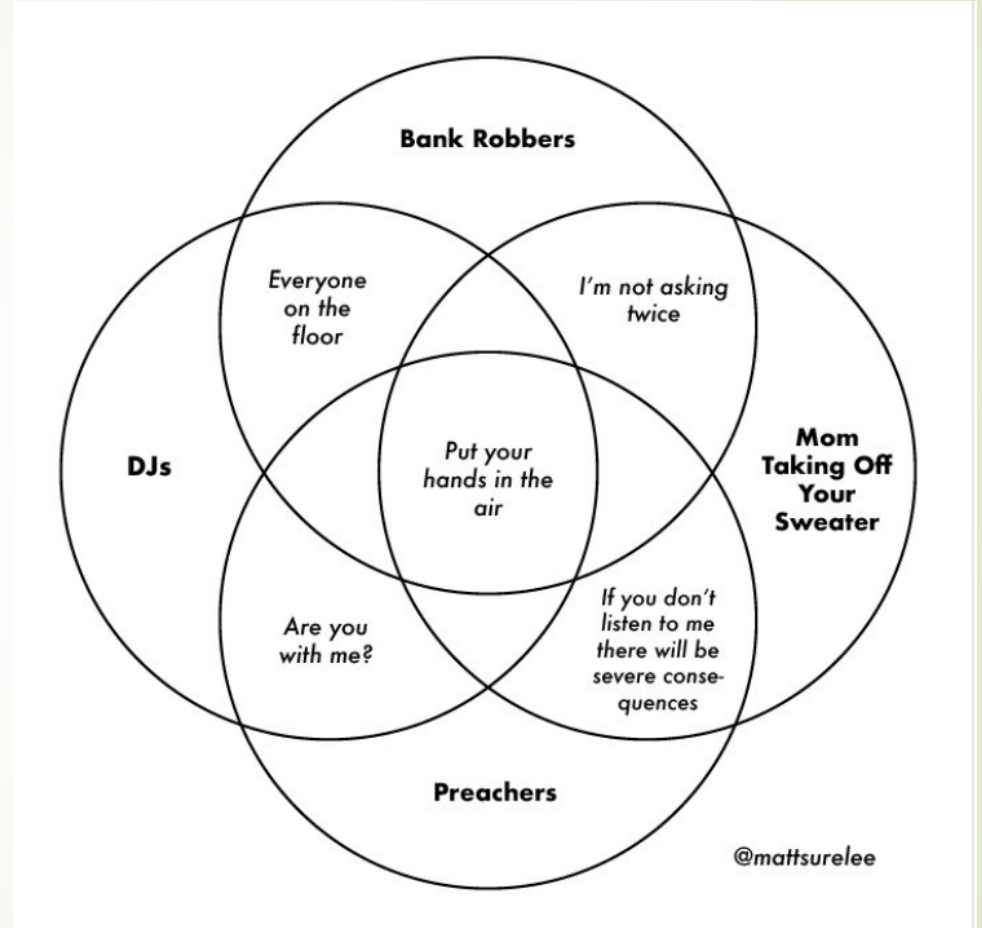


The DMDD story: moving away from bipolar

- ▶ 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

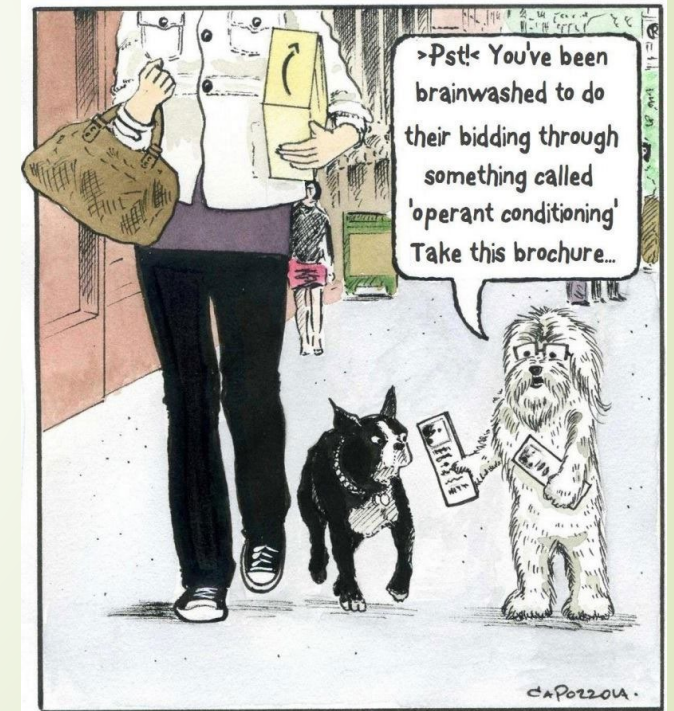
- ▶ Used for “annoying/irritating” behavior; tantrums
- ▶ Attention to tantrums is reinforcing
- ▶ Turn away, leave the room
- ▶ Calm voice, blank face
- ▶ If you must say something, one short sentence

- ▶ Return attention as soon as see desired behavior

**IGNORE
MODE**
ON

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