

Disruptive Disorders



Disruptive Disorders are what health professionals call the problems our children are having when they have difficulty in following the rules that most other children accept. The most common disruptive behaviour disorders include oppositional defiant disorder (ODD), conduct disorder (CD) and attention deficit hyperactivity disorder (ADHD).

Beyond normal Naughtiness

Disruptive behavior disorders are among the easiest to identify of all coexisting conditions because they involve behaviors that are readily seen such as temper tantrums and physical aggression, including attacking other children, excessive argumentativeness, stealing, and other forms of defiance or resistance to authority. Some names given to the extreme form of these behaviours are as follows.

Oppositional Defiant Disorder

Oppositional Defiant Disorder is a term used to describe children who become angry quickly and argue a lot. Oppositional defiant disorder is more common in younger children who frequently defy their parents and teachers. These children are not usually cruel, bullying, deceitful or antisocial; but they may develop these behaviours if their problems are not dealt with.

Symptoms and Signs

Typically, children with ODD tend to frequently do the following:

- Lose their temper easily and repeatedly
- Argue with adults
- Defy adults
- Refuse to obey rules
- Deliberately annoy people
- Blame others for their own mistakes or misbehavior
- Be easily annoyed and angered
- Be spiteful or vindictive

Many affected children also lack social skills.

Conduct Disorder

Conduct Disorder is a term used to describe children who have the problem of constantly breaking reasonable rules set by parents or teachers.

Children or adolescents with CD lack sensitivity to the feelings and wellbeing of others and sometimes misperceive the behavior of others as threatening. They may act aggressively, by bullying and making threats, brandishing or using a weapon, committing acts of physical cruelty, or forcing someone into sexual activity, and have few or no feelings of remorse. Sometimes their aggression and cruelty is directed at animals. These children or adolescents may destroy property, lie, and steal. They tolerate frustration poorly and are commonly reckless, violating rules and parental prohibitions (eg, by running away from home, being frequently truant from school).

CD behaviors differ between the sexes. Boys tend to fight, steal, and vandalize; girls are likely to lie, run away, and engage in prostitution. Both sexes are likely to use and abuse illicit drugs and have difficulties in school. Suicidal ideation is common, and suicide attempts must be taken seriously.



Attention Deficit Hyperactivity Disorder

• Attention Deficit Hyperactivity Disorder (ADHD) is a term used to describe our children if they are more overactive, excitable, distractible and impulsive than most other children, most of the time. ADHD problems may also be associated with attention, concentration and other learning problems. ADHD affects an estimated 5 to 11% of school-aged children. However, many experts think ADHD is overdiagnosed, largely because criteria are applied inaccurately. Overall, ADHD is about twice as common in boys, although the ratios vary by type. The predominantly hyperactive/impulsive type occurs 2 to 9 times more frequently in boys; the predominantly inattentive type occurs with about equal frequency in both sexes. ADHD tends to run in families.

Onset often occurs before age 4 and invariably before age 12. The peak age for diagnosis is between ages 8 and 10; however, patients with the predominantly inattentive type may not be diagnosed until after adolescence.

Core symptoms and signs of ADHD involve

- Inattention
- Impulsivity
- Hyperactivity

Inattention tends to appear when a child is involved in tasks that require vigilance, rapid reaction time, visual and perceptual search, and systematic and sustained listening.

Impulsivity refers to hasty actions that have the potential for a negative outcome (eg, in children, running across a street without looking, in adolescents and adults, suddenly quitting school or a job without thought for the consequences).

Hyperactivity involves excessive motor activity. Children, particularly younger ones, may have trouble sitting quietly when expected to (eg, in school or church). Older patients may simply be fidgety, restless, or talkative—sometimes to the extent that others feel worn out watching them.

All children and young people can be difficult sometimes. In some children, it can be a reaction to the stress of what is happening to them. If we, as parents, are going through a divorce, or our children are leaving primary school to go to high school, then our children may become very stressed and be hard to live with. But the sort of problems we are discussing here - disruptive disorders in children - last longer and are more difficult.

Children with a disruptive disorder do not always respond to our care and concern, and often push away those who want to help.

When do we need to seek professional help? This fact sheet suggests that if your family is finding it difficult to cope and you have lost confidence in how to deal with your child's behaviour, or their behaviour is disrupting your child's life at preschool, day care, school, etc., or it leads to them or someone else being hurt, seek help. Speak to your GP or Community Health staff, and ask for an assessment for your child.



Other examples of disruptive disorder behaviours

- Not doing as they are told. Most children disobey sometimes, but children with disruptive disorders disobey almost all the time, even when they know they may be punished.
- Having tantrums that are much more frequent and severe than the average child their age.
- Becoming aggressive and carrying out destructive behaviour. This may involve damage to people's property, or stealing, or threatening or dangerous behaviour.
- Always disagreeing, arguing and making small situations seem bigger than they really are.
- Children with disruptive disorder often want to have the last word.
- Refusing to do everyday tasks such as homework and attending to personal cleanliness. Most children are likely to have untidy rooms and to be hesitant to help with the housework. However, constant refusal to do anything to help and a disregard for basic cleanliness and hygiene is less common.
- All children lie, especially if they are frightened of getting into trouble or want something desperately. However, some children with a disruptive disorder lie repetitively, even when they do not need to.
- Children with a disruptive disorder often show other antisocial behaviours such as excessive anger and swearing, offensive behaviour such as spitting at people, and repeatedly disregarding the rights and feelings of others.

Want more information?

Autism Spectrum Australia (ASPECT) Autism Information line 02 8977 8377

<http://www.autismnsw.com.au/publications/infosheets.asp>

Kids Helpline

Phone 1800 55 1800

Phone, web or email counselling, resources and activities for children and young people 5 to 25 years.

www.kidshelp.com.au

Parentline NSW

Phone 1300 1300 52

For advice on child health and parenting.

www.parentline.org.au

Beyond Blue

Phone 1300 224 636, 24 hours Speak to a mental health professional about how you feel no matter how big or small the problem.

www.beyondblue.org.au

Lifeline

Phone 13 11 14, 24 hours

Crisis support and suicide prevention.

www.lifeline.org.au

Healthy Minds

Phone 1300 137 237

Healthy Minds allows people who have a health care card to access a psychologist at no cost. You will need to go to your GP and ask for a Healthy Minds referral under the 'Access to Allied Psychological Services (ATAPS)', and your GP will have a list of participating psychologists that they can refer you to.

Local Services

Lismore Community Health - Child and Family

Phone 02 6620 7687

8am – 5:00pm, Monday to Friday to make an appointment.

Headspace

Phone 02 6625 0200

National Youth Mental health service for 12 - 25 year olds.

Lismore Community Mental Health

Phone 02 6620 2300

60 Hunter Street, LISMORE, 2480

Mental health Access Line

Phone 1800 011 511

Social Futures - Ability Links

Phone 1300 792 940

Support people with disability, their families and carers by providing them with a locally based first point of contact to access supports and services in the local community.

Refer to Service Listing for contact details of other local services

