Children and teens can seem irritable or even hostile when they are tired or aren’t feeling well. They may argue with parents or disobey them because they are trying to show that they’re growing up.

Young children may lie because they are too young to understand the difference between the truth and a lie. Sometimes they lie to get themselves out of trouble. This is normal. When they act this way all the time, or when this behaviour gets them into trouble all the time at home, at school, or with other kids in the neighbourhood, they may have what we call a disruptive behaviour disorder.

There are two main types of disruptive behaviour disorders – Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD).

A child who has a lot of temper tantrums, or is disobedient or argues with adults or peers on a regular basis, may have Oppositional Defiant Disorder (ODD). More serious problems like frequent physical aggression, stealing, or bullying may be signs of Conduct Disorder (CD).

Children with Conduct Disorder often have trouble understanding how other people think and have trouble talking to others. They may think that other people are being mean to them or wish them harm when that isn’t the case at all. Their language skills may be impaired, which means they have trouble using words and may misbehave instead. They may not know how to make friends with other children, and may feel sad, frustrated, and angry as a result.

**Types of Behaviour Problems**

**Oppositional Defiant Disorder (ODD)**

Oppositional Defiant Disorder (ODD) is a type of behaviour problem in which children are openly hostile, uncooperative, and irritable. They lose their tempers and are mean and spiteful towards others. They often do things to deliberately annoy other people. Most of their defiant behaviour is directed at people in authority, but they also sometimes behave the same way towards their siblings, playmates, or classmates. Their home life, school life, and peer relationships are seriously negatively affected because of the way they think and behave.

**Conduct Disorder (CD)**

Conduct Disorder (CD) is diagnosed when children are aggressive all the time in a way that causes problems for them and their family. They may threaten or actually harm people or animals, or they may damage or destroy property. They may steal or shoplift, or even be involved in breaking and entering. They often lie or try to “con” other people. They frequently skip school. A child with CD is not just a child being “bad”; CD is a serious psychiatric disorder that requires professional help.

**How common are behaviour problems?**

Disruptive behaviour disorders appear to be more common in boys than in girls, and they are more common in urban than in rural areas. Between 5% and 15% of school-aged children have ODD. A little over 4% of school-aged children are diagnosed with CD.

**How long do they last?**

Behaviours that may signal the beginnings of ODD or CD can be identified in preschoolers. Most children with ODD symptoms grow out of them but some do not. Some may go on to develop CD. Children and adolescents with ODD or CD whose symptoms are not treated early are more likely to fail at school, be unable to sustain romantic relationships, and have difficulty holding a job later in life. They are also more likely to commit crimes as young people and as adults.
What causes behaviour problems?

Many children with ODD have other mental health problems like depression, anxiety, or Attention Deficit/Hyperactivity Disorder (ADHD). Their difficult behaviours are often a reaction to feeling sad, anxious, or having trouble focusing.

Children with ODD are more likely than other children to have a family history of behaviour problems, mood problems, or substance abuse. Sometimes if there is conflict between family members or exposure to violence, children will respond by developing the symptoms of ODD. Having a mother with untreated depression also makes children more likely to have ODD. Both ODD and CD are associated with harsh parenting practices.

What’s normal and what’s not?

It is important to understand that children can start showing difficult behaviours when there are other stresses in their lives. It may be that there has been a death in the family, or their parents are having arguments, or they are being bullied at school. Reassuring the child and providing extra care may help to get them through these stressful times. But if the child doesn’t feel better and their behaviour doesn’t improve, it is important to seek professional help, particularly if the problems last many months and are severe.

What treatments are effective?

Programs that can be effective include parent training, family therapy, and Multisystemic Therapy (MST), an intensive program that addresses the needs of the child, their family, school, and community simultaneously. Approaches to the child that are punitive or threatening in nature are not shown to be effective and may even cause more harm than good.

Cognitive behavioural therapy (CBT) can help children with ODD improve their mood and control their anger. CBT works by making the child aware of the thinking patterns that fuel their behaviour, and teaching them ways of counteracting that thinking.

Social skills training may also be helpful to the child with ODD. Family therapy that helps change how the family functions can also help.

In treatment, it is very important to focus on other mental health difficulties the child may have. Children who have ADHD, depression, or anxiety tend to lose symptoms of ODD when their other problems are successfully treated. Medication can be helpful for the child’s other conditions. Consulting a mental health professional for diagnosis is an important part of treatment.

CD treatment options are similar to those for ODD. As CD symptoms typically occur both inside and out of the home, treatment often requires multiple approaches used at the same time.

OTHER RESOURCES:

More resources are available at offordcentre.com.

Please visit offordcentre.com/research/knowledge/resources for websites and books on this topic.