

behavioural problems in
typically developing youth...

Everything's got a moral, if only you can find it

Alice's adventure in wonderland, (chapter 9) Lewis Carroll

Symptom types

Internalising symptoms

- Depression
- Anxiety
- Somatoform symptoms

Externalising symptoms

- Anger
- Oppositional behaviour
- Defiance
- Irritable mood

•Other symptoms

Psychosis

Manic symptoms

Eating disorder symptoms

Autism spectrum

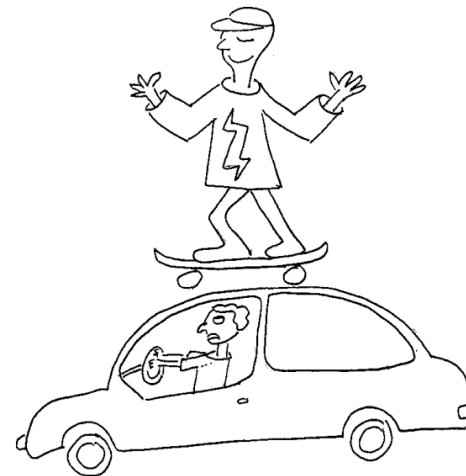
Externalising conditions

- Oppositional Defiant Disorder
- Conduct disorder
- (Attention Deficit Hyperactivity Disorder)

Oppositional defiant disorder

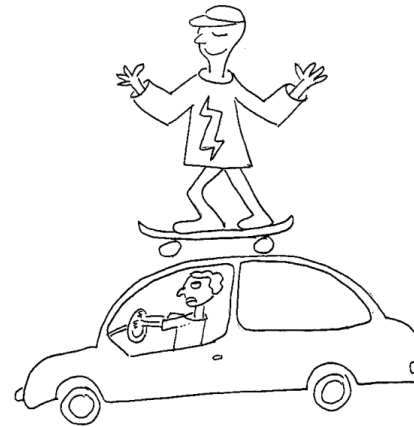
(>6/12; 4 or more symptoms)

- Often loses temper
- Often argues with adults
- Defies adults requests/rules
- Deliberately annoys people
- Blames others for his mistakes/misbehaviour
- Often touchy/easily annoyed
- Often angry and resentful
- Often spiteful or vindictive



Prevalence oppositional defiant disorder

- 3% to 10%
- Male predominance



Conduct disorder

(>12/12, 3 or more symptoms)

- Aggression to people or animals
- Property loss or damage
- Deceitfulness or theft
- Serious violation of the rules



Aggression to people or animals

- Bullies, threatens, or intimidates others
- Initiates physical fights
- Has used a weapon to cause or threaten physical harm and fear in others
- In physically cruel to people or animals
- Steals from a victim in a confrontational way
- Forces someone into a sexual activity

Serious violation of the rules

- Violates parental rules before 13 years of age
- Often stays out at night despite parental objections
- Runs away from home
- Often truant from school

Psychological factors

- Minimisation / denial
- Avoidance of responsibility
- Externalisation /Lack of responsibility
- Lack of empathy/ lack of guilt
- Sense of entitlement / own set of rules
- Response to a gradient of aggression
- Misperception of social cues
- Action orientated/ non-verbal bias
- Overvalued persecutory ideas/
suspiciousness

Conduct disorder

- Affect driven, moody, high intensity emotions
- Compartmentalisation
- Unable to prioritise
- External locus of control
- Own rules, that of their social group, but not society's rules and regulations

prevalence conduct disorder

- 1.5% to 3.4%
- Male predominance



CD subtypes

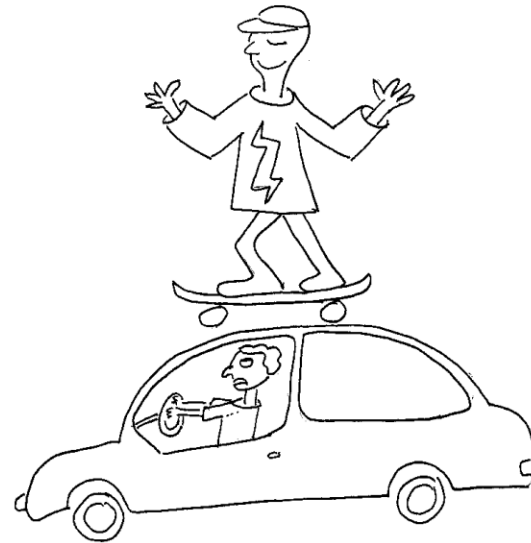
- Socialised (delinquent friends, gangs, antisocial in pairs/groups),
- Unsocialised (loner)
- Childhood onset (onset b4 10 years, more aggressive, comorbid ADHD, mainly boys, impaired peer relationships, high risk for ASPD in adult life)
- Adolescent onset (few symptoms b4 puberty, better prognosis generally, more females, delinquent friends)

Conduct Disorder

- Suspensions, truancy, expulsion, school dropout
- Learning problems
- Unemployment
- Teenage pregnancy, STDs
- Injuries, fights
- Drug use, smoking
- Suicide, homicide

Risk factors

- Parenting factors
- Familial mental health factors
- Social factors
- Neurobiological factors
- Psychological factors
- Temperament



Parenting factors

- Chaotic home life
- Child abuse
- Neglect
- Witnessing angry, violent family interactions
- Inconsistent parenting
- Lack of safe emotional environment
- Lack of responsible adult to take control
- Foster parenting/child protection

familial mental health factors

- Family history of conduct disorder/antisocial behaviour, but also alcohol dependence, mood disorders, schizophrenia, ADHD, psychosis

Psychological factors

- Executive control problems
 - Planning, judgement, sequencing, self-monitoring, inhibiting impulsiveness, concentration
- Inability to learn from mistakes
- Underachievement at school
- Interpersonal problems – social information processing problems
- Language deficits
- Low IQ

Temperament

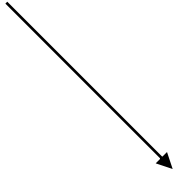
- Autonomic underarousal – low resting mean heart rate, lower heart rate variability
- Low frustration tolerance
- Interaction between the infant/child temperament and their parents

Neurobiological factors

- Serotonin metabolism
- Birth complications
- Maternal smoking in pregnancy

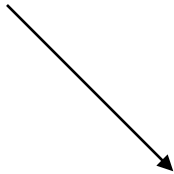
developmental lines

ADHD

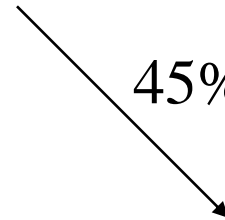


Oppositional
defiant
disorder

Developmental
DSM view



Conduct
disorder



45% (Robbins)

ASPD

ADHD

Developmental
DSM view

Oppositional
defiant
disorder

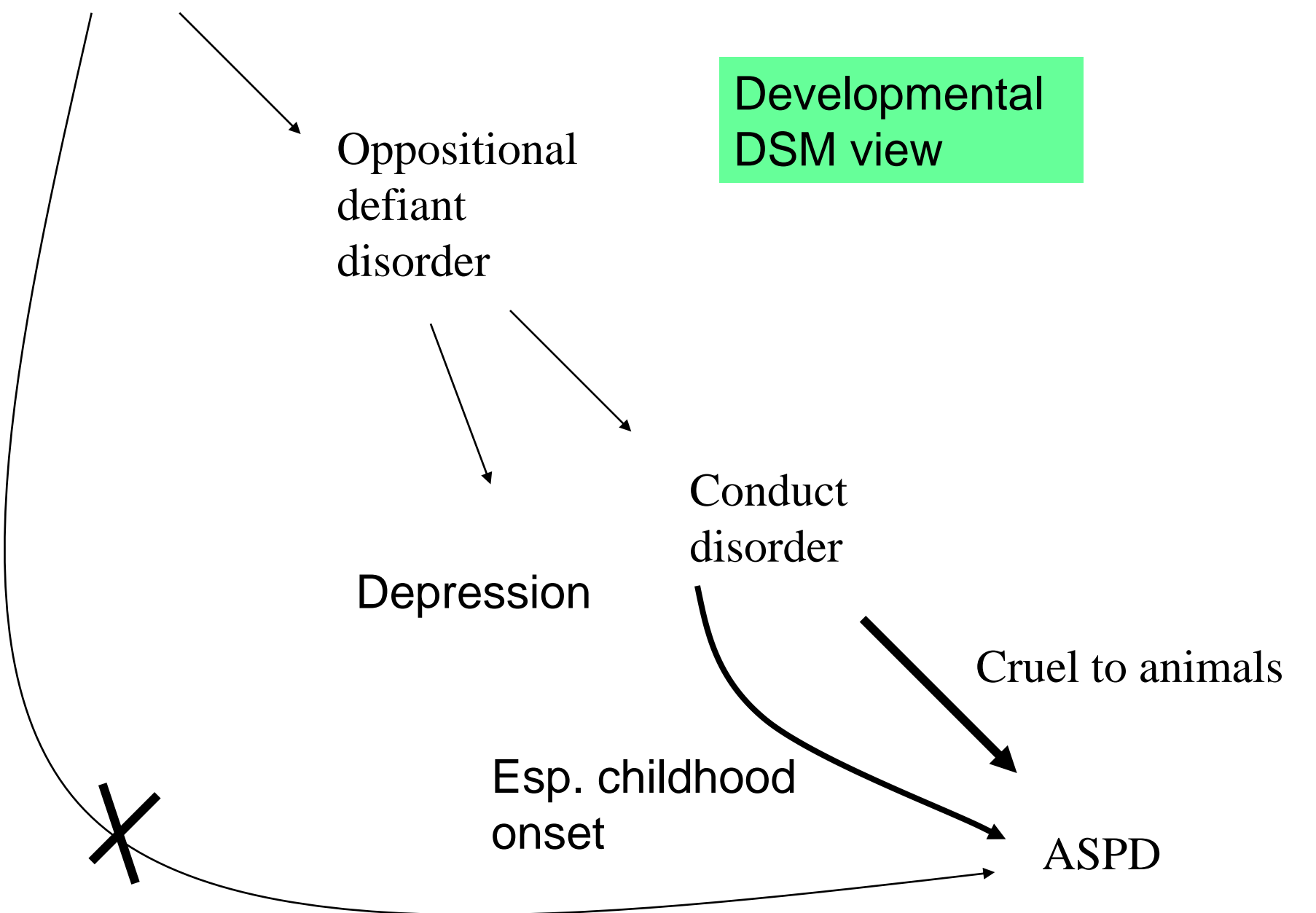
Conduct
disorder

Depression

Cruel to animals

Esp. childhood
onset

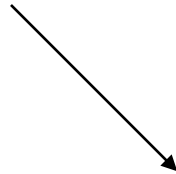
ASPD



Conduct
disorder



ASPD



Psychopath = chronic antisocial
behaviour + aggressive narcissism

Impaired parenting in family

poverty

Child protection

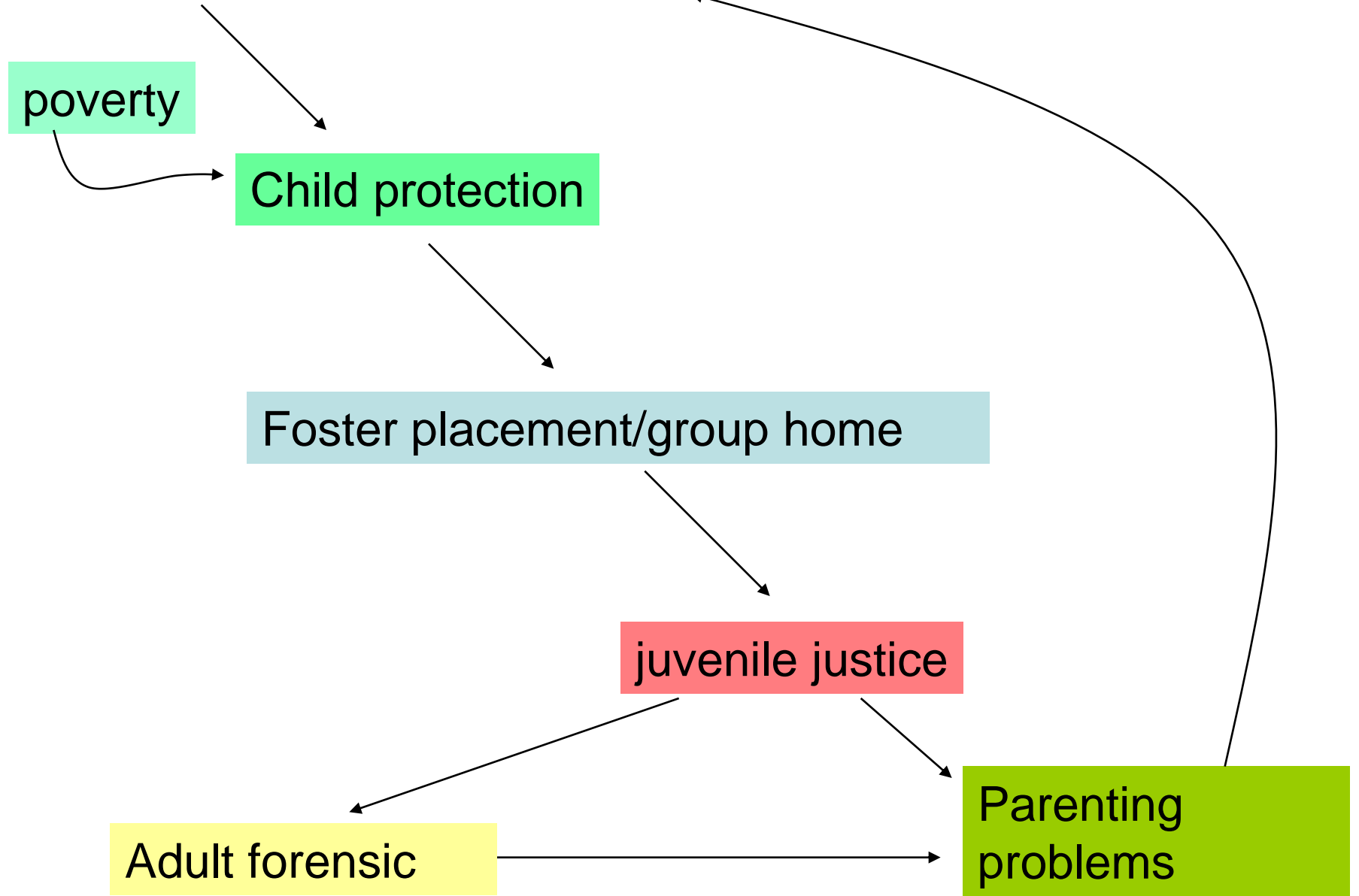
Foster placement/group home

juvenile justice

Adult forensic

Parenting problems

Social model



Witnessed violence/abuse

Behavioural model

Modelling of violence/bullying of other
+/- victim behaviour at school

Identification as problem child

Herding with other problem kids

Illicit drug use

Antisocial
behaviour esp.
in groups

Witnessed violence/victim of abuse

Psychodynamic
model

Identification with the aggressor/ repetition
compulsion/ unconsciously act out their
parents antisocial wishes/defective superego

Identification as problem child

Herding with other problem kids

Illicit drug use

Antisocial
behaviour

Conduct disorder – co-morbidity

- Depression
- PTSD
- Mania
- Gender issues; abuse
- Anxiety
- Attachment problems
- ADHD
- Learning problems
- Parental mental health problems
- Protective issues

assessment

So what are you going to do
about it?

ODD/CD

- Planned/impulsive
- Duration rage/tantrum episodes
- Examples
- Frequency
- Triggers
- Build-up
- Remorse afterwards
- Consequences/effective
- What aborts the episode
- Patterns at home and at school
- Hurting/torturing animals

Psychological factors

- Predatory aggression
(goal-oriented, planned)

vs

- Affective aggression
(impulsive, reactive)



treatment

treatment

- Multisystemic Therapy (MST) – multimodal, family-based treatment approach
- Cognitive problem-solving skills training
- Parent management training
- Insight-oriented psychotherapy
- Group therapy
- Boot camp

Pharmacological interventions

- Symptom driven vs diagnosis driven
- Affective vs predatory aggression

Bipolar Affective Disorder in children

Manic episode

- abnormal and persistently elevated, expansive or irritable mood
- inflated self-esteem or grandiosity
- decreased need for sleep
- more talkative or pressure to keep talking
- flight of ideas or racing thoughts
- distractibility
- increase in goal directed activity or psychomotor agitation
- excessive involvement in pleasurable activities associated with painful consequences

Manic symptoms

- Mood up
- Esteem up
- Sleep down
- Fast talk
- Fast thoughts
- Distractible
- Quick behaviour
- Poor choices/judgement

For ≥ 1 week
Impairment in functioning
Hospitalisation
+/- psychotic symptoms

Manic symptoms

Up

- **Mood up**
- **Esteem up**
- **Fast thoughts**
- **Fast talk**
- **Quick behaviour**

Down

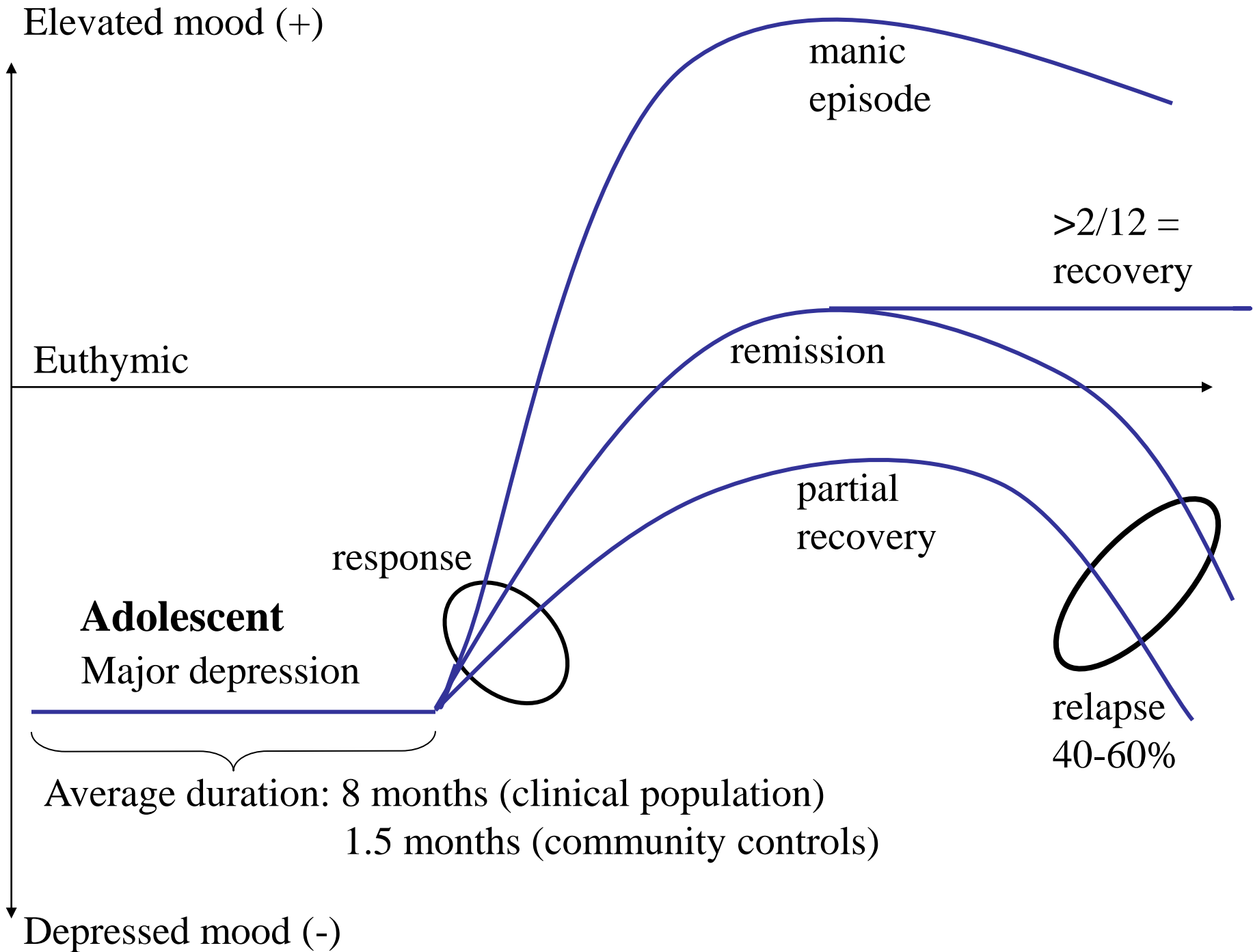
- **Concentration down**
(distractible)
- **Sleep down**
(decreased need for sleep)
- **Judgement**
down/poor choices

Manic episode

- Bright, inappropriate, outlandish dress (+/- neglect of personal hygiene)
- Over familiar, flirtatious, increased activity, distractible, restless
- Loud, pressure of speech, uninterruptible, flight of ideas, puns & rhymes
- Euphoric, irritable, anger, lability of mood, violent outbursts, disinhibition, explosiveness
- Grandiose ideas, persecutory
- May have auditory hallucinations (voices)
- Poor concentration (very distractible)
- Poor insight

Bipolar I disorder

- Bipolar I disorder; manic or mixed episode for ≥ 7 days unless hospitalised. +/- psychosis
- Mixed episodes; criteria for manic and depressive episode met for ≥ 7 days
- Bipolar II disorder; hypomania and depression (episode last ≥ 4 days)
- Rapid cycling; $4 \geq$ mood episodes per year
- Bipolar NOS; cases not meeting criteria for BAD I or BAD II.



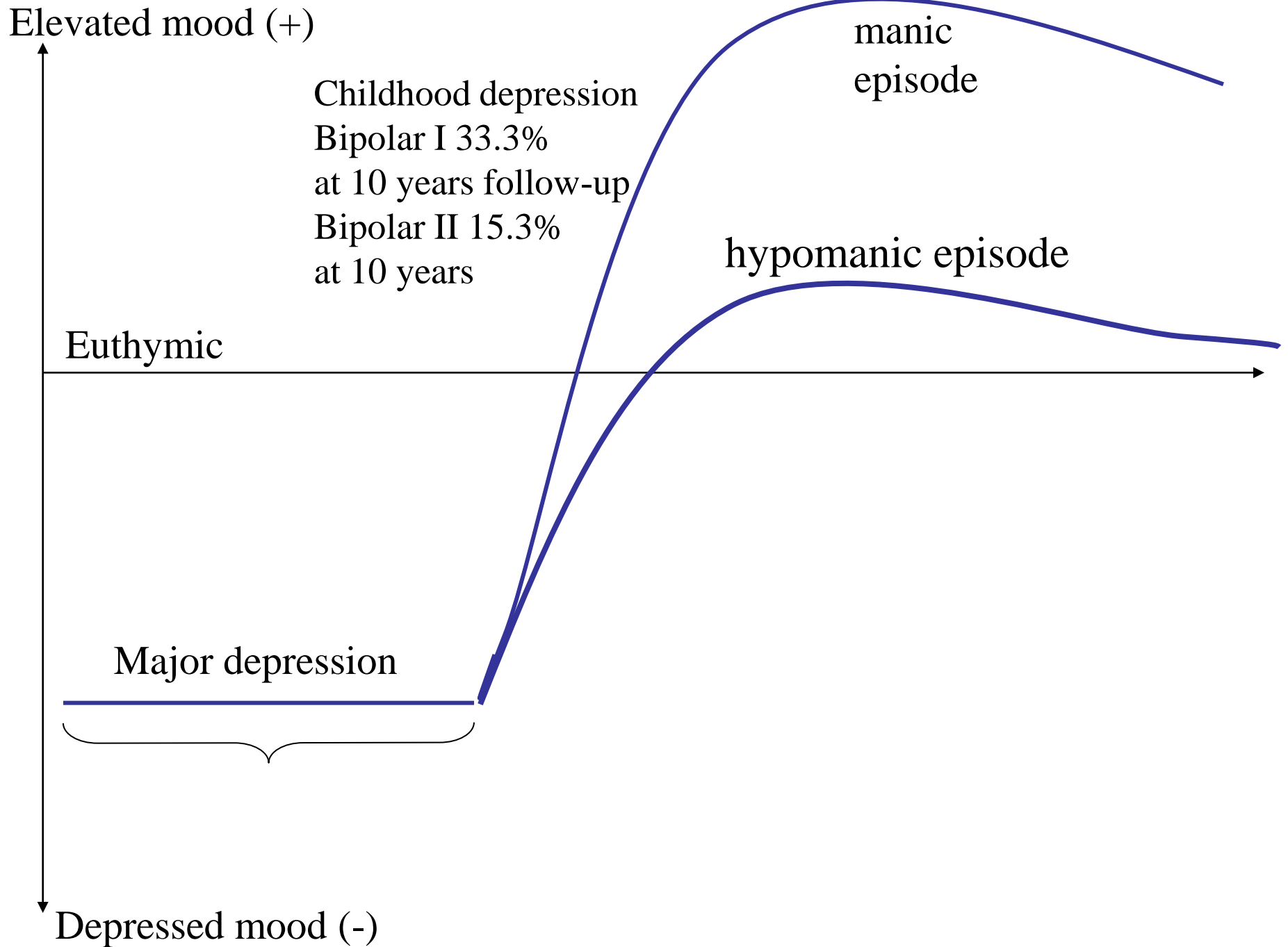
DSM IV Hypomania

occurs over 4 or more days

- A. abnormal and persistently elevated, expansive or irritable mood
- B. 3 or more of the following
 - inflated self-esteem or grandiosity
 - decreased need for sleep (feels rested after only 3 hours of sleep)
 - more talkative or pressure to keep talking
 - flight of ideas or racing thoughts
 - distractibility
 - increase in goal directed activity or psychomotor agitation
 - excessive involvement in pleasurable activities associated with painful consequences

hypomania

- Observable mood change from baseline
- Change in functioning, but no marked impairment in functioning
- Not hospitalised
- Not psychotic
- ≥ 4 days



Adult Bipolar Affective Disorder (aka manic depression)



Bipolar Affective Disorder

- BAD I = 0.4% to 1.7% population (all ages)
- BAD II ~ 0.5%
- Prevalence: Male = Females
- 7% of 1st degree relatives also have BAD (all ages).
- adult BAD twin studies - 65% MZ:15% DZ.
- BAD is part of a spectrum disorder
- BAD = enlarged brain ventricles
- 2 year outcome; 99% symptomatic recovery, 40% functional (study, work, live independently) recovery.
- Lifelong illness

Predictors of BAD in adults

- Recurrent MDD
- Early age of onset (<25 years)
- Family history of BAD in first degree family member
- Atypical depression
- Brief episodes of depression (<3 months)
- Psychotic depression
- Post-partum depression
- Antidepressant-induced mania or hypomania
- Lack of response to ≥ 3 adequate antidepressant trials
- Hyperthymic personality
- Antidepressant 'wear off' (acute response but not a prophylactic response)

Ghaemi, S. N., KO, J. Y. & Goodwin, F. K. (2002) Cade's disease' and beyond: misdiagnosis, antidepressant use, and a proposed definition for bipolar spectrum disorder. *Canadian Journal of Psychiatry*, **47**, 125-134.

BAD spectrum 3 to 7% prevalence rate

- BAD type I - mixed states (40% of manic episodes have prominent depressive features), psychotic
- ~~BAD type II~~
- Antidepressant induced mania = BAD type III
- Unipolar depression with a family history of BAD = BAD type IV
- cyclothymia
- depressive personalities
- manic personalities; arrogance, pushiness, irritability, impatience, insensitivity, talkativeness, interpersonal hypersensitiveness, tantrums, promiscuity, restlessness
- Borderline personality disorder
- irritable depression
- Subclinical/masked forms of bipolar