ADHD and Coexisting Conditions: Disruptive Behavior Disorders

Attention-deficit/hyperactivity disorder (ADHD) is a common neurobiological condition affecting 5-8 percent of school age children\(^1,2,3,4,5,6,7\) with symptoms persisting into adulthood in as many as 60 percent of cases (i.e. approximately 4% of adults).\(^8,9\) In addition, approximately two thirds of children with ADHD have at least one other coexisting condition.\(^10\)

As can be seen, any disorder can coexist with ADHD, but certain disorders such as the disruptive behavior disorders seem to occur more commonly.\(^11\)

This *What We Know* Sheet deals with the common disruptive behavior disorders oppositional defiant disorder (ODD) and conduct disorder (CD). Having one of these coexisting Disruptive Behavior Disorders (ODD/CD) can not only complicate the diagnosis and treatment but also worsen the prognosis. Even though many children with ADHD ultimately adjust, some (especially those with an associated conduct or oppositional defiant disorder) are more likely to drop out of school, have fewer years of overall education, have less job satisfaction and fare less well as adults.\(^12\) Early diagnosis and treatment of these conditions is by far the best defense against these poorer outcomes.
HOW ARE COEXISTING CONDITIONS IDENTIFIED?

As the diagnosis of ADHD is being considered, the clinician or mental health professional must also determine whether there are any other psychiatric disorders affecting the child that could be responsible for presenting symptoms. Often, the symptoms of ADHD may overlap with other disorders. The challenge for the clinician is to discern whether a symptom belongs to ADHD, to a different disorder, or to both disorders at the same time. For some children, the overlap of symptoms among the various disorders makes multiple diagnoses possible at the time of initial presentation. In some cases, another condition may arise after the diagnosis of ADHD, necessitating continued monitoring by a trained professional even after the first diagnosis is made.

“Children and adolescents with ADHD and CD often have more difficult lives and poorer outcomes than children with ADHD alone.”

Using a combination of symptom questionnaires and interviews with the child, the parents and significant others, the clinician determines if the child exhibits the characteristic symptoms of a disorder. In addition to listing the symptoms, the clinician will ask when the symptoms began, how long they have lasted, how severe they are, how they affect day-to-day functioning, as well as whether or not other family members have had these symptoms. As a result of this questioning, the clinician is able to determine if a child meets the criteria for diagnosis of ADHD and/or another disorder.

The diagnosis and treatment of ADHD are discussed extensively in What We Know #1: The Disorder Named ADHD.

ADHD AND DISRUPTIVE BEHAVIOR DISORDERS

The high co-occurrence of ADHD with disruptive behavior disorders necessitates that all children with ADHD symptoms and disruptive behaviors need to be assessed with a view to exploring the possibility that ODD or CD may be present in addition to ADHD.

Disruptive behavior disorders include two similar disorders: oppositional defiant disorder (ODD) and conduct disorder (CD). Common symptoms occurring in children with these disorders include: defiance of authority figures, angry outbursts, and other antisocial behaviors such as lying and stealing. It is felt that the difference between oppositional defiant disorder and conduct disorder is in the severity of symptoms and that they may lie on a continuum often with a developmental progression from ODD to CD with increasing age.13

Oppositional defiant disorder (ODD) refers to a recurrent pattern of negative, defiant, disobedient and hostile behavior toward authority figures lasting at least six months. To be diagnosed with ODD four (or more) of the following symptoms must be present:

- often loses temper
- often argues with adults
- often actively defies or refuses to comply with adults’ requests or rules
- often deliberately annoys people
- often blames others for his or her mistakes or misbehavior
- is often touchy or easily annoyed by others
- is often angry and resentful
- is often spiteful or vindictive.

These behaviors must be exhibited more frequently than in other children of the same age and must cause significant impairment in social, academic or occupational functioning to warrant the diagnosis.14

Conduct disorder (CD) involves more serious behaviors including aggression toward people or animals, destruction of property, lying, stealing and skipping school. The behaviors associated with CD are often described as delinquency. Children exhibiting these behaviors should receive a comprehensive evaluation.15

Children and adolescents with ADHD and CD often have more difficult lives and poorer outcomes than children with ADHD alone.16,17

INCIDENCE OF ADHD AND ODD OR CD

Approximately one-third to one-half of all children with ADHD may have coexisting oppositional defiant disorder (ODD). These children are often disobedient and have outbursts of temper. The rate of children
meeting full diagnostic criteria for ODD is similar across all ages. Males have a greater incidence of ADHD and ODD, as do children of divorced parents and mothers with low socioeconomic status. Children with the ADHD combined subtype seem to be more likely to have ODD.

In some cases, children with ADHD may eventually develop conduct disorder (CD), a more serious pattern of antisocial behaviors. Conduct disorder may occur in 25 percent of children and 45 percent of adolescents with ADHD. CD is more commonly seen in boys than girls, and increases in prevalence with age. Children with ADHD who also meet diagnostic criteria for CD are twice as likely to have difficulty reading, and are at greater risk for social and emotional problems. Non-aggressive conduct problems increase with age, while aggressive symptoms become less common.

RISKS OF HAVING ADHD AND A DISRUPTIVE BEHAVIOR DISORDER

Children with ADHD and CD are often at higher risk for contact with the police and the court system than children with ADHD alone. These children frequently lie or steal and tend to disregard the welfare of others. In addition, they risk getting into serious trouble at school or with the police. The risk for legal troubles may be mostly attributable to the symptoms of CD rather than ADHD.

Disruptive behavior disorders and untreated ADHD have been found to lead to an increased risk of substance use disorders. In addition, adolescents with disruptive behaviors disorders and ADHD are more likely to be aggressive and hostile in their interactions with others, and to be arrested. It has also been suggested that the greater impulsivity associated with the ADHD may cause greater antisocial behavior and its consequences. Thus, early recognition and treatment of both the ADHD and disruptive behaviors in children is essential.

TREATMENT OF ADHD AND DISRUPTIVE BEHAVIOR DISORDERS

All children with symptoms of ADHD and ODD/CD need to be assessed so that both types of problem behaviors can be treated. These children are difficult to live with and parents need to understand that they do not need to deal with their ADHD and ODD/CD child alone. Interventions such as parent training at home and behavioral support in the school can make a difference and parents should not hesitate to ask for assistance.

Home Interventions

Parent Training (PT): Parent training has been shown to be effective for treating oppositional and defiant behaviors. Standardized parent training programs are short-term interventions that teach parents specialized strategies including positive attending, ignoring, the effective use of rewards and punishments, token economies, and time out to address clinically significant behavior problems. Such training programs may include periodic booster sessions.

Severe cases of CD may require multisystemic therapy, an intensive family- and community-based treatment that addresses the multiple causes of serious antisocial behavior in youth. This approach is very comprehensive and demanding. The therapist using such an approach must possess access to developmental and clinical expertise. These intervention services are delivered in a variety of settings (i.e., home, school, peer groups) as needed. Academic and school-based problems are included and some therapists work directly with an entire peer group to influence change.

Parent-child interaction therapy is a treatment that teaches parents to strengthen the relationship with their child and to learn behavior management techniques. It has been found to be effective in the long term for young children with ODD and ADHD. Three to six years after treatment, the mothers of children with these disorders reported that the changes in their children's behavior and their own feelings of control had lasted. Mothers' reports of disruptive behavior decreased with time after treatment.

Collaborative Problem Solving (CPS): Another technique that seems to be promising for children with ADHD and ODD is collaborative problem-solving (CPS). CPS is a treatment that teaches difficult children and adolescents how to handle frustration and learn to be more flexible and adaptable. Parents and children
learn to brainstorm for possible solutions, negotiate, make decisions, and implement solutions that are acceptable to both. They learn to resolve disagreements with less conflict.

**Family Therapy**: Often a child's behavior can have an effect on the whole family. Parents of children with ADHD often report marital difficulties. Mothers may be more depressed and siblings may also develop behavior problems. Family therapy is critical to helping a family address these issues and cope with the realities of having a child with ADHD and disruptive behaviors. Seeking out a counselor or family therapist in your neighborhood can help the entire family address these issues.

**SCHOOL INTERVENTIONS**

**School-wide Positive Behavioral Supports**: In addition to the environment at home, the school can have a significant impact on a child's behavior patterns. Many school systems now have programs in place to provide school-wide positive behavioral supports. The aim of these programs is to foster both successful social behavior and academic gains for all students. These programs consist of: (1) clear, consistent consequences for inappropriate behaviors; (2) positive contingencies for appropriate behaviors; and (3) team-based services for those students with the more extreme behavioral needs.

**Tutoring**: Children's ADHD symptoms, as well as oppositional symptoms, have been found to be significantly lower in one-on-one tutoring sessions than in the classroom.\(^{27}\)

**Classroom Management**: Providing appropriate instructional supports in the classroom can also lessen disruptive behavior. These include: creating an accepting and supportive classroom climate, promoting social and emotional skills, establishing clear rules and procedures, monitoring child behavior, utilizing rewards effectively, responding to mild problem behaviors consistently and effectively managing anger or aggressive behavior.

**MEDICATION**

Overall results from several clinical studies indicate that medications used for the treatment of ADHD (stimulants as well as non-stimulants) remain an important component in the treatment of ADHD and coexisting ODD/CD.\(^{28,29}\) Children with these disorders treated with these medications were not only more attentive, but less antisocial and aggressive. ADHD medications are often effective treatments for aggressive or antisocial behavior in patients with ADHD and certainly play a role in any treatment program. (See What We Know #3: Managing Medication in Children and Adolescents with ADHD for more information.)

In addition to using stimulant medications alone, medication combinations to reduce behavioral and conduct symptoms associated with attention-deficit/hyperactivity disorder appear to be very effective. In several studies, this treatment combination was reported to be well tolerated and unwanted effects were transient.\(^{30,31}\)

**WHAT CAN A PARENT DO?**

To increase the chance for a successful future and to discourage delinquent behaviors in children with ADHD, diagnosis and intervention is extremely important. It is essential for parents to provide structure and reinforce appropriate behavior. In addition, a positive behavior management plan to lessen anti-social behavior is important. Parents should discuss their child's behavioral symptoms with the pediatrician or family practitioner and seek a referral to a mental health professional who can suggest effective parenting strategies.

In addition, parents should contact their child's school counselor or school psychologist to discuss possible interventions to improve behaviors at school. Having the counselor or psychologist support the teacher in handling classroom behaviors often results in significant behavioral changes and decreases the incidence of expulsion. Consistent behavior management at home, school and elsewhere needs to be enforced.

**FOR MORE INFORMATION AND FURTHER READING**


avoid the talk-persuade-argue-yell-hit syndrome.

Shure, Myrna. (1996) Raising a Thinking Child: Help your young child to resolve everyday conflicts and get along with others. New York, NY: Pocket. This book provides steps that parents can follow in teaching young children to solve problems and resolve daily conflicts. The book includes dialogues for handling specific situations, games and activities, and communication techniques.

REFERENCES


12. Murphy KR; Barkley RA; & Bush T. (2002). Yound adults with attention deficit hyperactivity disorder: subtype differences in comorbidity, educational and clinical history. Journal of...


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