

# Reversing the Fate of Students with Disruptive Behavior Disorders

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## Our Purpose

- Discuss the primary characteristics of mental health disorders: ODD & CD
- Discuss the diagnostic criteria for mental health disorders: ODD & CD
- Discuss evidence-based mental health practices



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## IDEA Definition of Emotionally Disturbed:

- (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
- (A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
  - (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
  - (C) Inappropriate types of behavior or feelings under normal circumstances;
  - (D) A general, pervasive mood of unhappiness or depression; or
  - (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (ii) The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are emotionally disturbed.

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### Oppositional Defiant Disorder (ODD)

#### Characteristics:

- Recurrent patterns of negativistic, defiant, disobedient, and hostile behavior towards authority figures
- Difficulty complying with adult requests, easily lose temper, purposefully annoy others
- Most often manifested toward familiar, well-known authority figures and peers
- Onset is usually gradual, before age 8, and not later than early adolescence
- Familial predisposition

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### DSM-IV-TR

#### Criteria for Mental Health Disorder 313.81 Oppositional Defiant Disorder

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### Conduct Disorder (CD) Characteristics:

- Antisocial, aggressive, destructive, deceitful behaviors
- Repetitive and persistent pattern of behavior that violates basic rights of others or major social norms
- Symptoms present in multiple settings
- Lack of remorse and/or empathy
- Poor peer relations
- Low academic performance
- Childhood-Onset Type v Adolescent-Onset Type

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DSM-IV-TR  
Criteria for Mental Health Disorder  
312.81, 312.82, 312.89  
Conduct Disorder

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Links among AD/HD, ODD, and CD

- Inattentive, restless, lack of task follow-through, poor academic performance, impulsive, depressive
- Established history of problems in more than one setting for a minimum of 6 months
- Higher occurrence in males
- Higher rates of difficulties in verbal functioning and/or auditory processing
- Children with AD/HD at heightened risk for development of comorbid ODD and/or CD
- Detailed family, medical, school, community histories needed to diagnose with confidence

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IDEA Qualification

- Emotional Disturbance
  - “Social maladjustment” does not automatically preclude identification of children with ODD or CD as ED
- Other Health Impaired (OHI)
  - Frequently used to identify students with AD/HD
  - May be used to identify students with ODD or CD

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## FAPE and Fate

- Free Appropriate Public Education (1982 Ruling by Supreme Court in Board of Education of the Hendrick Hudson School District v. Rowley)
  - Provided to students qualifying through IDEA to assure:
    - Compliance with all aspects of Procedural Safeguards
    - IEP reasonably calculated to enable child to receive educational benefits
- Fate
  - Reduce the likelihood of students diagnosed with ODD or CD succumbing to a negative life trajectory by:
    - Providing research-based academic supports
    - Providing research-based social/emotional supports

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## What Does Research Tell Us about Mental Illnesses & Youth?

- Mental illnesses can be successfully recognized and managed
- Effective treatments and preventative strategies are used infrequently
- Services are often fragmented, uncoordinated, and redundant
- Most children who need services receive none
  - 75% of students who currently receive mental health services, do so at school
- According to the Surgeon General, schools should be a major setting for the potential recognition of mental disorders in children and adolescents
- Practices grounded in theory and based on empirical research will promote positive mental health

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## What Works?

### *Effective School-Based Mental Health Practices*

- Decisions made based on research
- Family involvement
- Early intervention
- Continuous evaluation and monitoring
  - follow-up and follow along
- Combined behavioral and psychosocial therapies with psychopharmacological interventions

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## What Works?

### *Effective School-Based Mental Health Practices*

- Key components of school-based programs  
(Rones & Hoagwood, 2000)
  - Consistent program implementation
  - Inclusion of parents, teachers, or peers
  - Use of multiple modalities
  - Integration of program content into general classroom curriculum
  - Developmentally appropriate program components

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## What Does Not Work?

### *Ineffective School-Based Mental Health Practices*

- Selecting practices without an evidence-base
- Peer-group based interventions (Blueprint, 2001)
- Boot camps & residential programs for juvenile delinquents (Blueprint, 2001)
- Extra, add-on activities:
  - Field trips
  - Summer camps of short duration
  - Optional parenting groups
  - Family events of short duration

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## Overview of Mental Health Services: Key Points

- The school is the only “mental health service provider” for most children
- Effective treatment involves multiple components: family, peers, **school**, and community
- Effective research-based practices exist for many disorders at many levels
- Mental health services must be implemented within a system of support to achieve demonstrated effects

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### Comprehensive School-Based Programs for Conduct Problems

Program:	LIFT <i>Linking the Interests of Families and Teachers</i>
Ratings:	Promising – Hunter (2002) Effective -- Rones & Hoagwood (2000)
Researchers:	Reid, Eddy, Fetrow, & Stoolmiller (1999)
Key Features:	instruction and practice of social skills, parent training, parent/teacher communication, playground behavioral program

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### Comprehensive School-Based Programs for Conduct Problems

Program:	FAST Track <i>Families and Schools Together</i>
Ratings:	Promising – Hunter (2002) Effective -- Rones & Hoagwood (2000)
Researchers:	Conduct Problems Prevention Research Group (1992; 1999)
Key Features:	parent training, case management, social skills training, academic tutoring, & teacher-delivered classroom intervention

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### Comprehensive Program for Young Children with Conduct Problems

Program:	Dina Dinosaur Social, Emotional, and Problem-Solving Child Training Program (ages 4-8)
Ratings:	Not yet given
Researchers:	Webster-Stratton & Reid (2003)
Key Features:	training in skills such as emotional literacy, empathy, anger management, how to be successful in school, and communication

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## Other Empirically-Supported Treatments

*with varying degrees of school involvement*

- Well-established:
  - Video tape modeling
  - Parent training based on *Living with Children*
- Probably efficacious
  - Anger control training with stress inoculation
  - Anger coping therapy
  - Assertiveness training
  - Delinquency prevention training
  - Multisystemic therapy
  - Parent-child interaction therapy
  - Parent training program
  - Problem solving skills training
  - Rational-emotive therapy
  - Time-out plus signal seat treatment

Source: Brestan & Eyberg (1998)

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## Resources for Evidence-Based Practices

Practice	Resources:
Fast Track LIFT	Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. <i>Clinical Child and Family Psychology Review</i> , 3, 223-241.
Dina Dinosaur Treatment Program	Webster-Stratton, C., & Reid, M.J. (2003). Treating conduct problems and strengthening social and emotional competence in young children. <i>Journal of Emotional and Behavioral Disorders</i> , 11, 130-143.
Manuals for treatments	Woody, S.R., & Sanderson, W.C. (1998). <i>Manuals for empirically supported treatments: 1998 update</i> . Retrieved January 06, 2004 from <a href="http://horan.asu.edu/ced522readings/div12/woody3-98.pdf">http://horan.asu.edu/ced522readings/div12/woody3-98.pdf</a>
Other empirically-supported treatments	Brestan, E.V., & Eyberg, S.M. (1998). Effective psychosocial treatments of conduct-disordered children and adolescents: 29 years, 82 studies, and 5272 kids. <i>Journal of Clinical Child Psychology</i> , 27, 180-189.

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## Sources for Additional Information

- ODD & CD Characteristics/Criteria
  - DSM-IV-TR (*full descriptors as well as criteria*)
  - [www.psych.org/public-info/child.cfm](http://www.psych.org/public-info/child.cfm) (*Lets Talk Facts...Childhood Disorders*)
  - [www.aacap.org/publications/factsform](http://www.aacap.org/publications/factsform)
  - [www.surgeongeneral.gov](http://www.surgeongeneral.gov) (*CH. 3 Children and Mental Health*)
  - <http://www.kidsmentalhealth.org> (*Resources for families*)
- Evidence-Based Mental Health Practices
  - [www.childtrends.org](http://www.childtrends.org) (*look for child trends database*)
- Related Topics
  - Oregon Social Learning Center (OSLC) [www.oslc.org](http://www.oslc.org) (*aggression*)
  - Institute on Violence & Destructive Behavior (IVDB) [www.oregon.edu/~ivdb/](http://www.oregon.edu/~ivdb/) (*trajectory of aggression*)

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