

# Treating Disruptive Behavior Disorders in Children and Teens

A Review of the Research for Parents and Caregivers



## Is This Information Right for Me?

### This information is for you if:

- A health care professional\* said your child or teen has a disruptive behavior disorder, such as oppositional defiant disorder, conduct disorder, or intermittent explosive disorder.
- Your child or teen is younger than age 18. The information in this summary is from research on children and teens under age 18.

\* Your health care professional may include your child's or teen's primary care physician, pediatrician, psychologist, psychiatrist, licensed social worker-counselor, nurse practitioner, or physician assistant.

### What will this summary tell me?

This summary will answer these questions:

- What are disruptive behavior disorders (DBDs)?
- How are DBDs treated?
  - » Psychosocial treatment (treatment with a trained therapist)
  - » Medicines
- What have researchers found about treatments for DBDs?
- What are possible side effects of medicines for DBDs?
- What should I talk about with my child's or teen's health care professional?

**Note:** The information in this summary is for children or teens who have a DBD. A child or teen may also have attention deficit hyperactivity disorder (ADHD) with a DBD. This summary is not for children or teens who only have ADHD.

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## What is the source of this information?

This information comes from a research report that was funded by the Agency for Healthcare Research and Quality, a Federal Government agency.

Researchers looked at 84 studies published between 1994 and June 2014. Health care professionals, researchers, experts, and the public gave feedback on the report before it was published.

You can read the report at [www.effectivehealthcare.ahrq.gov/disruptive-behavior-disorders](http://www.effectivehealthcare.ahrq.gov/disruptive-behavior-disorders).



### **What are disruptive behavior disorders (DBDs)?**

DBDs are disorders in which children or teens have trouble controlling their emotions and behavior. Their behavior may be very defiant, and they may strongly conflict with authority figures. Their actions may be aggressive and destructive. All children have mild behavior problems now and then, but DBDs are more severe and continue over time.

DBDs can start when a child is young. Children or teens with a DBD who do not receive treatment often have serious behavior problems at home, at school, or both. They are also more likely to have problems with alcohol or drug use and violent or criminal behavior as they get older.

Examples of DBDs include oppositional defiant disorder, conduct disorder, and intermittent explosive disorder.

### **Oppositional Defiant Disorder**

Children or teens with this disorder may have an angry or irritable mood much of the time. They may argue often and refuse to obey parents, caregivers, teachers, or others. They may also want to hurt someone they think has harmed them.

### **Conduct Disorder**

Children or teens with this disorder may act aggressively toward people, animals, or both. They may bully or threaten someone, start physical fights, use weapons, hurt animals, or force sexual activity on others. They may also destroy property by fire or other means, lie often, or steal. They may stay out late at night, skip school, or run away from home. They may also lack compassion and not feel guilty about harming others.

## **Intermittent Explosive Disorder**

Children or teens with this disorder may have outbursts of aggressive, violent behavior or shouting. They may have extreme temper tantrums and may start physical fights. They often overreact to situations in extreme ways and do not think about consequences. Outbursts happen with little or no warning. They usually last for 30 minutes or less. After the outburst, the child or teen may feel sorry or embarrassed.

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### **How common are DBDs? What causes them?**

DBDs are one of the most common types of behavioral disorders in children and teens.

- Out of every 100 children in the United States, about 3 of them have a DBD.
- More boys than girls have a DBD.
- DBDs are more common among children aged 12 years and older.

The cause of DBDs is not known. Things that increase the risk for a DBD include:

- Child abuse or neglect
- A traumatic life experience, such as sexual abuse or violence
- A family history of DBDs

Having a child or teen with a DBD can be very stressful for parents, caregivers, and the whole family. But, there are treatments that may help.

## Understanding Your Options

### How are DBDs treated?

To treat your child's or teen's DBD, your health care professional may recommend psychosocial treatment (treatment with a trained therapist). If needed, your child's or teen's health care professional may also suggest taking a medicine with the psychosocial treatment.

Each child or teen responds differently to different treatments. You may need to try several treatments before finding one that is right for your child or teen.



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## **Psychosocial Treatment**

Psychosocial treatment can help improve interactions between you and your child or teen. This is done through programs in which parents and their child or teen meet with a trained therapist. It is important for parents and caregivers to be involved in the treatment.

Some programs focus only on parent training. Other programs also work with the child or teen, the whole family together, or with the child's or teen's teachers.

Parent and child training programs are sometimes done in groups. Sessions usually last 1 to 2 hours and are held each week for 8 to 18 weeks. The programs usually charge a fee. Your insurance may cover some of the costs.

### **Parent Programs**

These programs can help you:

- Respond in a positive way when your child asks for help or wants attention
- Choose realistic goals for your child
- Better monitor your child's behavior
- Learn more effective parenting skills
- Have more confidence in being able to handle situations
- Reduce your stress

The programs help support you and can teach you specific ways to help change your child's behavior without shouting, threatening, or using physical punishment. You can learn to:

- Set clear rules
- Stay calm when asking your child to do something
- Make sure your instructions are clear and right for your child's age
- Explain the consequences of disruptive behavior to your child
- Respond to disruptive behavior with things such as quiet time or a time-out

You can also learn ways to help support your child and:

- Improve your child's social skills
- Help your child build friendships
- Help your child learn how to control his or her emotions
- Teach your child problem-solving skills
- Help your child learn to be independent

### **Child Programs**

These programs can help children:

- Feel more positive about themselves and their family
- Strengthen their social, communication, and problem-solving skills
- Better communicate feelings and manage anger
- Practice good behaviors

### **Teen Programs**

For teens, a trained therapist may meet with parents and also with the whole family together. The therapist may look for patterns in the way family members interact that could cause tension and problems. The therapist can then help your family learn new ways to communicate to avoid conflict.

The therapist can help you learn how to:

- Be more involved with your teen
- Set clear rules and consequences for breaking the rules
- Improve your leadership, communication, and problem-solving skills
- Support your teen

### **Teacher Programs**

These programs can help teachers learn how to:

- Manage behavior in the classroom
- Improve students' social and emotional skills
- Work with parents and keep them involved



## What have researchers found about psychosocial treatment for DBDs?

Programs that work with:	Do the programs improve disruptive behavior in:		
	Preschool-age children?	School-age children?	Teens?
Parents only	Yes	Yes	Not reported
Parents and their child or teen	Yes	Yes, it may*	Yes
Parents and the whole family	Yes	Yes, it may*	Yes
Parents and their child's or teen's teachers	Not reported	Yes, it may*	Yes

\*More research is needed to know this for sure.



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## Medicines

Medicines are usually given to children or teens with a DBD only if psychosocial treatment alone does not help enough. Medicines are usually taken together with psychosocial treatment.

Several types of medicines have been used to treat DBDs (see the chart on the next page). These medicines cannot cure DBDs. They are used to reduce symptoms and improve quality of life. The medicines work by changing the way certain chemicals act in the brain.

Medicines work differently in different children or teens. You may have to try several medicines to find one that works for your child or teen.

**Note:** The U.S. Food and Drug Administration (FDA) approves medicines for certain uses. Health care professionals often prescribe medicines for conditions other than their FDA-approved uses.



## What have researchers found about medicines to treat DBDs?

Medicine	About the Medicine	FDA Approval in Children	Researchers found that in children and teens:
<p><b>Stimulants</b> Examples include:</p> <ul style="list-style-type: none"> <li>■ Mixed amphetamine salts (Adderall®, Adderall XR®)</li> <li>■ Methylphenidate (Concerta®, Focalin®, Focalin XR®, Metadate CD®, Metadate ER®, Methylin®, Methylin ER®, Ritalin®, Ritalin LA®, Ritalin SR®)</li> </ul>	<ul style="list-style-type: none"> <li>■ Stimulants are approved by the FDA to treat ADHD.</li> <li>■ Some health care professionals also use them to treat DBDs.</li> <li>■ Stimulants can be short acting (work for 4 to 6 hours) or long acting (work for 8 to 12 hours).</li> </ul>	Approved for children aged 6 and older	Stimulants may improve disruptive behavior.*
<p><b>Nonstimulant ADHD medicines</b></p> <ul style="list-style-type: none"> <li>■ Atomoxetine (Strattera®)</li> <li>■ Guanfacine ER (Intuniv®)</li> </ul>	<ul style="list-style-type: none"> <li>■ Atomoxetine (Strattera®) and guanfacine ER (Intuniv®) are approved by the FDA to treat ADHD.</li> <li>■ Some health care professionals also use them to treat DBDs.</li> </ul>	Approved for children aged 6 and older	Atomoxetine and guanfacine ER improve disruptive behavior.
<p><b>Anticonvulsant medicine</b></p> <ul style="list-style-type: none"> <li>■ Divalproex (Depakene®, Depakote®, Depakote ER®)</li> </ul>	<ul style="list-style-type: none"> <li>■ The anticonvulsant medicine divalproex (Depakene®, Depakote®, Depakote ER®) is approved by the FDA to treat seizures.</li> <li>■ Some health care professionals also use it to treat DBDs.</li> </ul>	Approved for use in children, but should be used with extreme caution in children under the age of 2	Divalproex may improve aggression.*
<p><b>Antipsychotics</b> Examples include:</p> <ul style="list-style-type: none"> <li>■ Aripiprazole (Abilify®)</li> <li>■ Risperidone (Risperdal®)</li> <li>■ Ziprasidone (Geodon®)</li> </ul>	<ul style="list-style-type: none"> <li>■ Antipsychotics are approved by the FDA to treat people with psychosis (a type of mental illness).</li> <li>■ Some health care professionals also use antipsychotics to treat DBDs. Taking these medicines does not mean your child or teen has a psychosis.</li> </ul>	Approved for children aged 6 and older	Antipsychotics improve disruptive behavior in the short term.†

ADHD = attention deficit hyperactivity disorder; FDA = U.S. Food and Drug Administration

\* More research is needed to know this for sure.

† More research is needed to know how well antipsychotics work in the long term (for longer than 6 months).

## What are possible side effects of medicines to treat DBDs?

The FDA lists these possible side effects for medicines to treat DBDs. Just because side effects are possible does not mean your child or teen will have them.

Medicine	Possible Side Effects	Warnings
<b>STIMULANTS</b>		
<p><b>Mixed amphetamine salts</b> (Adderall®, Adderall XR®)</p> <p><b>Methylphenidate</b> (Concerta®, Focalin®, Focalin XR®, Metadate CD®, Metadate ER®, Methylin®, Methylin ER®, Ritalin®, Ritalin LA®, Ritalin SR®)</p>	<ul style="list-style-type: none"> <li>■ Stomach ache</li> <li>■ Decreased appetite</li> <li>■ Weight loss</li> <li>■ Trouble falling asleep</li> <li>■ Headache</li> <li>■ Nausea and vomiting</li> <li>■ Increased heart rate</li> <li>■ Nervousness</li> <li>■ Worsened tic (uncontrollable movement)</li> <li>■ Blurred vision and other vision problems</li> </ul>	<ul style="list-style-type: none"> <li>■ Stimulants may cause serious side effects that affect the heart. These medicines may not be safe in children or teens with a history of severe heart problems. Children or teens who have heart problems and take a stimulant should be monitored closely by their doctor.</li> <li>■ Stimulants can be habit forming. Your child or teen should never take more of the medicine than your doctor has prescribed.</li> <li>■ Stimulants may cause growth problems in children. The height and weight of children taking a stimulant should be monitored by their doctor.</li> </ul>
<b>NONSTIMULANT ADHD MEDICINES</b>		
<p><b>Atomoxetine</b> (Strattera®)</p>	<ul style="list-style-type: none"> <li>■ Nausea and vomiting</li> <li>■ Decreased appetite</li> <li>■ Feeling tired or sleepy</li> <li>■ Stomach ache</li> </ul>	<ul style="list-style-type: none"> <li>■ Atomoxetine may increase the risk of suicidal thoughts and behaviors in children and teens.</li> <li>■ Atomoxetine may cause growth problems in children. The height and weight of children taking this medicine should be monitored by their doctor.</li> </ul>
<p><b>Guanfacine ER</b> (Intuniv®)</p>	<ul style="list-style-type: none"> <li>■ Low blood pressure</li> <li>■ Slow heart rate</li> <li>■ Feeling tired or sleepy</li> <li>■ Nausea and vomiting</li> <li>■ Stomach ache</li> <li>■ Trouble falling asleep</li> <li>■ Irritability</li> <li>■ Dizziness</li> <li>■ Dry mouth</li> </ul>	<ul style="list-style-type: none"> <li>■ Guanfacine ER should not be stopped suddenly, because this can increase blood pressure.</li> <li>■ Atomoxetine and guanfacine ER may cause serious side effects that affect the heart. These medicines may not be safe in children or teens with a history of severe heart problems. Children or teens who have heart problems and take atomoxetine or guanfacine ER should be monitored closely by their doctor.</li> </ul>

Medicine	Possible Side Effects	Warnings
<b>ANTICONVULSANT MEDICINE</b>		
<b>Divalproex</b> (Depakene®, Depakote®, Depakote ER®)	<ul style="list-style-type: none"> <li>■ Nausea</li> <li>■ Feeling sleepy</li> <li>■ Dizziness</li> <li>■ Vomiting</li> <li>■ Feeling weak</li> <li>■ Stomach ache</li> <li>■ Upset stomach</li> <li>■ Rash</li> </ul>	<ul style="list-style-type: none"> <li>■ Divalproex may increase the risk of suicidal thoughts or behaviors.</li> <li>■ Divalproex can cause life-threatening liver and pancreas problems. Children under the age of 2 years are at higher risk for these problems.</li> </ul>
<b>ANTIPSYCHOTICS</b>		
<b>Aripiprazole</b> (Abilify®) <b>Risperidone</b> (Risperdal®) <b>Ziprasidone</b> (Geodon®)	<ul style="list-style-type: none"> <li>■ Uncontrollable movements, such as tics and tremors</li> <li>■ Feeling tired or sleepy</li> <li>■ Nausea and vomiting</li> <li>■ Blurred vision or other vision problems</li> <li>■ Changes in appetite (increase or decrease)</li> <li>■ Weight gain</li> <li>■ Extra saliva or drooling</li> <li>■ Cold symptoms (stuffy nose and sore throat)</li> </ul>	<ul style="list-style-type: none"> <li>■ Aripiprazole may increase the risk of suicidal thoughts in children and teens taking antidepressant medicines.</li> <li>■ Antipsychotics can cause a possibly life-threatening reaction called “neuroleptic malignant syndrome,” although this is rare. Symptoms include a high fever, sweating, changes in blood pressure, and muscle stiffness.</li> </ul>



## Making a Decision

### **What should I think about when deciding about treatment?**

There are several things to think about when deciding which treatment may help your child or teen. As your child or teen grows and develops, his or her treatment may need to be changed. You will need to continue to work with your child's or teen's health care professional over time.

You may want to talk with your child's or teen's health care professional about:

- Psychosocial treatment programs
- Whether a medicine may help your child or teen
- The possible risks of the medicine

### **Ask your child's or teen's health care professional**

- How might psychosocial treatment help my child or teen?
- How do I sign up for a psychosocial treatment program? Which program do you recommend? Why?
- How often would I meet with a therapist and for how long? Would my child or teen meet with the therapist as well? Would the therapist interact with our whole family or with my child's or teen's teachers?
- How will we know if my child or teen may need medicine?
- If my child or teen needs medicine, which medicine might be best?
- How long would my child or teen need to take the medicine?
- What are the risks of taking the medicine?
- How will I know if my child or teen is having a serious side effect? What should I watch for, and when should I call you?
- How long might it take for my child's or teen's treatment to start helping?
- Are there local support groups that could help me?



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## Source

The information in this summary comes from the report *Psychosocial and Pharmacologic Interventions for Disruptive Behavior in Children and Adolescents*, October 2015. The report was produced by the Vanderbilt University Evidence-based Practice Center through funding by the Agency for Healthcare Research and Quality (AHRQ).

For a copy of the report or for more information about AHRQ, go to [www.effectivehealthcare.ahrq.gov/disruptive-behavior-disorders](http://www.effectivehealthcare.ahrq.gov/disruptive-behavior-disorders).

Additional information came from the MedlinePlus® Web site, a service of the National Library of Medicine and the National Institutes of Health. This site is available at [www.medlineplus.gov](http://www.medlineplus.gov).

The data for how common disruptive behavior disorders are in children and teens came from the Centers for Disease Control and Prevention report *Mental Health Surveillance Among Children—United States, 2005–2011*, May 2013.

This summary was prepared by the John M. Eisenberg Center for Clinical Decisions and Communications Science at Baylor College of Medicine, Houston, TX. Parents and caregivers of children or teens with a disruptive behavior disorder gave feedback on this summary.

