

DISRUPTIVE,IMPULSE CONTROL AND CONDUCT DISORDER

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DISRUPTIVE, IMPULSE CONTROL & CONDUCT DISORDERS



WHAT ARE DISRUPTIVE, IMPULSE CONTROL AND CONDUCT DISORDER?

Disruptive, impulse-control and conduct disorders refer to a group of disorders that include oppositional defiant disorder, conduct disorder, intermittent explosive disorder, kleptomania and pyromania. These disorders can cause people to behave angrily or aggressively toward people or property. They may have difficulty controlling their emotions and behavior and may break rules or laws.

SIGNS AND SYMPTOMS

The angry, aggressive or disruptive behaviors of people with conduct and disruptive disorders are more extreme than typical behaviors. The behaviors:

- are frequent
- are long lasting
- occur across different situations
- cause significant problems

DIFFERENCE B/W CONDUCT DISORDER AND OTHER MENTAL CONDITIONS

One difference between conduct disorders and many other mental health conditions is that with conduct disorders, a person's distress is focused outward and directly affects other people. With most other mental health conditions, such as depression and anxiety, a person's distress is generally directed inward toward themselves.

Conduct disorders tend to begin in childhood or adolescence and are more common in males than females. Several factors make it more likely a person will have a conduct disorder, including harsh parenting, physical or sexual abuse, or parents with a history of addiction or problems with law enforcement.

TYPES OF DISORDERS

- Oppositional defiant disorder
- Conduct disorder.
- Intermittent explosive disorder
- Pyromania
- Kleptomania
- Other specified and unspecified disruptive, impulse control and conduct disorders



Oppositional
Defiant
Disorder



OPPOSITIONAL DEFIANT DISORDER

According to the diagnostic criteria of DSM-V table 312.34(F63.81)

Symptoms of oppositional defiant disorder (ODD) include:

- **Angry/irritable mood**—often loses temper, easily annoyed, often angry and resentful
- **Argumentative/defiant behavior**—often argues with authority figures, often refuses to comply with requests or rules, deliberately annoys others, blames others for mistakes or misbehavior
- **Vindictiveness**—spiteful or vindictive

These behaviors upset the individual or others around him/her or cause problems at school, work or social activities. Symptoms are more severe than normal misbehavior.

ETIOLOGY

- There is no clear causes underpinning ODD

Contributing factors may include:

- Child's inherent temperament
- The family's response to child's style
- A genetic component that when coupled with certain environmental conditions: lack of supervision, Poor quality of child care by family, instability-increases risk of ODD
- A biochemical or neurological factor

INTERVENTION

- Treatment of ODD often involves a combination of therapy and training for the child, and training for the parents. For children and adolescents, cognitive problem-solving training can teach positive ways to respond to stressful situations. Social skills training helps children and youth learn to interact with other children and adults in a more appropriate, positive way.
- Parent management training can help parents learn skills and techniques to respond to challenging behavior and help their children with positive behavior. The training focuses on providing supportive supervision and immediate, consistent discipline for problem behavior. According to ACAAP, on-time or short programs that try to scare or coerce children and adolescents into behaving, such as tough-love or boot camps, are not effective and may even be harmful.





CONDUCT DISORDER

Conduct disorder is a more serious disorder than ODD involving ongoing behavior that breaks social rules. It may involve acting aggressively toward people and animals (such as bullying, physical fights, use of a weapon), destroying other people's property on purpose, lying or stealing, or violating important rules (such as running away overnight or often skipping school before age 13).



DIAGNOSTIC CRITERIA

- Aggressive behavior, such as cruelty to animals, fighting and bullying.
- Destructive behavior, such as arson and vandalism.
- Deceitful behavior, such as shoplifting and lying.
- Violation of rules, which may include truancy and running away from home.

ETIOLOGY

The exact cause of conduct disorder is not known, but it is believed that a combination of biological, genetic, environmental, psychological, and social factors play a role.

- **Biological factor**

Genetic, neurobiological Factors

- **Social-cognitive factor**

Moral development, interpersonal relationships

- **Family Influence**

Coercive child-parent interaction, marital discourse, parental psychopathology

- **Aggression learned as behavior**

INTERVENTION

Therapy can help children learn to change their thinking and control angry feelings. Treatment may include parent management training and family therapy, such as Functional Family Therapy. Functional Family Therapy helps families understand the disorder and related problems, teaches positive parenting skills and helps build family relationships. It can help families apply positive changes to other problem areas and situations



**Intermittent explosive
disorder**

INTERMITTENT EXPLOSIVE DISORDER

A person with intermittent explosive disorder has frequent impulsive, aggressive, angry outbursts. These can be verbal or physical aggression toward property, animals or other people. The aggressive outbursts:

- are out of proportion to the event or incident that triggered them

are impulsive

- cause much distress for the person
- cause problems at work or home

SYMPTOMS AND INTERVENTION

- **Symptoms(diagnostic criteria DSM-V 312.34(F63.81)**

Intermittent explosive disorder is not diagnosed in children under age 6. People who experienced physical and emotional trauma as a child or teenager are at greater risk of developing it.

- **Intervention**

Treatment typically involves cognitive behavioral therapy focusing on changing thoughts related to anger and aggression, and developing relaxation and coping skills. Sometimes, depending on a person's age and symptoms, medication may be helpful.

OTHER ASSOCIATED DISORDER

Other disorders in the category include pyromania and kleptomania. These involve problems with controlling for specific behaviors.

- **Pyromania** involves repeatedly setting fires on purpose. People with pyromania may have an unusual interest in or fascination with fires. They set fires to release built-up inner emotional tension, not for any type of material gain or revenge.

Treatment of pyromania usually involves cognitive behavioral therapy. The therapy can help people become more aware of the feelings of tension and find ways to cope.

- **Kleptomania** involves stealing objects that are not needed. People with kleptomania know what they are doing is wrong but cannot control the impulse. The disorder often begins in teenage years and is three times more common among women than men.

Thank You!

