



Department of Applied Psychology

ASSIGNMENT ON:

Disruptive, Impulse-Control and Conduct Disorders

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Disruptive, Impulse-Control and Conduct Disorders

- Disruptive, Impulse-control and Conduct disorders include conditions involving problems in the self-control of emotions and behavior.
- These disorders can cause people to behave angrily or aggressively toward people or property.

OPPOSITIONAL DEFIANT DISORDER

1. DIAGNOSTIC CRITERIA

- A pattern of angry/mood emotional and behaviour symptoms that last at least six months.

I. Angry and irritable mood:

- Often loses temper.
- It often touchy or easily annoyed.

II. Argumentative/Defiant behaviour:

- Often argues with adults or people in authority.
- Often blames other for his or her mistake.

III. ODD can vary in severity:

a. Mild:

Symptoms occur only in one severity such as at home, school and work.

b. Moderate:

Some symptoms occur in at least two severity.

c. Severe:

Some symptoms occur in three severity.

2. SYMPTOMS OF ODD

- Throwing repeated temper tantrums.
- Excessively arguing with adults.
- Actively refusing to comply with requests and rules.

3. ETIOLOGY/CAUSES

There are no knowclear cause of oppositional defiant disorder contribution cause may be the combination of inherited and environmental factors including.

a) Genetics:

A child's natural disposition or temerature and possibly neurobiological difference in the way nerves and brain function.

b) Environtment:

Problems with parenting that may involve a lack of supervision, inconsistent or harsh discipline or abuse or neglect.

- Risk Factors

Possible risk factors for ODD include

- Temperament
- Parenting issues
- Other family issues
- Environment

4. INTERVENTION

Positive parenting and early treatment can help improve behaviour and parent the situation from gathering worse. The treatment of ODD may include:

- Parent training.
- Parent-child interaction therapy (PCIT).
- Individual and family therapy.
- Cogratve problem-solving training.
- Social skills training.

Intermittent Explosive Disorder

Intermittent explosive disorder is an impulse-control disorder characterized by sudden episodes of unwarranted anger. This disorder is typified by hostility, impulsivity and recurrent aggressive outbursts.

1. DIAGNOSTIC CRITERIA

- Recurrent outbursts that demonstrate an inability to control impulses.
- Aggressive behaviour is grossly disproportionate to the magnitude of the psychosocial stressors.
- The individual must be at least six years old.
- The outbursts cause distress or impairment of functioning, or lead to financial or legal consequences.

2. SYMPTOMS

- Aggressive episode may be
 - Rage
 - Irritability
 - Increase energy
 - Chest tightness
 - Tremore
 - Tingling
- The explosive verbal and behavioural outbursts may include
 - Temper tantrums
 - Tirades
 - Heated arguments
 - Physical fights
 - Shouting
 - Slapping or pushing

3. ETIOLOGY/CAUSES

Cause of intermittent explosive disorder following

- Environment
- Genetic
- Difference in how the brain works

Risk Factors

Factors include in intermittent explosive disorders

- History of physical abuse.
- History of the other mental health disorder.

4. INTERVENTION

The intervention or treatment of intermittent explosive disorders are following

- Stick with your treatment.
- Practice relaxation techniques.
- Cognitive restructuring
- Use problemt-solving
- Learn ways to improve your communication
- Change your environment

Conduct Disorder

Conduct disorder is a mental disorder diagnosed in childhood or adolescence that presents itself through a repetitive and persistent pattern of behaviours in which basic rights of others.

1. DIAGNOSTIC CRITERIA

As with adults mental illnesses in children are diagnosed based on signs and symptoms that suggest a particular problem.

2. SYMPTOMS

- Aggressive behaviour
- Destructive behaviours
- Deceitful behaviour
- Violation of rules

3. ETIOLOGY/CAUSE

The cause of conduct disorder is following

- Biological
- Genetic
- Psychological
- Social

4. INTERVENTION

Treatment for conduct disorder is based on many factors including child age, symptoms as well as child ability to participate in specific therapies. Treatment usually consists of a combination of following

- Psychotherapy
- Medication

Pyromania

When an interest or fascination with fire deviate from healthy to unhealthy people may instantly say its Pyromania.

1. DIAGNOSTIC CRITERIA

- Porposefully set fires on more than one occasion.
- Experience tension before setting fire and a release after.
- Derive pleasure from setting or seeing fires.

2. SYMPTOMS

- An uncontrollable urge to set fires.
- Pleasure, arush, or relief when setting or seeing fires.
- Tension or exictement around fire starting.

3. CAUSES OF PYROMANIA

- Having a diagnosis of another mental health condition, such as a conduct disorder.
- A history of abuse or neglect.
- Misuses of alcohol or drugs.

4. INTERVENTION

Option include

- Cognitive behavioural therapy.
- Anti-Depressants.
- Anti-anxiety drugs.
- Anti-epileptic medication.

Kleptomania

Kleptomania is the recurrent inability to resist urges to steal items that you generally don't really need and that usually have little value.

1. DIAGNOSTIC CRITERIA

- Kleptomania is diagnose based on your signs and symptoms.

2. SYMPTOMS

- Inability to resist powerful urges to steal items that you don't need.
- Feeling terrible guilt, remorse.
- Feelings pleasure, relief or gratification while stealing.

3. ETIOLOGY/CAUSES

- Addictive disorder
- The brain opioid system
- Problem with naturally occurring brain chemical fault serotonin.

4. INTERVENTION

- Kleptomania is treated by medication.