**Algorithm E**

**Disruptive Behavior and Aggression**

**E.1.** **Defining the Problem**
- History of symptoms: Circumstances of occurrence, Duration, severity, frequency
- Presenting symptoms: Self or others?

**E.2.** **Assessing Condition**
- History of symptoms: Inconsistent with diagnosis/condition(s)?
- Presenting symptoms: Contributing to the presenting symptoms? Is one or more of these diagnosis/condition(s) causing or warranting the need for an intervention?

**E.3.** **Identifying DSM Target Symptoms**
- Treat diagnosis/condition(s). Consider diagnosis/conditions that may be causing presenting symptoms.

**E.4.** **Reconsider Original Diagnosis**
- Referral as appropriate.

**E.5.** **Evaluate**
- Family history of psychiatric disorders (e.g., ODD/CD, psychosis, mood disorder).
- History of alcohol or drug abuse.
- Family history of medical, neurodevelopmental, learning disorders, autism spectrum.
- Other medical, neurodevelopmental, psychiatric, intellectual disability.
- Specific environmental or social triggers, consider the following:
  - Home environment including Adverse Childhood experiences (ACE), traumatic brain injury, toxins.
  - Undiagnosed psychiatric disorders such as: ADHD, anxiety, and mood disorders. (e.g., PPD, depression, PTSD).

**E.6.** **School Interventions**
- Consider individual psychotherapy, family psychotherapy, pharmacotherapy, and ecological interventions (including placement and school-based interventions), especially when severe and persistent.

**E.7.** **Optimize Treatment of Coexisting Conditions**
- Effective management of ODD/CD is highly comorbid with disorders such as ADHD, mood disorders, substance abuse disorders, history of alcohol or drug abuse. See: Parent-Management Training Programs and Family Therapy have been shown to be some of the most effective strategies for ODD.

**E.8.** **Engage Parent Using Interactive Strategies**
- Engage parents using interactive strategies such as motivational interviewing to achieve informed consent.

**E.9.** **Informed Consent**
- On ODD/CD treatment, including inpatient & outpatient options, evidence-based therapies, school monitoring. Evaluate or refer, as appropriate.

**E.10.** **Optimal Baseline Assessment**
- Obtain baseline as assessment.

**E.11.** **Ongoing Monitoring**
- Monitor patient/family interview.

**E.12.** **Consume/Parent Engagement and Consent**
- See: Consumer/Patient Engagement and Consent.

**E.13.** **Select Treatment Regimen(s)**
- Select treatment regimen(s).

**E.14.** **Determine Level of Care**
- Determine level of care.

**E.15.** **Stop**
- Stop.

**E.16.** **Pursue Other Therapeutic Interventions**
- Pursue other therapeutic interventions.

**E.17.** **Seek Assistance**

**E.18.** **Exit This Guideline**
- Exit this guideline.

**E.19.** **Algorithm for Revision**
- Perform algorithm for revision.

**E.20.** **Follow Up**
- Follow up.

**E.21.** **Supervised Practice**
- Supervised practice.

**E.22.** **Quality Assurance**
- Quality assurance.

**LEGEND**

- YES
- NO
- ACTION/PROCESS
- DECISION
- STOP
- STOP
Behavioral and emotional disorders of adolescence

E.1. The following is a guide to the evaluation, treatment, and management of ODD and conduct disorder (CD) in children and adolescents.

E.2. Consider diagnosis/conditions that may be causing presenting symptoms.


E.4. Evaluate:

- History of symptoms:
  - Circumstances of occurrence
  - Duration, severity, frequency
  - Presenting outbursts (see tool kit: section 2.5)

- Family history, structure, functioning, social interaction
- School performance and functioning
- History of symptoms:
  - Peer relations, social skills
  - Mental health and educational history

- Environmental factors (disorganized home, lack of supervision,
  - Peers, sibling, and family problems/strengths
  - Educational potential, disabilities, achievement
  - Perinatal, medical, and medically unexplained physical
  - Psychosocial).

- Interpersonal factors:
  - Adverse childhood experiences or trauma.
  - Substance Abuse.
  - History of symptoms:
  - Family history of psychiatric disorders (e.g. Bipolar disorder)

E.5. Determine treatment goals:

- Treatment of ODD
- Treatment of CD

E.6. Consider diagnosis/conditions that may be causing presenting symptoms.

E.7. Conduct full reevaluations.

E.8. Consult PPN/Specialist (E.6./E.7.) and/or psychiatric consult.

E.9. Coordinate care provided by medical home and specialists, parents/caregiver, school.

E.10. Conduct full reevaluations.

E.11. Consider diagnosis/conditions that may be causing presenting symptoms.

E.12. Recommend parent/parenting interventions.

E.13. The following is a guide to the evaluation, treatment, and management of ODD and conduct disorder (CD) in children and adolescents.

E.14. Consider diagnosis of ODD/CD.

E.15. After initial program of family/parent training, assess need for additional sessions.

E.16. Consider the following:

- Intermittent Explosive Disorder
- Conduct Disorder

E.17. Evaluate:

- Option: Determine level of care

E.18. Consumer/Parent Engagement and Consent

E.19. Consensus/Parent Engagement and Consent

E.20. Ongoing Monitoring

E.21. Option: School Interventions

E.22. Day programs or in home wraparound services

E.23. Option: Discharge Planning/Associate Management

E.24. After ODD/CD symptoms are medically managed and clinical response is made, refer to ODD/CD.
Disruption Behavior and Aggression

E.1. CONSUMER/PARENT ENGAGEMENT AND CONSENT

- Initial engagement
- Consent

E.2. ASSESS

- Family/Patient History
- Circumstances of occurrence
- Developmental level and ability to form and maintain relationships
- Educational potential, disabilities, achievement
- Peer, sibling, and family problems/strengths
- History of aggressive, violent or criminal behavior
- History of symptoms:
  - Aggression and/or cruelty to people and animals
  - Vindictiveness, intentional annoyance of others

E.3. CONSIDER DIAGNOSIS OF ODD/CD

- Patient meets criteria?
- = NO
- = YES

E.4. EVALUATE

- Presenting symptoms:
- Past treatment and outcomes
- Circumstances of occurrence
- Development level
- History of aggressive, violent or criminal behavior
- History of symptoms
- Presenting symptoms
- Potential etiologies (including placement and school based interventions), especially when severe and persistent
- Refer for emergency evaluation if immediate danger to self or others?
- = NO
- = YES

E.5. OPTIMIZE TREATMENT OF COEXISTING CONDITIONS

- Questionnaire to determine if patient meets criteria for comorbid conditions
- History of aggressive, violent or criminal behavior
- History of symptoms
- Presenting symptoms
- Potential etiologies
- If yes, opt for treatment management to help control specific behaviors and to treat coexisting conditions
- = START
- = STOP

E.6. MEDICATION

- Medication alone has not been proven effective in treating ODD/CD
- Medication may be a useful part of comprehensive treatment

E.7. SCHOOL INTERVENTIONS

- Early intervention social skills and school-based programs have been shown to prevent ODD in very young children
- loft program

E.8. CONSUMER/PARENT ENGAGEMENT AND CONSENT

- After initial program of family/parent training, assess need for additional sessions
- = START
- = STOP

E.9. EVALUATE

- Adaptive behavior and social skills
- History of symptoms
- Presenting symptoms
- Parent-Management Training Programs and Family Therapy have been shown to be some of the most effective interventions and/or medication
- = START
- = STOP

E.10. OPTIMIZE TREATMENT OF COEXISTING CONDITIONS

- Option: Evidence-based interventions

E.11. MEDICATION

- Medication alone has not been proven effective in treating ODD/CD
- Medication may be a useful part of comprehensive treatment

E.12. SCHOOL INTERVENTIONS

- Early intervention social skills and school-based programs have been shown to prevent ODD in very young children
- loft program

E.13. CONSUMER/PARENT ENGAGEMENT AND CONSENT

- After initial program of family/parent training, assess need for additional sessions
- = START
- = STOP

E.14. CONSIDER DIAGNOSIS OF ODD/CD

- Patient meets criteria?
- = NO
- = YES

E.15. OPTIMIZE TREATMENT OF COEXISTING CONDITIONS

- Questionnaire to determine if patient meets criteria for comorbid conditions
- History of aggressive, violent or criminal behavior
- History of symptoms
- Presenting symptoms
- Potential etiologies
- If yes, opt for treatment management to help control specific behaviors and to treat coexisting conditions
- = START
- = STOP

E.16. MEDICATION

- Medication alone has not been proven effective in treating ODD/CD
- Medication may be a useful part of comprehensive treatment

E.17. SCHOOL INTERVENTIONS

- Early intervention social skills and school-based programs have been shown to prevent ODD in very young children
- loft program

E.18. CONSUMER/PARENT ENGAGEMENT AND CONSENT

- After initial program of family/parent training, assess need for additional sessions
- = START
- = STOP

E.19. SELECT TREATMENT REGIMEN(S)

- Option: Evidence-based interventions

E.20. MEDICATION

- Medication alone has not been proven effective in treating ODD/CD
- Medication may be a useful part of comprehensive treatment

E.21. SCHOOL INTERVENTIONS

- Early intervention social skills and school-based programs have been shown to prevent ODD in very young children
- loft program

E.22. ONGOING MONITORING

- Does medication regimen need to be adjusted or intensified?

SOURCES:

3. Reevaluate existing treatment
2. Consider conditions that might impact care (e.g., medical, environmental). Consider treatment interventions (including placement and school-based interventions), especially when severe and persistent

REFERENCES:

3. Reevaluate existing treatment
2. Consider conditions that might impact care (e.g., medical, environmental). Consider treatment interventions (including placement and school-based interventions), especially when severe and persistent.
ODD, or Oppositional Defiant Disorder, is a developmental disorder characterized by disruptive behavior and a tendency to resist authority. Assessment of ODD is similar to that of Conduct Disorder (CD), with a focus on the presence of at least four of the following behaviors:

- Refusal to obey commands or rules
- Spitefulness
- Arguing with adults
- Tangential or argumentative responses
- Defiant or vindictive behaviors
- Indifferent to negative consequences
- Disrespectful or hostile behaviors
- Stubbornness

The treatment of ODD, not unlike the treatment of CD, should be multi-target, multi-modal, and extensive, often combining individual psychotherapy, family psychotherapy, pharmacotherapy, and ecological interventions.

### Ensuring Effective Management of ODD/CD

1. **Consider Initiating**
   - Adjust treatment based on above considerations.

2. **Evaluate Existing Medication dosages for optimization**.
   - Identify DSM target symptoms.
   - Consider initiating.

3. **Reconsider original diagnosis**.
   - Reconsider if patient is in child protective services, foster care system, or on probation.
   - Involve case manager or officer.

4. **Evaluate or Interventions and/or medication**.
   - Examine patient's case management plan.
   - Follow up if referral is appropriate.

5. **Obtain baseline assessment**.
   - Refer to behavioral health provider.
   - Perform comprehensive health assessment.

6. **Identify DSM target symptoms**.
   - Inattention, Hyperactivity, Impulsivity
   - Moodiness & Irritability
   - Mood disorders such as: Major Depressive Disorder, Bipolar Disorder

7. **Review of symptoms**.
   - Behaviors characteristic of Oppositional Defiant Disorder
   - Behaviors characteristic of Conduct Disorder

8. **History of symptoms**.
   - Circumstances of occurrence
   - Developmental history.

9. **History of symptoms**.
   - Physical illness including: Adverse Childhood experiences (ACE), substance abuse.

10. **History of symptoms**.
    - Educational potential, disabilities, achievement.
    - Psychosocial stresses (especially abuse, separation, divorce, or family history of psychiatric illness and/or substance abuse).
    - Environmental factors (disorganized home, lack of supervision).
    - Specific environmental or social triggers, consider the following:
      - Home environment including Adverse Childhood experiences.
      - School performance and functioning.
      - Family history, structure, functioning, social interaction.
      - Developmental level and ability to form and maintain relationships.
      - Adverse childhood experiences or trauma.

11. **Refer to behavioral health provider for**:
    - Review and implementation of risk and safety planning.
    - Parent-Management Training Programs and Family Therapy.
    - School based programs.
    - Early intervention social skills programs.
    - Effective treatment of comorbid conditions.

12. **Did treatment result in effective management of ODD/CD treatment, including inpatient & outpatient options, evidence based practice**.

13. **Consult PPN/Specialist**.
    - Inpatient or residential treatment.
    - Outpatient or community treatment.

14. **Ongoing monitoring**.
    - Evaluate treatment plan.
    - Refer, as appropriate.

### Consumer/Parent Engagement and Consent

- **E.1. CONSIDER DIAGNOSIS OF ODD/CD**
  - Patient meets criteria for ODD or CD?
  - Patient does not meet criteria for ODD or CD?
  - Patient meets criteria for ODD or CD and does not have a mental health diagnosis or condition?
  - Patient does not meet criteria for ODD or CD and has a mental health diagnosis or condition?

- **E.2. SELECT TREATMENT REGIMEN(S)**
  - Options: Evidenced based practice, Consumer/Patient engagement and consent.

- **E.3. CoORDINATE CARE PROVIDED BY MEDICAL HOME AND SPECIALISTS, PARENTS/Caregiver, SCHOOL**
  - Options: Medical home, specialist, medication management, education, peer support, family therapy, behavior therapy, counseling, social work, school based services.

- **E.4. EVALUATE**
  - Options: Ongoing monitoring, exit this guideline.

- **E.5. IMPLEMENTATION**
  - Options: Ongoing monitoring, exit this guideline.

- **E.6. ONGOING MONITORING**
  - Options: Ongoing monitoring, exit this guideline.

- **E.7. ASSESSMENT**
  - Options: Ongoing monitoring, exit this guideline.

- **E.8. CONSUMER/PARENT ENGAGEMENT AND CONSENT**
  - Options: Consumer/Patient engagement and consent.

- **E.9. SELECT TREATMENT REGIMEN(S)**
  - Options: Evidenced based practice, Consumer/Patient engagement and consent.

- **E.10. ONGOING MONITORING**
  - Options: Ongoing monitoring, exit this guideline.

- **E.11. ASSESSMENT**
  - Options: Ongoing monitoring, exit this guideline.

- **E.12. CONSUMER/PARENT ENGAGEMENT AND CONSENT**
  - Options: Consumer/Patient engagement and consent.

- **E.13. SELECT TREATMENT REGIMEN(S)**
  - Options: Evidenced based practice, Consumer/Patient engagement and consent.

- **E.14. ONGOING MONITORING**
  - Options: Ongoing monitoring, exit this guideline.

- **E.15. ASSESSMENT**
  - Options: Ongoing monitoring, exit this guideline.

- **E.16. CONSUMER/PARENT ENGAGEMENT AND CONSENT**
  - Options: Consumer/Patient engagement and consent.

- **E.17. SELECT TREATMENT REGIMEN(S)**
  - Options: Evidenced based practice, Consumer/Patient engagement and consent.

- **E.18. CONSUMER/PARENT ENGAGEMENT AND CONSENT**
  - Options: Consumer/Patient engagement and consent.

- **E.19. SELECT TREATMENT REGIMEN(S)**
  - Options: Evidenced based practice, Consumer/Patient engagement and consent.

- **E.20. ONGOING MONITORING**
  - Options: Ongoing monitoring, exit this guideline.

- **E.21. ASSESSMENT**
  - Options: Ongoing monitoring, exit this guideline.

- **E.22. CONSUMER/PARENT ENGAGEMENT AND CONSENT**
  - Options: Consumer/Patient engagement and consent.
The treatment of ODD, not unlike the treatment of CD, should be multi-target, multi-modal, and extensive, adjusting treatment based on above considerations.

Consider diagnosis/conditions that may be causing presenting symptoms, such as ADHD, anxiety, and mood disorders. Effective treatment of comorbid conditions may be necessary in addition to treatment of ODD/CD.

Early intervention social skills and school-based programs have been shown to prevent ODD in very young children. Parent-Management Training Programs and Family Therapy have been shown to be some of the most effective management of behaviors characteristic of Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD).

Mental health and educational history.

School performance and functioning.

Peer relations, social skills.

Family history, structure, functioning, social interaction.

History of alcohol or drug abuse.

History of aggressive, violent or criminal behavior.

Moodiness & Irritability

Aggression and/or cruelty to people and animals (including sexual and physical violence), plus all the features characteristic of Conduct Disorder (CD). Aggression and cruelty to animals (including sexual and physical violence) may be the presenting symptoms.

Is the patient an emergency case?

Refer for emergency psychosocial intervention, e.g., crisis stabilization and/or inpatient stabilization treatment.

In-patient or residential treatment (e.g., inpatient treatment for serious ODD/CD, including inpatient treatment for self-harm, severe aggression, and/or suicidal ideation). Medications might impact care (e.g.,心境 disorder).

The Modified Overt Aggression Scale.

Refer to behavioral health provider for:

Disruptive Behavior and Aggression

Moodiness & Irritability

Aggression and/or cruelty to people and animals (including sexual and physical violence), plus all the features characteristic of Conduct Disorder (CD). Aggression and cruelty to animals (including sexual and physical violence) may be the presenting symptoms.

Is the patient being referred or is the plan to refer, as appropriate?

Maintain successful treatment and ongoing evaluation.

Identify DSM target symptoms.

Diagnosis/conditions, including but not limited to:

Mood disorders, including but not limited to major depression and bipolar disorder.

Substance abuse.

Learning disorders, autism spectrum disorders, intellectual disability.

Developmental disorders (e.g., Down syndrome, Prader-Willi syndrome, fragile-X syndrome).

General medical conditions (e.g., congenital heart disease, endocrine disorders, neurodevelopmental disorders, neurologic disorders, traumatic brain injury, toxins).

Psychosocial stresses (especially abuse, separation, divorce, or death of key attachment figures).

Perinatal, medical, and environmental neurotoxins.

Peer, sibling, and family problems/strengths.

Marked tantrums and/or hostility.

Child presents with any of the following concerns:

YES

NO

E.14. CONSIDER DIAGNOSIS OF ODD/CD

Patient meets DSM criteria for ODD or CD?

YES

NO

E.15. SELECT TREATMENT REGIMEN(S)

Effective management of symptoms:

Based on history, assess needs and severity of presenting symptoms and select appropriate treatment.

OPTION: MEDICATION

Has patient been previously treated?

YES

NO

Continue current medication management plan.

OPTION: EVIDENCED TECHNIQUES

Behavioral therapy (e.g., family therapy, group therapy, cognitive-behavioral therapy, behavior modification techniques).

Refer to a psychologist for assessment and possible therapy.

OPTION: SCHOOL BASED PROGRAMS

School based programs (e.g., social skills training, anger management therapy).

Refer to school counselor for assessment and possible therapy.

OPTION: PSYCHOLOGICAL TESTING

Laboratory and/or directed psychological testing warranted by medical history.

Refer to a psychologist for assessment and possible therapy.

OPTION: IMPROVEMENT OF HOME ENVIRONMENT

Create a more positive and safe home environment.

Refer to a psychologist for assessment and possible therapy.

OPTION: OTHER TREATMENT OPTIONS

Other medical or behavioral interventions.

Refer to a psychologist for assessment and possible therapy.

E.16. CONSUMER/PARENT ENGAGEMENT AND CONSENT

E.17. CONTINUITY OF CARE

E.18. CONSUMER/PARENT ENGAGEMENT AND CONSENT

E.19. SELECT TREATMENT REGIMEN(S)

E.20. EVALUATE

E.21. DISCHARGE PREPARATION

E.22. ONGOING MONITORING