ADHD and Disruptive Behaviour Disorders

Disruptive Behaviour Disorders (DBDs) encompass a group of childhood externalising disorders, primarily including ADHD, Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD). These disorders are characterised by persistent patterns of negative, defiant, and sometimes aggressive behaviours that frequently co-occur. The aetiology of DBDs is complex, involving neurobiological factors, such as variations in neurotransmitter systems and brain structure, alongside environmental influences including family dynamics, parenting style, and broader social context (Palacios-Barrios & Hanson, 2019).

A multimodal treatment approach is widely recommended for Disruptive Behaviour Disorders, integrating appropriate medication, nutritional support, parent guidance and training, psychological therapy, and structured behaviour modification strategies. Multimodal treatment is considered best practice because it addresses both neurobiological and environmental contributors to disruptive behaviour and can be tailored to each child's individual needs (Ogundele & Ayyash, 2023).

Developmental Considerations

ADHD, ODD, and CD share developmental pathways and frequently co-occur. Research indicates that children with comorbid ADHD and ODD are at elevated risk for developing CD, particularly when additional risk factors, such as harsh discipline, poor parental supervision, or neurobiological vulnerability, are present (Kaur et al., 2020). Without effective intervention, a subset of children with ADHD and CD face

increased risk for adverse long-term outcomes including antisocial behaviour in adulthood, though this trajectory is neither inevitable nor universal and depends on a complex interaction of biological, psychological, and social factors (Retz et al., 2021). **These findings underscore the importance of early, comprehensive intervention.**

Oppositional Defiant Disorder (ODD)

ODD is characterised by a persistent pattern of angry or irritable mood, argumentative or defiant behaviour, and vindictiveness lasting at least six months. Behaviours include frequent loss of temper, arguing with adults, actively defying or refusing to comply with rules, deliberately annoying others, blaming others for mistakes, being easily annoyed or resentful, and acting spitefully. These behaviours must occur more frequently than is typically observed in children of the same age and developmental level, and must cause clinically significant impairment in social, academic, or occupational functioning. ODD is not diagnosed when behaviours occur exclusively in the context of a psychotic or mood disorder.

Conduct Disorder (CD)

The DSM-5-TR classifies CD symptoms into four groups: aggressive conduct causing or threatening harm to people or animals; non-aggressive conduct causing property loss or damage; deceitfulness or theft; and serious violations of rules. A diagnosis requires three or more of these behaviours to have occurred in the past 12 months, with at least one in the past six months.

- **Childhood-onset subtype:** onset of at least one criterion before age 10.
- **Adolescent-onset subtype:** no criteria present before age 10.

Therapy and Prevention

Child-Focused Interventions

Cognitive-behavioural interventions that build problem-solving skills, self-regulation, and prosocial behaviour are associated with reductions in conduct problems in

children and adolescents (Kumuyi et al., 2022). CBT is particularly relevant for school-aged children and adolescents, providing anger regulation strategies and social problem-solving skills (van Manen et al., 2021). These interventions are most effective when integrated with family and school-based support.

Parent Training and Family Intervention

Parent training programs that teach reinforcement strategies, limit-setting, and effective communication are a well-established and recommended first-line intervention for ODD and conduct problems in children (Borschuk et al., 2024). Meta-analytic evidence supports the sustained effectiveness of behavioural parent training in reducing disruptive behaviour and improving family functioning (Doffer et al., 2023). Addressing parental mental health and stress is also an important component, as these factors can influence the outcomes of behavioural management strategies.

School and Community Programs

School-based programs that promote emotional regulation, prosocial decision-making, and academic engagement through structured skill-building and positive reinforcement contribute to prevention and early intervention for conduct problems. Community programs that engage young people in structured activities provide additional support for positive behavioural outcomes (McCart & Sheidow, 2022).

Nutritional Considerations

Some clinical guidelines recommend that, where clinically indicated, referral for nutritional assessment may be considered as part of a broader multimodal approach. Emerging research has examined the potential role of dietary factors in neurodevelopmental conditions, though the evidence base in this area continues to develop and nutritional intervention should not be relied upon as a standalone treatment. Where this is clinically indicated, referral to a dietitian is recommended.

Integrated Approach

A comprehensive, multidisciplinary strategy — combining psychological therapies, behavioural interventions, coordinated support from families, schools, and communities, and where clinically indicated, medication — is associated with the best outcomes in managing DBDs (Ogundele & Ayyash, 2023). Family-based and behavioural interventions in particular have strong and consistent empirical support

for positive outcomes in children and adolescents with conduct problems (Rocca et al., 2019).

Concerned about challenging behaviour?

Contact BNC to discuss an assessment for your child.

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