



## Student and Community Services *Psychological Services*

### Oppositional Defiant Disorder Conduct Disorder

#### **Psychological Assessment Checklist**

*A full assessment should include:*

- **Developmental History:** cover prenatal, birth history, early development, and behavioral history
- **OSR Review:** document social/communication problems that interfere with classroom performance
- **Observation:** direct behavioural observation of the child, with a particular focus on unstructured social settings, such as the school yard, daycare or home
- **Cognitive Assessment:** evaluate cognitive ability and any other learning disorder
- **Behavioral Assessment:** administer parent and teacher checklists to identify the student's behavior and their frequencies, and to show the settings in which the behaviours are most problematic.

Other sources of information:

**Medical Assessment:** by a paediatrician, neurologist, psychiatrist, etc. to determine the need for other medical studies (e.g., genetic studies, neurological assessment, endocrine studies etc.) There may also be co-morbid neurological and psychiatric conditions. Head injury and psychotic disorder must be ruled out

#### **Diagnosis of Oppositional Defiant Disorder or Conduct Disorder: The Specifics**

Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) are disruptive behavior problems, often known as externalized problems. In schools, they manifest themselves in repeated conflictual encounters with peers, teachers and other school personnel. Although the

disruptive behaviors can be situational, they more typically occur across all of a child's environments, especially those calling for self-control, co-operative behavior, turn taking, and restraint in movement and activity.

The essential feature of ODD is a recurrent pattern of negativistic, defiant, disobedient and hostile behavior toward authority figures that persists for at least 6 months. The essential feature of CD is repeated major rule violations and acts against the basic rights of others.

In diagnosing ODD or CD, behavioral observations, psychometric measures, clinical judgement and qualitative information must be considered. Consider a wide range of childhood disorders that could account for the behavioral symptoms before making any diagnosis. Consider ODD and CD together before completing the diagnosis, especially for an older child. In addition, consider ADHD, substance use disorder, abuse or neglect, adjustment disorder, bipolar disorder, intermittent explosive disorder, or child or adolescent antisocial behavior to diagnose. Rule out head injury and psychotic disorder.

- Developmental History:

Interview the parents or a parent to obtain information about the child's developmental course. Transient oppositional behavior is very common in preschool children and in adolescents, and Symptoms of ODD tend to increase with age. Childhood-Onset Type Conduct Disorder is defined by the onset of at least one criterion characteristic of CD prior to age 10, and these children may have had ODD during early childhood, and meet criteria for CD before puberty. Adolescent-Onset Conduct Disorder is defined by the absence of any criteria characteristics of CD prior to age 10.

Find out from the parent the current and past stresses in the family that could impact on the child's behavior. Establish the history of the behavior pattern to demonstrate a gradual onset of symptoms, rather than an acute onset that could reflect stresses in the family.

Discuss the behaviour management techniques that have been tried, and their outcomes, and how acceptable the child's present behavior is to the parent.

- Review of the OSR:

Seek information on behavioural symptoms reported since school entry and the course of the symptoms.

- Observation:

Observe the child directly, with a particular focus on unstructured social settings, such as the schoolyard, daycare or home.

- Cognitive Assessment

Intellectual screening is important to establish the child's developmental functioning level, against which to compare behavioral functioning. Defiant and oppositional behavior patterns that relate more to developmental differences, as may be seen in children with IQ's at the extreme ends of the scale, must be ruled out.

Do a complete learning disabilities assessment, if the child shows academic difficulties, to determine whether learning disabilities are also evident.

- Behavioral and Emotional Evaluation:

The teacher and the parent must complete a behavioral questionnaire that identifies the student's behaviors and their frequency, to establish more frequent occurrence than is typical at that age and developmental level. A characteristic profile shows high levels of externalizing behaviors. Students with comorbid disorders may also show high levels of emotional symptoms or internalized behaviors.

## **Suggested Questionnaires and Behavioural Rating Scales:**

Behavior Assessment System for Children (BASC)  
Child Behavior Checklist  
Conners Rating Scales – Revised  
Social Skills Rating Scale  
Scales of Independent Behavior - Revised

### Acknowledgements:

This paper is a collaborative effort involving Psychological Services staffs from the South, West and East Education Offices of Toronto District School Board.