Database: PsycINFO <1806 to January Week 2 2006>

Search Strategy:
--------------------------------------------------------------------------------------------------------------------------
1     (oppositional-defiant disorder.id. or *oppositional defiant disorder/ or oppositional defiant.ti.) and (therapy.hw. or therap$.ti. or treat$2.ti. or treatment$1.ti.) and (adolescence 13 17 yrs.ag. or (adolescen$ or teen$1 or teenage$2).ti.) and english.lg. (45)
2     from 1 keep 1-45 (45)

ELLOW
Accession Number
Peer Reviewed Journal: 2005-13926-005.
Title
Short-Term Cardiovascular Effects of Mixed Amphetamine Salts Extended Release in Children and Adolescents With Oppositional Defiant Disorder. [References].
Author
Connor, Daniel F;  Spencer, Thomas J.
E-Mail Address
Connor, Daniel F.: connor@psychiatry.uchc.edu
Source
http://www.cnsspectrums.com/index.php3
Abstract
Objective: Assess cardiovascular effects of mixed amphetamine salts extended release (MAS XR) in children and adolescents (6-17 years of age) with oppositional defiant disorder (ODD). Methods: A 4-week, double-blind, randomized, placebo- controlled, forced dose-titration study of once-daily 10-, 20-, 30-, or 40-mg MAS XR (n=308). Resting/ sitting systolic blood pressure (SBP) and diastolic blood pressure (DBP) and pulse were measured at baseline and weekly thereafter. Electrocardiograms (ECGs) were obtained at screening and study end point. Findings: At study end point, mean changes in SBP and DBF were minimal with MAS XR (SBP: -0.2 to 1.1 mm Hg; DBP: -1.0 to 2.1 mm Hg) and comparable to placebo (SBP: -0.6 mm Hg; DBP: -0.4 mm Hg). Mean end point pulse was similar with MAS XR (80.6-84.7 bpm) and placebo (81.8 bpm). No dose-related trends in blood pressure and pulse changes were observed. No clinically significant changes in ECG parameters were seen with MAS XR. Changes in QTcB (Bazett's formula) interval with MAS XR were small (0.5 to 3.9 msec). No patient discontinued due to a cardiovascular adverse event. Conclusion: Cardiovascular effects of MAS XR (10-40 mg) were minimal and comparable to those with placebo in children and adolescents with ODD. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)

<2>
Accession Number
Chapter Title
Author
Drake, Celia A;  Lewis, Deborah J.
Source
Abstract

(from the chapter) Childhood behavioral disorders such as conduct disorder and oppositional defiant disorder which are referred to in the aggregate as disorders of conduct or disruptive behavior disorders, are increasing (Fonagy et al., 2002). Children diagnosed with disorders of conduct account for many of the referrals to mental health practitioners. Symptoms and behaviors associated with disorders of conduct are on a continuum from mild intensity to those with significant consequences including aggression and serious crime. Understanding the etiology of disorders of conduct is complex and requires integration from many disciplines such as neurophysiology, psychiatry, psychology, systems theory, and theology. For the evaluating clinician, careful consideration of the physiological, environmental, academic, behavioral, social, and spiritual contributions to the problem produces the most complete picture and allows for multiple paths of intervention. Psychospiritual approaches are well suited to add as assessment and treatment tools for these disorders. Available techniques can provide guides for the child to develop the resources, values, capabilities and will that is both the glue and the character of the developing child. Psychospiritual techniques such as meditation can enhance the prime skills needed of self-awareness, self-assessment, and self-control as well as to enhance learning. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Accession Number


Title

Emotional intelligence as basis of treatment for adolescents diagnosed with oppositional defiant disorder.

Author

Huebner, Pamela Suddaby.

Source


Abstract

The abilities to identify, process, understand, and regulate emotional data are necessary components of psychological wellbeing. Emotional intelligence (Mayer & Salovey, 1997; Mayer Salovey, & Caruso, 2000a) provides a model for evaluating emotional ability and can be used to identify potential deficits in perception of emotion and emotional facilitation, understanding, and regulation. Deficits in emotional intelligence impact one's ability to manage interpersonal relations effectively and difficulty in interpreting and managing emotions can also lead to behavioral difficulties such as those exhibited in children and adolescents diagnosed with oppositional defiant disorder (ODD). Characterized by emotions such as anger and frequent loss of temper, youth diagnosed with this disorder often have comorbid disorders and some develop the more severe disruptive behavior disorder known as conduct disorder. This dissertation provides a proposed Treatment Manual for the treatment of ODD based on EI with a focus on remediation of identified deficits in emotional ability through the use of cognitive, metacognitive, experiential, and psychoeducational interventions. A twenty-four session program is outlined that includes a repeated measures design for evaluating participants’ improvement using the child behavior checklist (CBCL, Achenbach, 2001) and the Mayer-Salovey-Caruso Emotional Intelligence Test – Youth Version (Mayer, Salovey & Caruso, 2003). (PsycINFO Database Record (c) 2005 APA, all rights reserved)
Title
Effects of Combined Treatment on Turkish Children Diagnosed with Attention-Deficit/Hyperactivity Disorder: A Preliminary Report. [References].

Author
Ercan, Eyup Sabri; Varan, Azmi; Deniz, Ulku.

E-Mail Address
Ercan, Eyup Sabri: eyercan@med.ege.edu.tr

Abstract
Objective: The main aim of this study was to investigate the effects of combined treatment on children diagnosed with attention-deficit/hyperactivity disorder (ADHD). Method: After careful screening, 47 children (57%) diagnosed with ADHD + oppositional-defiant disorder (ODD) and 36 children (43%) diagnosed with ADHD + conduct disorder (CD) were included in the study. Treatment consisted of ongoing medication (methylphenidate) management and a parent-training program that continued for 5 months. Children were assessed in multiple domains by multiple sources of information at baseline and at the end of the 1st, 3rd, and 6th months by parent- and teacher-completed the Turgay Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV)-Based Child and Adolescent Behavior Disorders Screening and Rating Scale (T-DSM-IV-S), Conners Parent Rating Scale (CPRS), and Conners Teacher Rating Scale (CTRS). Mother-child relationship was assessed by the Parental Acceptance and Rejection Questionnaire (PARQ). Results: Combined treatment was effective in reducing the ADHD, ODD, and CD symptoms. Analyses of the data revealed that medication, rather than parent training, was responsible for the improvements both in the symptoms and in the mother-child relationship. Conclusions: The results of the study, in line with the Multimodal Treatment Study of Children with ADHD (MTA) findings, highlighted the role of stimulant medication in the treatment of ADHD. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Title
Letters To The Editor: Increased Blood Pressure And Atomoxetine.

Author
Dworkin, Naomi.

Abstract
In the course of my work as a psychiatrist at an outpatient, community-based clinic, I have found that some patients do experience clinically significant increases in blood pressure (BP) when taking atomoxetine (Strattera). I report on three adolescent boys who all developed unacceptable increases in BP on atomoxetine. The first patient was then a 14-year-old boy diagnosed with attention-deficit/hyperactivity disorder (ADHD), dysthymia, and insomnia. His BP readings stayed in the normal range up to a dose of 60 mg/day atomoxetine. We increased the atomoxetine to 80 mg/day. He improved clinically, but his BP rose, measuring at 140/86, 128/90, and 126/90. The second patient was diagnosed with ADHD, oppositional defiant disorder (ODD), low average IQ, depressive disorder not otherwise specified, and a history of lead poisoning. At the age of 14 years
and a weight of 114 Ib, we started him on atomoxetine 60 mg/day as monotherapy. His BP readings rose into an elevated range of 130/80 on average. The third patient was diagnosed with ADHD, ODD, an expressive language disorder, and depressive disorder not otherwise specified. When he was 12 years old, we began a trial of atomoxetine, which led to clinical improvements. However, when the atomoxetine was increased to 80 mg/day, along with bupropion sustained release 100 mg/day, clonidine 0.2 at bedtime, and buspirone 60 mg/day, his BP readings rose to 150/80 and then 140/90. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<6>
Accession Number
Title
Gender Differences in ADHD Subtype Comorbidity. [References].
Author
Levy, Florence; Hay, David A; Bennett, Kellie S; McStephen, Michael.
E-Mail Address
Levy, Florence: f.levy@unsw.edu.au
Source
Abstract
Objective: To examine gender differences in attention-deficit/hyperactivity disorder ("ADHD") symptom comorbidity with "oppositional defiant disorder", "conduct disorder", "separation anxiety disorder", "generalized anxiety disorder", speech therapy, and remedial reading in children. Method: From 1994 to 1995, data from a large sample (N = 4,371) of twins and siblings studied in the Australian Twin ADHD Project were obtained by mailed DSM-IV-based questionnaires, investigating patterns of comorbidity in the three subtypes of "ADHD": "inattentive", "hyperactive/impulsive", and "combined". A total of 1,550 questionnaires were returned (87%) over the next 12 to 18 months. Results: Analysis of variance showed significant between-group differences in males and females for inattention and hyperactive/impulsive symptom counts with higher rates of "oppositional defiant disorder" and "conduct disorder" in males, and higher rates of "separation anxiety disorder" in females indicating internalizing disorders are more common in females and externalizing disorders are occurring more often in males. Differences were found between the "ADHD" subtypes and the no ADHD category for all comorbid conditions, for both males and females. Children without ADHD consistently had fewer symptoms, while children with the combined subtype showed consistently more comorbid symptoms indicating a strong relationship between high rates of externalizing symptoms and high rates of internalizing symptoms. Gender differences in speech therapy were significant only for the children without ADHD. The rates of "separation anxiety disorder" were higher in females with the "inattention" subtype and the rate of "generalized anxiety disorder" higher for females with the "combined" subtype, indicating that the subtypes of ADHD were associated with these internalizing disorders in different ways. Conclusions: Although comorbidity differs among ADHD subtypes, there were no significant gender differences in comorbidity for externalizing disorders. Inattentive girls may present with anxiety. Clinical approaches for both males and females should be sensitive to possible language and reading problems. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

<7>
Accession Number
Title
Atomoxetine Treatment in Children and Adolescents With Attention-Deficit/Hyperactivity Disorder and Comorbid Oppositional Defiant Disorder. [References].
Author
Newcorn, Jeffrey H; Spencer, Thomas J; Biederman, Joseph; Milton, Denai R; Michelson, David.
E-Mail Address
Newcorn, Jeffrey H.: Jeffrey.newcom@mssm.edu
Source
Abstract
Objective: To examine (1) moderating effects of oppositional defiant disorder (ODD) on attention-deficit/hyperactivity disorder (ADHD) treatment response and (2) responses of ODD symptoms to atomoxetine. Method: Children and adolescents (ages 8-18) with ADHD were treated for approximately 8 weeks with placebo or atomoxetine (fixed dosing: 0.5, 1.2, or 1.8 mg/kg/day, b.i.d.) under randomized, double-blind conditions. Among patients with lifetime diagnostic information (n=293), 39% were diagnosed with comorbid ODD and 61% were not. Treatment-group differences and differences between patients with and without comorbid ODD were examined post hoc for changes on the Attention-Deficit/Hyperactivity Disorder Rating Scale IV-Parent version, investigator-administered and -scored; Conners' Parent Rating Scale-Revised Short Form; Clinical Global Impressions Severity of ADHD Scale; and the parent-rated Child Health Questionnaire. Results: Youths with ADHD and comorbid ODD showed statistically significant improvement in ADHD, ODD, and quality-of-life measures. Treatment response was similar in youths with and without ODD, except that the comorbid group showed improvement compared with placebo at 1.8 mg/kg/day but not 1.2 mg/kg/day. In contrast, youths without ODD showed improvement at 1.2 mg/kg/day and no incremental benefit at 1.8 mg/kg/day. Conclusions: Atomoxetine treatment improves ADHD and ODD symptoms in youths with ADHD and ODD, although the comorbid group may require higher doses. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

<8>
Accession Number
Book: 2005-00278-014.
Chapter Title
Family-Based Psychosocial Treatments for Children and Adolescents With Attention-Deficit/ Hyperactivity Disorder. [References].
Author
Anastopoulos, Arthur D; Shelton, Terri L; Barkley, Russell A.
Source
Abstract
(from the introduction) The authors describe two intervention projects dealing with kindergarten and preschool children who either have ADHD or are at risk for this condition. Next, they present the results of a treatment outcome study conducted with elementary school-age children who have either ADHD or ADHD and comorbid oppositional defiant disorder (ODD). This is followed by a description of a family-based treatment for adolescents with ADHD and ODD. For each study
they discuss treatment benefits as well as limitations, emphasizing their findings, suggesting that family-based psychosocial treatments produce clinically significant improvements. Highlighting future directions, the authors call for multimodal treatment studies for preschool and adolescent ADHD populations. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<9>
Accession Number
Title
Parent group treatments for children with Oppositional Defiant Disorder.
[References].
Author
Costin, Janet; Lichte, Claudia; Hill-Smith, Andrew; Vance, Alasdair; Luk, Ernest.
E-Mail Address
Costin, Janet: Jan.Costin@maroondah.org.au
Source
Abstract
This study compared two group intervention strategies aimed at parents of primary school-aged children with Oppositional Defiant Disorder. One group focused on parent management training; the second used a cognitive approach, which focused on parental stress and problem solving skills. Both interventions were effective with a clinic-referred sample showing overall improvements in post-treatment child behaviours and parenting stress levels. Parents who attended the parent management training reported the larger reduction in conduct problems in their children, whereas parents who attended the parenting stress group showed a reduction in their reported level of stress. The results emphasise the importance of specifically targeted interventions. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

<10>
Accession Number
Title
Pediatric Case Report of Quetiapine Overdose and QTc Prolongation.
[References].
Author
Kurth, Jennifer; Maguire, Gerald.
E-Mail Address
Kurth, Jennifer: jkurth@uci.edu
Source
Abstract
Background. Consideration of the risk of QTc interval prolongation associated with atypical antipsychotic administration is mounting, as this can lead to sudden cardiac death. Methods. This is a case report of a 14-year-old boy with a history of major depressive disorder with psychotic features, post-traumatic stress disorder, oppositional defiant disorder, and polysubstance abuse who ingested 1900 mg of quetiapine. Results. One and one half hours after ingestion, the QTc interval lengthened from 453 msec to 618 msec on the printout (manual calculation was 444 msec to 500 msec, respectively). On the baseline EKG, the
QTc interval was 411 msec (manual calculation of 416 msec). Conclusion. This report presents an association between higher doses of quetiapine, resulting in higher serum levels and QTc interval prolongation. Also, this report demonstrates the importance of manually calculating the QTc interval to ensure accuracy of the measurement. A review of the literature revealed two case reports and a study where quetiapine was associated with an increase in QTc interval. Further studies are necessary to understand the relationship between higher doses of quetiapine, resulting in higher serum levels, and the propensity for QTc interval prolongation to ensure safe clinical use of this medication. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)
deteriorated. Wilderness interventions provide space and separation for both the parent and the adolescent. This allocation of space appears to slow down the destructive communication process, and makes room for relationship resolution interventions. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Accession Number
Title
A comparison between a convergent and an integrated approach to the treatment of oppositionally defiant adolescents in family therapy.
Author
Dodge, William.
Source
Abstract
According to Barkley (1999), the Oppositional Defiance Disorder (ODD) is not only growing at an epidemic rate among adolescents, but is quite resistant to psychotherapy. This dissertation, using a mixed split plot design, tested the hypothesis that a convergent approach to family therapy which relied exclusively upon experiential interventions would be more successful, as evaluated by Barkley’s Scale (1999), which measured the severity of ODD, in treating adolescents with an ODD than either an integrated approach which prescribed, for the most part, the use of cognitive techniques, or the control group. Comparison of the scores generated by Barkley’s Scale did not indicate a statistically significant different between these two therapeutic approaches. Despite this outcome, the convergent approach, unlike the integrated group, outperformed the control group, and the scores of the control group dropped over the course of the research. These facts suggest a trend that could prove to be statistically significant in a larger sample. Analysis of the themes that emerged from the interviews suggested a corroboration with the numerical trend that the beliefs which underlie an ODD appeared less resistant to convergent than to the integrated intervention. This dissertation not only explored the therapeutic value of experience, or, more specifically, an individual’s encounter with “real life” events, but set the stage for future research with larger and hopefully more informative samples of oppositionally defiant adolescents. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Accession Number
Title
Danger Ideation Reduction Therapy (DIRT) for Intractable, Adolescent Compulsive Washing: A Case Study. [References].
Author
O’Brien, Margot; Jones, Mairwen K; Menzies, Ross G.
E-Mail Address
Jones, Mairwen K.: M.Jones@fhs.usyd.edu.au
Source
Abstract
This paper describes the first trial of danger ideation reduction therapy
(DIRT) in an adolescent patient with severe, treatment resistant obsessive-compulsive disorder (OCD). This case study also represents the first published data on DIRT for any individual outside the Anxiety Disorders Clinic at the University of Sydney, where the treatment package was originally developed. KP was a 16-year-old girl with a 4-year history of obsessive-compulsive disorder. She was primarily concerned with contamination and presented with associated washing and avoidance behaviour. KP met Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association [APA], 1994) criteria for OCD, oppositional defiant disorder and major depressive disorder. She had also had previous diagnoses of attention-deficit/hyperactivity disorder and motor tics. KP had received considerable treatment for OCD prior to the current trial, including 12 months of outpatient treatment at the local community health centre, a 4-week inpatient admission to a private hospital in Sydney and a 16 week inpatient admission to Rivendell Adolescent Unit in Sydney. All previous treatments involved a combination of pharmacotherapy (clomipramine [up to 125mg], sertraline [up to the 200mg], fluvoxamine [up to 200 mg], risperidone [up to 2.5 mg] and chlorpromazine [25-50 mg prn]), and attempts to administer exposure-based treatment. KP had failed to benefit from all previous treatment attempts. However, following 16 sessions of DIRT, KP experienced substantial improvement, approximating symptom-free status on all measures. Importantly, these improvements were maintained at 12-month follow-up. The DIRT package was also effective in reducing depression and anxiety scores on self-report measures over the follow-up period. There were no substantial differences between posttreatment and 12-month follow-up scores on any of the measures given.

(PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Accession Number
Title
Comorbid Externalising Disorders and Child Anxiety Treatment Outcomes.
[References].
Author
Flannery-Schroeder, Ellen; Suveg, Cynthia; Safford, Scott; Kendall, Philip C; Webb, Alicia.
E-Mail Address
Flannery-Schroeder, Ellen: ftanneryschroeder@yahoo.com
Source
Abstract
Examined the effects of comorbid externalising disorders (i.e., attention-deficit/hyperactivity disorder [ADHD], oppositional defiant disorder [ODD], conduct disorder [CD]) on the long-term outcome (7.4 years) of individuals treated for anxiety disorders as youth. Ninety-four anxiety-disordered children (aged 8-13) were provided with a 16-session manual-based cognitive behavioural treatment (CBT). Assessments were completed at pretreatment, posttreatment, 1-year posttreatment (see Kendall, et al., 1997) and for 88 of the original 94 subjects at 7.4-years posttreatment (see Kendall, Safford, Flannery-Schroeder, & Webb, in press). At pretreatment, all participants received principal anxiety diagnoses (generalised anxiety disorder, separation anxiety disorder, social phobia). Nineteen had comorbid externalising disorders (11 ADHD, 7 ODD and 1 CD). These 19 subjects were matched on age (within an average of 3 months), gender and race with 19 previously treated youths who were not comorbid with an externalising disorder. Examining parent- and child-reports, respectively,
comparable rates of comorbid versus non-comorbid cases were free of their principal anxiety disorder at the 7.4-year follow-up on all dependent measures. Parents of anxiety-disordered children with a comorbid externalising disorder reported higher levels of child externalising behaviour than did parents of anxiety-disordered children without comorbidity. Comorbid children reported greater self-efficacy in coping with anxiety-provoking situations than did non-comorbid children. Thus, it appears that overall anxiety-disordered children with and without comorbid externalising disorders showed comparable improvements following CBT. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
Source

Abstract
Reviewed 24 studies evaluating the effects of 5 types of behavioral parent training (BPT) for preadolescent children who would qualify for a diagnosis of oppositional defiant disorder. The 5 categories of studies included individually and group based BPT, BPT that incorporated a component designed to increase social support available to the target child's primary caregiver, video-modelling-based BPT, and combined child-focused problem solving skill's training with BPT. From this review it is concluded that BPT combined with child-focused problem solving skills training is a particularly effective intervention for preadolescents with conduct problems of the type that lead to a diagnosis of oppositional defiant disorder. Combined programs are more effective that either category of intervention alone, and group-based BPT that included video-modelling were clinically as effective and more cost-efficient than individually-based BPT programs and BPT without video-modelling. Programs including a component to enhance the social support provided by the partner to the primary caregiver greatly enhance program effectiveness. Implications for clinical practice, service development, and future research are discussed.

( PsycINFO Database Record (c) 2005 APA, all rights reserved)
Title
A Randomized Controlled Trial of Clonidine Added To Psychostimulant Medication for Hyperactive And Aggressive Children. [References].

Author
Hazell, Philip L; Stuart, John E.

E-Mail Address
Hazell, Philip L.: hazell@mail.newcastle.edu.au

Source

Abstract
Compared clonidine with placebo added to ongoing psychostimulant therapy for the treatment of attention-deficit/hyperactivity disorder with comorbid oppositional defiant disorder or conduct disorder. Children 6-14 years of age recruited through 2000 to 2001 were randomized to receive clonidine syrup 0.10 to 0.20 mg/day or placebo for 6 weeks. Primary outcome measures were the Conduct and Hyperactive Index subscales of the parent-report Conners Behavior Checklist. Side effects were monitored using physiological measures and the Barkley Side Effect Rating Scale. Evaluable patient analysis showed that significantly more clonidine-treated children than controls were responders on the Conduct scale but not the Hyperactive Index. Compared with placebo, clonidine was associated with a greater reduction in systolic blood pressure measured standing and with transient sedation and dizziness. Clonidine-treated individuals had a greater reduction in a number of unwanted effects associated with psychostimulant treatment compared with placebo. The findings support the continued use of clonidine in combination with psychostimulant medication to reduce conduct symptoms associated with attention-deficit/hyperactivity disorder. Treatment is well tolerated and unwanted effects are transient. (PsycINFO Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Title
Risperidone in children and adolescents with conduct disorder: A single-center, open-label study. [References].

Author
Sabri Ercan, Eyup; Kutlu, Ayse; Cikoglu, Sibel; Veznedaroğlu, Baybars; Erermis, Serpil; Varan, Azmi.

E-Mail Address
Sabri Ercan, Eyup: eyercan@hotmail.com

Source

Abstract
Investigated the effectiveness and tolerability of risperidone in controlling major symptoms of conduct disorder CD in children and adolescents diagnosed with ADHD, oppositional defiant disorder (ODD), and severe CD. Children and adolescents were eligible for this single-center, open-label study if they met DSM-IV diagnostic criteria for ADHD and ODD and also were diagnosed with severe CD. The patients were treated with risperidone in an open-label fashion for 8 weeks, starting at a daily dosage of 0.25 mg or 0.5 mg in 2 divided doses. The study population comprised 21 children and adolescents with a mean age of 10.8
years. The mean dosage of risperidone at the end of 8 weeks of treatment was 1.27. On the basis of the global improvement subscale of the Clinical Global Impression scale, 16 of 20 patients (80%) were classified as responders. Significant improvements were observed after risperidone treatment in the inattention, hyperactivity/impulsivity, ODD, and CD subscales of the Turgay DSM-IV-Based Child and Adolescent Behavior Disorders Screening and Rating Scale. The results of this study are consistent with previous findings and suggest that risperidone may be an effective and well-tolerated atypical antipsychotic drug for the treatment of children and adolescents with CD. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<20>
Accession Number
Book: 2003-00983-000.
Title
Conduct and oppositional defiant disorders: Epidemiology, risk factors, and treatment.
Author
Essau, Cecilia A [Ed].
Source
Abstract
(from the cover) Written by an eminent group of international experts, this book offers a comprehensive cutting-edge overview of all the major aspects of conduct disorder (CD) and oppositional defiant disorder (ODD) in children and adolescents. It is organized into three sections. The first summarizes classification and assessment, epidemiology and comorbidity, as well as course and outcome. The second examines factors that put children and adolescents at risk to develop CD and ODD: contextual, familial/genetic, and neuropsychological and neuroendocrine. The third presents numerous empirically supported approaches to prevention and treatment. An epilogue reviews recent progress and unresolved questions, and suggests needs for future research. Special attention is devoted to gender and developmental pathways in etiology, symptom expression, courses and outcomes. This volume is recommended for all mental health professionals whose work involves them with these difficult clients. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<21>
Accession Number
Title
Child and adolescent psychopharmacology. [References].
Author
Balon, Richard.
Source
Abstract
In spite of all the controversies and not yet clarified issues, child and adolescent psychopharmacology, following the lead of adult psychopharmacology, has developed and expanded tremendously, particularly the use of psychotropic medications in children and adolescents. To illustrate this, four featured articles in the April 2003 issue of the journal Psychiatric Annals, though not covering the entire field of child and adolescent psychopharmacology, address the treatment issues of the four most extensively studied areas. The first article reviews the psychopharmacology of ADHD, oppositional defiant disorder,
and conduct disorder. The second article focuses on recent knowledge in the treatment of psychosis in children and adolescents. The third article discusses recent developments in the treatment of major depression in children and adolescents. Finally, the last article presents the recent knowledge on psychopharmacology of child and adolescent anxiety disorders. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Accession Number
Title
Saying goodbye to the guru: Brief intermittent developmental therapy with a young adult in a high demand group. [References].
Author
Dubrow-Eichel, Steve K.
Source
Abstract
Presents the case of a White male high school student (aged 16 yrs) involved in a high demand group, or cult, and diagnosed with oppositional-defiant disorder. During a 5-yr period brief intermittent development therapy focused on the S’s developmental processes of autonomy, decision making, and affect and impulse regulation. Findings suggest that there are similarities between addiction counseling and cult devotee counseling. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Accession Number
Peer Reviewed Journal: 2002-00528-007.
Title
Cross-country skiing as a self-efficacy intervention with an adolescent female: An innovative application of Bandura's theory to therapeutic recreation. [References].
Author
Ferguson, Daniel D; Jones, Karna.
E-Mail Address
Ferguson, Daniel D.: dan_ferguson@byu.edu
Source
http://www.nrpa.org/content/default.aspx?documentId=511
Abstract
This case report uses A. Bandura's theory of self-efficacy as a basis for designing a therapeutic recreation intervention for a 15 year-old female with severe depression and oppositional defiant disorder (ODD) in a long term residential treatment facility for adolescents. Cross-country skiing was used as a modality to facilitate an increase in self confidence. The intervention also aided her in discovering positive ways to manage her anger by helping her make stronger efficacy judgments about herself. These outcomes seemed to generalize to improved relations with family members. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
Title
A critical review of the literature on the etiology and treatment of Oppositional Defiant Disorder.
Author
Bastien, Elisee.
Source
Abstract
The problem. Although Oppositional Defiant Disorder (ODD) is a frequently diagnosed and difficult-to-treat condition identified as a developmental antecedent to Conduct Disorder (CD) which, if untreated, may evolve into Antisocial Personality Disorder, ODD remains an under-researched condition. The purpose of the present study was to provide a critical review of the literature published between 1955 and 1998 on the etiologies, diagnosis, and treatment of ODD in children and adolescents. Method. The critical review involved: (a) an evaluation of the different theories on the etiology or causes of ODD, in an attempt to ascertain its characteristics and predict its incidence; (b) an evaluation of different diagnostic methods used to assess ODD and to suggest appropriate treatment procedures which adequately target ODD symptoms; (c) an examination of the impact of comorbidity between ODD and other disorders with similar and assumed boundaries; and (d) an evaluation of different treatment methods as well as the adequacy of the samples used to test the efficacy of the various treatments. Results. It was found that excessive research has yet to be done to define the causes and effective treatments of ODD, and that the potential for misdiagnosis remains a clear danger associated with this disorder. Apart from targeted studies conducted in the mid 1980s, the few more recent studies of ODD have been psychopharmacological, resulting in some reported behavior improvement through the combined use of Desipramine (DMI) and Methyphenidate (MPH). The most successful treatment interventions appear to be the parent-child training methods, including Social Learning Parent-Based Therapy, Parent Management Training, and Functional Family Therapy. It appears, however, that some youngsters diagnosed with ODD do not need therapy and will not advance to a more deviant type of behavior disorder. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<25>
Accession Number
Title
The efficacy of problem-solving communication training alone, behavior management training alone, and their combination for parent-adolescent conflict in teenagers with ADHD and ODD. [References].
Author
Barkley, Russell A; Edwards, Gwyneth; Laneri, Margaret; Fletcher, Kenneth; Metevia, Lori.
E-Mail Address
Barkley, Russell A.: barkleyr@ummhc.org
Source
Abstract
Two family therapies were compared using teens with attention-deficit/hyperactivity disorder. Ninety-seven families were assigned to either 18 sessions of problem-solving communication training (PSCT) alone or behavior...
management training (BMT) for 9 sessions followed by PSCT for 9 sessions
(BMT/PSCT). Both treatments demonstrated significant improvement in ratings of
parent-teen conflicts at the midpoint but did not differ. By posttreatment, both
produced improvement on ratings and observations but did not differ.
Significantly more families dropped out of PSCT alone than out of BMT/PSCT. At
most, 23% of families showed reliable change either by midpoint or by
posttreatment, with no differences between therapies. Yet 31-70% of families
were normalized. Group-level change and normalization rates support treatment
efficacy, whereas indices of reliable change are less impressive. (PsycINFO
Database Record (c) 2005 APA, all rights reserved) (journal abstract)

Title
"Divalproex treatment for youth with explosive temper and mood lability: A
double-blind, placebo-controlled crossover design": Errata.
Author
Donovan, Stephen J; Stewart, Jonathan W; Nunes, Edward V; Quitkin, Frederic
M; Parides, Michael; Daniel, William; Susser, Ezra; Klein, Donald F.
Source
http://ajp.psychiatryonline.org/
Abstract
Reports an error in the original article by S. J. Donovan et al (American
results section, the sentence beginning on line 10 should read: "The DSM-IV
diagnoses found in these children were ADHD (four subjects), marijuana abuse
(six subjects), and disruptive behavior disorder (oppositional defiant disorder
or conduct disorder; all subjects a priori). (The following abstract of this
article originally appeared in record 2000-15519-021.) The authors sought to
replicate open-label findings showing that specific criteria for explosive
temper and mood lability identify disruptive youth who improve while receiving
the anticonvulsant divalproex sodium. 20 outpatient 10-18 yr olds with a
disruptive behavior disorder (oppositional defiant disorder or conduct disorder)
met the specific criteria for explosive temper and mood lability. They received
6 wks of placebo by random assignment. Independent evaluators blind to group
assignment assessed response at the end of each phase. At the end of each phase
1, 8 of 10 Ss had responded to divalproex; 0 of 10 had responded to placebo. Of
the 15 Ss who completed both phases, 12 had superior response taking divalproex.
This preliminary study replicates open-label . . . (PsycINFO Database Record (c)
2005 APA, all rights reserved)

Title
Divalproex treatment for youth with explosive temper and mood lability: A
double-blind, placebo-controlled crossover design.
Author
Donovan, Stephen J; Stewart, Jonathan W; Nunes, Edward V; Quitkin, Frederic
M; Parides, Michael; Daniel, William; Susser, Ezra; Klein, Donald F.
Source
http://ajp.psychiatryonline.org/
Abstract
The authors sought to replicate open-label findings showing that specific criteria for explosive temper and mood lability identify disruptive youth who improve while receiving the anticonvulsant divalproex sodium. 20 outpatient 10-18 yr olds with a disruptive behavior disorder (oppositional defiant disorder or conduct disorder) met the specific criteria for explosive temper and mood lability. They received 6 wks of divalproex treatment and 6 wks of placebo by random assignment. Independent evaluators blind to group assignment assessed response at the end of each phase. At the end of phase 1, 8 of 10 Ss had responded to divalproex; 0 of 10 had responded to placebo. Of the 15 Ss who completed both phases, 12 had superior response taking divalproex. This preliminary study replicates open-label findings showing that divalproex is an efficacious treatment for explosive temper and mood lability in disruptive children and adolescents. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Accession Number
Title
A pilot study of methylphenidate, clonidine, or the combination in ADHD comorbid with aggressive oppositional defiant or conduct disorder.
Author
Connor, Daniel F; Barkley, Russell A; Davis, Heather T.
Source
Abstract
A pilot comparison of the safety and efficacy of methylphenidate (MPH) combined with clonidine, clonidine monotherapy, or MPH monotherapy in male 6-16 yr old children diagnosed with attention deficit hyperactivity disorder (ADHD) and comorbid aggressive oppositional defiant disorder or conduct disorder was completed. Study design was a 3-mo, randomized, blinded, group comparison with 8 Ss per group. No placebo comparison was used. All 3 treatment groups showed significant improvements in attention deficits, impulsivity, oppositional, and conduct disordered symptoms as assessed by parent and teacher rating scales and laboratory measures. Significant differences among treatment groups were found only on a few measures. Only the clonidine monotherapy group showed significantly decreased fine motor speed. These results suggest the safety and efficacy of clonidine alone or in combination with MPH for the treatment of ADHD and aggressive oppositional and conduct disorders. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Accession Number
Title
"Divalproex treatment for youth with explosive temper and mood lability: A double-blind, placebo-controlled crossover design": Errata.
Author
Donovan, Stephen J; Stewart, Jonathan W; Nunes, Edward V; Quitkin, Frederic M; Parides, Michael; Daniel, William; Susser, Ezra; Klein, Donald F.
Source
http://ajp.psychiatryonline.org/
Abstract
Reports an error in the original article by S. J. Donovan et al (American Journal of Psychiatry, 2000[May], Vol 157[5], 818-820). On page 819, in the Results section, the sentence beginning on line 26 should read: "Three subjects dropped out in the first 2 weeks of phase 1. Two patients on placebo cited lack of efficacy; one subject randomly assigned divalproex was jailed for parole violation." (The following abstract of this article originally appeared in record 2000-15519-021.) The authors sought to replicate open-label findings showing that specific criteria for explosive temper and mood lability identify disruptive youth who improve while receiving the anticonvulsant divalproex sodium. 20 outpatient 10-18 yr olds with disruptive behavior (oppositional defiant disorder or conduct disorder) met the specific criteria for explosive temper and mood lability. They received 6 wks of divalproex treatment and 6 wks of placebo by random assignment. Independent evaluators blind to group assignment assessed response at the end of each phase. At the end of phase 1, 8 of 10 Ss had responded to divalproex; 0 of 10 had responded to placebo. Of the 15 Ss who complete both phase, 12 had superior response taking divalproex. This preliminary study replicates open-label . . . (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<30>
Accession Number
Chapter Title
  Pharmacologic treatment of behavior disorders in adolescents. [References].
Author
  Shreeram, Srirangam S;  Kruesi, Markus J. P.
Source
Abstract
  (from the chapter) Focuses on recent developments in the pharmacological treatment of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD). Despite the frequency of these disorders, there is a paucity of literature on pharmacological treatment specific to adolescents. The 1990s development in the classification, epidemiology, and clinical presentation of ADHD, ODD, and CD, as they relate to current trends in treatment, is reviewed. Approaches used in pharmacologic treatment are examined along with the technical aspects of prescribing, and reported side effects of and adverse reactions to specific drugs. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<31>
Accession Number
Chapter Title
  Treatment of oppositional defiant disorder and conduct disorder in home and community settings.
Author
  Schoenwald, Sonja K;  Henggeler, Scott W.
Source
Abstract
(from the chapter) Describes treatment approaches deployed in community-based settings for youth with oppositional defiant disorder and conduct disorder that have demonstrated promise in controlled evaluations with clinically representative samples (e.g., inclusive of youth and families from diverse racial backgrounds, experiencing low SES status and living in a variety of family structures). Community-based treatment is described as treatment that is delivered to youth and their caregivers in their indigenous community, in the home or another service setting likely to be available in most communities. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<32>
Accession Number
Chapter Title
Pharmacotherapy and toxicology of oppositional defiant disorder and conduct disorder.
Author
Waslick, Bruce; Werry, John S; Greenhill, Laurence L.
Source
Abstract
(from the chapter) Discusses a theoretical basis for pharmacologic strategies targeting the reduction of aggressive behavior and other key behaviors present in Conduct Disorder and summarizes preclinical and clinical studies that have applied these strategies to aggressive children and adolescents. Discussion of the pharmacology of alcohol and drug abuse is also included in the discussion. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<33>
Accession Number
Title
Barriers to treatment participation and therapeutic change among children referred for conduct disorder.
Author
Kazdin, Alan E; Wassell, Gloria.
Source
http://www.leaonline.com/loi/jccp
Abstract
Examined predictors of therapeutic change among children seen in outpatient therapy. 200 children referred for oppositional, aggressive, and antisocial behavior and their families participated. The major findings were that (1) socioeconomic disadvantage, parent psychopathology and stress, and child dysfunction predicted therapeutic change from pretreatment to posttreatment, (2) barriers to participation in treatment also were significantly associated with therapeutic change and this effect was not explained by the other family, parent, and child predictors; (3) as the level of perceived barriers to participation in treatment increased among families, the amount of therapeutic change decreased; and (4) among children at risk for relatively little therapeutic change, the perception of few barriers to treatment increased the degree of child improvement. The implications for further work on predictors of therapeutic change and the role of barriers in the treatment process are
discussed. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<34>
Accession Number
Chapter Title
Oppositional defiant disorder.
Author
Christophersen, Edward R; Finney, Jack W.
Source
Abstract
(from the chapter) Describes features of oppositional defiant disorder in children and adolescents, assessment strategies and behavioral and pharmacological approaches in treatment. Specifically, the following topics are presented: description of disorder (clinical and associated features, epidemiology, etiology); differential diagnosis and assessment (Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) categorization, differential diagnosis, assessment strategies, interviewing, behavioral checklists, direct observation); treatment (evidence for prescriptive treatment, behavior therapy, pharmacotherapy, alternative treatments, selecting optimal treatment strategies, problems carrying, relapse prevention). A case illustration of a 5-yr-old male with oppositional defiant disorder is presented. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<35>
Accession Number
Title
Risperidone in comorbid ADHD and OCC/CD. [References].
Author
Kewley, Geoffrey D.
Source
Abstract
Reports on the use of risperidone in a clinic specializing in the assessment and management of children and adolescents with attention deficit hyperactivity disorder (ADHD) and related conditions. 30 children (aged 6-21 yrs) were treated with risperidone. 28 had the diagnosis of combined ADHD, and 2 had inattentive plus impulsive ADHD. All had early-onset oppositional defiant disorder/conduct disorder (ODD/CD) as well. The time interval between making the diagnosis and the institution of risperidone treatment was between 0 mo and 6 yrs. In the interim other strategies had been tried. Results show that 20 (67%) of the 30 children showed a very significant improvement in symptoms. The most common side effect was excessive weight gain. The maximum treatment so far is 4 yrs. The impression is that most children have an ongoing need for risperidone, and discontinuation results in a recrudescence of symptoms. These preliminary data show that risperidone may have a place in the management of children with ADHD with associated severe early-onset ODD/CD. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
Accession Number
Chapter Title
Strategic family therapy.
Author
Keim, James.
Source
Abstract
(from the chapter) This chapter begins with a review of the individual definition of oppositional defiant disorder in children & adolescents. An interactional definition of oppositional behavior is then presented. Through the presentation of a case study, a four-stage intervention, involving parent training, for oppositional behavior is described. This intervention was developed by studying successful interventions for oppositional behavior and attempting to distill their commonalities. As the reader will recognize, this intervention borrows from the traditions of the Washington school of strategic therapy; the traditions of the Brief Therapy Center of the Mental Research Institute; and structural approaches. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Accession Number
Title
Effect of nutritional supplements on attentional-deficit hyperactivity disorder.
Author
Dykman, Kathryn D; Dykman, Roscoe A.
Source
Abstract
Studied the effects of 2 nutritional products upon the severity of symptoms in children with confirmed diagnoses of attention deficit hyperactivity disorder (ADHD): a glyconutritional product containing saccharides known to be important in healthy functioning and a phyttonutritional product containing dried fruits and vegetables. 17 ADHD children (aged 6-14 yrs) were recruited from a local parent support group. Parents of 5 Ss did not have their children on methylphenidate. Of the remaining 12, all on methylphenidate, 6 were left on prescribed doses (random assignment). The other 6 had their doses reduced by half after 2 wks. The Ss were assessed initially and 3 subsequent times over a period of 6 wks. The behavior disorder items for ADHD, oppositional defiant disorder (ODD), and conduct disorder (CD) were rated by teachers and parents on a 3-point scale. The children received the glyconutritional supplement for the entire 6 wks. After 3 wks, the phyttonutritional supplement was added to the diet to increase the probability of positive results. The glyconutritional supplement decreased the number and severity of ADHD, associated ODD, and CD symptoms, and side effects in all groups during the 1st 2 wks. There was little further reduction with the addition of the phyttonutritional supplement. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
Oppositional children similar to OCD on SPECT: Implications for treatment.

Amen, Daniel G; Carmichael, Blake.


Abstract
64 children and adolescents (aged 6-17 yrs) with oppositional defiant disorder (ODD) criteria were evaluated with brain single proton emission computerized tomography (SPECT) imaging. A control group of 20 patients matched for age, sex, and other psychiatric diagnoses were also studied. Children with obsessive-compulsive disorder (OCD) and conduct disorder (CD) were excluded from the sample. The brain SPECT studies were read blind to the diagnoses. The brain SPECT patterns of the group with ODD showed qualitatively increased activity in the anterior medial aspects of the frontal lobes compared to the rest of the brain and when compared to the control group. No other significant SPECT differences were noted between the groups. This is a finding similar to that reported in adults with OCD. These findings indicate there may be an underlying biologic similarity between ODD and OCD. Implications for treatment are discussed, including the potential usefulness of behavior therapy, electroencephalographic biofeedback, and selective serotonin reuptake inhibitor medication. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Conduct disorder: Grounded play therapy.

Cabe, Neil.


Abstract
(from the chapter) discusses a play therapy approach, the grounded play therapy processing approach, for breaking the cycle of conduct disorder and oppositional defiant behavior / present play therapy suggestions appropriate to each stage of the grounded play therapy process: homeostasis, animation, trust, vesting, potency, preservation / present the case illustration of a 13-yr-old African American male (PsycINFO Database Record (c) 2005 APA, all rights reserved)

Parent-child interaction therapy: Parents' perceptions of untreated siblings.

Brestan, Elizabeth V; Eyberg, Sheila M; Boggs, Steven R; Algina, James.
Evaluated parents' perception of the generalization of treatment effects to untreated siblings following parent-child interaction therapy with oppositional preschoolers and their parents. Participants were 30 referred families randomly assigned to an immediate treatment or waitlist control group who completed parent rating scale measures of disruptive behavior at intake and 16 wks later. The referred children were between 3 and 6 yrs of age and had a sibling between 2 and 16 yrs of age. Improvements in the parents' report of referred children's behavior were adequate to test treatment generalization to siblings. Relative to siblings in the waitlist control group, fathers rated the behavior problems of untreated siblings in the treatment group as occurring less frequently, and mothers rated the untreated siblings' behavior as less problematic. This experimental demonstration of parental perception of treatment generalization to untreated siblings may be important for maintenance of treatment gains for the referred child. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
Examined the efficacy of buspirone (B) in treating children with attention deficit hyperactivity disorder (ADHD) and comorbid oppositional defiant disorder (ODD). 50 children and adolescents, with both ADHD and ODD, were significantly helped by the standard ADHD medications, but their ODD symptoms remained a major problem. They were treated with B as an adjunct to the medication used for ADHD. Ss were followed up for 0.5-2.5 yrs. 2 children became nauseated, even when the dosage was reduced. The others had minimal side effects of transient light headedness, or nausea, or no side effects at all. Four children showed no improvement in the ODD symptoms, 4 improved mildly, 17 improved moderately, 15 improved exceptionally, and 8 improved outstandingly. Findings indicate that B is a valuable adjunct in the pharmacotherapy of children with comorbid ADHD and ODD. It improves self control, and reduces irritability, aggression and temper outbursts. (PsycINFO Database Record (c) 2005 APA, all rights reserved)
and resistant clients. Designed to accomplish the opposite of that which is suggested, these techniques can be very effective in dealing with adolescents who manifest oppositional behaviors. The therapist structures the winner's bet to provide for the continuation of the dysfunctional behavior. The therapist suggests or strongly recommends the continuation as being in the best interest of the family. If the adolescent chooses to be oppositional, the position he must assume is that of giving up the behavior. On the other hand, should the teen continue the behavior, as advised, he or she is put in the position of listening to the authority figure. Thus, the therapist must win. This intervention often works best when delivered as a bet or a challenge to the adolescent. If the therapist chooses to bet, the stakes must be meaningful to the adolescent. A case example illustrates the technique. (PsycINFO Database Record (c) 2005 APA, all rights reserved)

<45>
Accession Number
Title
The "REST" program: A new treatment system for the oppositional defiant adolescent.
Author
Stein, David B; Smith, Edward D.
Source
Abstract
Compared the Real Economy System for Teens (REST) program with traditional talk therapy (cognitive restructuring) in the treatment of oppositional defiant adolescents. The REST program uses rules for 5 target behaviors: room care, personal hygiene, completion of chores, abusiveness, and safety violations. Objective measures and subjective parental ratings were taken. 25 adolescents (aged 12-17 yrs) were assigned to 2 therapy groups. In the REST program the S was provided with only food and shelter. The S had to earn money through the REST allowance program to pay for everything else. Earning the allowance was made contingent on compliance with all rules for the 5 target behaviors. Significantly greater improvement resulted on all target behaviors for the REST program than for traditional therapy. Parents of adolescents in the REST group reported that their adolescents seemed happier, more relaxed, and closer to them. (PsycINFO Database Record (c) 2005 APA, all rights reserved)