

Presenting Symptoms

- Marked tantrums, rages and/or hostility
- Persistent, excessive bullying (physical, verbal, or cyber)
- Persistent aggressive ideation, threats and/or behaviors (outside of child's development level, norms of peer group, and cultural context that indicate a disorder rather than a phase)

Evaluation and Assessment

- Assess dangerousness to self or others
- Patient/family interview with particular emphasis on nature and history of injurious, aggressive or violent behavior
- History of conduct problems, moodiness/irritability and/or substance abuse
- History of maltreatment and/or family violence
- Conduct physical/developmental assessment including medical and school history and medications

Diagnostic Considerations

- Consider ADHD, Mood/Irritability Disorders, anxiety, PTSD, and psychosis
- Consider medical conditions, developmental disorders, Substance Abuse, medication use, and sleep deprivation/disorders that may be impacting disruptive behavior or aggression
- Consider environmental or social factors (e.g. toxins, adverse childhood experiences, trauma)
- Confirm diagnosis of Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) as best explanation for patient presentation

Baseline Assessment

- Check height, weight, BMI, pulse and blood pressure

Intervention

- Patient/family engagement, psycho-education and informed consent (see *Shared Decision-Making*)
- Determine level of care (See *Modified Overt Aggression Scale*)
- Optimize treatment of coexisting conditions

Select Treatment Regimen(s)

Evidenced-Based Therapies

- Parent-management training programs and family therapy are most effective in treating ODD/CD
- Consider psychotherapy and social skills training treatment for coexisting conditions.

Medication

Medication alone is not recommended as a first line treatment for ODD/CD but may be useful to help control specific behaviors (such as dangerous aggression) and treat coexisting conditions

School Interventions

Early intervention social skills and school based programs can prevent ODD in very young children

Monitoring

- Evaluate effectiveness of psychosocial interventions and medications
 - Monitor frequency and severity of outbursts and aggressive behavior
- Coordinate care between multiple care systems (e.g. medical home, child welfare services, juvenile justice, school, etc.)
- If medication is prescribed:
 - Check height, weight, BMI, pulse and blood pressure at each visit
- Phone check-up after one week and at least monthly visits when prescribing new or changing medication
- Office visits at least every three months for stable patients
 - Evaluate for adverse effects and intervene as appropriate
 - Evaluate for adherence to treatment regimen
 - Measure outcomes by evaluating *efficacy*

Duration of Treatment Regimen

- Continue effective psychosocial interventions and medications as appropriate
- Continue care coordination as appropriate
- Every year, conduct full diagnostic assessment and review need for ongoing treatment

★ See the full *Algorithm E* for complete assessment and diagnostic guidelines.