



# Behaviour Problems

Identification and management for  
Canadian primary care professionals

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# **Behaviour Problems in Primary Care**

**Epidemiology**

**Oppositional Defiant Disorder** (ODD)

**Conduct Disorder** (CD)

**Identification**

**Treatment**

## Epidemiology

Behaviour problems include [Oppositional Defiant Disorder](#) (ODD) and [Conduct Disorder](#) (CD)

- 5 to 15% of children have an ODD and approximately 4% of children develop CD
- Often occur with other mental health conditions such as ADHD, depression, anxiety, substance use and family problems
- Boys are more likely than girls to suffer from behavioural disorders.
- Characterized by:
  - temper tantrums that are intense and frequent
  - disobeying rules, arguing
  - aggressive behaviour
  - trouble empathizing or taking the other person's feelings into account
  - harsh parenting practices
  - persistent violation of the rights of others
  - behaviours persist for a period of 6 months or more

[back to top](#)

- It is important to differentiate between normal developmental stages associated with disruptive behaviour:
  - Temper tantrums are common for toddlers and preschool age children.
  - All children misbehave, are defiant and act impulsively at times.
  - Children and adolescents commonly test limits and rules.
  - Risk-taking behaviours increase during adolescence.
  
- It is important to differentiate between learning difficulties and intellectual disabilities:
  - Children with speech and language delays and troubles with reading and writing act out more often.
  
- It is important to rule out acute stressors that might be disrupting the child's behavior such as:
  - loss of a loved one
  - major changes in the child's life such as a separation/divorce
  - family violence
  - being bullied

[back to top](#)

**Note:** Behaviour disorders are more likely in families where there are harsh parenting practices. Children are at increased risk in families where domestic violence, poverty, poor parenting skills or substance abuse are a problem.

[back to top](#)

## **Oppositional Defiant Disorder (ODD)**

- Affects approximately 5 to 15% of children
- Most often co-occurs with ADHD, depression, anxiety
- Boys outnumber girls 2:1
- Hostile, angry, easily annoyed or irritated by others
- Difficulty with authority figures, particularly parents and teachers
- Frequent temper tantrums
- Refuses to obey rules
- Seems to deliberately try to annoy or aggravate others
- Low frustration threshold
- Blames others for their behavior
- Poor peer relationships and low self-esteem
- Difficult pregnancies, premature birth and low birth weight may contribute in some cases to behaviour problems
- Temperamental or aggressive from an early age
- ODD during childhood can manifest into Conduct Disorder later in the child's life

[back to top](#)

## Conduct Disorder

- 5% of children have conduct disorder
- More common in boys than girls 4:1
- 1/3 have co-morbid ADHD
- Early history of ODD
- Harming or threatening themselves, other people or pets
- Damaging or destroying property, setting fires
- Lying or stealing
- Initiating physical fights
- Use of weapons
- Contact with the law
- Not doing well in school, skipping school
- Early smoking, drinking or drug use
- Early sexual activity
- Frequent tantrums and arguments
- Consistent hostility towards authority figures
- Lack of empathy for others or understanding how other people think
- A tendency to run away from home
- Suicidal tendencies
- Can evolve into antisocial personality disorder in adult life

[back to top](#)

## Identification

- May need to evaluate intellectual disability or learning disorders with psychological testing
- May need to evaluate physiological/genetic issues with fasting blood sugar, thyroid function, genetic testing
- Interview multiple informants (parents, teachers, the child/youth, probation officers, etc.)
- Consider using standardized screening tools such as:
  - [SNAP-IV long version](#) – ADHD, ODD, Conduct
  - Depression screen ([PHQ-9 Adolescent Depression Screen](#))
  - Anxiety Screen ([SCARED Child Questionnaire](#)), ([SCARED Parent Questionnaire](#))
  - Substance Use screen ([CRAFFT Adolescent Alcohol and Substance Use Screen](#))

## Identification (continued)

- Diagnosis methods may include:
  - Clinical interview with parents:
    - Gather information about the pregnancy pre- and post-natal
    - Birth history
    - Developmental history
    - Ask questions about the family history (medical conditions, mental health history, relationship issues)
    - Explore issues of family violence, abuse and criminal history (emotional, physical, sexual)
    - Gather trauma history
  
  - Clinical interview with child/youth:
    - Emotional/behavioural history
    - Friendships
    - Strengths/interests
    - Academic history
    - Family relationships (siblings, parents, extended family)
    - Substance use and history

[back to top](#)

## Treatment

A multi-modal approach is recommended and depends upon the severity of the issues.

1. **Parental education:** Teaching parents positive parenting practices and strategies to manage their child's behaviour (when possible, group treatment is effective in helping parents support one another)  
<http://www.empoweringparents.com>  
<http://www.livesinthebalance.org>
2. **Family counselling:** To increase communication and problem-solving skills
3. **School collaboration:** Meeting with teachers and school to discuss the child or youth's difficulties and establishing a plan to support the child/youth
4. **Cognitive behavioural therapy** (CBT): To help the child to control their thoughts and behavior
5. **Recreational Activities:** Opportunities to develop social skills, interpersonal skills and build self-esteem

6. [Social skills training](#): Teaches positive communication, expression of feelings, cooperation and problem-solving skills
7. [Anger management](#): Emotional regulation, recognizing triggers and positive coping skills are among a range of topics covered
8. [Relaxation](#) techniques and stress management skills
9. [Bibliotherapy and online resources for parents](#)

[back to top](#)