

Disruptive Impulse-control and Conduct Disorders Worksheet:

Disruptive Impulse-control and Conduct Disorders	Answer	Matching Options
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Intermittent Explosive Disorder		A. A serious behavioral disorder involving aggressive behavior that causes or threatens harm to other people or animals, destruction of property, deceitfulness, theft, or serious violations of rules occurring under the age of eighteen. These behaviors are more severe, persistent, and violate the societal norms for acceptable conduct.
Oppositional Defiant Disorder		B. A condition in children and adolescents marked by severe and recurrent temper outbursts that are grossly out of proportion in intensity or duration to the situation. This disorder includes persistent irritability and angry mood between outbursts.
Conduct Disorder		C. A rare condition characterized by a recurrent urge to steal items not needed for personal use or monetary value. The act of stealing is typically done impulsively as a way to relieve anxiety or tension.
Antisocial Personality Disorder		D. A disorder involving a compulsive urge to set fires. Individuals with pyromania feel relief or gratification upon setting or watching fires, accompanied by a fascination with, interest in, or attraction to fire and its situational contexts.
Pyromania		E. A condition characterized by sudden episodes of unwarranted anger, often resulting in violent behaviors or explosive outbursts. These reactions are disproportionate to the situation at hand and cause significant distress or problems in functioning.
Kleptomania		F. A mental health disorder characterized by a long-term pattern of disregarding or violating the rights of others. This lack of conformity to social norms is often coupled with deceit and manipulation for personal gain or pleasure.
Disruptive Mood Dysregulation Disorder		G. A behavior disorder defined by a consistent pattern of angry, irritable moods, argumentative, defiant behavior, or vindictiveness towards authority figures. This behavior is more frequent and intense than what is typically observed in individuals at a similar developmental level.

Case Study Exercises

Case Study 1

A 16-year-old male has frequently been in trouble for fighting at school and has been caught stealing from other students. He often lies to cover up his activities and has been known to break into the school after hours. His parents report that he shows little remorse for his actions and tends to blame others for his mistakes. Teachers observe that he appears indifferent when reprimanded and does not respond to traditional disciplinary approaches. Recently, he was suspended for vandalizing school property and threatening a younger student.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 2

A 14-year-old female has been having severe temper outbursts at home and school three to four times a week. These outbursts are characterized by yelling, crying, and throwing objects, and they last for more than an hour. Between these outbursts, she is persistently irritable and seems angry most of the time. Her parents note that these moods and outbursts have been consistent for over a year, significantly impairing her social and academic performance. Teachers have expressed concern over her inability to make friends due to her temper.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 3

A 28-year-old man exhibits a consistent disregard for others, and he often manipulates situations and people for personal benefit. He has a criminal record that includes assault and fraud. He frequently boasts about outsmarting others and expresses no regret for his actions. Psychologists note his charm and intelligence, which he uses to his advantage, often resulting in transient relationships and job positions. His family members maintain minimal contact due to his manipulative tendencies.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 4

A 35-year-old woman repeatedly finds herself impulsively stealing items from stores, despite not needing or particularly desiring them. She reports feeling a significant rush or sense of relief after each theft, which is usually followed by feelings of guilt and shame. She has tried to stop on several occasions but feels overwhelmed by the urge when under stress. Her actions have led to several arrests and strained relationships with her family. She is currently seeking help due to the legal and personal consequences of her actions.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 5

An 8-year-old boy is regularly defiant at home and at school, refusing to comply with adults' requests or rules. He often loses his temper and argues with adults, deliberately annoying people and blaming others for his mistakes or misbehavior. His teacher reports that he is often resentful towards peers and spiteful or vindictive. This behavior has persisted for over six months and is unusual for his developmental level. His school performance and social interactions are negatively affected.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 6

A 24-year-old male has an intense fascination with fire and has admitted to setting several small fires in his neighborhood. He expresses a great deal of interest in the various methods and effects of fire setting. He describes feeling a release of tension and overwhelming satisfaction when he sets fires, although he also understands the dangers involved. He has voluntarily sought help due to the urging of his family, who discovered his activities after noticing his collection of fire-setting equipment and materials.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 7

A 30-year-old male regularly experiences episodes where he suddenly loses control, resulting in violent outbursts where he has damaged property and physically assaulted others. He describes

these episodes as explosions of rage that are disproportionate to any real provocation. Following these outbursts, he expresses remorse and confusion about his actions. His relationships have suffered, and he has faced legal issues as a result of his actions. He is currently seeking treatment after recognizing the unpredictability and severity of his reactions.

This is an example of which disorder: _____

What is your treatment plan: _____

Answers

Matching
E
G
A
F
D
C
B

Case Study 1: Conduct Disorder

This case involves aggressive behavior, theft, deceit, and vandalism, which are hallmark symptoms of Conduct Disorder. The lack of remorse and the severity of the behaviors further support this diagnosis.

- **Pharmacological:** Antidepressants, particularly SSRIs, and sometimes anti-anxiety medications, are used to decrease the frequency and intensity of depersonalization episodes.

1. **Stimulants** (for comorbid ADHD and impulsivity):

- **Methylphenidate** (Ritalin, Concerta, Methylin, Metadate)
- **Amphetamine-Dextroamphetamine** (Adderall, Adderall XR)
- **Dexmethylphenidate** (Focalin, Focalin XR)
- **Lisdexamfetamine** (Vyvanse)
 - These medications can help improve focus, attention, and impulse control. However, due to their potential for abuse and diversion, careful monitoring and controlled dispensing are crucial. Regular medical follow-ups to monitor height, weight, cardiovascular health, and sleep are also recommended.

2. **Antidepressants:**

- **Fluoxetine** (Prozac)
- **Bupropion** (Wellbutrin, Zyban)
 - Fluoxetine, a selective serotonin reuptake inhibitor (SSRI), can be useful for managing depressive symptoms and certain aggressive behaviors. Bupropion is often preferred if ADHD is present, as it does not only treat depressive symptoms but also helps with attention deficits. Monitoring for side effects such as

restlessness, behavioral activation, and particularly suicidal ideation is crucial, especially at the beginning of treatment.

3. Anticonvulsants:

- **Lithium**

- Lithium can be effective in reducing aggression and stabilizing mood swings, particularly in patients with bipolar disorder. Regular monitoring of lithium levels in the blood, kidney and thyroid function, and side effects is necessary to ensure safety and efficacy.

4. Beta-blockers:

- **Clonidine** (Catapres, Kapvay)

- Although primarily used to treat high blood pressure, clonidine can help in controlling impulsivity and aggression. Monitoring is needed for possible side effects such as low blood pressure, sedation, and the need for dosage adjustments over time.

5. Atypical Antipsychotics:

- **Risperidone** (Risperdal)

- This class of medications can be effective in treating significant aggression and mood instability. It is important to closely monitor for metabolic side effects like weight gain, diabetes, and cholesterol changes, as these can lead to long-term health issues.
- **Nonpharmacological:** Systemic family therapy, Cognitive-behavioral therapy (CBT), family therapy, and parent management training are effective. Schools may implement social skills training and problem-solving skills.

Case Study 2: Disruptive Mood Dysregulation Disorder

The frequent and severe temper outbursts, persistent irritability, and significant impairment in social and academic functioning align with Disruptive Mood Dysregulation Disorder, which is characterized by chronic, severe irritability in children.

- **Pharmacological:** For the treatment of Disruptive Mood Dysregulation Disorder (DMDD) in children and adolescents, various medications may be prescribed off-label to

help alleviate symptoms, even though they are not FDA-approved specifically for DMDD.

1. **Stimulants** (to decrease irritability and treat comorbid ADHD):

- **Methylphenidate** (Ritalin, Concerta, Metadate, Daytrana)
- **Amphetamine-Dextroamphetamine** (Adderall, Adderall XR)
- **Lisdexamfetamine** (Vyvanse)
- **Dexmethylphenidate** (Focalin, Focalin XR)

2. **Antidepressants** (to treat irritability and mood problems):

- **Citalopram** (Celexa)
- **Fluoxetine** (Prozac)
- **Sertraline** (Zoloft)
- **Escitalopram** (Lexapro)
 - It is crucial to monitor children closely when they are on these medications, especially for any increase in suicidal thoughts and behaviors, which is a known risk associated with the use of antidepressants in young populations.

3. **Atypical Antipsychotics** (to treat severe irritability, outbursts, or aggression):

- **Risperidone** (Risperdal) — Approved for treating irritability in children with autism, which may provide similar benefits in DMDD.
 - **Aripiprazole** (Abilify) — Also approved for irritability associated with autistic disorder.
 - **Olanzapine** (Zyprexa) — Used for severe cases due to its potent efficacy, though it comes with significant metabolic side effects.
 - Because these medications can have serious side effects, such as weight gain, metabolic changes, and neurological symptoms, their use should be carefully considered and closely monitored by healthcare professionals. They are generally recommended only when other therapeutic interventions have not been effective.
- **Nonpharmacological:** Psychotherapy, particularly CBT, is effective. Parent training and psychoeducation to help manage outbursts and reduce family stress are also recommended.

Case Study 3: Antisocial Personality Disorder

The pattern of manipulating others, lack of remorse, disregard for social norms, and criminal behavior are indicative of Antisocial Personality Disorder. The subject's use of charm and intelligence to exploit others further confirms this diagnosis.

- **Pharmacological:** Medications are typically used to treat associated symptoms such as pain, depression, or anxiety rather than the dissociative symptoms themselves.
 1. **Antidepressants** (to regulate serotonin levels and help stabilize mood):
 - **Sertraline** (Zoloft)
 - **Fluoxetine** (Prozac)
 - **Paroxetine** (Paxil)
 - **Escitalopram** (Lexapro)
 2. **Antipsychotics** (to reduce violent behavior or aggression):
 - **Risperidone** (Risperdal)
 - **Quetiapine** (Seroquel)
 - **Olanzapine** (Zyprexa)
 - **Aripiprazole** (Abilify)
 3. **Mood Stabilizers** (to manage severe fluctuations in mood or behavior):
 - **Lithium**
 - **Carbamazepine** (Tegretol, Carbatrol)
 - **Valproate** (Depakote, Depakene)
 - These medications are generally used as part of a broader treatment plan that includes psychotherapy and other interventions. It is crucial to closely monitor the patient for side effects and effectiveness, and to adjust treatment as needed in consultation with a healthcare professional.
- **Nonpharmacological:** For managing symptoms associated with Antisocial Personality Disorder (ASPD), particularly when it comes to aggression, depression, or mood instability, healthcare providers may consider the following medications, which are not specifically FDA-approved for ASPD but are used to manage these aspects of the disorder.

Case Study 4: Kleptomania

The impulsive stealing of items not needed, accompanied by a sense of relief followed by guilt, points to Kleptomania. The repeated attempts to stop stealing and the personal and legal consequences are typical characteristics of this disorder.

- **Pharmacological:** For treating kleptomania, particularly the compulsive urges associated with this disorder, certain medications can be used to help manage these symptoms

1. Selective Serotonin Reuptake Inhibitors (SSRIs):

- **Fluoxetine** (Prozac)
- **Sertraline** (Zoloft)
- **Escitalopram** (Lexapro)
- **Paroxetine** (Paxil)
 - SSRIs are used to help balance serotonin levels in the brain, which can reduce compulsive behaviors and improve mood regulation.

2. Opioid Antagonists:

- **Naltrexone** (ReVia, Vivitrol)
 - Naltrexone works by blocking the brain's opioid receptors, which can help reduce the pleasurable sensations associated with compulsive behaviors, thus diminishing the urge to engage in these behaviors.

- **Nonpharmacological:** Cognitive-behavioral therapy helps in addressing the impulses and reducing the urge to steal. Techniques include exposure and response prevention.

1. Systematic Desensitization and Counter-Conditioning:

- This technique involves gradual exposure to the situations that trigger the urge to steal while simultaneously practicing relaxation techniques to reduce anxiety and manage impulses. The goal is to weaken the association between the triggering situation and the compulsive behavior by reinforcing a calm and controlled response.

2. Covert Sensitization:

- In covert sensitization, you are asked to visualize engaging in the act of stealing followed by the negative consequences that would ensue, such as the embarrassment of being caught or legal repercussions. This

mental association can help decrease the allure of the impulsive act by increasing awareness of its consequences.

3. **Aversion Therapy:**

- This approach involves using an unpleasant stimulus to deter the problematic behavior. For instance, holding your breath until it becomes uncomfortable when feeling an urge to steal can create a negative association with the impulse. Over time, this negative feeling can help reduce the occurrence of the urges.

Each of these techniques aims to help individuals with kleptomania recognize and alter their thought patterns and behaviors in a way that decreases their impulses to steal. By building these skills, individuals can gain better control over their actions, leading to improved outcomes and a reduction in kleptomaniac episodes. CBT is typically tailored to the individual's specific needs and triggers, making it a flexible and effective approach to treatment.

Case Study 5: Oppositional Defiant Disorder

The defiance of authority, temper issues, deliberate annoyance of others, and blame displacement observed in this young child are symptoms of Oppositional Defiant Disorder. The duration and impact on social interactions and academic performance also support this diagnosis.

- **Pharmacological:** When treating Oppositional Defiant Disorder (ODD), medications are not typically prescribed specifically for ODD but rather to address comorbid conditions that can exacerbate the symptoms of ODD, such as ADHD, anxiety, depression, or OCD.

1. **For ADHD:**

- **Stimulants:**
 - **Methylphenidate** (Ritalin, Concerta, Metadate, Daytrana)
 - **Amphetamine-Dextroamphetamine** (Adderall, Adderall XR)
 - **Dexmethylphenidate** (Focalin, Focalin XR)
 - **Lisdexamfetamine** (Vyvanse)
- **Non-stimulants:**
 - **Atomoxetine** (Strattera)
 - **Guanfacine** (Intuniv)
 - **Clonidine** (Kapvay)

2. For Anxiety and Depression:

- **SSRIs:**
 - **Fluoxetine** (Prozac)
 - **Sertraline** (Zoloft)
 - **Citalopram** (Celexa)
 - **Escitalopram** (Lexapro)
- **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):**
 - **Venlafaxine** (Effexor)
 - **Duloxetine** (Cymbalta)

3. For OCD:

- **SSRIs:**
 - **Fluvoxamine** (Luvox)
 - **Paroxetine** (Paxil)
- **Tricyclic Antidepressants (TCA):**
 - **Clomipramine** (Anafranil)
- **Nonpharmacological:** Behavioral interventions, Family-focused therapy, and Parent Management Training (PMT) are primary treatments. CBT can be helpful in older children to address cognitive distortions and improve problem-solving skills.

Case Study 6: Pyromania

The fascination with fire, the compulsive setting of fires, and the emotional release experienced from these acts are indicative of Pyromania. The individual's interest in fire-setting methods and materials also aligns with this disorder.

- **Pharmacological:** Although specific treatments for pyromania are not well-established due to limited research, some medications commonly used to manage impulsive behaviors in related disorders may be considered. These include SSRIs and antipsychotic medications.

1. SSRIs:

- **Fluoxetine** (Prozac)
- **Sertraline** (Zoloft)
- **Paroxetine** (Paxil)

- **Escitalopram** (Lexapro)
- **Citalopram** (Celexa)
 - SSRIs can help manage the impulsivity and compulsive aspects of pyromania by balancing serotonin levels in the brain.

2. Antipsychotics:

- **Risperidone** (Risperdal)
- **Olanzapine** (Zyprexa)
- **Quetiapine** (Seroquel)
- **Aripiprazole** (Abilify)
 - These antipsychotic medications can be used to help control impulses and reduce the severity of behavioral symptoms associated with pyromania. They are often considered when there is significant distress or risk of harm to self or others.
- **Nonpharmacological:** Cognitive-behavioral therapy focusing on impulse control and identification of triggers. Treatment may also include family therapy and skills training to find healthier coping mechanisms.

Case Study 7: Intermittent Explosive Disorder

The sudden, intense episodes of disproportionate anger leading to violence and property damage are characteristic of Intermittent Explosive Disorder. The individual's remorse and confusion after these outbursts further fit the profile of this condition.

- **Pharmacological:** For managing Intermittent Explosive Disorder (IED), various medications can be prescribed to help increase the threshold for triggering angry outbursts. These medications fall into several classes, each aiming to stabilize mood, reduce irritability, and control aggression.

1. Antidepressants (particularly SSRIs):

- **Fluoxetine** (Prozac)
- **Sertraline** (Zoloft)
- **Paroxetine** (Paxil)
- **Citalopram** (Celexa)
- **Escitalopram** (Lexapro)

2. Antipsychotics:

- **Olanzapine** (Zyprexa)
- **Risperidone** (Risperdal)

- **Quetiapine** (Seroquel)
- **Aripiprazole** (Abilify)

3. **Anticonvulsants:**

- **Phenytoin** (Dilantin)
- **Oxcarbazepine** (Trileptal)
- **Carbamazepine** (Tegretol)

4. **Antianxiety Medications:**

- **Bupirone** (Buspar)
 - Although not typically used as the first line for anger management, they can help in reducing overall anxiety and tension that might contribute to outbursts.

5. **Mood Regulators:**

- **Lithium Carbonate** - often classified under anticonvulsants but also a mood regulator, especially useful for its stabilizing effects.
- **Nonpharmacological:** CBT is effective in helping individuals recognize the triggers of their explosive outbursts, develop coping strategies, and improve anger management. Relaxation techniques and stress management are also beneficial.