

Week 1

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Youth Firesetting and Oppositional Defiant Disorder

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Abstract

Oppositional defiant disorder is defined as a pattern of angry or irritable moods including argumentative or defiant behavior or vindictiveness. These symptoms will persist over a six-month period and include specific symptoms as outlined in DSM-V. This paper will explore various diagnostic features, risk factors, differential diagnosis, comorbidity and treatment. This paper will also discuss the correlates between oppositional defiant disorder and youth firesetting.

Youth Firesetting and Oppositional Defiant Disorder

Youth firesetting is a significant problem because of its frequency but more-so because of its impact on society. Many of these children that we see in Minnesota also have mental health disorders. Most frequently mentioned is ADHD, but as I am learning through this Master's Degree Program, there are many comorbid diagnoses that accompany ADHD, including Oppositional Defiant Disorder. This paper explores both the diagnosis of ODD but also the relationship between ODD and firesetting behavior and potential treatments.

Oppositional Defiant Disorder

Oppositional Defiant Disorder is defined in the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition, 2013) as "A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by..." (p462) several symptoms. The following is a list of symptoms:

Diagnostic Criteria

The following symptoms appear when interacting with at least one person who is not a sibling:

1. Loss of temper.
2. Easily annoyed.
3. Angry or resentful.
4. Argues with authority figures, including parents.
5. Refuses to obey requests or rules.
6. Purposefully annoys others.

7. Blames others.
8. Is spiteful at least twice within 6 months.

While younger children have more leniency as to the frequency of these episodes according to the DSM-V, there is specific guidance on the allowable frequency. These behaviors are associated with distress, or stress in some manner. They also occur independently of any other disorder such as depression, bipolar disorder, or disruptive mood dysregulation disorder (DSM-V). It is also common to show these symptoms only at home with family members depending on the pervasiveness and severity of the disorder.

Diagnostic Features

The pervasiveness of the behavior is indicative of the disorder's severity. These behaviors impact problematic relationships with others. They do not see themselves as angry, oppositional or defiant. They rationalize their behavior as a reaction to external circumstances. In a child, it is difficult to determine if the family environment actually causes the behavior or if the child has a disorder. Sometimes a hostile parenting style could cause such a reaction in a child (DSM-V).

People with ODD may also have other diagnoses. These diagnoses include but are not limited to attention deficit hyperactivity disorder (ADHD), depressive and bipolar disorders, intermittent explosive disorder and social anxiety disorder. ODD may also be a predictor for later conduct disorder. Individuals with ODD may also have past childhood trauma.

Firesetting

Firesetting may be away that children with any number of these diagnoses express themselves. Children with these disorders may even be trying to hurt or eliminate their perceived source of anger (Session, 2010). Tyler, Gannon, Lockerbie, King, Dickens & Burca (2013) expand on this theory in that even mentally disordered adults may set fires in order to protect themselves from perceived harm. Fire appears to them less aggressive than using a more intimate tool like a gun or knife.

There are many reasons why children set fires. It may simply be curiosity, however it is more often a form of delinquency, it may be in reaction to bullying or teasing (Sharp, Roe-Sepowitz & Bberg, 2009). For children with anger or impulse control issues it can mean a sense of power over their anger, or a self-regulating mechanism. The other youth firesetting typologies include the thrill seekers, delinquents and cry for help firesetters (National Fire Academy, 2013). Fire can also be used for crime concealment; however, it is rarely effective for this purpose.

Intervention

While there are many youth firesetting intervention programs world-wide, many are missing the mental health component. Most consider fire education to be effective in and of itself. Not all firesetters have mental health issues, but many do. In cases of Oppositional Defiant Disorder, cognitive-behavior therapy, parent training and family therapy are beneficial. In a 2012 study, Shenk, Dorn, Kolko, Susman, Noll & Buckstein, (2012) suggest that monitoring pre-treatment levels of gonadal and adrenal hormones could increase patients long term effectiveness of treatment. They say that when a child has lower levels of these hormones, including cortisol, testosterone, DHEA, and androstenedione were more likely to respond

positively to psychological treatment. Interestingly, Dr. Kolko is also widely published and very well known in the area of youth firesetting.

Summary

While there seems to be a direct correlation between Oppositional Defiant Disorder and firesetting behavior, it seems to be one symptom of the disorder. Considering the diagnostic features, differential diagnoses and comorbidity, and treatment, it is clear that a multi-disciplinary approach to treatment is best. Fire service professionals can assist in treating a fire related symptom. Other professionals, such as law enforcement or juvenile justice may be able to treat other symptoms. Resolution with the root cause of the behavior is a key component and mental health professionals are necessary in order to treat the underlying issues.

References

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