

Internalizing and Externalizing Symptoms Among Children with  
Oppositional Defiant Disorder, Conduct Disorder or Depression

By

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A Doctoral Project Submitted in Partial Fulfillment of  
the Requirements for the Degree of Doctor of Psychology  
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## PSY.D. PROJECT FINAL APPROVAL FORM

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## ABSTRACT

Many children who have an externalizing disorder such as Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) usually have another primary diagnosis. It is very common for the second diagnosis to be an internalizing disorder, such as depression or anxiety. The purpose of this study was to examine the severity of both internalizing and externalizing symptoms in children with a diagnosis of ODD and/or CD or a single diagnosis of depression, compared to those who have a comorbid diagnosis of ODD and/or CD with depression. Children ages 7 – 14 years of age at a residential treatment center participated in this study. Archival data was examined to determine the psychiatric diagnoses of the youth. The Beck Youth Inventories (BYI) was then administered to 60 participants selected for the study. The BYI consists of five inventories: Self-Concept, Anxiety, Depression, Anger and Disruptive Behavior. Results indicated that females were found to have significantly lower Self-Concept scores than males. In general, females were found to have significantly higher scores on the Disruptive Behavior and Anger scales than the males. However statistical analysis failed to reveal any significant differences across the remaining scales within the overall sample. Additionally, results did not determine any significant differences between comorbid boys and non-comorbid boys across the five scales. There were also no significant differences between the comorbid girls and non-comorbid girls along the five scales. Furthermore, statistical analysis failed to reveal an interaction effect between gender and group (i.e., comorbid versus non-comorbid). This study aimed to improve the understanding of symptom presentation among children who have comorbid diagnoses of ODD and/or CD with depression in order to guide intervention and treatment. Many children who exhibit externalizing symptoms often suffer from depression or anxiety,

however the child's acting out behaviors often overshadows their internalizing symptoms. Consequently, treatment may only focus on the externalizing symptoms and not be attentive to the often underlying depression. Future research should focus on gathering a larger sample size, specifically with respect to girls. In addition, future research may want to include other measures and other reporters, such as parents or staff, in order to account for any possible misinformation reported by the child.

## Chapter I

### Introduction

Externalizing behaviors such as lying, disruptive behavior and anger are some primary features of oppositional defiant disorder (ODD), while robbery, property destruction and aggression towards people or animals are some primary features of conduct disorder (CD) (American Psychiatric Association, 2000). Although ODD and CD are two separate disorders, research has shown that they are developmentally related and have high levels of overlap and for the purpose of this study, will be looked at together as aggressive disorders (Loeber, Lahey, & Thomas, 1991). Past research has also shown internalizing behaviors, such as fearfulness, shyness, dependency and depression to be correlated with externalizing behaviors. This presents a broader picture of ODD/CD and makes it difficult to view these disorders as having a purely antisocial core (Lambert, Wahler, Andrade, & Bickman, 2001).

Research has shown that both boys and girls diagnosed with CD or ODD are more likely than not to have another primary diagnosis. Lambert and colleagues (2001) examined treated children and adolescents and found that those with CD were significantly more depressed, withdrawn and anxious on the Child Behavior Checklist than children with other psychopathologies (i.e., major depression, dysthymia, anxiety disorder, social phobia, simple phobia and attention deficit hyperactivity disorder). In addition, they were more likely to display symptoms of major depression, dysthymia or overanxious disorder than other treated children. They also tend to be more socially

maladjusted and globally impaired than children with psychopathology other than CD or ODD. Furthermore those with both CD *and* depression may show more severe symptoms of these disorders.

Aggression in boys is a widely researched area; however, the research concerning aggressive girls is limited even though the rate of girls committing violent acts is steadily increasing. Research has shown that close to 90% of aggressive girls met criteria for CD with the second most frequent classification being major depression (Leschied, Cummings, Van Brunshot, Cunningham, & Cunningham, 2001). Therefore girls will be included in this study to address gender differences regarding the severity of symptoms of those with CD and/or ODD as well as a diagnosis of depression.

Within this context, the present study will examine boys and girls with ODD and/or CD with and without a comorbid diagnosis of depression as well as a depression only diagnosis. Children with ODD or CD as well as children who may be diagnosed with both ODD and CD will be included in the present study. Therefore children with ODD and/or CD will be categorized as the disruptive behavior disorder group. The purpose of this study is to determine if those with the comorbid diagnoses (i.e., disruptive behavior disorder and depression) display more severe symptoms along the five scales of the Beck Youth Inventories (BYI; Beck, Beck, & Jolly, 2001) than children with only one diagnosis (i.e., disruptive behavior or depression). Also of interest are gender differences among the comorbid boys and girls across the scales of the BYI. The five BYI scales are Anxiety, Self-Concept, Depression, Anger, and Disruptive Behavior. Specifically, it is hypothesized that comorbid girls will display more severe symptoms along the Anxiety, Self-Concept and Depression scales than the non-comorbid girls, non-