

Understanding Conduct Disorder

Conduct disorder is one of the more complex mental health disorders that children and adolescents may face. Conduct disorder is characterized by a repetitive and persistent pattern of behavior in children and adolescents in which the rights of others or basic social rules are violated (National Mental Health Association). According to the Child Mind Institute, children and adolescents with Conduct Disorder seem to “get a rise” out of causing harm. To elaborate, the power differential that results from aggressive, deceitful and coercive behaviors is perceived as gratifying. Behaviors such as picking fights, lying, cheating, stealing, relentless bullying and difficulty in following rules can result in a child or adolescent being viewed as bad” or delinquent rather than struggling with a mental health disorder. One of the hallmarks of conduct disorder is a lack of feeling or trouble expressing empathy and remorse. Additionally, many youth with conduct disorder may have trouble reading social cues and as such, they often misinterpret the actions of others as being hostile. This misinterpretation of actions may trigger the youth to respond by escalating the situation into conflict.

Causes/Risk Factors

Many possible factors may put a child at risk of developing conduct disorder. This includes both genetic and environmental factors and can include, but is not limited to, child abuse, impulsive behavior, poor parental supervision, unemotional parental attitude, harsh or inconsistent parenting, antisocial parents or peers, trauma and poverty. Cognitive development may also play a role in conduct disorders. For example, poor verbal skills, and impairment in executive functioning may make children more vulnerable to conduct disorder.

Diagnosis

It is normal for kids and adolescents to act out at times and “go against the grain”. Thus, professionals stress that a persistent and repetitive behavior must be evident before exploring conduct disorder. Symptoms of conduct disorder fall into four categories. For a diagnosis of conduct disorder, at least three of these behaviors must have occurred within the past year, with at least one of them occurring within the past six months.

1.) Aggression to People and Animals

- often bullies, threatens, or intimidates others
- often initiates physical fights
- has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- has been physically cruel to people
- has been physically cruel to animals
- has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- has forced someone into sexual activity



2.) Destruction of Property

- has deliberately engaged in fire setting with the intention of causing serious damage
- has deliberately destroyed others' property (other than by fire setting)

3.) Deceitfulness, Lying or Stealing

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- has broken into someone else's house, building, or car
- often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
- has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

4.) Serious Violations of Rules

- often stays out at night despite parental prohibitions, beginning before age 13 years
- has run away from home overnight at least twice while living in a parental or parental surrogate home (or once without returning for a lengthy period)
- is often truant from school, beginning before age of 13 years

Children who may exhibit these behaviors should receive a comprehensive mental health evaluation. Diagnosis requires input from the young person, parents, teachers and relevant health and social care professionals. It should be noted that it is common for children with a conduct disorder to have coexisting conditions such as mood disorders, anxiety, ADHD, PTSD, substance abuse or learning problems. As a result, treatment can be complex and challenging.

Treatment

Early intervention is more effective than later and a collaborative support network of parents, teachers and peers are essential components of a treatment plan. A multidimensional approach is likely to result in greater change. A vast amount of research highlights the importance of family engagement to help manage the disorder. Psychotherapy and behavioral therapy can assist the child to learn a better way to interact with the world around them, while the family may learn productive strategies to communicate and interact with the child. Parent training programs to improve parenting skills are cited as one of the most effective evidence based interventions. Parenting interventions may need to include skill development but may also need to address additional family dynamic and environmental factors that may prevent change. Parental substance abuse or mental health issues, domestic violence and poverty related stress can compound a parent's ability to actively engage in effective treatment strategies. As with any mental health disorder, treatment is not a quick fix. Changing human behavior, attitudes and patterns takes time and requires a multitude of supports and resources.

A Final Note about Trauma

A great deal of empirical research studies have been published in academic journals about the link between trauma and the diagnosis of conduct disorders. The effects of trauma can help account for many features of conduct disorder including lack of empathy, impulsivity, anger and acting out. Children who have experienced trauma may be misdiagnosed with a menu of disorders and treated with therapies and/or medications that may be ineffective because they don't address the underlying problem and do not reflect a trauma-informed approach to assessment and treatment (The National Child Traumatic Stress Network). Thus, as part of the assessment process, it is necessary to determine if the child's range of symptoms reflect a diagnosis or are related to outcomes of trauma. As a society we often like to "define" and label problems, however, in the case of child and adolescent behavioral health, we must remember that a number of factors influence behavior and as such, taking time to understand the lived experiences of the child/adolescent can increase understanding for the "why" behind behaviors and help guide effective interventions.

References: The National Child Traumatic Stress Network; SAMHSA; The American Academy of Child and Adolescent Psychiatry; The Child Mind Institute; Mental Health American (Formerly known as the National Mental Health Association).