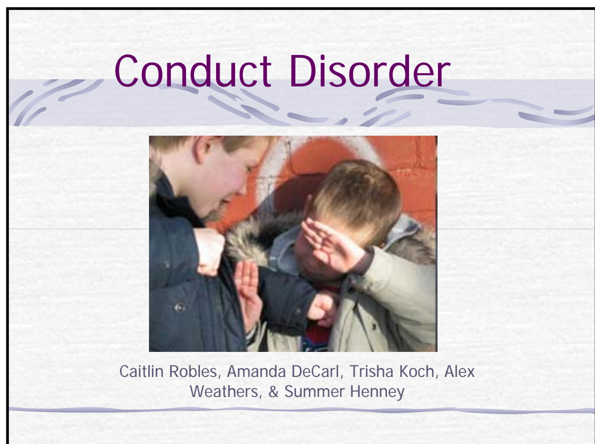
Conduct Disorder



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What is Conduct Disorder

- **"Conduct disorder is a common childhood psychiatric problem that has an increased incidence in adolescence. The primary diagnostic features of conduct disorder include aggression, theft, vandalism, violations of rules and/or lying."** (Searight, H.R., Rottnek, F., & Abby, S.L. ,2001)

Features

- Unable to understand others' welfare
- Little guilt
- Lie about remorse to avoid punishment
- View others as threatening or malicious
- May lash out and be aggressive without provocation.

Etiology

- Conduct disorder is caused by an interaction of genetic, familial, and social factors.
- A child with a neurological condition or genetic predisposition and familial or social deprivation can develop conduct disorder. (Searight, H.R., Rottnek, F., & Abby, S.L. ,2001)

Etiology: Genetic/Physical Factors

- Autonomic under-arousal. (Searight, H.R., Rottnek, F., & Abby, S.L. ,2001)
- Brain damage to the pre-frontal cortex (American Academy of Child & Adolescent Psychiatry, 2004)
- Insensitivity to physical pain and punishment
- Learning impairments
- Neurological factors due to birth complications or low birth weight (Surgeon General)

Etiology: Familial Factors

- Exposure to parental antisocial behavior is the most influential factor.
- Parental substance abuse, psychiatric illness, marital conflict, child abuse, and neglect
- Poverty
- Parent absence
- Inconsistent discipline and consequences (Searight, H.R., Rottnek, F., & Abby, S.L. ,2001)

Etiology: Social Factors

- School failure
- Traumatic life events (American Academy of Child & Adolescent Psychiatry, 2004)
- Early institutionalization (Surgeon General)
- More susceptible to peer influence (Searight, H.R., Rottnek, F., & Abby, S.L. ,2001)

Major Components in Diagnostic Assessments for Conduct Disorder

- Parent/Child/School Interviews and Questionnaires
- Direct Observation
- Measurement of DSM-IV criteria
- Determining subtype of the disorder
- Determining possible concurring disorders

(Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

Examples of Tools used in Parent and/or Child Interviews/Questionnaires

- Broad-Band Behavioral Rating Scales
- Dyadic Parent-Child Interaction Coding System
- Minnesota Multiphasic Personality Inventory
- Dominic-R

(Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

DSM-IV Diagnostic Criteria for Conduct Disorder

A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past six months:
Aggression to people and/or animals
B. Often bullies, threatens or intimidates others.
C. Often initiates physical fights.
D. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).
E. Has been physically cruel to people.
F. Has been physically cruel to animals.
G. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
H. Has forced someone into sexual activity.
I. Destruction of property

DSM-IV Diagnostic Criteria for Conduct Disorder Cont.

J. Is often truant from school, beginning before age 13 years.
K. The disturbance in behavior causes clinically significant impairment in social, academic or occupational functioning.
L. If the individual is age 18 years or older, criteria are not met for antisocial personality disorder.

Specify severity:

- Mild: few if any conduct problems in excess of those required to make the diagnosis, and conduct problems cause only minor harm to others.
- Moderate: number of conduct problems and effect on others intermediate between "mild" and "severe."
- Severe: many conduct problems in excess of those required to make the diagnosis, or conduct problems cause considerable harm to others.

(APA, 1994)

Subtypes

- Childhood Onset: Prior to Age 10
  - Worse prognosis if left untreated.
  - Aggression, property destruction, & poor relationships are common features.
  - 40% of childhood onset conduct disorder transitions into antisocial personality disorder
- Adolescent Onset: After Age 10
  - Social context should be taken into consideration.
  - Gang culture & survival needs (e.g., stealing food) do not suggest as serious a psychological disturbance as conduct disorder.(Searight, H.R., Rottnek, F., & Abby, S.L. ,2001)

Red Flags

- Among children age 10-14 years old there are several red flags for conduct disorder:
  - Smoking
  - Sexual activity
  - Alcohol and drug use

(Searight, H.R., Rottnek, F., & Abby, S.L. ,2001)

Comorbidity

- Conduct disorder can be comorbid with other disorders:
  - Oppositional Defiant Disorder
  - ADHD 80%
  - Depression 50%
  - Anxiety 40% (Ollendick, T.H., Jarret, M.A., Grills-Taqueche, A.E., Hovey, L.D., & Wolf, J.C., 2008)
  - Mood Disorders (i.e. bipolar & depression)
  - Substance Abuse

(Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

Examples of Different Types of Treatment

- School-Based Intervention Strategies
  - Specialized Programming: Classroom Level
  - Specialized Programming: Comprehensive Strategies

(Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

Examples of Different Types of Treatment

- Interventions to Promote Prosocial Skills
  - Parent Management Training
  - Contingency Management Programs
  - Cognitive Problem-Solving Skills Training
  - Functional Family Therapy
  - Group Therapy
  - Psychopharmacologic Interventions

(Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

Examples of Different Types of Treatment

- Multidimensional Interventions
  - Multisystemic Therapy
  - Families and Schools Together (FAST TRACK)

- *The diagnosis of CD does not qualify a child for Special Education UNLESS it's comorbid with one of the 13 disabilities that is under Special Education (Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

WHAT SCHOOLS CAN DO

- * With a 504 plan or a behavioral plan, accommodations can be made for students with CD
- Specialized Programming: Classroom Level
  - Create a structured, predictable environment
    - Instruction should be consistent and methodical
  - Sufficiently staffed environment
  - Material should be presented in:
    - Consistent manner
    - Systematic instructional routines
    - Cumulative manner (Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

SPECIALIZED PROGRAMMING: COMPREHENSIVE STRATEGIES

- Student-Focused Approaches
  - Teachers and mental health professionals address mental and social processes that affect behavior
    - Examples of interventions: modeling, role-play, immediate positive reinforcement of target behaviors
- Parent-Focused Approaches
  - Parents can recognize influences at home that are affecting the child's behaviors
    - Examples of interventions: coaching, prompting, feedback, graduated homework assignments

(Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

SPECIALIZED PROGRAMMING: COMPREHENSIVE STRATEGIES CONT.

- School-Focused Approaches
  - Through instruction, teachers need to create a balance in the classroom between the needs of specific children and the rest of the classroom
    - Examples of interventions: smooth transitions, being consistent and direct with praise and redirection, clear classroom rules stated first day of class and emphasized throughout the year, social skills curriculum, teamwork curriculum

(Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

Parent Management Training

- Parents are trained to use specific procedures in the home:

1. Improve parent-child interactions
   - warmth and responsiveness
2. Promote pro-social behaviors
   - reinforcement of desirable behaviors
3. Discourage negative behaviors
   - structured home environment
   - clear rules and expectations
   - consistent discipline

- Functional Family Therapy
  - Focus on making changes within the family system
  - Improve communication skills and family interactions
- Cognitive Problem-Solving Skills Training
  - Focus on improving child's social skills using problem-solving techniques
    - Self-statements
    - Multiple solutions
    - Understanding others' perspectives
- Group Therapy
  - Focus on development of interpersonal skills
  - Interaction with positive peer role models

(Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

Pharmacotherapy

- Commonly used when comorbidity exists (ADHD, mood disorders)
- Used in combination with other treatments
- Treats specific symptoms:
  - Stimulants (aggression)
  - Anti-convulsants (rage and temper outbursts)
  - Lithium (aggression)
  - Clonidine (over-arousal)
  - Neuroleptics and Atypical Antipsychotics (severe CD)

(Hughes, T.L, Crothers, L.M., & Jimerson, S.R., 2008)

Surprise! Pop Quiz with Candy to Bribe/Entice you to Answer!!!!

- Don't worry, these will be taken straight from the powerpoint!!!

1. Conduct Disorder is a common __________ problem???
   psychiatric
2. Students with Conduct Disorder may lie about remorse to avoid ___________??
   punishment
3. Conduct Disorder is caused by ...
   Caused by an interaction of genetic, familial, and social factors.
4. Name 4 Social factors of Conduct Disorder?
   School Failure, Traumatic Life events, early institutionalization, & more susceptible to peer influence.
5. Does Conduct Disorder meet the requirements for special education?
   The diagnosis of CD does not qualify a child for Special Education UNLESS it's comorbid with one of the 13 disabilities that is under Special Education, but they do qualify for a 504 plan / behavioral plan, and accommodations in the school can be made.

References

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