

CRB Training Module

Conduct Disorder

Learning Objectives

After studying the information in this training module, you should be able to

- Recognize symptomatic behaviors of a child with Conduct Disorder
- Identify characteristics of the two subtypes of Conduct Disorder
- Identify factors that contribute to the development of Conduct Disorder
- Identify recommendations that will help foster children with Conduct Disorder

Introduction

Conduct Disorder is one of the most frequently diagnosed childhood mental health disorders. Children with Conduct Disorder violate the basic rights of others or society's major age-appropriate rules. They are apt to have little empathy or concern for the well-being, wishes, and feelings of other people. Especially when a situation is ambiguous, aggressive individuals with this disorder frequently think that the intentions of others are more hostile and threatening than is the actual case and therefore feel justified in escalating the situation and responding with aggression.

Although they often lack appropriate guilt or remorse for their actions, they may have learned to express guilt or remorse as a way to avoid punishment and will blame others for their own behavior. Some children with Conduct Disorder have low self-esteem even though they act tough; others may have inflated self-esteem. They have poor ability to tolerate frustration, have frequent outbursts of irritability and temper, and are frequently reckless.

Origins of Conduct Disorder

Conduct Disorder may develop for both genetic and environmental reasons. The following environmental factors are implicated:

- Rejection or neglect by a parent
- Inconsistent child-rearing routines with severe discipline
- Physical or sexual abuse
- Early institutional living
- Frequent changes of caregivers
- Large family size
- Rejection by other children
- Association with a delinquent peer group
- Neighborhood exposure to violence
- Deficits in ability to process social cues

- Family pathology, especially involving substance dependence or abuse, or antisocial personality disorder

Features of Conduct Disorder

For a diagnosis of Conduct Disorder, a boy or girl must have had three or more of the following behaviors within the past year, and at least one of the following behaviors within the last six months. The child's behaviors must also have created significant damage to his or her functioning in social situations, at school, or on a job.

Aggressive Behavior That Causes or Threatens Physical Harm to Other People or Animals

- Bullying, threatening, or intimidating behavior
- Often starting physical fights
- Using a weapon such as a knife, bat, brick, or gun that can cause serious physical harm
- Being physically cruel to people or to animals
- Mugging, purse snatching, extortion, or armed robbery
- Forcing someone into sexual activity

Nonaggressive Behavior That Causes Property Loss or Damage

- Setting of fires with the intention of causing serious damage
- Deliberately destroying other people's property, as in vandalism

Deceitfulness or Theft

- Breaking into someone's house, car, or building
- Conning other people by lying to avoid obligations and debts, or to obtain goods or favors
- Stealing items of value without confronting the victim, as in shoplifting or forgery

Serious Violations of Rules

- Staying out late at night even when parents forbid it
- Frequent truancy from school, beginning before age 13
- Running away from home at least twice (or once if the child did not return for a lengthy period).

Children with Conduct Disorder frequently also have diagnoses of Attention-Deficit Hyperactivity Disorder (ADHD), depression, or substance abuse.

As with any childhood emotional or behavioral disorder, assessment and diagnosis of Conduct Disorder should be done only by a mental health professional, preferably one trained in children's mental health.

Subtypes of Conduct Disorder

Childhood-Onset Type

Children with this type of Conduct Disorder show at least one of the above features before the age of ten years and usually meet all the criteria for Conduct Disorder before puberty. They are usually boys who are physically aggressive toward others, have disturbed relationships with other children, and may have had Oppositional Defiant Disorder earlier in childhood.

Children with Childhood-Onset type are more likely to have persistent Conduct Disorder and to develop adult Antisocial Personality Disorder than children with Adolescent-Onset type.

Adolescent-Onset Type

Children with Adolescent-Onset Conduct Disorder have not shown any behavior characteristic of Conduct Disorder before ten years old. They are less likely to be physically aggressive and more likely to have normal relationships with their peers.

Outlook

Many children with Conduct Disorder, especially those with the adolescent-onset type and those with few and milder symptoms, do well socially and in their jobs as adults and as adults do not get into trouble with the law. Early onset predicts a worse outcome and increased adult risk for lawbreaking, Antisocial Personality Disorder, substance-related disorders, mood disorders, and anxiety disorders.

Effective treatment involves intervention as early as possible and uses a highly structured, intensive approach that involves the family, school, and community. Long-term treatment is almost always required. Cognitive-behavioral therapy focused on building skills such as anger management, family therapy, and multisystemic therapy are all commonly recommended.

Implications for CRB Members

Children who have been taken into custody after abuse/neglect referrals have experienced many of the factors implicated in the development of Conduct Disorder. Conduct Disorder may be mistakenly diagnosed in children whose symptomatic behaviors may have been necessary for survival in their immediate social environment (for example threatening, high-crime, poverty-stricken situations) but are not caused by an underlying dysfunction.

Children with Conduct Disorder may be unable to live with parents or in regular foster homes because of problem behaviors resulting in school suspension or expulsion, unplanned pregnancies, legal difficulties, and physical injuries caused by fights or accidents.

Recommendations to consider for children with Conduct Disorder might include the following:

- Place child in a highly structured environment.
- Place child in a treatment foster home or residential care facility with high level of supervision.
- Avoid changes in placement, treatment providers, and social workers.
- Obtain an assessment and diagnosis as quickly as possible.

- Implement the recommendations of the assessing mental health professional as quickly as possible.
- Evaluate the possibility of coexisting conditions such as ADHD, substance abuse, sexually transmitted diseases, and depression.
- If applicable, provide parents, foster parents, and/or adoptive parents with family therapy that includes effective techniques for managing the child's behavior.
- Initiate individual cognitive-behavioral therapy to address anger management, impulse control, and problem-solving, social, and communication skills.
- Initiate family therapy with siblings, parents (if plan is reunification), caregivers, relatives, and/or adoptive family.

© New Mexico Child Abuse & Neglect Citizen Review Board, 2003

Sources: American Psychiatric Association, *DSM-IV-R* (Washington, D.C.: APA, 2000); American Academy of Child & Adolescent Psychiatry, "Conduct Disorder," AACAP Facts for Families #33 (Washington, D.C.: AACAP, 2003, www.aacap.org/publications/factsfam/conduct.htm); National Mental Health Association, "Conduct Disorder," Fact Sheet 74 (Alexandria, Va.: NMHA, 2003), www.nmha.org

* * * * *

If you are ready to take the test for this training module, click on the link below. Once you submit the test, your answers will be e-mailed to you and forwarded to Terri Newman for scoring.

[Click Here to Take the Test](#)