

Understanding Conduct Disorder

A leaflet for professionals working in mainstream education

What is it?

Conduct disorder is a serious mental health condition^[4] because its presence in a young person's life will have a significant impact on them, their family and the wider community. It is a disorder that is characterised by ongoing behaviour that is disruptive, aggressive and anti-social.^[1]

Examples of behaviour exhibited:^[1]

- Bullying
- Fighting and hurting others (including animals)
- Truancy or running away
- Deceit, dishonesty and lying
- Damaging property (vandalism)
- Encouraging or forcing someone to engage in inappropriate sexual activity
- Encouraging or forcing others to adopt similar behaviours

As illustrated in the examples above, the behaviour displayed will often violate the rights of others and deviate from societal norms.^[1] Those who have this condition may exhibit a lack of guilt or shame regarding their behaviour, similarly they may fail to consider the impact of their actions upon another.^[1] Commonly, any expressions of remorse may be motivated by a desire to reduce sanctions or consequences imposed upon them.^[5]

In school, young people with conduct disorder are likely to have poorer academic outcomes due to little interest or concern about learning, and a tendency to truant. Similarly, weak emotional regulation, accompanied with outbursts of aggression, increase their prospects of exclusion. These issues further compound their disengagement with education.^[4]

How does it begin?

It usually emerges either in young children (childhood-onset) or during the teenage years (adolescent-onset). The latter is classified by the absence of any symptoms before the age of 10 years.^[1] Those displaying symptoms in childhood tend towards exhibiting behaviour that increases in both frequency and intensity over time, with a greater likelihood of significant antisocial and criminal conduct as an adult.^[6]

Notably, a majority of those diagnosed in childhood are boys, and commonly display traits of oppositional defiance disorder during the early years, which is a separate disruptive impulse-control disorder.^[1] Whereas those who develop the disorder at a later stage (during adolescence) are less likely to continue displaying traits and behaviours in later life.^[1] It is possible that their symptoms will be linked to the desire to discover, or express, their identity.^[4] Consequently, their behaviour may be closely related to rebellion against authority (e.g. parents, carers, teachers), peer pressure, and engagement in risk-taking activities.^[4]

Other related health conditions

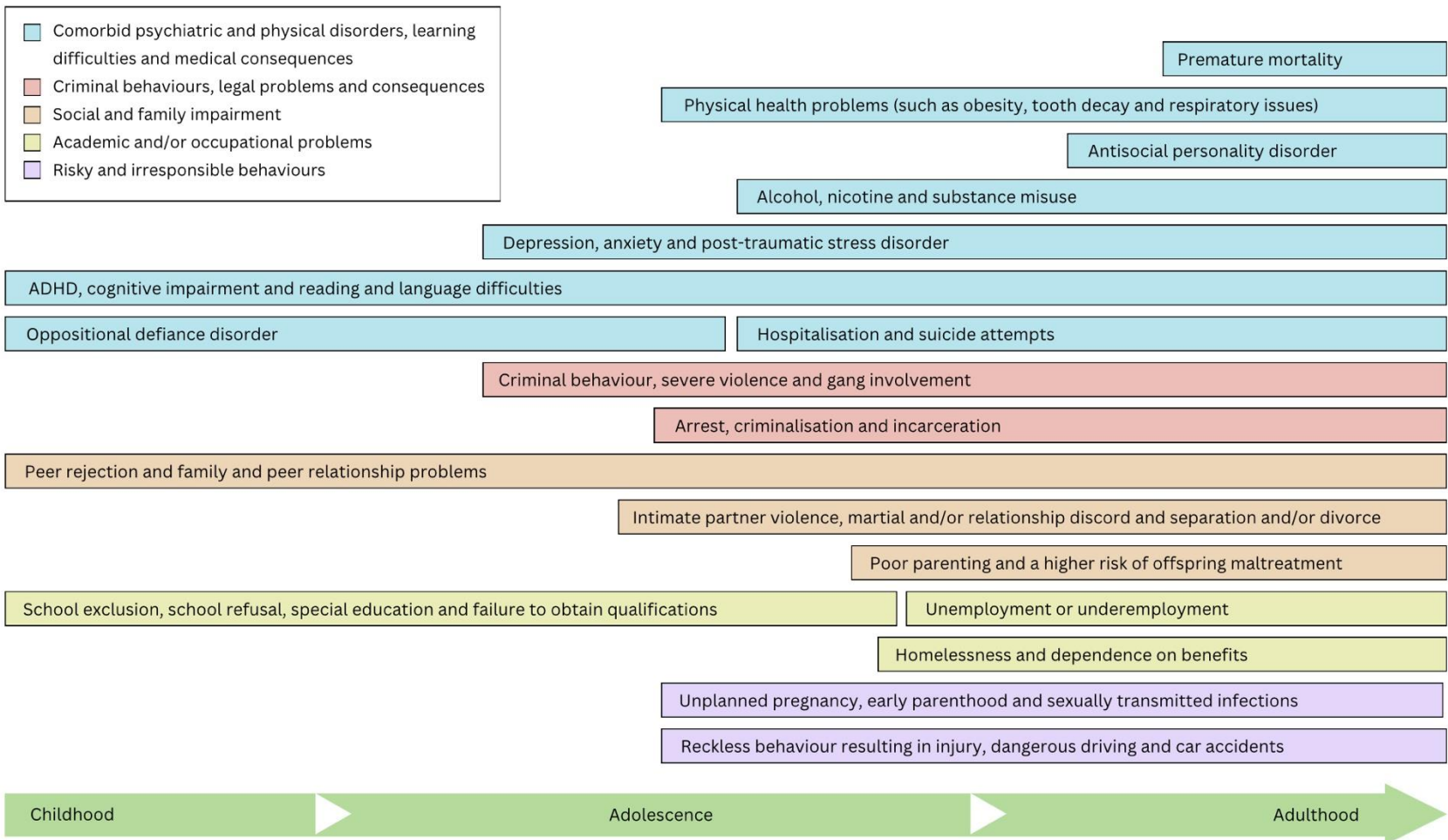
When a person suffers other conditions that may be closely associated, this is referred to as comorbidity. For example, children diagnosed with conduct disorder may also have received a diagnosis of attention-deficit/hyperactivity disorder(ADHD).[2] Similarly, other health conditions may also be present, such as anxiety and depression, or substance-related disorders.[2]

What are the causes?

Genetic and biological factors can contribute to its development in a young person’s life.[1] For example, extreme stress or substance misuse by the mother during pregnancy, or complications during birth, may result in compromised brain development that has been associated with conduct disorder.[3] It has also been reported that when a child’s biological parents have a mental health disorder, such as ADHD, the child is more likely to display similar behaviours associated with that disorder.[1] Other research has observed that individuals diagnosed with conduct disorder (compared to those without) possessed slower resting heart rates, less fear, lower levels of serotonin (a chemical in the body that is related to management of emotion), and comparable differences in brain activity related to self-control, reasoning, decision-making and sustaining attention (behaviours related to healthy executive function).[1]

In addition, inherited vulnerabilities outlined above, it has also been widely acknowledged that the environment which surrounds the person plays a significant part in the disorder’s development.[3] Influence of neglect, abuse, familial substance use or mental health issues is well documented along with links to other forms of adverse childhood experiences.[1] Similarly, detrimental approaches to parenting, such as harsh and inconsistent discipline, have been identified as contributing factors.[3] One study has also suggested that there may be a three to four-fold increase of risk in developing a life-long diagnosis of the disorder when the child is raised in a low socio-economic environment (compared to those who are not).[3]

Furthermore, the influence of a young person’s environment, such as deviant peer groups, can amplify or reinforce behaviour that is usually exhibited during adolescence. For example, a natural pushing back against authority can be heightened and lead to maladaptive or serious risk-taking behaviours.[4] Similarly, the formation of unhealthy relationships can lead to poorer longer-term relationship outcomes, which may contribute to the development of the disorder.[4]



Quality of life and conduct disorder
Adapted from[3]

How can it be prevented?

Due to the significant influence of the family and the environment upon a child's behaviour and ability to regulate emotions, early intervention is key. Therefore, educating parents and care givers, giving them the skills to redress poorer parenting behaviours, can be an effective intervention with the potential to alter the trajectory of a child's outcomes. Similarly, the positive role of educational providers such as nursery, primary and secondary schools are essential in identifying and supporting families at every stage of a child's development.^[5]

How can it be treated?

There is no medication prescribed to treat conduct disorder specifically. However, due to its strong association with ADHD and other mood disorders such as anxiety and depression, medication may help manage those conditions and consequently indirectly alleviate symptoms of the disorder itself. Therefore, drugs to treat emotional regulation (e.g. *Ritalin*), aggression (e.g. *Risperdal*), anxiety or depression (e.g. *Prozac*) may be medication prescribed to a person diagnosed with conduct disorder.^[3]

However, medication is most effective when combined with therapy related treatment, such as cognitive-behavioural therapy (CBT). This is a well-recognised intervention for a wide variety of mental health disorders, and research has shown this to be effective in decreasing aggressive behaviour.^[3] CBT involves identifying and changing negative patterns of thought which in turn, impact behaviours. Therefore, it can assist with anger management and emotional regulation for those with conduct disorder, as well as how to navigate complex and challenging social situations.

Family therapy is another pathway to treatment. Commonly, this will be a choice between either Functional Family Therapy (FFT)^[5] or Parent Management Training (PMT).^[4] Both approaches involve educating parents about positive ways to handle the behaviour and strengthen the health of the relationships within the family unit. Central components to this are the encouragement of effective communication and problem solving within the home. These therapeutic sessions normally take place over several weeks, but achieving lasting change requires consistent implementation within the family over a much longer period.^[5]

Similarly, research has shown that interventions are far more successful when there is a collaborative multisystemic approach (MST) between all those who have a relationship with the child or young person.^[3]

A collaborative multisystemic approach may involve some, or all, of the following interested parties:

- Family
- School
- Child and adolescent mental health services (CAMHS)
- Youth services (including youth justice and contextual safeguarding)
- Substance use and harm reduction intervention
- Educational Psychologist and Behaviour Support
- Health

Treatment cont...

By adopting an individualised approach, it harnesses the strengths of each party involved, whilst contextualising solutions and centres discussions around the individual needing support, and their environment (e.g. home or school). This focused team-approach, leads to tailored strategies with clearly defined and relevant goals related to treatment success and evaluation.^[5]



**Adopt a
multisystemic
approach**

The role of pastoral care in schools

Considering all of these factors, a mention must be given to the role of staff within the school environment. Identifying children and families who are at risk and need further support as early as possible is crucial.^[3] Additionally, positive relationships with staff, where students feel understood and supported is a significant protective factor.^[6] Tailored packages of care given for those who need help to manage behaviour, maximises a child or young person's chances for a successful outcome.^[6]

Pastoral care may include:^[6]

- Providing a suitable pastoral space - where a young person feels safe
- Nominating a “go to” person - who understands the needs of the young person
- Time Out Pass - allowing a young person to remove themselves from class when dysregulated
- Targeted intervention – individual or group work addressing key areas of concern
- Communication – with parents and relevant staff to share information and ensure consistency of expectations
- Consequences – if given, to follow swiftly from any incident and seen to be fair

References

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