

Conduct disorder

Nationally, antisocial behaviours are the commonest causes for referral of children and young people to Child and Adolescent Mental Health Services (CAMHS). Where the child shows persistent disruptive, deceptive and aggressive behaviours over time, and especially when these are of a marked degree, the child may be assessed as having Conduct Disorder (CD). CD is more common in boys and young men than in girls and young women, with less confrontational behaviour seen in females with CD. The estimated prevalence for children aged 5-16 years in the UK is thought to be 5.8% (Public Health England, 2016). It usually develops from middle childhood through to middle adolescence and is rare after 16 years of age.

A diagnosis of Conduct Disorder can occur if there is a recurrent and chronic pattern of behaviour over 6-12 months in which the person shows a serious and blatant disregard for social norms or rules, or for the rights of others. CD involves persistent patterns of serious behaviour that are aggressive in nature towards human beings or animals. For diagnosis to occur, these behaviours must cause significant dysfunction in a variety of settings as opposed to being a reaction to social situations.

Behaviour may include aggression or cruelty towards people or animals, property damage, serious violation of rules, deceitfulness or theft. It normally affects all aspects of the child or young person's life, such as home, school or work, and the community. A diagnosis of CD often occurs when such behaviour has come to the attention of law enforcement services.

The majority of adolescents with a diagnosis of CD have another diagnosis, most frequently ADHD, depressive disorder or substance misuse.

Possible signs of Conduct Disorder

It is important to remember that any of the following could be symptoms of a range of other issues, rather than CD. It is also important to remember that 'conduct disorder' could be experienced as a negative label by parents and children that serves to reinforce, rather than change complex behaviour patterns. However, in some cases, it can be helpful to have a diagnosis. A child or young person who meets the criteria for CD may experience several of the following difficulties:

- have poor reading and verbal skills;
- be regularly absent from school for no good reason;
- run away from home regularly or for prolonged periods or stay out late without parental permission;
- only display guilt to reduce the likelihood of being punished;
- have a troubled family life that involves regular conflict;
- have low self-esteem, but put on a tough exterior;
- be restless or easily frustrated;
- be dishonest for their own personal gain;
- be reckless;
- unfairly label others, blame others for their own wrongdoing;
- show little empathy or compassion for others;
- initiate physical attacks or bullying;
- be threatening, intimidating, hostile and/or defiant;
- misinterpret the actions of others as hostile or react aggressively to others;
- begin engaging in sexual activity and/or substance use at a young age;
- be more likely to contract sexually transmitted infections (STIs) or have unplanned pregnancies;
- be more likely to engage in illegal/criminal activity;
- have suicidal ideation or attempt suicide.

Symptoms can be exacerbated by increasing age and the development of physical strength, cognitive ability and sexual maturity.

We know that behaviours difficulties cause distress for children and young people, and also their families, schools and, at times, their local communities. For the child or young person it can lead to social and educational difficulties and loss of opportunities. If they don't receive early help there can be negative outcomes in adolescence, such as involvement in criminal activities, and problematic substance use, depression, anxiety and possibly development of antisocial personality disorder in adulthood.

Risk factors

No single risk factor is either necessary or sufficient on its own to lead to the development of behaviour difficulties, but we are beginning to learn how genetic

and environmental risk factors interact. Children are at greater risk if one or both parents have one of the following: alcohol dependence, depression, schizophrenia, antisocial personality disorder, ADHD or CD.

A diagnosis of CD appears to be more common in children who have to manage a difficult home life. Therefore, it is vital to involve the parents in on identifying solutions. In addition, evidence suggests that families of children and young people with behaviour difficulties may be dealing with greater material disadvantage, so working to target the Basics within the Resilience Framework is essential, and to be provided in addition to the interventions suggested in Table 8 below.

How to support children and young people with behaviour difficulties and/or a diagnosis of Conduct Disorder

Challenge	How to support the young person
<p>A child or young person is constantly being aggressive towards you</p>	<ul style="list-style-type: none"> • Talk to them about their behaviour in private, explore with them what has caused their upset and explain boundaries. (Core Self) • Develop empathy with them and understand that you are not the cause of defiance, but rather an outlet for it. (Belonging) • Remain objective when interacting with them. (Learning) • Identify skills, talents or positive attributes the child or young person has that you can reinforce. (Learning) • Remain positive; give praise and positive reinforcement, e.g. when the child or young person demonstrates flexibility and/or co-operation. (Learning) • Be approachable and act as a positive role model. (Belonging) • Display classroom rules and a daily schedule so they know what to expect. Add visual cues to the rules for those who may have literacy difficulties. Prioritising the list of rules is also useful. (Learning) • Rules need to be realistic, specific, consistent and proactive. They also need to be consistently applied by all stakeholders in the school (all school staff, and ideally also parents) . (Learning) • Deliver programmes within school that teach students about emotional expression (not anger management, as these usually describe anger as a "negative" rather than a normal emotion). (Learning)
<p>A child or young person is continually having angry outbursts in lessons</p>	<ul style="list-style-type: none"> • Together with the child or young person, put a reward system in place where they value the outcome. Rewards work better than sanctions. (Learning) • Set targets for behaviour and learning that are specific, measurable, attainable, and relevant, within a timescale (SMART). (Learning) • Create workstations where the student can listen to his/her choice of music, for example, and work independently. Earphones with controlled volume can be used to avoid disruption to the rest of the class. (Learning)

Challenge	How to support the young person
<p>A child or young person is continually having angry outbursts in lessons (continued)</p>	<ul style="list-style-type: none"> • Devise an exit strategy (e.g. provide them with a red card to display if they need a time out) and help them recognise the signs when they might need to use it. (Learning) • Help them to build relationships with other students through Circle Time activities, Social, Personal and Health Education (SPHE), drama, roleplay and peer mediation. (Learning) • Implement a behaviour contract with them, and ask for their help in improving matters. (Learning) • Minimise distractions within the classroom where possible. (Learning) • Try to establish if there are triggers for their behaviour through recording the antecedents (what happened before the behaviour), the behaviour itself and the consequences (what happened after the behaviour). This is often referred to as establishing the ABC's. (Learning) • Give them additional but realistic responsibilities. Begin by getting them used to carrying out small and reasonable requests. (Core Self). See The Resilient Classroom on supporting the young person to take responsibility for themselves http://www.boingboing.org.uk/academic-resilience-resources-directory/ • Provide them with a choice of outcomes where possible. (Core Self) • Allow them to help others using their own areas of strength, either within lessons, or extracurricular activities, e.g. fixing bikes, coaching football. (Core Self) • Develop a self-esteem programme and explicitly teach students social skills and problem solving. (Core Self) • Seat them near a positive role model. (Learning) • Reward short periods of success. (Learning) • Reward effort as much as achievement. (Learning) • Break tasks into smaller manageable chunks that provide a more frequent sense of achievement. (Learning) • Mutually agree methods by which they can engage your attention. (Learning) • Allocate clear roles when organising group work. (Learning) • Focus on the incident, not the individual, and focus on as few as possible behaviours at a time. Decide what behaviour you will ignore and what you will not accept. Clearly communicate the consequences for the behaviours you will not accept. (Learning) • Avoid raising your voice or exhibiting any emotion. Be neutral and speak calmly, saying something similar to, 'As you broke this rule this is what you will have to do'. Be like a referee, who simply states the consequence and holds the player accountable. (Learning) • If they receive a detention, create an opportunity within the time for them to receive support and care around understanding their behaviour. Make detentions a learning opportunity rather than a punishment. (Learning)

continued

Challenge	How to support the young person
<p>A child or young person is lying</p>	<ul style="list-style-type: none"> • Role model honesty, explain to them that you are aware that they may struggle to be honest at times, as do lots of people (and the reasons vary for different people), and that you are there to talk when they feel able to be honest. (Belonging) • Help other children and young people in the school understand the reasons why people might not always be truthful and how they can support their peers. (Belonging) • Do some communication activities in the classroom around honesty or communication in general such as: <ul style="list-style-type: none"> - I find communication works best for me when... - I struggle to communicate when.... - I need more support with.... - I need more support from.... <p>This may support children and young people to open up about the challenges they face when communicating. (Core Self)</p> <ul style="list-style-type: none"> • Lying is connected to fear; explore fears around being honest and this may illustrate what is driving the dishonesty. (Core Self) • Praise honesty when it happens. (Learning)
<p>A child or young person is not able to concentrate in lessons due to being irritated and hyper-aroused</p>	<p>Children and young people with behaviour difficulties can struggle to relax and this causes problems with concentration.</p> <ul style="list-style-type: none"> • Use frequent eye contact and stand near when giving instructions (if appropriate). (Learning) • Keep instructions short and precise, and make sure the first stage is carried out before you move to the next. (Learning) • Ask them to repeat instructions back to you. (Learning) • Use key words to alert them to important parts of the lesson. (Learning) • Use a routine and write it on the board. (Learning) • Try to schedule tasks that require attention in the morning or in the early part of the lesson. (Learning) • Find out what they are good at or enjoy, and try to incorporate this in activities. (Learning) • Break down large tasks into small tasks so that each part is more manageable and provides a sense of achievement. (Learning) • Give them a table or list with an outline of key concepts and vocabulary to refer to if they get lost. (Learning)

Table 8: Using the Resilience Framework to support children and young people with behaviour difficulties and/or a diagnosis of conduct disorder.

Recommended further reading about Conduct Disorder

Pearnel Bell (2013) *A teacher's guide to understanding the disruptive behaviour disorders: Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder*. Bloomington, IN: AuthorHouse.

Louise Bomber (2007) *Inside I'm hurting: Practical strategies for supporting children with attachment difficulties in schools*. London: Worth Publishing.

National Collaborating Centre for Mental Health (UK) and Social Care Institute for Excellence (UK) (2013) *Antisocial behaviour and conduct disorders in children and young people. Recognition, intervention and management* (full NICE guideline: CG158). Leicester, UK: British Psychological Society and Royal College of Psychiatrists. <http://guidance.nice.org.uk/CG158/Guidance>

Pilling S, Gould N, Whittington C, Taylor C & Scott S (2013) Recognition, intervention, and management of antisocial behaviour and conduct disorders in children and young people: summary of NICE-SCIE guidance. *British Medical Journal*, 346, f1298. doi:10.1136/bmj.f1298.

Roberts JH (2013) Understanding conduct disorder. *British Journal of Family Medicine*, 2(2). <https://www.bjfm.co.uk/understanding-conduct-disorder>

Royal College of Psychiatrists (2012) *Behavioural problems and conduct disorder: information for parents, carers and anyone who works with young people*. London: Royal College of Psychiatrists. <http://www.rcpsych.ac.uk/expertadvice/youthinfo/parents/carers/disorders/behaviouralproblems.aspx>

Fintan O'Regan (2011) *The challenging behaviours pocketbook*. Alresford, UK: Teachers' Pocketbooks.

Douglas A Riley (2007) *The defiant child: A parent's guide to oppositional defiant disorder*. Lanham, MD: Taylor Trade Publishing.