Conduct Disorder
Logan Addison
Professor Schreckenghost
SPED 440
October 14, 2019

Abstract:

Conduct disorder is defined by the DSM-IV as "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 a least three of the fifteen criteria." This disorder is prevalent between 2% and 10% of the population. Conduct disorder is common to have multiple other behavioral diagnoses along with it. They are known to be bullies in the classroom and constantly defying orders given to them. Making Socially Accepting Inclusive Classrooms, Contingency management training, Social Stories, and anger management programs are great ways to allow a person with conduct disorder to become more self-aware of their actions.

Emotional and Behavioral Disorders is a category of identification in special education.

Conduct Disorder is an emotional behavioral disorder that is more common in males than females. Teachers may come across this in any classroom setting. It is important to have strategies to help these children when they do have outbursts in the classroom.

Conduct disorder is defined by the DSM-IV as "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 a least three of the fifteen criteria." Indicators of conduct disorder are aggressive behavior towards other people or animals with little to no sympathy towards their victim, damage of property, deceitfulness, theft, and not following or breaking rules set in place (*Diagnostic and Statistical...2014*). They often reject authority figures and go out of their way to break rules. The people diagnosed with conduct disorder often escalate conflicts and show no remorse to whoever is involved. In order to be diagnosed with conduct disorder a person must have two or more of these qualities. There are three types of conduct disorder. Childhood onset conduct disorder can be diagnosed before the age of 10 with at least on sign before then. Adolescent-onset is diagnosed when they are no sign before the age of 10. Unspecified onset is diagnosed when they are older than 10. This disorder is prevalent between 2% and 10% of the population. If they do not begin intervention plans, they become at risk of greater indicators being developed.

Conduct disorder goes in hand with many other concerning factors. It has been correlated with substance abuse, gambling, and criminal activity. They are known to be bullies. Callous and unemotional traits are very common when it comes to people who have been diagnosed with conduct disorder (*Diagnostic and Statistical*...2014). This correlates to the person being

CONDUCT DISORDER ADDISON 4

identified as to not feeling no remorse It is important to identify all emotional and behavioral disorders. Oppositional defiant disorder, ODD, is known as a predecessor for conduct disorder. Not all children who had ODD progress to conduct disorder, but the environment they proceed to be in can cause them to merge into having the conduct disorder (Interrelationships and Continuities 2017). Attention Deficit and hyperactivity disorder is often diagnosed with conduct disorder. This can show their aggression and show the violation of rules due to lack of attention. Conduct disorder has not been proven to be completely genetic or environmentally caused. Many times, families who neglect their child, have inconsistent parenting approaches, and harsh discipline can cause a child to develop conduct disorder. Genetically, they are known to have slower heart rates than the average person. If someone in the family has conduct disorder, it is common for a relative to have conduct disorder. Neuroimaging can not diagnose a person with conduct disorder (*Diagnostic and Statistical...*2014).

Screening for conduct disorder should be tested by a certified psychologist. It is suggested that they are not only tested for conduct disorder but for Attention Deficit Disorder and mood difficulties since these are often diagnosed with conduct disorder (Evidence Based-Assessment 2013). These often can cause someone to develop conduct disorder. When screening a child, it is very important to get multiple interviews from different people who have interacted with the child. There could be specific triggers that appear in specific settings and situations. Temperamental factors can be from not being able to control their anger and a low IQ score. These factors can cause them to have outbursts of anger which cannot be brought under control.

Interventions can be used by providing parents with parenting tips and problem-solving skills to help children with conflict. Parents should be educated on positive reinforcements to help project focus on the constructive behaviors (Evidence Based-Assessment 2013). Not only

CONDUCT DISORDER ADDISON 5

should they be focused on helping the parents in should meet specific needs of the students. A child's or person's stress, social life, and parent interaction should be assessed to help create an intervention plan. It is very important to assess their behavior through observation. Teachers need to know how they act compared to their peers and how distracting their behaviors are to themselves and everyone around them. To help students with conduct disorder it is important to keep the students included in the classroom. Many times, their social skills are lacking (*Diagnostic and Statistical...2014*). In the classroom, students with conduct disorder can become harmful to themselves and others around them. They can become aggressive and lose control of their behavior. This can put anyone in the classroom in danger. It is important for them to become aware of their behaviors and provide the student with proper skills.

The Making Socially Accepting Inclusive Classrooms, MOSAIC, promotes a classroom to create a positive environment to help students feel included and accepted by their peers (A Randomized... 2013). This can be used in a regular education classroom to help with students feeling included. This is to prevent bullying and to help make it class wide to allows the children to learn social skills from their peers. It is important to use modelling skills to help show the students how to act because they may not know how to use some of the resources provided. Teachers can do this through role playing with the student.

Contingency management training for students with conduct disorder has been shown to be very helpful. This behavioral therapy is to help reinforce positive behaviors and to change their ways while providing them with proper social skills for their age (Conduct Disorder). A therapist will create an individualized therapy program to suit a specific individual (Contingency Management...2011). This has also been shown to help those who are substance abusers, but it

CONDUCT DISORDER ADDISON 6

has also been researched to help with behavioral issues as well (Conduct Disorder). They provide parents with techniques on how to help their child and to change their habits.

Students should be provided with a variety of skills. Aggression management can be provided through a Functional Behavioral Assessment. This will allow the teacher to pinpoint the student's behavior and what the antecedent and consequence of the behavior are. Teachers can use this to help guide the student to learning socially acceptable behavior. Teachers can continue to assess the student's behavior by using and ABC chart to help them with figuring out what consequences work and why the behavior is happening.

Social Stories can be provided for the students to help with correcting specific situations. Social stories allow a teacher and a student to create an outcome of a situation that comes up often. The social story explains a skill or concept that wants to be obtained. This helps a student understand how to behave in a situation they may have acted out in. It also helps them create a sense of self awareness. Students may not know how to act, and this teaches them what to do. Not only can use just use sentences, you can provide pictures with the sentences to allow them to see what the expectations are as well.

Overall, conduct disorder can become a serious problem if students are not provided with the appropriate resources to help manage their behavior. It is vital to diagnose a person early in their life. This can help them become self-aware. Students with conduct disorder can not only become harmful to themselves but also to everyone around them. I have also learned that males show signs before females do, but the female ratio does rise once they reach adulthood.

Teachers should try to show students through role-play how the student should behave. They can also use peers to be examples on how to act in the classroom.

References

- Conduct Disorder (CD). (n.d.). Ontario's Teacher Foundation. Retrieved from http://www.teachspeced.ca/conduct-disorder.
- Barry, C. T., Golmaryami, F. N., Rivera-Hudson, N., & Frick, P. J. (2013). Evidence-Based Assessment Of Conduct Disorder: Current Considerations And Preparation For DSM-5. *Professional Psychology: Research and Practice*, *44*(1), 56–63. https://doi.org/10.1037/a0029202
- Husby, S. silje., Wichstrøm, L., Husby, S. M., & Wichstrøm, L. (2017). Interrelationships and Continuities in Symptoms of Oppositional Defiant and Conduct Disorders from Age 4 to 10 in the Community. *Journal of Abnormal Child Psychology*, 45(5), 947–958.
 https://doi.org/10.1007/s10802-016-0210-4
- Jeste, Dilip. V., & Lieberman, Jeffrey. A. (2013). *Diagnostic and statistical manual of mental disorders: Dsm 5* (5th ed.). Arlingtion, VA: American Psychiatric Association.
- Mikami, A. Y., Griggs, M. S., Lerner, M. D., Emeh, C. C., Reuland, M. M., Jack, A., & Anthony, M. R. (2013). A randomized trial of a classroom intervention to increase peers' social inclusion of children with attention-deficit/hyperactivity disorder. *Journal of Consulting and Clinical Psychology*, 81(1), 100-112.
- Petry NM. Contingency management: What it is and why psychiatrists should want to use it. *Psychiatrist*. 2011;35(5):161–163. doi:10.1192/pb.bp.110.031831