

# CONDUCT DISORDER

## SYMPTOMS OR BEHAVIORS

- Bullying or threatening classmates and other students
- Poor attendance record or chronic truancy
- Noncompliance
- History of frequent suspension
- Little empathy for others and a lack of appropriate feelings of guilt and remorse
- Low self-esteem that is masked by bravado
- Lying to peers or teachers
- Stealing from peers or the school
- Frequent physical fights; use of a weapon
- Destruction of property

## ABOUT THE DISORDER

Children and adolescents with conduct disorder are highly visible, demonstrating a complicated group of behavioral and emotional problems. Serious, repetitive, and persistent misbehavior is the essential feature of this disorder.

These behaviors fall into four main groups: aggressive behavior toward people or animals, destruction of property, deceitfulness or theft, and serious violations of rules.

To receive a diagnosis of conduct disorder, a child or adolescent must have displayed three or more characteristic behaviors in the past 12 months. At least one of these behaviors must have been evident during the past six months.

Diagnosing conduct disorder can be a dilemma because children are constantly changing. This makes it difficult to discern whether the problem is persistent enough to warrant a diagnosis. In some cases, what appears to be conduct disorder may be a problem adjusting to acute or chronic stress. Many children with conduct disorder also have learning disabilities and about  $\frac{1}{3}$  may be depressed. Many children stop exhibiting behavior problems when they are treated for depression.

The U.S. Department of Health and Human Services estimates that between 6 and 16 percent of males and 2 to 9 percent of females under age 18 have conduct disorder that ranges in severity from mild to severe.

Other serious disorders of childhood and adolescence commonly associated with conduct disorder are attention-deficit/hyperactivity disorder (AD/HD) or oppositional defiant disorder (ODD). The majority of children and adolescents with conduct disorder may have life-long patterns of antisocial behavior and be at higher risk for a mood or anxiety disorder. But for many, the disorder may subside in later adulthood.

The social context in which a student lives (poverty or a high crime area, for example) may influence what we view as antisocial behavior. In these cases, a diagnosis of conduct disorder can be misapplied to individuals whose behaviors may be protective or exist within the cultural context.

A child with suspected conduct disorder needs to be referred for a mental health assessment. If the symptoms are mild, the student may be able to receive services and remain in the regular school environment. More seriously troubled children, however, may need more specialized educational environments.

## EDUCATIONAL IMPLICATIONS

Students with conduct disorder like to engage in power struggles. They often react badly to direct demands or statements such as: "You need to..." or "You must..." They may consistently challenge class rules, refuse to do assignments, and argue or fight with other students. This behavior can cause significant impairment in both social and academic functioning. They also work best in environments with high staff/student ratios, one-to-one situations, or self-contained programs when there is plenty of structure and clearly defined guidelines. Their frequent absences and their refusal to do assignments often leads to academic failure.

## INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Make sure curriculum is at an appropriate level. When work is too hard, students become frustrated. When it is too easy, they become bored. Both reactions lead to problems in the classroom.
- Avoid "infantile" materials to teach basic skills. Materials should be age-appropriate, positive, and relevant to students' lives.
- Remember that praise is important but needs to be sincere.
- Consider the use of technology. Students with conduct disorder tend to work well on computers with active programs.
- Students with conduct disorder often do well in programs that allow them to work outside the school setting.
- Sometimes adults can subconsciously form and behaviorally express negative impressions of low-performing, uncooperative students. Try to monitor your impressions, keep them as neutral as possible, communicate a positive regard for the students, and give them the benefit of the doubt whenever possible.
- Remember that children with conduct disorder like to argue. Remain respectful, calm, and detached. Avoid power struggles and don't argue.
- Give the student options. Stay away from direct demands or statements such as: "You need to..." or "you must..."
- Avoid escalating prompts such as shouting, touching, nagging, or cornering the student.
- Establish clear classroom rules. Rules should be few, fair, clear, displayed, taught, and consistently enforced. Be clear about what is nonnegotiable.
- Have your students participate in the establishment of rules, routines, schedules, and expectations.
- Systematically teach social skills including anger management, conflict resolution strategies, and how to be assertive in an appropriate manner. For example, discuss strategies that the students may use to calm themselves when they feel their anger escalating. Do this when the students are calm.
- Maximize the performance of low-performing students through the use of individualized instruction, cues, prompting, the breaking down of academic tasks, debriefing, coaching, and providing positive incentives.
- Structure activities so the student with conduct disorder is not always left out or the last one picked.

*For additional suggestions on classroom strategies and modifications, see An Educator's Guide to Children's Mental Health pages 18–24.*

## RESOURCES

### American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Avenue NW  
Washington, DC 20016-3007  
202-966-7300 • [www.aacap.org](http://www.aacap.org)  
*Fact sheets on variety of topics and current research info*

### The Council for Exceptional Children (CEC)

1110 North Glebe Road, Suite 300  
Arlington, VA 22201  
888-232-7733 • [www.cec.sped.org](http://www.cec.sped.org)  
*Resources for professional development and information for educators*

### National Institute of Mental Health (NIMH)

Office of Communications  
6001 Executive Boulevard  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
866-615-6464 • [www.nimh.nih.gov](http://www.nimh.nih.gov)  
*Free educational materials for professionals and the public*

### SAMHSA'S National Mental Health Information Center

PO Box 2345  
Rockville, MD 20847  
800-789-2647  
[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)  
*Resources about child and adolescent mental health and links to other web-based materials for educators*

### Publications

*The Explosive Child: A New Approach for Understanding Easily Frustrated, Chronically Inflexible Children*, by Ross W. Greene, HarperCollins, 2001.

- In addition to this publication, many of the websites listed above also recommend publications and have information about current research