

CONDUCT DISORDER

1. Introduction

The term Conduct Disorder is the diagnostic categorisation used to refer to children whom presents with a pervasive and persistent pattern of behaviours such as aggression, destruction, deceitfulness and the violation of rules, which are problematic. These children diagnosed with Conduct Disorder experiences higher levels of distress and impairment in all developmental areas as opposed to children whom are diagnosed with other mental health disorders. The early diagnoses of conduct disorder is vital as it can be an indication that the individual will engage in criminal behaviours and be socially maladjusted by the time they become adults, it is also one of the most common reasons for referring children and adolescents for psychological and psychiatric help. (Hughes, Crothers, & Jimerson, 2008)

2. DSM-IV Criteria

Conduct Disorder falls under the category of disorders which are usually first diagnosed in infancy, childhood or adolescence in the DSM-IV. The diagnostic criteria, or symptoms, of conduct disorder according to the DSM-IV is the repetitive and persistent occurrence of behaviour which violates the basic rights of others or major age-appropriate social rules or norms. The said behaviours can be classified as aggressive conduct that can cause or threaten the physical integrity of other humans or animals, non-aggressive behaviour but which can cause damage or loss to property, behaviours which are deceitful or which involves stealing and behaviour which seriously violates rules. In order to make the diagnosis of conduct disorder all of the above mentioned behaviours need to be presented during last year with at least one being present the last six months and the disturbance in behaviour cause clinically significant impairment in social, academic, or occupational functioning. (Diagnostic and Statistical Manual of Mental Disorders, 1994)

3. Treating conduct disorder

The treating of conduct disorder is a very complex matter as there are more than five hundred and fifty different types of treatment utilised in conduct disorder interventions in children and adolescents. Various approaches to the treating of conduct disorder has been found to be ineffective. The treatments found to be ineffective includes variations of psychodynamic therapies, play therapy as well as relationship-based treatment approaches and group therapy as in hospital and residential settings. The reality is that the treatments which are empirically supported, such as more comprehensive treatments, are the least likely to be utilised and are also generally unavailable. (www.fordham.edu)

3.1 Treatment approaches

3.1.1 Parent Management Training

In this approach the parents of the affected child is in consultation with the therapist. In this consultation setting the parents disclose all the problem behaviours observed and identified. Specific problem behaviours, starting with the behaviours perceived as being the easiest to change, are made the targets of change. This treatment approach covers social learning principles and makes all the key role players in the child's life part of the therapy setting as even the teacher is incorporated as she along with the parents provide feedback with regard to the progress made in the changing of problem behaviours. Parent management training is based on the presumption that maladaptive parenting is the primary cause of conduct disorder and therefore parents are taught to reinforce positive behaviours and to coerce negative behaviours. This approach to treating conduct disorder is very effective and is supported empirically by the most rigorous studies and many children are often even normalized as a results of this approach to treatment. (www.fordham.edu) (Conduct Disorders & Antisocial Behaviour in Children and Young People: Recognition, Intervention and Management, 2012)

3.1.2 Multisystemic Therapy

The multisystemic therapy approach to training conduct disorder is in actual fact a more elaborate form of parent management training as it includes other systems such as the extended family, school and peers which are assumed to be also responsible for the reinforcement of negative behaviour. The two key systems which this approach focuses on are the family and peer systems. The family is taught various techniques to improve the communication and cohesion whereas the parents are taught how to appropriately and effectively discipline their children. What is sought through the peer system is to involve the child with conduct disorder with pro-social peers who will make this child part of foster discipline and good conduct.

Evidence was gathered from various studies which showed that this approach at helping is very effective even more than hospitalisation. Another positive is the fact that it is also cost effective. From follow up studies as much as five years after therapy shows lower arrest rates. (www.fordham.edu) (Conduct Disorders & Antisocial Behaviour in Children and Young People: Recognition, Intervention and Management, 2012)

3.1.3 Problem Solving and Anger Management Skills Training

These are cognitive approaches which aims to teach the conduct disorder child alternative responses at aggression so as to enable him to better handle said situations, judge the motives of others, understand the way others see him and the better understand the consequences of his own actions. Over the longer term it may lead to the development of new friendships. These skills can be taught to the child by making use of modelling, games, academic activities as well as stories. Points and tokens are used as reinforces for desirable behaviour portrayed. A negative at these approaches are that they are not as effective in younger children as in older children due to the cognitive aspects which make a part of them. Various studies however support the claims made that aggression and antisocial behaviour is reduced at school and at home. (www.fordham.edu) (Conduct Disorders & Antisocial Behaviour in Children and Young People: Recognition, Intervention and Management, 2012)

3.1.4 Functional Family Therapy

Functional family therapy is a therapeutic approach which incorporates aspects of systems, behavioural and cognitive approaches to therapy and which places the emphasis on the function various behaviours serve. A functional analysis which replaces diagnosis is conducted before the intervention is started. The emphasis is placed on the effect the behaviour of one family member has on the behaviour of another. This treatment approach seeks to increase the portraying of behaviours which are of benefit to all family members, to increase positive reinforcement among family members and to decrease coercive family processes. Few studies were done to determine the effectiveness at this approach. It was however found to be difficult to use this approach with children who are adjudicated delinquents and whom committed multiple offenses. It is however still more effective than various other approaches. (www.fordham.edu) (Conduct Disorders & Antisocial Behaviour in Children and Young People: Recognition, Intervention and Management, 2012)

3.1.5 Drug Approaches

Even though conduct disorder is one of the most common psychiatric disorders amongst children there is no licensed drug to treat this disorder. Various drugs which are used in the treating of other psychopathologies have been tested for their effectiveness in treating conduct disorder. From these drugs lithium is the most documented treatment and conventional neuroleptics the most common drug prescribed. Atypical neuroleptics appear to be a promising drug in treating conduct disorder. Little research has been done on the effect of antidepressants. Taking all the above into account one can conclude that there is insufficient evidence of an effective role to be played by drugs in the treatment of conduct disorder. (Gerardin, Cohen, Mazet, & Flament, 2002)

3.2 Challenges of treatment

3.2.1 Absent Parents

Based on personal experience I believe that one of the main challenges to treatment is the lack of treatment due to the fact that most parents work long hours and see little of their children and therefore know little about the behaviours their children exhibit to others. Such parents are also reluctant to react to any form of communication from their child's school with regards to their child's behaviour as they get home late and are tired. The challenge this holds is that such parents will not recognise the symptoms of conduct disorder and therefore treatment will not be started which will result in dire consequences for both the parents and the child.

3.2.2 Dropout

The dropout figures of families who dropout from the available interventions are extremely high and due to this a great challenge to helping is created as the helping process cannot be continued once a family refuses to come back to the therapist. Various factors contribute to the dropping out of families from the treatment. Factors may include time constraints, transportation difficulties and sometimes the parents are easily offended and dropout due to something said by the therapist. (Conduct Disorders & Antisocial Behaviour in Children and Young People: Recognition, Intervention and Management, 2012)

3.2.3 Institutions

It is sometimes necessary to place children whom are diagnosed with conduct disorder in institutions where trained professionals can administer the desired treatment. In South Africa the challenge is that there are no such facilities in existence and therefore there are no means of effectively treating conduct disorder within institutions. Due to this problem children are placed back into the care of their families and the chance that treatment will be completed is greatly minimised. (Conduct Disorders & Antisocial Behaviour in Children and Young People: Recognition, Intervention and Management, 2012) (Breen, 2011)

3.2.4 Lack of Drugs

A child presenting with conduct disorder portrays behaviours which are harmful to others as well as himself and a fast and effective way of reducing these behaviours are needed. By employing a form of counselling this will not be achieved and therefore there is a great need for a drug which can be given to the child along with counselling in order to minimise the risk of these behaviours. Thus the fourth challenge to treatment is the lack of a drug which can effectively reduce the symptoms and improve the child's behaviour whilst counselling teaches the child suitable behaviours. (Gerardin, Cohen, Mazet, & Flament, 2002)

4. Legal implications

Conduct Disorder in an individual makes such an individual prone to the engaging in various behaviours which might have legal implications for them. Such individuals are prone to become involved in delinquency, to engage in violence as well as to abuse drugs and other substances and may become antisocial. (Foley, Carlton, & Howell, 1996) (Hughes, Crothers, & Jimerson, 2008) All of these activities can land such individuals into a heap of trouble with the law.

4.1 Delinquency

Conduct Disorder is the DSM diagnosis which is most commonly associated with delinquency (Foley, Carlton, & Howell, 1996) Delinquency can be said to involve behaviours engaged in by the individual which are seen as minor breakings of the law with the aim of causing harm to the other party or to the self (Gottfredson, 2001). Thus the first legal implication is that these who are diagnosed with the conduct disorder are prone to engage in criminal activities due to their inability to control their impulsivity.

4.2 Violence

The second legal implication to those who are diagnosed with Conduct Disorder is that they are more prone to engage in violent behaviours. (Foley, Carlton, & Howell, 1996) (Hughes, Crothers, & Jimerson, 2008). Therefore such individuals will be involved in fights and will therefore have many encounters with the law due to this.

4.3 Substance abuse

The third legal implication to those who are diagnosed with Conduct Disorder is that they are alone more likely to abuse drugs and other substances. (Foley, Carlton, & Howell, 1996) (Hughes, Crothers, & Jimerson, 2008). Substance abuse is against the law. The abusing of these substances will also greatly increase the risk of these individuals to persistently engage in delinquent behaviour and violence. (Hemphala & Hodgins, 2014)

4.4 Antisocial personality disorder

The fourth legal implication to those who are diagnosed with conduct disorder is that if conduct disorder is left untreated or ineffectively treated it may lead to the onset of antisocial personality disorder which is symptomatically very closely related to conduct disorder. (Foley, Carlton, & Howell, 1996) (Hughes, Crothers, & Jimerson, 2008) (Hemphala & Hodgins, 2014) (Diagnostic and Statistical Manual of Mental Disorders, 1994) Therefore the future for individuals who are diagnosed with conduct disorder as a child is likely to be filled with run in with the law due their personality being bombastic and without any consideration for the safety and security of others.

4.5 Criminal capacity

A further legal implication is the question of criminal capacity. According to the Child Justice Act a child whom has not yet turned seven years of age is presumed to lack criminal capacity and thus cannot be held responsible any criminal activities participated in. between the ages of seven and fourteen years old the child is still seen as being criminally unaccountable, however the prosecution may seek to prove that the child can be held responsible and as the age of the child nears the age of fourteen it becomes easier to do so as at the age of fourteen a child is said to possess full criminal capacity. (South African Criminal Law and Procedure, 1970)

The assessment of one's criminal capacity is dependent on the absence or presence of cognitive; which refers to his reason, intellect, insight, his ability to perceive, reason and remember; and conative; which refers to the ability the individual has in controlling his behaviour according to his insight; aspects. However a child whom suffers from conduct disorder does not possess the needed cognitive mental function necessary to have criminal capacity due to significant developmental delays which brings about that the child's chronological age is higher than the emotional age of the child. (Breen, 2011)

5. Conclusion

Conduct disorder is a mental disorder which affects society as a whole due to the negative behaviours engaged in by such a child. The early diagnoses of conduct disorder is vital as early interventions can lead to the disappearance of these unacceptable behaviours and allow the child to not only enjoy his childhood but also allow him the opportunity to lead a normal and healthy adult life. However there are numerous challenges which needs to be addressed in order to ensure that those who seek help continue to attend their sessions and great amounts of research needs to be done in order to develop a drug intervention which can assist in the treating of conduct disorder.

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