
CONDUCT DISORDER: INFORMATION FOR EDUCATORS

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Antisocial behavior is one of the most frequent reasons that children and adolescents are referred to mental health clinics. Mental health professionals use the diagnosis of *Conduct Disorder* to describe those children who *repeatedly engage* in antisocial acts, such as hostility to others, an unwillingness to follow adult directives, defiance, and the deliberate breaking of rules and regulations. Over the past few decades the number of children and adolescents diagnosed with Conduct Disorder has increased alarmingly, with estimates that as many as 10% of the population has this disorder.

All children engage in antisocial behavior to some degree as part of normal development. However, when children *repeatedly engage* in these antisocial acts, then there is a cause for concern. If not effectively treated at an early age—typically by the age of 8—the disorder may persist into adolescence and even adulthood with dismal outcomes, including drug and alcohol use, early onset of sexual behavior, shattered relationships, school dropout, work-related problems, and repeated hospitalizations. And over the course of the disorder, the child or adolescent and family may also require the involvement of a number of different agencies, including social service, mental health, and juvenile justice.

Although some promising interventions have been identified, at present there is no treatment for Conduct Disorder that has been determined to have a long-term impact. To treat this disorder requires a multi-prong approach because the factors that can cause it are varied. Family involvement and school support are critical. Therefore it is crucial that parents and educators understand this disorder and how they can be effectively involved in treatment.

Characteristics

Categories of behavior. Children and adolescents with Conduct Disorder display behaviors that typically fall into one of four categories. These behaviors tend to be persistent, interfere with academic and social success, and, despite the best efforts of parents or school personnel, rarely subside without professional intervention:

- **Aggressive behaviors:** Some children may physically harm, or threaten to harm, people or animals. They may be involved in frequent fights at school or in the community and may be identified as a bully. They may intimidate other children for their money or for their personal belongings or to get the victim to do something for them.
- **Non-aggressive behaviors:** Some children harm others through deliberate, but non-aggressive, methods. They may deface or destroy property, may smash windows, scratch cars, and vandalize school buildings or bridges and fences or even set fires seemingly for fun or for revenge.
- **Deceitful behaviors:** Children and youth who engage in deceitful behavior often lie, break promises, and avoid debts or other obligations. In more extreme cases, they may engage in shoplifting, stealing cars, and burglary. Deceitful behavior is one of the few Conduct Disorder-related behaviors in which there is equal participation of males and females.
- **Rule violations:** Most children with Conduct Disorder fail to comply with adult (parent and teacher) direction. They also fail to follow the rules, whether posted or otherwise understood. They may run away from home, usually more than once and for longer than a day, openly defy parental restrictions, and repeatedly skip classes or be truant from school.

Other characteristics. In addition to these specific behavioral markers, there are additional associated features of the disorder. Many children and adolescents with Conduct Disorder have a co-occurring Attention Deficit Hyperactivity Disorder (ADHD), which may impair their ability to succeed in

school. About 50% of children with a diagnosis of ADHD will go on to develop Conduct Disorder. Children with Conduct Disorder may also perform poorly on measures of academic achievement and intelligence. Some theories point to difficulties in the development of verbal skills, which adversely affects reading and language skills. In some cases, they may be identified with a specific learning disability in reading or written communication. Finally, they frequently misperceive the intentions of others. In ambiguous social situations, they tend to perceive the intentions of the others as more hostile, and are thus more likely to react aggressively.

Developmental Issues

There are two periods in children's lives when they are most at risk for the development of antisocial behaviors: early childhood and adolescence.

Childhood-Onset Conduct Disorder

Conduct Disorder may begin during the preschool years. For many, Oppositional Defiant Disorder (severe lack of cooperation, defiance, and hostility toward authority figures) is a precursor. Children who develop childhood-onset Conduct Disorder are typically male, show a tendency toward aggressive behaviors, and, as a result, have difficulties in getting along with other children. Parents may notice the child's unwillingness to follow directions or household rules. Once in school, the child may experience continued difficulties in getting along with teachers and peers. Teachers may report that the child seems uninterested in school, has difficulty following directions, and performs poorly on academic tasks.

Childhood-onset Conduct Disorder is a debilitating disorder, and it is unlikely that the child will simply grow out of it without specialized intervention. As children with Conduct Disorder progress in school, continued behavioral and academic problems strain family-school relations causing, in some cases, parental rejection of the child.

Adolescent-Onset Conduct Disorder

Adolescent-onset Conduct Disorder may occur between the ages of 14 and 16. The adolescent has a history of normal development until introduced to antisocial behaviors through association with peers (friends) who have adopted this pattern of behavior. These children are as likely to be female as male and are less likely to be aggressive. Instead, they may engage in illegal behaviors, including drug use, drinking, vandalism, stealing, and truancy. The prognosis is better for those children who develop Conduct Disorder in

adolescence because they usually have better developed academic and social skills.

Risk Factors

Child and family. Although there is no singular cause for Conduct Disorder, there are several factors that, in combination, place the child at increased risk for the disorder. Conduct problems in early childhood are associated with a difficult temperament, ADHD, harsh and inconsistent parental disciplinary practices, history of criminal or aggressive behavior in the family, large family size, and parental separation or divorce.

School. There is evidence to suggest that the organization of the school may actually promote antisocial behavior, and this contributes to the escalation of behaviors associated with Conduct Disorder. School environments may lack clarity about rules and policies, provide weak or inconsistent support for staff dealing with behavior management issues, over rely on the use of punishment, misuse behavior management procedures (e.g., time-out and re-direction), have high rates of academic failure, and fail to appropriately respond to ethnic and cultural differences. Urban schools seem to be more at risk for higher rates of antisocial behavior owing to the larger numbers of children that start school deficient in necessary readiness skills. However, all school environments, urban as well as suburban, may be equally affected when insufficient attention is given to teaching pro-social behavior.

Addressing Conduct Disorder at School

Schools are advised to adopt a variety of strategies, ranging from prevention to intervention, to address the growing number of youths with antisocial behavior.

School-Wide Strategies

Universal interventions affect all students and are considered a form of primary prevention. The following universal interventions are recommended to prevent the escalation of conduct problems at the school-wide level:

- Develop and post school-wide and specific-setting expectations (i.e., rules) for student behavior.
- Teach the expectations to all students and encourage the students to exhibit the expected behavior through the development of a school-wide incentive program.
- Adopt a school-wide social skills curriculum (e.g., Second Step) and implement the program in combination with class-wide contingencies for performance (e.g., reward the group each time an instructed social skill is observed).

- Build a hierarchy of negative consequences that can be swiftly applied contingent upon disruptive and non-sanctioned student behavior. In the process, avoid removing students from the school through out-of-school suspension.
- Develop a database of disciplinary referrals. Systematically review the database to evaluate the school-wide discipline program, identify students who may be better served with targeted-group or individualized interventions, and make data-based decisions about school-wide improvements.

“Setting Specific Strategies”

Youth with Conduct Disorder come into conflict most often with teachers in the classroom and with well-socialized and popular peers on the playground, in hallways, in the lunchroom, and at the bus stop. Two promising interventions for addressing antisocial behaviors that can be easily applied include the Good Behavior Game and bully prevention.

Good Behavior Game. This is a group reward program that capitalizes on the cooperative and interdependent behaviors of participants in a group. Students are assigned to teams in the classroom. Teachers clearly specify the disruptive behaviors for which teams lose points. By the end of the game, teams not exceeding the maximum number of points are rewarded. A variation on the Good Behavior Game allows teams to earn points, as well as lose points, for their “good” behavior (e.g., following the rules, making correct academic responses).

Bully prevention. These programs are designed to prevent or reduce the hostile and aggressive interactions that typically take place outside the classroom. Bully prevention involves efforts to inform all stakeholders about the problem of bullying. Rules regarding bullying are put into effect and efforts are made to support and protect victims. The mobilization of all members of the school adds to the strength of the program.

Classroom-Based Interventions for High Risk Populations

Universal interventions will not be effective for students with serious antisocial behavior or Conduct Disorder. It is possible, however, to effectively address the needs of these students in the classroom by using a planned and multifaceted approach:

- Always attempt to establish and maintain a positive and trusting relationship with the student.
- Conduct a functional assessment to identify the setting-specific antecedents that occasion the problem behavior and the consequences that maintain and strengthen the problem behavior.

- Develop a behavior support plan identifying the specific problem behavior and the functionally equivalent replacement behavior to be taught.
- Define the specific strategies for plan implementation. To be maximally effective, always combine the use of positive reinforcement for desired behaviors with mild negative consequences for disruptive or problem behavior. General strategies may include behavior-specific praise, individual and group contingencies of positive reinforcement, time-out, and privilege loss or response cost.

Intensive Intervention Using Cognitive Behavioral Strategies

Schools may elect to adopt more intensive, skills training to address the needs of students with more severe antisocial behavior. Programs based on cognitive-behavioral skills training are designed to target the misperceptions and misattributions of hostile intent that children and adolescents with Conduct Disorder often perceive in others, particularly in ambiguous social situations.

Problem solving. Problem-solving skills training involves teaching a step-by-step approach to problem solving and includes the use of modeling, role-playing, and rehearsal. Problem-solving skills training has been evaluated with children and youth ages 7–13 with severe antisocial behavior. Results demonstrated that problem-solving skills training lead to important reductions in aggressive and disruptive behaviors for the children both at home and in school

Anger management. The Coping Power Program is a 33-session program designed to increase awareness of the physiological signs of anger and to teach strategies to deal with conflict situations. An earlier version of the program, the Anger Coping Program, has been evaluated with children ages 9–13. Positive results were found, including reductions in disruptive, aggressive, and off-task classroom behavior, parent-rated aggression, and improved self-esteem.

Summary

Conduct Disorder is a debilitating disorder with dire outcomes for youth. Several factors may place children at risk for the disorder. However, the effective parenting and school environments that promote prosocial skills can actually serve to offset, or limit, the influence of those factors.

Resources

Bloomquist, M. L., & Schnell, S. V. (2002). *Helping children with aggression and conduct problems: Best*

practices for intervention. New York: Guilford. ISBN: 1-57230-748-X.

Intervention Central (n.d.). *Good Behavior Game*.

Available:

www.interventioncentral.org/htmldocs/interventions/gbg.shtml

Larson, J., & Lochman, J. E. (2002). *Helping school children cope with anger: A cognitive-behavioral intervention*. New York: Guilford. ISBN: 1572307285. (Information regarding Coping Power and Anger Coping programs)

Websites

Cambridge Center for Behavioral Studies—

www.behavior.org (see Effective Parenting)

ConductDisorders.com—www.conductdisorders.com

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The National Association of School Psychologists (NASP) offers a wide variety of free or low cost online resources to parents, teachers, and others working with children and youth through the NASP website www.nasponline.org

and the NASP Center for Children & Families website www.naspcenter.org. Or use the direct links below to access information that can help you improve outcomes for the children and youth in your care.

About School Psychology—Downloadable brochures, FAQs, and facts about training, practice, and career choices for the profession.

www.nasponline.org/about_nasp/spsych.html

Crisis Resources—Handouts, fact sheets, and links regarding crisis prevention/intervention, coping with trauma, suicide prevention, and school safety.

www.nasponline.org/crisisresources

Culturally Competent Practice—Materials and resources promoting culturally competent assessment and intervention, minority recruitment, and issues related to cultural diversity and tolerance.

www.nasponline.org/culturalcompetence

En Español—Parent handouts and materials translated into Spanish. www.naspcenter.org/espanol/

IDEA Information—Information, resources, and advocacy tools regarding IDEA policy and practical implementation. www.nasponline.org/advocacy/IDEAinformation.html

Information for Educators—Handouts, articles, and other resources on a variety of topics.

www.naspcenter.org/teachers/teachers.html

Information for Parents—Handouts and other resources a variety of topics.

www.naspcenter.org/parents/parents.html

Links to State Associations—Easy access to state association websites.

www.nasponline.org/information/links_state_orgs.html

NASP Books & Publications Store—Review tables of contents and chapters of NASP bestsellers.

www.nasponline.org/bestsellers

Order online. www.nasponline.org/store

Position Papers—Official NASP policy positions on key issues.

www.nasponline.org/information/position_paper.html

Success in School/Skills for Life—Parent handouts that can be posted on your school's website.

www.naspcenter.org/resourcekit