Conduct disorder in children

This paper will examine Conduct Disorder in children. A description of the disorder's subtypes and various methods of diagnosis will be discussed. Specific attention will be given to the method of counselling a prepubescent child who is causing serious problems in school for both teachers and classmates. The skills and strategies used to counsel this child's parents and teachers will also be outlined.

Conduct Disorder is defined as classified in a group of Disruptive Behaviour Disorders, which cause impaired academic and social functioning in a child (Sadock). The DSMIV defines Conduct Disorder as " a repetitive and persistent pattern of behaviour, in which the basic rights of others or major age appropriate societal norms or rules are violated". Behaviours typical of Conduct Disorder include: serious violation of rules, destruction of property, aggression to people and animals and deceitfulness and theft. Three or more of these behaviours must be present with the past 12 months and at least one in the past 6 months for a positive diagnosis to be made. In addition to the above criteria the child's behaviour must be severe enough to cause dysfunction in their social, school or work environment. (Sarason & Sarason).

Three subtypes exist based on the age of onset: Childhood-onset, Adolescent-onset and Unspecified type. Severity of the disorder is usually classified as Mild, Moderate or Severe. The childhood-onset type, is defined by one characteristic criteria of conduct disorder before the age of 10. Children with childhood-onset conduct disorder are usually male, and frequently display physical aggression; they usually have disturbed peer relationships, and may have had oppositional defiant disorder during early childhood. These children usually meet the full criteria for conduct disorder

before puberty, they are more likely to have persistent conduct disorder, and are more likely to develop adult antisocial personality disorder than those with the adolescent-onset type (American Psychiatric Association, 1994). The adolescent-onset type, is defined by the absence of conduct disorder prior to age 10. Compared to individuals with the childhood-onset type, they are less likely to display aggressive behaviours. These individuals tend to have more normal peer relationships, and are less likely to have persistent conduct disorders or to develop adult antisocial personality disorder. The ratio of males to females is also lower than for the childhood-onset type (American Psychiatric Association, 1994). Conduct disorder is classified as “ mild” if there are few, if any, conduct problems in excess of those required for diagnosis and if these cause only minor harm to others (e. g., lying, truancy and breaking parental rules). A classification of “ moderate” is applied when the number of conduct problems and effect on others are intermediate between “ mild” and “ severe”. The “ severe” classification is justified when many conduct problems exist which are in excess of those required for diagnosis, or the conduct problems cause considerable harm to others or property (e. g., rape, assault, mugging, breaking and entering) (American Psychiatric Association, 1994).

Treatment

A number of interventions have been identified which are useful in reducing the prevalence and incidence of conduct disorder. Interventions consist of prevention and treatment, although these should not be considered as separate entities. Prevention addresses the onset of the disorder, although the child has not manifested the disorder, and treatment addresses

reduction of the severity of the disorder. In mainstream Psychology, prevention and treatment for Conduct Disorder primarily focuses on skill development, not only for the child but for others involved with the child, including the family and the school environments. As previously discussed there may be clinical advantages in applying nutritional supplementation and Neurotherapy where appropriate with Conduct Disorder clients, if the client appears to respond to this form of neurological intervention, followed by cognitive and behavioural intervention. The following paragraphs considers three interventions, that assist in preventing and treating conduct disorder; child training, family training, and school and community interactions.

Child Training

Child training involves the teaching of new skills to facilitate the child's growth, development and adaptive functioning. Research indicates that as a means of preventing child conduct disorder there is a need for skill development in the area of child competence. Competence refers to the ability for the child to negotiate the course of development including effective interactions with others, successful completion of developmental tasks and contacts with the environment, and use of approaches that increase adaptive functioning (Kazdin, 1990). It has been found that facilitating the development of competence in children is useful as a preventative measure for children prior to manifestation of the disorder rather than as a treatment (Webster-Stratton & Dahl, 1995).

Additionally, treatment interventions have been developed to focus on altering the child's cognitive processes. This includes teaching the child

problem solving skills, self control facilitated by self statements and developing prosocial rather than antisocial behaviours. Prosocial skills are developed through the teaching of appropriate play skills, development of friendships and conversational skills. The social development of children provides them with the necessary skills to interact positively in their environment. A child's development of cognitive skills provides a sound basis from which to proceed. However, cognitive development should not be considered in isolation, but as part of a system, which highlights the need to include the family in the training process.

Family Intervention

A child's family system, has an important role in the prevention and treatment of conduct disorder. The child needs to be considered as a component of a system, rather than as a single entity. Research supports the notion that parents of conduct disordered children have underlying deficits in certain fundamental parenting skills. The development of effective parenting skills has been considered as the primary mechanism for change in child conduct disorder, through the reduction of the severity, duration and manifestation of the disorder.

A number of parent training programs have been developed to increase parenting skills. Research indicates that the parent training programs have been positive, indicating significant changes in parents' and children's behaviour and parental perception of child adjustment. Research suggests that parents who have participated in parent training programs are successful in reducing their child's level of aggression by 20 – 60 %.

Various training programs have been developed, which focus on increasing parents' skills in managing their child's behaviour and facilitating social skills development. The skills focused on, include parents learning to assist in administration of appropriate reinforcement and disciplinary techniques, effective communication with the child and problem solving and negotiation strategies.

A further component of parental training incorporates behavioural management. This involves providing the family with simple and effective strategies including behavioural contracting, contingency management, and the ability to facilitate generalisation and maintenance of their new skills, thus encouraging parents' positive interaction with their child.

However, although these interventions assist parents in developing effective parenting skills, a number of families require additional support. There are various characteristics within the family system that can have an impact on parents' ability to cope. This includes depression, life stress and marital distress. Research suggests that family characteristics are associated with fewer treatment gains in parent training programs. As indicated by Webster-Stratton and Dahl (1995), several programs have expanded upon the standard parent training treatment. These programs have incorporated parents' cognitive, psychological, and marital or social adjustment. Through addressing the parent's own issues it assists their ability to manage and interact positively with the child.

School and Community Education

A child's' environment plays an active role in the treatment of conduct disorder and as a preventative measure. A number of interventions have been developed for schools and the community in relation to conduct disorder. The various programs outlined in this paper have a primary focus involving the skill development for the child in the areas of problem solving, anger management, social skills, and communication skills.

School based programs

There are various preventative programs devised which focus on specific cognitive skill development of a child. A number of programs developed focus on encouraging the child's development in decision making and cognitive process. In addition school based programs have involved teaching the child interpersonal problem solving skills, strategies for increasing physiological awareness, and learning to use self talk and self control during problem situations.

In addition to prevention programs, a number of treatment interventions have been developed for children where conduct disorder has manifested. The treatment programs focus on further skill development, including anger management and rewarding appropriate classroom behaviour, skill development of the child including the understanding of their feelings, problem solving, how to be friendly, how to talk to friends, and how to succeed in school. As Webster and colleaguesdescribe, one school based program has been designed to prevent further adjustment problems, by rewarding appropriate classroom behaviour, punctuality, and a reduction in the amount of disciplinary action. In addition, the program provided parents

and teachers with the opportunity to focus on specific problems of a child and for these to be addressed.

Community programs

Community based interventions have also addressed both treatment and prevention. A number of programs have been developed, and focus on involving the youths in activity programs and providing training for those activities. The children are rewarded for attendance and participation in the programs.

The treatments discussed are helpful in reducing the prevalence and incidence of conduct disorder. In their application it is important to provide an integrated multidisciplinary approach to treatment in multiple settings and by providing relevant nutritional supplements, Neurotherapy and behaviour training as appropriate.

Conclusion

Conduct disorder is very common among children and adolescents in our society. This disorder not only affects the individual, but his or her family and surrounding environment. Conduct disorder appears in various forms, and a combination of factors appear to contribute to its development and maintenance. A variety of interventions have been put forward to reduce the prevalence and incidence of conduct disorder. The optimum method appears to be an integrated approach that considers both the child and the family, within a variety of contexts throughout the developmental stages of the child and family’s life.