

Conduct disorder

[Psychology](#), [Psychotherapy](#)



Conduct disorder is a psychological disease affecting approximately 2%-16% of children and teens in the United States (WebMD 2009). Although researchers have found links related to genetics, biology, and environment, the exact cause of conduct disorder is unknown (Leaver, 2003). If left untreated conduct disorder can progress into much more severe mental disorders, as the child grows into adulthood (WebMD 2009). Without knowing the exact cause or reasons why conduct disorder happens, it makes it much more difficult to treat suffering patients.

However, with new research about treatment and prevention techniques may the success rate of children suffering with conduct disorder may increase, allowing for these children to become successful adults. Conduct disorder is described, by WebMD experts (2009), as “ a serious behavioral and emotional disorder that can occur in children and teens. A child with this disorder may display a pattern of disruptive and violent behavior and have problems following rules” (para. 1). These children often display behaviors associated with aggression, destruction, or deceit.

Frequent activities from a child with conduct disorder may include bullying, fighting, destruction of property, lying, stealing, and vandalism. Diagnosed children may also have a difficult time consenting to the rules of society (WebMD, 2009). As a preschooler, he throws temper tantrums and defies his parents, and is described by his teachers as oppositional and defiant. He becomes the child who initiates fights with his peers, lies and steals. Later, he vandalizes school property, tortures animals and sets fires.

As an adolescent, he forces sex on acquaintances and is truant. As an adult he is likely to abuse his partner and his children (Brotman & Gouley, 2006).

<https://assignbuster.com/conduct-disorder/>

This on going behavior can cause a disruption in not only the daily life of the suffering child, but also in the lives of the parents, siblings, relatives, school staff, and anyone who is involved with this child on a regular basis (WebMD, 2009). Conduct disorder breaks down into four categories, which are made up of behaviors and are paired with age classification.

Aggressive conduct and non-aggressive behavior are the two main behavior categories. Aggressive conduct is behavior associated with the attempt, threat, or physical action resulting in harm to another person or animal. Non-aggressive behavior is associated with theft, loss or damage of property, and common violation of rules. Age classification is as follows: childhood onset type - refers to children who display conduct disorder behaviors before the age of 10; adolescent onset type - refers to adolescents who display conduct disorder behaviors after the age of 10 (Leaver, 2003).

When each of these four categories are paired, a child or adolescent may be diagnosed as either aggressive or non-aggressive behavior, and as a childhood or adolescent disorder. Often, parents of children with conduct disorder are thought to have poor parenting skills; where in fact, a mixture of social, environmental, biological, and genetic factors are more likely the key components in onset conduct disorder (WebMD, 2009). Recent studies have suggested there is a possibility that conduct disorder may be the result of genetics or parents diagnosed with mental disorders (Leave, 2003).

An article, from the Gale Encyclopedia of Mental Disorders, exclaimed: One study with adopted children in the mid-1990s looked at the relationship between the birth parents with antisocial personality disorder, and adverse adoptive home environments. When the two adverse conditions occurred,

<https://assignbuster.com/conduct-disorder/>

there was significantly increased aggressiveness and conduct disorder in the adoptive children. That was not the case if there was no antisocial personality disorder in the birth parents (Leaver, 2003, p238).

Other possible factors can stem from a child's family, upbringing, exposure to unpleasant situations, or even biological causes, such as birth defects. "When there are serious problems during pregnancy, delivery and the postnatal period, for example, youngsters may demonstrate a variety of neurobiological problems as development proceeds...They have trouble modulating their behaviors, feelings, and even their biological rhythms of sleep and appetite"(American Academy of child & adolescent psychiatry, 2009).

Although there are many connections between these factors and conduct disorder, the exact cause of conduct disorder is unknown (Leaver, 2003). Children with conduct disorder commonly have additional disorders, which can make treatments difficult to render success. Additional disorders that coincide with conduct disorder include attention deficit/hyperactivity disorder, depression, bipolar disorder, and psychotic thinking. Each of these disorders can further complicate treatment process (American academy of child & adolescent psychiatry, 2009).

Another behavior, which can complicate the treatment process, is substance abuse. Because many disorders and other factors may be affecting a child with conduct disorder, a combination of treatment techniques are generally used. This is called combination therapy (Mental health america, 2010). These techniques are focused around the child with the disorder, the parents and families, and the cooperating community members. Successful

treatments include, cognitive problem solving skills training, parent management training, functional family therapy, and multisystemic therapy (Lipman, Offord & Waddell 1999).

Little prevention research has been conducted on conduct disorder; however, a study conducted by Ellen Lipman, MD; Dan Offord, MD; and Charlotte Waddell, MD (1999) proves three specific prevention techniques to be successful, with long-term effects. These three techniques are integrated in preschool child development programs, school programs, and community programs. The preschool child development program intervention is designed for ' high risk cases. ' High risk is when a child, or children, is/are living in poverty or less than acceptable conditions.

In these situations, home visits would be conducted, to ensure the safety and health of the child or children. School program interventions are also based on risk factors, and they include classroom enrichment, parent and teacher training, and they too may include home visits. Community programs, once again, are based on risk factors, this type of intervention may include adult mentors for the children, involvement with social agencies, enhanced recreation, and parent training (Lipman 1999). If left untreated, conduct disorder can lead to more serious mental and personality disorders (WebMD, 2009).

“ In many instances, unrecognized and untreated learning disabilities and cognitive deficits create deep frustration for a child” (American academy of child & adolescent psychiatry, 2009). Unfortunately, if signs and symptoms of conduct disorder go unnoticed and untreated, frustration and bad behavior can develop into mood and anxiety disorders, substance use

disorders, and possibly, antisocial personality disorder (WebMD 2010). However, there is light at the end of the tunnel. If children and teens are properly treated for their condition then is it possible for these youth to grow up into successful adults.

Recent research on Conduct Disorder has been very promising. For example, research has shown that most children and adolescents with conduct disorder do not grow up to have behavioral problems or problems with the law as adults; most of these youth do well as adults, both socially and occupationally (Mental health america, 2010). With more knowledge and new studies, everyday researches are learning more information about conduct disorder (Mental health america, 2010). Ultimately, this brings each suffering child and family closer to success.