

Interventions for conduct disorder



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Conduct Disorder symptoms. How to prevent and intervene with a child with Conduct Disorder will be discussed in the following paper. Basic information about Conduct Disorder will be discussed in the first half of the paper while interventions will be discussed in the second half of the paper.

What exactly is childhood Conduct Disorder? The American Academy of Child and Adolescent Psychiatry (AACAP) describes Conduct Disorder as:

“ The diagnosis of Conduct Disorder refers to a set of ongoing behavioral and emotional problems displayed by a child or adolescent who typically demonstrates little or no concern for the rights or needs of others. The behavior is clearly outside of what is considered normal or acceptable and is consistently troubling to others. What is most troubling is that many of these teenagers show little remorse, guilt or understanding of the damage and pain caused by their behavior.”

It is said that the earlier the child is diagnosed with Conduct Disorder, the worse the child's future prognosis may be. This is why interventions to try to reduce inappropriate conduct behaviors are so important.

Different symptoms need to be present in the child's behavior when considering a child for Conduct Disorder. Some of these symptoms are considered as: “ Aggression to people and animals and is characterized by such behaviors as bullying, threatening, intimidating, fighting, cruelty to people and animals, use of a weapon and theft while confronting a victim, destruction of property characterized by fire setting or deliberately destroying others' property, deceitfulness and theft, and a serious violation of rules such as running away or truancy before the age of thirteen and

breaking curfew” (AACAP, 2010). Children with Conduct Disorder are said to have poor social relationships with people. Poor relationships with peers, teachers, parents, and others are common with children with Conduct Disorder.

A common theme by adults is to think that a child with Conduct Disorder is a “ bad” child or “ bad apple” and they are just “ acting out.” Children with Conduct Disorder can have many factors that contribute to the disorder that are not the child’s fault. “ Many factors may contribute to a child developing Conduct Disorder, including brain damage, child abuse, genetic vulnerability, school failure, and traumatic life experiences” (AACAP, 2010). Neglect and poor parenting are also considered factors for the reason for childhood Conduct Disorder. These are serious, unfortunate occurrences that can affect the child and create a possible Conduct Disorder in the child.

Just how prevalent is Conduct Disorder in children today? A study by Puckering (2009) found that “ disruptive behavior disorders are identified in 6. 9% of boys and 2. 8% of girls between 5 and 10 years old, and 8. 1% for boys and 5. 1% of girls between 11 and 16.” “ Conduct Disorder has a prevalence of 7% in boys and 3% in girls, and is believed to be the most common childhood psychiatric disorder” (Broadhead et al, 2009). This is a rate that is way too high, and interventions need to be implemented to reduce these staggering statistics.

Interventions

There are many different interventions proposed for children with Conduct Disorder. The intervention will depend on the specific scenario and on the <https://assignbuster.com/interventions-for-conduct-disorder/>

specific child. Not every child is the same; therefore the same intervention will not work for every child.

Parental training programs can be very beneficial for the child and the parents dealing with their child's Conduct Disorder behaviors. " Group-based parenting training/education programs are recommended for the management of children with Conduct Disorders, with individual programs only being used if there were particular difficulties in engaging parents or if the family's needs were " too complex"" (Puckering, 2009).

Puckering (2009) gives eight guidelines from the " NICE" parenting intervention program, which was created for therapists working with group based or solo parenting interventions for children with Conduct Disorder. The guidelines are as follows:

Be structured and curriculum informed by principles of social learning.

Include relationship enhancing strategies.

Offer a sufficient number of sessions with an optimum of 8-12.

Enable parents to identify their own objectives.

Incorporate role-play during sessions, as well as homework to be undertaken between sessions, to achieve generalization of newly rehearsed behaviors to the home situation.

Be delivered by appropriately trained and skilled facilitators who are supervised, have access to necessary ongoing professional development, and are able to engage in a productive therapeutic alliance with parents.

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Adhere to the program developer's manual and employ all the necessary materials to ensure consistent implementation of the program.

Program providers should also ensure that support is available to enable the participation of parents who might otherwise find it difficult to access these programs. This may include help with transport costs and day care for the child and siblings.

Frick (2001) has several intervention programs for children with Conduct Disorder. Frick's suggested interventions are: Contingency Management Programs, Parent Management Training (PMT), Cognitive Behavioral Skills Training (CBST), and medication.

Contingency Management Programs such as "structured behavior management" can be very effective with Conduct Disorder. "The theoretical rationale for this treatment approach has typically focused on the contention that many children with Conduct Disorder come from families in which they have not been exposed to a consistent and contingent environment—a poor socialization experience that plays a major role in their deficient ability to modulate behavior" (Frick, 2001). Contingency Management Programs, such as a "structured behavior management program," have four simple steps:

Establish clear behavioral goals that gradually shape a child's behavior in areas of specific concern.

Develop a system to monitor whether the child is reaching these goals.

Having a system to reinforce appropriate steps toward reaching these goals.

Providing consequences for inappropriate behavior.

Parent Management Training focuses its intervention primarily on the child/parent relationship. PMT is similar to the “ NICE” program. Frick (2001) focuses on four steps between the parent/child relationship with Parent Management Training:

Improving the quality of parent/child interactions.

Changing antecedents to behavior to enhance the likelihood that positive pro-social behaviors will be displayed by children.

Improving parent’s ability to monitor and supervise their children.

Teaching parents more effective discipline strategies.

Cognitive Behavioral Skills Training focuses on what the child will do when the child feels anger or frustration starting to build up inside of them. CBST training helps the child recognize anger/frustration problems, how to consider alternative responses, and how to select the most appropriate response to a specific situation or scenario.

The use of stimulant medication can be beneficial for children with Conduct Disorder. “ A large proportion (between 60-90%) of clinic-referred children with Conduct Disorder also have ADHD” (Frick, 2001). If the medication can get rid of the ADHD behaviors, then the Conduct Disorder could subside. Rey et al (2000) suggest that the negative interactions between the parents and children with ADHD can promote the creation of conduct disorders. The

reason being that these children are harder to control, and the parents end up being more harsh with these children than a child without ADHD