

Conduct Disorder

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➔ Conduct disorder (CD) is a psychiatric disorder that originates in childhood or adolescence, and is characterized by behaviours that violate the rights of other individuals.

EPIDEMIOLOGY



The global prevalence of CD has been estimated as 2–2.5%. Epidemiological studies have mainly focused on children of 5–18 years of age and in high-income countries; data from younger children or adults and from low-income countries are lacking.



CD is approximately twice as common in males than in females

QUALITY OF LIFE

CD is associated with criminal and irresponsible behaviours, social impairment and academic or occupational issues that occur throughout life. Comorbid psychiatric disorders are common in individuals with CD; oppositional defiant disorder and attention-deficit/hyperactivity disorder (ADHD) are common in children, whereas substance misuse is common in adolescents. Some individuals with CD will develop antisocial personality disorder in adulthood.

DIAGNOSIS

! Diagnosis of CD involves clinical interview with parents or teachers to identify problem behaviours in the child. Symptoms can be divided into four categories.

Serious rule violations
Breaking of curfew, running away from home and truancy

Aggression to people or animals
Physical cruelty to people or animals, bullying or threatening, use of a weapon and forced sexual activity

Deceitfulness or theft
Burglary, lying and stealing

Destruction of property
Deliberate fire setting to cause serious damage, or deliberate destruction of property

! Children with CD and a lack of remorse or guilt, empathy, concern about educational attainment and with shallow emotions are differentiated by the 'with limited prosocial emotions' specifier

OUTLOOK

Increased awareness of CD is essential, as this disorder is frequently under-diagnosed and under-treated and CD research is

drastically under-funded in many countries. Owing to the large burden of this disorder, funding should be increased to facilitate

an improved understanding of disease mechanisms and guide the development of new treatments.

Rx MANAGEMENT

Parent training is the first-line treatment for individuals with CD, during which parents are taught how to increase warmth, reinforce positive behaviour and set consistent consequences for negative behaviours for their child. In late childhood or adolescence, a child skills training component is added, which aims to improve the child's social and problem-solving skills, emotional regulation and school performance, and to provide community support. Individuals with CD and limited prosocial emotions also receive additional parental and child training.

! Pharmacological treatment can be required in those with CD and comorbid ADHD, developmental disorders or internalizing disorders

MECHANISMS

The aetiology of CD is complex, and includes both environmental and genetic risk factors. Environmental risk factors include parental maltreatment, deviant peers, low socioeconomic status, community violence and parental psychopathology. The heritability of CD is 40–50%; implicated genes include those involved in serotonergic and dopaminergic signalling, although further study is required. Individuals with CD have deficits in emotion recognition, affective empathy, decision making and reinforcement learning, which are associated with functional alterations in several brain regions, including cortical regions and the limbic system. Structural brain abnormalities and alterations in brain connectivity have also been reported.



DSM- 5 recognizes two conduct problems that typically emerge in childhood or adolescence:

- **Oppositional defiant disorder**
- **Conduct disorder**

Both disorders brings children into significant conflict with caregivers and other authority figures, place great strain on relationships with parents, teachers and (sometimes) peers, and can lead to acts that violate the standards of society and the rights and dignity of others (APA). Equally important, these disorders can adversely affect children's behavioral and social-emotional development and place them at risk for interpersonal and occupational problems later in life.



Oppositional Defiant Disorder

- A- A pattern of angry/irritable mood, argumentative/ defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and exhibited during interaction with at least one individual who is not a sibling.

➤ **Angry/Irritable Mood**

1. Often loses temper.
2. Is often touchy or easily annoyed.
3. Is often angry and resentful.

➤ **Argumentative/Defiant Behavior**

1. Often argues with authority figures or, for children and adolescents, with adults
2. Often actively defies or refuses to comply with requests from authority figures or with rules.
3. Often deliberately annoys others.
4. Often blames others for his or her mistakes or misbehavior.

➤ **Vindictiveness**

1. Has been spiteful or vindictive at least twice within the past 6 months.

Note:- The persistence and frequency of these behaviors should be used to distinguish a behavior that is within normal limits from a behavior that is symptomatic. For children younger than 5 years, the behavior should occur on most days for a period of at least 6 months unless otherwise noted. For individual 5 years and older, the behavior should occur once per week for at least 6 months unless otherwise noted. While these frequency criteria provide guidance on a minimal level of frequency to define symptoms, other factors should also be considered, such as whether the frequency and intensity of the behaviors are outside a range that is normative for the individual's developmental level, gender and culture.

B – the disturbance in behavior is associated with distress in the individual or in others in his / her immediate social context (e.g, family , peer group), or it impacts negatively on social, educational, occupational , or other important areas of functioning.

C-- the behaviors do not occurs exclusively during the course of a psychotic, substance use, depression or bipolar disorder. Also, the criteria are not met for Disruptive Mood Dysregulation Disorder.

- The three groups of symptoms of ODD are somewhat heterogeneous. The first group of symptoms refers chiefly to problems regulating emotions, the second group refers principally to difficulties regulating overt actions, and the third group seems to reflect problems controlling both emotions and overt actions. Most children with ODD symptoms only show problems regulating overt behavior, they do not show persistent problems with angry or irritable mood. These differences in children symptoms are important because they predict different developmental outcomes and may be important to selecting the best method of treatment for these youths.

Conduct Disorder

Conduct Disorder is a more serious and persistent condition that usually manifests in childhood and adolescence. CD is characterized by a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated as manifested by the presence of at least three of the following 15 criteria in the past 12 months from any of the categories below. With at least one criteria present in the past 6 months.

A. The symptoms of CD can be grouped in 4 broad categories.

(a) Aggression to people and animal

1. Often bullies, threatens or intimidates others.
2. Often initiates physical fights.
3. Has used a weapon that can cause serious physical harm to others(e.g, a bat, brick, broken bottle, knife, gun)
4. Has been physically cruel to people..
5. Has been physically cruel to animal.
6. Has stolen while confronting a victim (e.g, mugging, purse snatching, extortion, armed robbery).
7. Has forced someone into sexual activity.

B. Destruction of property

1. Has deliberately engaged in fire setting with the intention of causing serious damage.
2. Has deliberately destroyed others property (other than by fire setting).

C. Deceitfulness or theft

1. Has broken into someone else's house, building or car .
2. Often lies to obtain goods or favors or to avoid obligations(e.g, "cons" others).
3. Has stolen items of nontrivial value without confronting a victim(e.g, shoplifting, but without breaking and entering forgery).

D. Serious Violations of rules

1. Often stays out at night despite parental prohibitions, beginning before age 13 years.
2. Has run away from home overnight at least twice while living in the parental or parental surrogate home or once without returning for a lengthy period.
3. Is often truant from school, beginning before 13 years

B. The disturbance in behavior causes clinically significant impairment in social , academic or occupational functioning.

C. If the individual is age 18 years or older, criteria are not met for antisocial personality disorder.

Specify whether:

Childhood-onset type: individuals show at least one symptom characteristic of conduct disorder prior to age ten years.

Adolescent –onset type: individual show no symptom characteristic of conduct disorder prior to age ten years.

Unspecified onset: criteria for a diagnosis of conduct disorder are met, but there are not enough available to determine whether the onset of the first symptom was before or after age ten years.

Specify current severity:

Mild : few if any conduct problems in excess of those required to make the diagnosis are present and conduct problems cause relative minor harm to other(lying, truancy , staying out after dark without permission, other rule breaking).

Moderate: the number of conduct problems and the effect on others are intermediate between those specified in “mild” and those in “severe” (stealing without confronting a victim, vandalism).

Severe: many conduct problems in excess of those required to make the diagnosis are present, or conduct problems cause considerable harm to others (forced sex, physical cruelty, use of a weapon, stealing while confronting a victim, breaking and entering)

Children's conduct problems

Overt symptoms

Bullies threatens or intimidates others

Initiates physical fights

Physical cruel to people

Physical cruel to animal

Uses weapon

Covert symptoms

Steals without confrontation

Runs away from home

Breaks into a house, building or car

Often truant from school

- Reference:

Weis.R., (2014), “Introduction to Abnormal Child and Adolescent Psychology”, *Sage Publication*, 2nd edition.

Thank you for the attention