

Etiology and Treatment of Conduct Disorder

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Etiology

- Genetics :- conduct problems run in families . Youths with ODD or CD often have first degree relatives with histories of conduct problems or antisocial behavior.
- Temperament and early neurological development:- youths with childhood onset conduct problems often have certain temperamental characteristics that contribute to their disruptive behavior.
- Parent-child interactions:-
 - (a). Parental Behavior:- Hostile-coercive parenting is associated with the development of children's conduct problems.
 - (b). Parental cognition:- Parent's thoughts about their children' misbehavior can affect both their parenting behavior and their children's developmental outcomes.
 - (c). Low parental monitoring:- By late childhood and early adolescence, children assume greater autonomy over their behavior. The increased autonomy that children enjoy also provides them with more opportunities to engage in disruptive and antisocial acts.
 - (d). Parental mental health:- parental psychopathology also predicts children's conduct problems. Maternal depression, paternal antisocial behavior, and parental substance abuse are all associated with children's disruptive behavior problems.

(e). Social information processing:- children with conduct disorder often show characteristic biases in their social information processing, that is the way they perceive, interpret, and solve social dilemmas and interpersonal disputes.

- Peer relationships:- Across childhood and adolescence, friends gradually assume greater importance to children's self concepts and emotional well-being. Older children and adolescence develop identities through interactions with their friends , friends influence their thoughts, feelings, and actions. Pro-social peers can protect youths from stressors by providing them with a social support system independent of their families . Deviant peers, however, can contribute to children's behavior problems.
- Neighborhoods:- children's neighborhoods may also affect their likelihood of conduct disorder. Youths from disadvantaged, high crime neighborhood are more likely to develop ODD and CD than children from middle-class communities.

Treatment for younger children

- **Parent Management Training:-** In PMT caregivers learn how to attend to their children's inappropriate behaviors, ignoring inappropriate behaviors, and discipline in noncoercive ways. Parents often meet together, with a therapist, to develop skills and share strategies for dealing with difficult child behavior.

Steps - topic/description

1. Why do children misbehave?

The therapist teaches parents the causes of child misbehavior, how these causes interact, and what parents can do to identify these causes in their own families.

2. Pay attention!

Many parents of disruptive children focus primarily on their children's misbehavior. In this session the therapist teaches parents to attend to and appreciate their children's appropriate actions.

3. Increasing children's compliance

After parents learn to attend to their children's appropriate behavior, the therapist teaches them contingently reinforce their children's appropriate actions, using praise and attention. The therapist especially encourages parents to attend to and reward their children when they are not interrupting or bothering them, such as when they are playing quietly.

4. Using token economies

Parents are taught how to implement a token economy in the home to increase child compliance with commands, rules, and chores.

5. Using time out at home

the therapist teaches parents how to use the token system as a form of punishment using response cost, tokens are withdrawn for inappropriate actions. Parents also learn how to use time out in the home. Initially, time out is used for only one or two problem behaviors.

6. Practicing time out

parents gradually expand their use of time out to other behavior problems. During the session, the therapist and parents address problems using the time out procedure.

7. Managing children in public places

Parents are taught how to use modified version of time out to discipline children outside the home in stores, restaurants, church. Parents are also taught how to “think ahead” and plan for children’s misbehave in public.

8. Using the daily school behavior report card

teachers are asked to complete a daily report card regarding the child’s behavior at school. Parents use the home token economy to reinforce appropriate behavior at school, based on teacher’s reports on the cards.

9. Handling future behavior problems

the therapist and parents discuss how to deal with future behavior problems and challenging situations. Parents are shown how to use the skills they acquired in the parent training course to address future behavior problems.

10. Booster session and follow up meetings

the therapist asks parents to attend follow up “booster” session one month after the training ends to check on the family’s progress. Parents can use this sessions to troubleshoot new problems or discuss ways to fade the token system. Follow up visits may be scheduled every 3 months as needed.

Parents-Child Interaction Therapy

In parent – child interaction therapy , caregivers are initially taught to pay attention to their child’s appropriate behavior and follow their child’s lead in activities. Therapists coach parents as they practice these skills.

Skill	Reason	Examples
PRAISE Appropriate Behavior	Causes your child’s good behavior to increase	Parent: good job putting the toys away!
REFLECT Appropriate Talk	Shows your child that you are listening	Child: I drew a tree
IMITATE Appropriate Play	Lets your child lead; shows your child that you approve of his / her game	Child: I put a nose o the potato head
DESCRIBE Appropriate Behavior	Shows your child that you are interested in what he/she does	Parent: you’re making a tower with legos.
ENTHUSIASM Show It	Lets your child know that you are enjoying the time you are spending together.	Parent: you are really a hard worker!

Treatment for older children and adolescents

➤ Problem-Solving Skills Training:-

Social information processing biases interferes with child's ability to respond to social dilemmas in pro-social ways and increase the likely hood that they will show hostile and aggressive behaviors. Recall that social information processing consists of five steps:

- (a)Encoding cues about the social situations,
- (b)Interpreting these cues
- (c)Clarifying goals
- (d)Developing possible plans for action
- (e)evaluating and implementing the best plan to solve the problem.

children who show high levels of aggression often display biases in the ways they solve social problems. PSST attempts to correct the biased information processing styles of aggressive children by teaching them how to systematically progress through these social problem solving steps. In IPSST the child and therapist meet together for 12-20 sessions, each approximately 30-50 minutes in length.

Problem Solving Steps and Self Statement

Steps	Self-Statement	Purpose
1.	What am I supposed to do?	This step requires the child to identify and define the problem.
2.	I have to look at all my possibilities.	This step asks the child to generate alternative solutions to the problem.
3.	I'd better concentrate and focus in.	This step instruct the child to concentrate and evaluate the solutions he has generated.
4.	I need to make a choice.	In this step, the child chooses the best action.
5.	I did a good job. [OR] I made a mistake.	In the final step, the child verifies whether the solution was the best among those available, whether the problem –solving process was currently followed or whether a less than desirable solution was selected.

➤ **Multi-systematic Therapy**

MST is an intensive form of family and community based treatment that has been shown to be effective in treating serious conduct problems in adolescents. MST is used most often with adolescents who show more serious antisocial and violent behavior. MST has been successfully used with adolescents exhibiting chronic juvenile delinquency, violent crime, substance abuse, psychiatric crisis and sexual offenses.

MST therapist targets three systems essential to the adolescent's welfare:

- (a) Family- in the family therapists might help parents develop more effective skills for interacting with their adolescents.
- (b) School- Most MST therapist seek to increase parental involvement in their education.
- (c) Peers – association with peers is one of the best predictors of adolescent behavior problems. Consequently MST therapist attempt to limit adolescent opportunities for interaction with deviant peers and increase opportunities for interaction with pro-social youths

Aggression Replacement Training

ART is a multi-model treatment design for adolescents with histories of disruptive, aggressive and antisocial behavior. ART is founded on the premise that adolescents who engage in antisocial acts lack the behavioral, cognitive and affective skills that underlie pro-social actions. Instead adolescents show delays in social skills, social problem solving, emotion regulation, and moral reasoning that interfere with their ability to engage in complaint, constructive behaviors. Furthermore, disruptive aggressive behavior is sometimes modeled and reinforced by other people in these adolescents lives, especially family members and peers.

- Reference:

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

Thank you for the attention