

# CONDUCT DISORDERS

What to do with your oppositional defiant child

Humberto Nagera MD

# CONDUCT DISORDERS

This Lecture is based on the findings of research conducted at the Inpatient Units for Children and Adolescents of The University of South Florida by:

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# CONDUCT DISORDERS

## Definition

### 312.8 Conduct Disorder \*

A. 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 three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:

#### Aggression to people and animals

(1) often bullies, threatens, or intimidates others

(2) often initiates physical fights

\*) Quick Reference to the Diagnostic Criteria From DSM-IV, American Psychiatric Assoc.

# CONDUCT DISORDERS

## Definition (continuation)

(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 animals

(6) has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)

(7) has forced someone into sexual activity

# CONDUCT DISORDERS

## Definition (continuation)

### Destruction of property

(8) has deliberately engaged in fire setting with the intention of causing serious damage

(9) has deliberately destroyed others' property (other than by fire setting)

### Deceitfulness or theft

(10) has broken into someone else's house, building, or car

(11) often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)

# CONDUCT DISORDERS

## Definition (continuation)

(12) has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

## Serious violations of rules

(13) often stays out at night despite parental prohibitions, beginning before age 13 years

(14) has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)

# CONDUCT DISORDERS

## Definition (continuation)

(15) often truant from school, beginning before age 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.

# CONDUCT DISORDERS

Definition (continuation)

Specify type based on age at onset:

Childhood-Onset Type: onset of at least one criterion characteristic of Conduct Disorder prior to age 10 years

Adolescent-Onset Type: absence of any criteria characteristic of Conduct Disorder prior to age 10 years

Specify severity:

**Mild:** few if any conduct problems in excess of those required to make the diagnosis and conduct problems cause only minor harm to others (e.g., lying, truancy, staying out after dark without permission)



# CONDUCT DISORDERS

## Definition (continuation)

Moderate: number of conduct problems and effect on others intermediate between "mild" and "severe" (e.g., stealing without confronting a victim, vandalism)

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

# CONDUCT DISORDERS

## Definition (continuation)

**Note:** Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

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

**C.** The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.

**D.** Criteria are not met for Conduct Disorder, and, if the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder.

# CONDUCT DISORDERS

Definition: Oppositional Defiant Dis.

- 313.81 Oppositional Defiant Disorder

A. A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:

(1) often loses temper

(2) often argues with adults

(3) often actively defies or refuses to comply with adults' requests or rules

(4) often deliberately annoys people

(5) often blames others for his or her mistakes or misbehavior

(6) is often touchy or easily annoyed by others

(7) is often angry and resentful

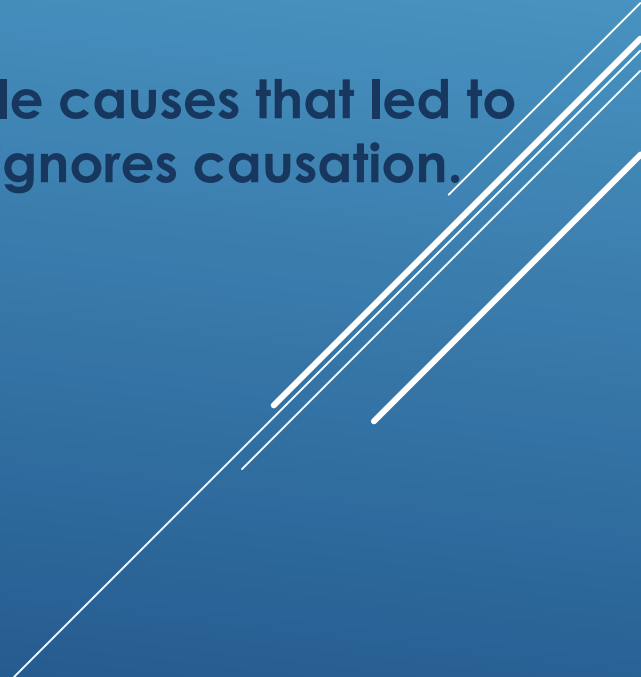
(8) is often spiteful or vindictive

# CONDUCT DISORDERS

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As you can see from the above what Conduct Disorders means is that some child or adolescent is raising holly hell and behaving in ways that are not acceptable to the rest of society.

It clusters very dissimilar behaviors and completely ignores the possible causes that led to such behaviors. In other words, this way of dealing with it completely ignores causation. Consequently it has nothing to say about possible forms of treatment

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## THERAPEUTIC IMPLICATIONS:

- No specific form of treatment exists
  - They constitute a notoriously difficult group
  - We feel that paying attention to the clusters of potentially causative factors we will mention will allow for proper diagnosis and treatment plan
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According to Costello (1989) it affects between 1.5 – 5.5 % of children \*

“Conduct disorders is one of the most frequently diagnosed conditions in outpatient and inpatient mental health facilities for children” \*\*

\*) Costello, E.J. (1989), Developments in Child Psychiatry Epidemiology. J Am. Acad. Child and Adolesc. Psychiatry, 28: 836-84

\*\*) Diagnostic and statistical manual of mental disorders, APA, (3<sup>rd</sup> edition), Washington, p. 88

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DSM IVR estimates that about 9% of males and 2% of females have the disorder

Earls (1989) believes that CD and its adults consequences are one of the most important public health problems in the field \*\*

\*\* ) Earls ,F. (1989), Epidemiology and child psychiatry: entering the second phase. Am. J. Orthopsych. 59: 279-283

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Lewis et al (1984)\* questioned the validity of the Conduct Disorder diagnosis. In their view such patients “have a multiplicity of signs and symptoms characteristic of other psychiatric disorders...”

Conduct Disorder is often an interim designation on the way to a more rigorous diagnosis”

\*) Lewis, D. J et al (1984) Conduct Disorders and its synonyms: diagnosis of dubious validity and usefulness. Am. J. Psychiatry, 141, 4: 514-519.



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Kay and Kay (1986) stated “that this far from homogenous group of disorders carried with it considerably controversy regarding diagnostic criteria, etiologic theories, and treatment recommendations”. They added: “the diagnosis of conduct disorder is too general and too behaviorally focused to distinguish helpfully between the range of psychopathology and conduct disturbances that can occur in adolescents” \*

\*) Kay, R. L et al, (1986), Chapter 22, Adolescent Conduct Disorders, Psychiatry Update, Annual Review, 5: 480-496

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Our research results confirms the opinions expressed above and demonstrate that CDs are the final outcome of multiple pathways representing different forms of psycho-pathology and conflicts that we will now explain

Nature of the research project \*\*



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## FINDINGS

- We found 42 patients with the primary diagnosis of CD at admission and discharge
- Twenty five were males and 17 were females.
- Average age for both sexes combined was 13.4 years. For males it was 12.9 years. For females 14.3 years.
- Earliest age in sample, a male 7.11 years
- The largest concentration of cases corresponded to the 12 to 17 years of age

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## FINDINGS (continuation)

-Alcohol or drug abuse was present in 50% of the sample

-We found a large numbers of household moves in this population. This was a totally unexpected finding. We do not know its meaning

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## FINDINGS (continuation)

Our most important finding was that the forty two patients diagnosed as Conduct Disorders could be subdivide into five distinct sub-groups:

1) The ADHD group \*

2) The adopted children group \*\*

3) The children of divorce and reconstituted families \*\*\*

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## FINDINGS (continuation)

4) The physically abused group \*\*\*\*

5) The sexually abused group \*\*\*\*\*

- We need to point out that some children fitted in more than one of these groups. For example adopted + ADHD or adopted and divorced group etc.

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	n=42	%
ADHD	8	19.04 %
Adoption	7	16.66 %
Divorce/Reconstitution	27	64.28 %
Sexual Abuse	7	16.66 %
Physical Abuse	6	14.28%

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## Differential Diagnosis & Co-morbidity

“The differential diagnosis of conduct disorders is almost as broad as the entire field of child and adolescent psychiatry...


Often conduct disorders proves to be an interim diagnosis on the way to a better understanding of the child’s psycho-pathology... ” \*

\*) Child and Adolescent Psychiatry, A comprehensive Textbook, Edited by M.Lewis M.B, William and Wilkins, 1993




# CONDUCT DISORDERS

## THERAPEUTIC IMPLICATIONS:

- 1) For the ADHD Type
  - 2) For the sexually abused
  - 3) For the physically abused type
  - 4) For the adopted child type
  - 5) For children of divorce & reconstituted families
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## THERAPEUTIC IMPLICATIONS (cont):

- 1) For the ADHD Type
  - 2) For the sexually abused
  - 3) For the physically abused type
  - 4) For the adopted child type
  - 5) For children of divorce & reconstituted families
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