

Conduct disorder

Conduct disorder (CD) refers to a set of problem behaviours exhibited by children and adolescents, which may involve the violation of a person, their rights or their property. It is characterised by aggression and, sometimes, law-breaking activities.

CD is one of a group of behavioural disorders known collectively as disruptive behaviour disorders, which include oppositional defiant disorder (ODD) and attention deficit hyperactivity disorder (ADHD). Early intervention and treatment is important, since children with untreated CD are at increased risk of developing a range of problems during their adult years including substance use, personality disorders and mental illnesses.

The characteristics of conduct disorder

Some of the typical behaviours of a child with CD may include:

- Refusal to obey parents or other authority figures
- Truancy
- Tendency to use drugs, including tobacco and alcohol, at a very early age
- Lack of empathy for others
- Spiteful and vengeful behaviour
- Being aggressive to animals
- Being aggressive to people, including bullying and physical or sexual abuse
- Tendency to hang out in gangs
- Keenness to start physical fights
- Using weapons in physical fights
- Lying
- Law-breaking behaviour such as stealing, deliberately lighting fires, breaking into houses, shoplifting, sexual abuse and vandalism
- A tendency to run away
- Learning difficulties
- Low self-esteem
- Suicidal tendencies.

The link to other behavioural disorders

A child who ultimately develops CD is usually irritable and temperamental during babyhood – although most difficult babies do not develop conduct disorder. The milder oppositional defiant disorder (ODD) usually develops before CD. Constant defiance, hostility and a hair-trigger temper are common characteristics of ODD.

Around one-third of children with CD also have attention deficit hyperactivity disorder (ADHD). One in five children with CD are depressed. CD is typically diagnosed when the child is between 10 and 16 years of age, with boys generally diagnosed at an earlier age than girls.

The influence of the family

The causes of disruptive behaviour disorders are unknown but researchers have found that a child's family life is a strong risk factor. Some of the factors that increase a child's risk of developing CD include:

- Parents who do not set limits on a child's behaviour

- Parents who do not follow through with consequences for unacceptable behaviour (for example, a parent may threaten to withdraw television for a night but then not follow through when the child's behaviour doesn't change)
- Lack of parental monitoring of a child's or adolescent's whereabouts
- Unhappy family life with many arguments
- Poverty
- Large family
- Aggressive parenting, particularly from the father
- Marital conflict
- Domestic violence
- Parents with a mental health problem
- Parents who are involved in law-breaking behaviour
- Child abuse
- Living in a foster home or institutionalised care.

Other factors

Other factors that may contribute to the development of CD or exacerbate the characteristics of the disorder include:

- Gender – boys are twice as likely as girls to have CD
- Peer group
- Substance misuse
- Mood disorders
- Learning difficulties
- Posttraumatic stress disorder (PTSD)
- Depression
- Oppositional defiant disorder (ODD)
- Attention deficit hyperactivity disorder (ADHD)
- Brain damage.

Possible consequences

Untreated, some of the possible consequences in adulthood for children with CD include:

- Mental health problems, including personality disorders
- Depression
- Alcoholism
- Drug dependency
- Law-breaking lifestyle.

Diagnosis

CD shares similarities with ODD and ADHD, which makes diagnosis difficult. CD needs to be professionally diagnosed by a child or adolescent psychologist, child psychiatrist or paediatrician specialising in the area of behaviour disorders.

The professional will make their assessment based on observation and interviews with the parents, the adolescent and teachers. The adolescent's behaviour is compared to a checklist in the *Diagnostic and Statistical Manual of Mental Disorders* from the American Psychiatric Association. If sufficient criteria are met, a diagnosis of CD can be made.

Treatment

One of the greatest challenges in treating a child with CD is to overcome their mistrust of others, particularly authority figures. The child's unwillingness to follow any rules must also be taken into account. It may take some time to unravel the various factors that contribute to the child's behaviour and take appropriate action.

Treatment depends on the individual but may include:

- Behaviour therapy

- Cognitive behavioural therapy (CBT)
- Anger management
- Stress management
- Social skills training
- Special education program
- Parent management training
- Functional family therapy
- Multisystemic therapy
- Integrated approach by family, teachers and other carers
- Management of any co-existing problems
- Medication (in case of co-existing depression or ADHD).

Where to get help

- Your doctor (for a referral to a specialised service)
- Child or adolescent psychologist (The Australian Clinical Psychology Association referral service) (The Australian Psychological society Referral Service)
- Child psychiatrist
- The Resource Centre for Child Health and Safety (CHAS) Tel. 9345 6429.
- Association for Children with a Disability Tel. (03) 9818 2000, rural callers free call on 1800 654 013

Things to remember

- Conduct disorder (CD) is a behavioural problem in children and adolescents, which may involve aggression and law-breaking tendencies.
- Behaviours include aggression to animals and other people, and law-breaking activities such as deliberately lighting fires, shoplifting and vandalism.
- The child's family life is a significant risk factor in the development of CD.
- Treatment options include behaviour therapy, psychotherapy, parent management training and functional family therapy.

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