



Fintan O'Regan

Behaviour Management & Consultancy

# Conduct Disorder



Fintan O'Regan  
[www.fintanoregan.com](http://www.fintanoregan.com)



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## Conduct Disorder

Back in 2005 I had a student in my Science Class called Justin a 15 year old who was both challenging to staff and often menacing to his fellow pupils. Though we got on quite well on occasions Justin always had an "edge" to him and as it turned out he had been diagnosed with Conduct Disorder or CD.

On one occasion when my Scientific Measuring Scales disappeared from my Lab I was pretty sure that Justin had stolen them. However I never had any proof in order to interview him and of course no other student would talk as they were all afraid of him.

Justin had power and he had the control; he knew it, I knew it and everybody else knew it.

Conduct Disorder is a type of behavioural difficulty is where pupils often bully and show aggression to others. The difference between students with CD and ADHD is mainly one of wilful intent. A student with CD is more likely to be premeditated and have an alibi for the situation.

In contrast for students with ADHD their actions are not premeditated for example, the first time he/she thinks about a situation it is often too late as he/she has already carried out the action.

The four key elements that describe Conduct Disorder are as follows:

- Aggression to people/animals
- Destruction of Property
- Deceitfulness or theft
- Serious Violations of rules

The full diagnostic criteria are shown on the following pages.

What are the causes of Conduct Disorder are uncertain as there can be a myriad of factors but one factor appears to stand out which the lack of or inappropriate role models in the development of the child.



It is very common to see children with CD plus other issues.

The most common combination is CD plus ADHD where between 30-50% of children with CD will also have ADHD. Another common combination is CD plus depression or anxiety where one quarter to one half of children with CD will have either an anxiety disorder or depression.

Conduct disorder plus substance abuse is also very common. Also common are associations with Learning Disorders, bipolar disorder and Tourettes Syndrome.

About 30% of children with Conduct Disorder continue with similar problems into adulthood however it is more common for males with CD to continue on into adulthood with these types of problems than females.

Females with CD more often end up having mood and anxiety disorders as adults.

Substance abuse is very high. About 50-70% of ten year olds with conduct disorder will be abusing substances four years later

### **Conduct Disorder Full Criteria**

- A. A repetitive and persistent pattern of behaviour 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:

#### **Aggression to people and animals**

1. often bullies, threatens or intimidates others
2. often initiates physical fights
3. had 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

#### **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 favours or to avoid obligations (i.e. cons others)
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 the age of 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)
15. is often truant from school, beginning before the age of 13 years

Adapted from the DSM IV (1994)

Girls with conduct disorder were almost 6 times more likely to abuse drugs or alcohol and eight times more likely to smoke cigarettes daily.

In addition they, were almost twice as likely to have sexually transmitted diseases, twice the number of sexual partners, and were three times as likely to become pregnant when compared to girls without conduct disorder

**Theft**

One of the areas that often need to be addressed with students with Conduct Disorder is the issue of stealing or theft as in the case of Justin above.

This is not to say that at one time or another most students will steal. Indeed stealing is a very common behaviour, in fact some child psychiatrists would allege that it is normal survival behaviour for a young child to take something which excites their interest. Older children however eventually realise that the behaviour is wrong, but some may be unable to resist the impulse to appropriate items that are both available and desirable.

However in contrast with students who are impulsive and do not plan their actions, students with Conduct Disorder are more premeditated. This means that with regards to this action they are often successful of not being caught in the act.

The reasons behind stealing can be complex. Some pupils for instance may simply desperately want something and see no other way of achieving it.

Sometimes a child may steal as a show of bravery to peers or to give presents and become more popular at school. They may steal in order to provide income.

There may be a need for more attention or the buzz gained from stealing may be attractive, especially who has few other ways of gaining self-esteem.



It is likely that children with Conduct Disorder who steal from school are likely to have already taken things that did not belong to them at home and/or from local shops. It is likely that this behaviour has not been noticed and it may be difficult to discuss these issues with parents. School may feel that the parents may be hostile to the suggestion that their child has taken things that do not belong to them and fear the involvement of other agencies such as Social Services and the Police.

Parents of older children may have problems in exercising control or influence upon their child's behaviour. However, this behaviour should always be challenged as research on young offenders often indicates that stealing when young was a defining feature of later offending behaviour. For older pupils, stealing is likely to be only one aspect of other behaviour that may lead to later social exclusion. Gottfredson and Hirsch (1990) research for instance, indicated that children, who steal, also tend to smoke, use alcohol and play truant more often than children who don't steal. Therefore action to reduce all anti-social behaviour needs to be planned with external and community agencies in order to impact on theft.

More important perhaps than the issue of sometimes who is taking things that belong to others, is the question of what is being stolen.

- \* Is it food or drink? .
- \* Is it classroom kit? - Pens/pencils/PE kit/....my Science Scales.
- \* Is it money?
- \* Is it the latest fad?
- \* Is it fairly expensive and easy to sell items such as mobile phones?

Though independent action will need to take place with specific children by far the best policy within the school environment is both to reduce the temptation and empower the other students to act as guardians of both their own and others items but some general points will include:

- Having a clear policy communicated and agreed with parents, where unnecessary valuables are allowed on school premises.
- Removing as far as possible the need to bring money to school.
- Insisting on the clear marking of all possessions.



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- Providing pupils with a secure place to store tuck and classroom materials.
- Ensuring that pupils are unable to enter unsupervised classrooms, cloakrooms etc.
- Providing access to food and drink to discourage the need for pupils to take others tuck/packed lunches i.e. breakfast clubs etc..
- Provide a locked container for jewellery and other valuables.
- Encourage parents to obtain insurance cover to redeem loss, particularly in case of expensive items such as lap tops.

All the above will need to be policed and rigorously implemented, so ways to complete this without causing conflict need to be discussed.

School assemblies and PHSE should regularly address the issue of the impact of taking things that belong to others in order to encourage empathy. This might include ensuring that pupils know why stealing is wrong and how it affects those who have lost something. However, staff must ensure that the message is given that it is the behaviour that is wrong and not the child.

As I mentioned in previous reports behaviour management in my opinion is often about reading the "mood" of students and this is especially true when it comes to dealing with students with Conduct Disorder however other key areas to consider in management of students with Conduct Disorder include:

- The proactive use of rewards for positive behaviour
- The consistent use of sanctions for negative behaviour
- The use of contracts and multi-agency options
- Look for opportunities for students to develop areas of interest in sport, music etc...to allow influence of adult Role Models

It may be surprising to talk about the use of sanctions in terms of management but in my experience when students are somewhat premeditated in their actions sanctions can in some cases be effective in modulating behaviour.

They are not in contrast not nearly as effective in trying to modulate non premeditated impulsive behaviour as with students with ADHD.



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I did eventually get my Science Scales after a few weeks of delivering some pretty boring theory lessons when I had made it very clear that no practicals could take place without the Scales

I got them back not in the way I would have initially chosen but by realising that the only way to work with Justin was to be far more strategic than with many other behavioural situations.

Management of students with CD is difficult but not impossible .....good luck

Fin O'Regan

[www.fintanoregan.com](http://www.fintanoregan.com) [fjmoregan@aol.com](mailto:fjmoregan@aol.com)