Conduct Disorder

About the Disorder

Children and adolescents with conduct disorder are highly visible, demonstrating a complicated group of behavioral and emotional problems. Serious, repetitive, and persistent misbehavior is the essential feature of this disorder.

These behaviors fall in four main groups: aggressive behavior toward people or animals, destruction of property, deceitfulness or theft, and serious violations of rules.

To receive a diagnosis of conduct disorder, a child or adolescent must have displayed three or more characteristic behaviors in the past 12 months. At least one of these behaviors must have been evident during the past six months.

Diagnosing conduct disorder can be a dilemma because children are constantly changing. This makes it difficult to discern whether the problem is persistent enough to warrant a diagnosis. In some cases, what appears to be conduct disorder may be a problem adjusting to acute or chronic stress. Many children with conduct disorder also have learning disabilities and about one-third are depressed. Many children stop exhibiting behavior problems when they are treated for depression.

The U.S. Department of Health and Human Services estimates that between six and sixteen percent of males and two to nine percent of females under age 18 have conduct disorder ranging in severity from mild to severe.

The social context in which a student lives (poverty, high crime areas, for example) may influence what we view as antisocial behavior. In these cases, a diagnosis of conduct disorder can be misapplied to individuals whose behaviors may be protective or “normal” within the cultural context.

Symptoms or Behaviors

- Bullying or threatening classmates and other students
- Poor attendance record or chronic truancy
- History of frequent suspension
- Little empathy for others and a lack of appropriate feelings of guilt and remorse
- Low self-esteem masked by bravado
- Lying to peers or teachers
- Stealing from peers or the school
- Frequent physical fights – use of a weapon
- Destruction of property

A child with suspected Conduct Disorder needs to be referred for a mental health assessment. If the symptoms are mild, the student may be able to receive services and remain in the regular school environment.
Children’s Mental Health Fact Sheet for the Classroom

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**Educational Implications**

Students with conduct disorder like to engage in power struggles. They often react badly to direct demands or statements such as: “You need to...” or “You must...” They may consistently challenge class rules, refuse to do assignments and argue or fight with other students. This behavior can cause significant impairment in both social and academic functioning. They also work best in environments with high staff/student ratios, one-on-one situations, or self-contained programs, when there is plenty of structure and clearly defined guidelines. Their frequent absences and refusal to do assignments often lead to academic failure.

**Instructional Strategies and Classroom Accommodations**

- Make sure curriculum is at appropriate level. When work is too hard, students become frustrated. When it is too easy, they become bored. Remember that praise is important but needs to be sincere.
- Consider the use of technology. Students with Conduct Disorder tend to work well on computers with active programs.
- Students with conduct disorder often do well in programs that allow them to work outside of the school setting.
- Try to monitor your impressions, keep them as neutral as possible, communicate a positive regard for the students, and give them the benefit of the doubt whenever possible.
- Maintain calm, respect and detachment. Avoid power struggles.
- Give the student options. Stay away from direct demands or statements such as: “You need to...” or “You must...”
- Avoid escalating prompts such as shouting, touching, nagging, or cornering the student.
- Establish clear classroom rules. Be clear about what is nonnegotiable.
- Systematically teach social skills including anger management, conflict resolution strategies, and how to be assertive in an appropriate manner.
- Maximize the performance of low-performing students through the use of individualized instruction, the breaking down of academic tasks, debriefing, coaching, and providing positive incentives.
- Structure activities so the student with conduct disorder is not always left out or the last one picked.

For additional suggestions on classroom strategies and modifications see “A Teacher’s Guide to Children’s Mental Health” available from MACMH.

**Resources**

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
800-333-7636
www.aacap.org
Information on child and adolescent psychiatry, fact sheets, current research, practice guidelines, managed care information

Publications:

