

Conduct Disorder



Conduct disorder is a condition characterized by a persistent pattern of behaviour in which the basic rights of others are ignored. Children and teens with conduct disorder tend to be impulsive and behave in ways that are socially unacceptable and often dangerous. Children with conduct disorder have four main types of chronic and persistent behaviour: aggressive conduct; property damage or theft; lying; and serious violations of rules. Conduct disorder may be a result of genetics, chaotic home environments, the child's temperament, physical causes or neurological factors. Conduct disorder is treated through counselling, usually focused on developing appropriate behaviour and coping skills, and sometimes medications. Conduct disorder may occur with other conditions such as attention deficit/hyperactivity disorder or depression; there are correlations between conduct disorder and oppositional defiant disorder. Students with conduct disorder generally exhibit more severe forms of chronic behaviour than students with oppositional defiant disorder. Many young children with oppositional defiant disorder may develop conduct disorder as they get older. Mild forms of conduct disorder tend to improve as the child grows older; however, without intervention conduct disorder can lead to school failure, injuries, teenage pregnancy, mental health issues and conflict with the law.

Implications for Planning and Awareness

- Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to conduct disorder. This could include finding out about:
 - the student's strengths, interests and areas of need
 - specific symptoms that may affect the student at school
 - any other associated disorders that need to be considered at school
 - successful strategies used at home or in the community that also could be used at school.
- If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.
- Learn as much as you can about how conduct disorder may affect learning and social and emotional well-being. Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.
- Provide supervision, as needed, to ensure the safety and well-being of the student and others at the school. Be aware that some students with conduct disorder may exhibit frequent fighting, bullying, threatening, intimidation of others, as well as cruelty to animals, deliberate destruction of property, and alcohol or drug abuse.

Your awareness needs to begin with conversations with the student's parents.



- Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports, such as behavioural therapy.
- Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.
- The physical placement of the student with conduct disorder should be chosen carefully (e.g., who to sit beside, physical distractions, room to move, proximity to the teacher). It is important to avoid choosing a physical location that isolates the student, since this may make other students less willing and able to interact positively with the student.
- Create pathways for movement. Pathways should eliminate the need to step over objects or between people.
- School staff working with the student should be trained in crisis management and nonviolent crisis intervention techniques.
- Know what your own triggers are to avoid being drawn into a negative interaction pattern with the student.

Implications for Instruction

- Determine the implications of the student's academic difficulties related to conduct disorder. Students with conduct disorder also may show low cognitive functioning, low academic achievement and reading disabilities.
- Use "start" requests rather than "stop" requests. "Do" requests are more desirable than "don't" requests.
- Make one request at a time, using a quiet voice and, when in close proximity, using eye contact.
- When appropriate, offer a choice (e.g., "Do you want to work at your desk or at the table?").
- Describe the desired behaviour in clear and specific terms to reduce misunderstanding. Avoid entering into a discussion or argument about the behaviour.
- Recognize that most behaviour has a function. Use observation and data to determine the function of the behaviour as this will help in determining appropriate strategies to implement.
- Develop a behaviour support plan in which inappropriate behaviours are replaced with appropriate ones. When appropriate, involve the student in the development of this plan.

Implications for Social and Emotional Well-being

- Maintain predictable classroom routines and rules for all students.
- Provide encouragement and praise.
- Reward appropriate classroom behaviour.
- Speak to the student privately about his or her behaviour instead of in front of others, to prevent loss of face and avoid escalation.
- Explicitly teach, reinforce and provide opportunities to practise social and life skills, including how to:
 - understand one's own feelings
 - be friendly
 - read social cues
 - talk to peers
 - manage anger
 - make good decisions

Parents know their children well and can offer insights on how to support their social and emotional well-being. There is strength in collaborating on strategies that could be used at home, at school and in the community.



- solve problems
- succeed in school.
- To ensure the safety of other students in the classroom, explain to students the importance of walking away from possible confrontations that may lead to aggression.
- Encourage students to get help as soon as they feel the situation is getting out-of-hand.

As you consider the implications for this disability, think about the following questions:

1. Do I need further conversations with the parents to better understand this student's strengths and needs? Yes No
2. Do I need targeted professional learning? If yes, what specific topics and strategies would I explore? Yes No
3. Is consultation with jurisdictional staff required? If yes, what issues and questions would we explore? Yes No
4. Is consultation with external service providers required (e.g., Student Health Partnership, Alberta Children's Hospital, Glenrose Hospital)? If yes, what issues and questions would we explore? Yes No
5. Are further assessments required to assist with planning for this student? If yes, what questions do I need answered? Yes No
6. Is service to the student from an external provider required? If yes, what outcomes would be anticipated? Yes No

Links for further information:

Alberta Education. *Supporting Behavior and Social Participation*. <http://www.learnalberta.ca/content/insp/html/index.html>

Center for Mental Health in Schools at UCLA. *Conduct and Behavior Problems: Intervention and Resources for School Aged Youth*. <http://smhp.psych.ucla.edu/pdfdocs/conduct/Conduct.pdf>

Please note:

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