

## CONDUCT DISORDER

DSM-IV Diagnostic Code: 312.8x

### Diagnostic Guidelines

1. Establish diagnostic accuracy as defined by DSM-IV-TR, including age of onset and severity.
2. Consider differential diagnosis, including ADHD, mood and anxiety disorders, and ODD.
  - ADHD behaviors do not persistently violate rights of others and/or age appropriate societal norms
  - Oppositional Defiant Disorder includes features of Conduct Disorder (hostility and defiance for at least 6 months), but does not include the persistent pattern of the more serious forms of behavior such as, aggressive behavior that harms or threatens other people or animals; destructive behavior that damages or destroys property; lying or theft; truancy or other serious violations of rules; early tobacco, alcohol, and substance use and abuse; and precocious sexual activity.
  - Bipolar Disorder/Manic episodes are distinguished by their episodic course and presence of euphoria or grandiosity.
  - Adjustment Disorders usually develop in clear association with the onset of a significant psychosocial stressor.
3. Assess for Axis I co-morbid conditions- ADHD, ODD, mood and/or anxiety and substance abuse or dependence. Axis II –developmental disability and Axis III conditions- organicity, e.g., history of significant head trauma and lead toxicity. Assess whether further medical work-up is needed. Coordinate care with primary physician.

### Treatment Guidelines

1. Case management and coordinating treatment with other providers and social supports is critical. Treatment plans need to be coordinated with these referral sources and address highest risk behaviors first with consequences of non-compliance being reported. The appropriate consequences for the client's antisocial behaviors should be included (e.g., paying restitution, performing community service, serving probation).
2. Assess the family's psychiatric history, family system and functioning. Conduct disorder appears to be more common in families in which at least one parent has a history of a mood disorder, ODD, ADHD, antisocial personality disorder, or a substance-related disorder.

- Explore the child and family's culture, including values, traditions and natural supports that can be utilized as assests/stengths in the treatment process.
3. Coordinate with the child's educational program and consider a referral for psychoeducational testing to rule out the presence of learning disabilities contributing to conduct disordered behaviors at school.
  4. Psychiatric evaluation and medication may be considered for impulsive aggression or those symptoms associated with internalized disorders.
  5. Parent training, Family therapy (MST or FFT-multi-systemic or functional family therapy), cognitive behavioral therapy, problem solving skill training for children and community based services are appropriate modalities in the treatment of childhood or adolescent conduct disorder Treatment will need to involve multiple interventions and efforts to effect positive change.
    - Family therapy can include education around age-appropriate behavior, the impact of the consequences, or the lack thereof, for the client, and the acquisition of limit-setting skills for the parents. Family therapy interventions can include challenging parental beliefs to protect the client from legal consequences. Teaching parents to allow natural and logical consequences to occur and teaching Parent Effectiveness Training. The goal of the parent intervention(s) is to help them aid their child with development of self-control.
    - Group therapy, if appropriate, should have clear rules, guidelines and consequences disclosed prior to admission to group with the ability to report to referral agencies around violations and non-compliance.
    - As the child progresses in treatment, encourage participation in extracurricular and positive peer group activity to aid in the development social skills and self worth. Assertiveness training may help to develop skills to express feelings constructively. Self-awareness strategies such as relaxation and self-monitoring exercises can help to improve impulse control.
    - Successful termination from therapy should be behavior focused rather than based on time criteria, established by parents, court personnel, or others.

## **RESOURCES**

Practice Parameters for the Assessment and Treatment of Children and Adolescents with Conduct Disorder. Retrieved, October 24, 2007 from <http://www.aacap.org/galleries/PracticeParameters/Conduct.pdf>.

Conduct Disorder in Children and Adolescence, National Mental Health Information Center. Retrieved, October 24, 2007 from <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0010/default.asp>.

Cultural Competence in serving Children and Adolescence with Mental Health Problems. Retrieved, October 24, 2007 from <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0015/default.asp>

Conduct Disorder: Facts for Families, American Academy of Child and Adolescent Psychiatry. Retrieved October 24, 2007 [http://www.aacap.org/cs/root/facts\\_for\\_families/conduct\\_disorder](http://www.aacap.org/cs/root/facts_for_families/conduct_disorder)

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