



Conduct Disorder (CD)

Symptoms or Behaviors

- Bullying or threatening classmates and others
- 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 at school
- Frequent physical fights; use of a weapon
- Destruction of property

About the Disorder

Youth with conduct disorder are highly visible, demonstrating a complicated group of behavioral and emotional problems. Serious, repetitive, and persistent misbehavior is the essential feature. These behaviors fall into 4 main groups:

- aggressive behavior toward people or animals
- destruction of property
- 3. deceitfulness/theft
- 4. serious violations of rules.

To receive a diagnosis, the youth must have displayed 3 or more characteristic behaviors in the past 12 months. At least 1 must have been evident during the part 6 months. Diagnosing can be a dilemma because youth are constantly changing. Many children with CD also have learning disabilities and about 1/3 are depressed. Many stop exhibiting the behavior problems when treated for depression.

USDHHS estimate between 6 and 16% of males and 2 to 9% of females under 18 have CD that ranges in severity from mild to severe.

Other disorders associated with CD are AD/HD or oppositional defiant (ODD). The majority of youth with CD may have life-long patterns of anti-social behavior and are at higher risk for mood or anxiety disorder. But for many, the disorder may subside in later adulthood.

Social context (poverty, high crime) may influence what we view as anti-social behavior. In these cases, CD may be misapplied to individuals whose behaviors may be protective or exist within cultural context. A child with suspected CD needs to be referred for assessment. If symptoms are mild, the child may receive services and remain in the school environment. More seriously troubled youth, however, may need more specialized educational environments.

Educational Implications

Students with CD 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, 1-1 situations, or self-contained programs when there is plenty of structure and clearly defined guidelines. Their frequent absences and their refusal to do assignments often leads to academic failure.

Instructional Strategies & Classroom Accommodations

- Make sure curriculum is at an appropriate level. Frustration sets in easily if too hard; boredom if it is too easy. Both will lead to problems in the classroom.
- Avoid "infantile" materials to teach basic skills. Materials should be age appropriate, positive, and relevant to problems in the classroom.
- Consider using technology.
 Computers with active program tend to work well with CD.
- Students with CD tend to work well in programs that allow them to work outside the school setting.
- Be aware that adults can unconsciously form and behaviorally express negative impressions of low-performing, uncooperative students. Try to monitor your impressions, keep them neutral as possible, communicate a positive regard for students, and give them the benefit of the doubt whenever possible.
- Youth with CD like m to argue.
 Maintain calm, respect, and detachment. Avoid power struggles and arguments.
- Give students 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 a student.
- Establish clear and consistent rules.
 Rules should be few, fair, clear,
 displayed, taught and consistently
 enforced. Be clear about what is non-negotiable.
- Have your students participate in the establishment of rules, routines, schedules, and expectations.
- Teach social skills such as anger management, conflict resolution skills and appropriate assertiveness.

¹ Minnesota Association for Children's Mental Health, St. Paul Minnesota, www.macmh.org.