Conduct disorder (including oppositional-defiant disorder)

Conduct disorder (including oppositional-defiant disorder) - F91# (Clinical term: Conduct disorders Eu91)

Introduction

All children are defiant at times and it is a normal part of adolescence to do the opposite of what one is told. Oppositional-defiant disorder mainly applies to children whose functioning at home and at school is impaired by constant conflict with adults and other children. Conduct disorder mainly applies to adolescents whose behaviour goes to antisocial extremes; many are excluded from school or in trouble with the law.

Presenting complaints

- In younger children: marked tantrums, defiance, fighting, and bullying.
- In older children and adolescents: serious law breaking such as stealing, damage to property, assault.
- Can be confined only to school or only to home.

Diagnostic features

- A pattern of repetitive, persistent and excessive antisocial, aggressive or defiant behaviour lasting six months or more.
- These features must be out of keeping with the child's development level, norms of peer group behaviour, and cultural context (eg isolated tantrums in a three-year-old should not be regarded as abnormal).
- In younger children (say, three to eight year-olds), the behaviours are characteristic of the oppositional-defiant type of conduct disorder: angry outbursts, loss of temper, refusal to obey commands and rules, destructiveness, hitting, but without the presence of serious law-breaking.
- In older children and adolescents (say, nine to 18 years olds), the behaviours are characteristic of conduct disorder per se: vandalism, cruelty to people and animals, bullying, lying, stealing outside the home, truancy, drug and alcohol misuse, and criminal acts, plus all the features of the oppositional-defiant type.

Differential diagnosis and co-existing conditions

Co-existent disorders are common and do not rule out the diagnosis; they are easily missed so should be carefully checked for:

- Attention-deficit/hyperactivity disorder - F90.
- Hyperactivity.
- Depressive disorder - F32#.
- Specific reading retardation (dyslexia).
- Generalized Learning disability (mental retardation) - F70.
- Autism spectrum disorders - F84.

- Adjustment reaction (this follows a clear stressor, such as parental divorce, bereavement, trauma, abuse, or change of caregiver).

Parenting problems are commonly associated and include a lack of positive joint activities with the child, insufficient praise, inconsistent discipline, harsh punishments, hostility, rejection or emotional abuse, sexual abuse, and poor monitoring of the whereabouts of older children.

Essential information for patient and family

- The child is likely to be temperamentally different from their siblings, and cannot easily control their actions.
- Antisocial behaviour is learned and can be corrected (unlearned).
- The long-term prognosis is not good without intervention (they do not 'grow out of it') but is good with appropriate management, especially parent behavioural management training (ref 258-260)

References

258 Kazdin A. Psychosocial treatments for conduct disorder in children. J Child Psychol Psychiatry 1997, 38: 161-178. (CII) This is a literature review. Promising treatments include problem-solving skills training, parent management training, functional family therapy and multisystemic therapy.

259 Scott S, Spender Q, Doolan M et al. Multicentre controlled trial of parenting groups for child antisocial behaviour in clinical practice. Br Med J 2001, 323: 194-197. (CIII) Parenting groups effectively reduce serious antisocial behaviour in children in real-life conditions. Follow-up is needed to see if the children's poor prognosis is improved and criminality prevented.

260 Woolfenden SR, Williams K, Peat J. Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17 (Cochrane Review). In: The Cochrane Library, Issue 2, 2003. Oxford: Update Software. (AI) Eight trials were analysed. Current evidence suggests that family and parenting interventions for juvenile delinquents and their families have beneficial effects on reducing time spent in institutions. This has an obvious benefit to the participant and their family, and may result in a cost saving for society.

General management and advice to patient and family

- Promote daily play and positive joint activities between parent and child for at least 10 minutes per day, despite both sides' initial reluctance.
- Encourage praise and rewards for specific, agreed desired behaviours. If appropriate, monitor with a chart. Negotiate rewards with the child and change target behaviours every two to six weeks and rewards more often.
- Set clear house rules and give short specific commands about the desired behaviour, not prohibitions about undesired behaviour (eg 'Please walk slowly', rather that 'Don't run').
- Provide consistent and calm consequences for misbehaviour. Many unwanted behaviours can be ignored, and will then stop (but may increase when this technique is first tried). Distracting the child from an unwanted behaviour is likely to be more effective than saying, 'Don't do it'. If neither ignoring nor distraction is appropriate, 'time out' (to avoid the unwanted behaviour receiving positive reinforcement) may be effective. This can involve leaving the child alone to calm down or sending them to a quiet, boring 'time

out' room (or other space in the house) for no more than one minute per year of age, and 10 minutes maximum. Avoid getting into arguments or explanations with the child, as this merely provides additional attention for the misbehaviour.

- Reorganize the child's day to prevent trouble. Examples include asking a neighbour to look after the child while going to the supermarket, ensuring that activities are available for long car journeys, and arranging activities in separate rooms for siblings who are prone to fight.
- Monitor the whereabouts of teenagers. Telephone the parents of friends whom they say they are visiting.
- Liaise with school and suggest similar principles are applied. Parents should put pressure on the child's school to look hard for specific learning difficulties such as dyslexia.

Medication

No drugs are effective. Methylphenidate is effective for co-morbid hyperkinetic disorder and may reduce conduct problems in children with both problems (see Attention-deficit/hyperactivity disorder - F90).

Liaison and referral

- If problems are mainly or exclusively at school, parents should request that the school involves educational services, such as the Educational Psychology Service (for assessment of specific learning difficulty), the Educational Welfare Service (for attendance problems) or local behaviour support teams. Some schools employ school counsellors or specialized teachers who may be skilled in anger management training.
- Referral to a local Child and Adolescent Mental Health Service (CAMHS) should be considered for cases that fail to improve, where the behaviour is leading to major impairment, or where co-existing problems such as hyperkinetic disorder or autism spectrum disorder are suspected.
- For adolescents with law-breaking behaviour (delinquency), youth-offending teams can often provide an intensive intervention package for the duration of the court's involvement. This may include parenting groups for behavioural management training.
- For preschool children, health visitors are often trained to educate parents in behavioural management techniques. Local parent support agencies such as Sure Start may be able to provide more intensive input.
- Social Services must be involved in cases of suspected abuse (of any sort), when a young person's behaviour is beyond the control of parents, and with adopted children. They may not have the resources to help in more straightforward cases.

Resources for patients and families

National Family and Parenting Institute 020 7424 3460
Email: info@nfpi.org website: http://www.nfpi.org

Details of the most studied form of parent managements training are on:
http://www.incredibleyears.com

Leaflet available from the Royal College of Psychiatrists (http://www.rcpsych.ac.uk):
Behavioural problems and conduct disorder