



THE UPLIFT EDUCATIONAL SERIES: Conduct Disorder



Conduct Disorder is a term given to a child or adolescent whose behavior has harmed others or has violated community laws. Conduct Disorder should not be confused with normal childhood development of occasional temper outbursts, sibling rivalry, or fights with peers, nor is it a reaction to occasional stresses. Conduct Disorder is a serious behavioral problem that causes clinically significant impairment in social, academic, or occupational functioning. In order for the diagnosis to occur, at least three behaviors must be present for at least one year with one symptom occurring within the last six months.

What are the symptoms?

Individuals with Conduct Disorder have few feelings for others. They misinterpret others as being hostile and threatening and react with aggression that they feel is reasonable and justified. They often lie or try to "con" others to avoid facing their own issues. Children with Conduct Disorder often start fights, are considered bullies, sometimes use a weapon such as a club, bat, broken bottle, knife, gun to be physically cruel to other people or to animals, including rape or murder. They often steal or commit deliberate property damage such as smashing windows, vandalism, or fire setting. Running away and truancy are also frequent symptoms.

What is the outcome?

There are many different approaches to helping children with Conduct Disorder. Some children benefit from medications prescribed by a child psychiatrist. Psychotherapy for the child and his or her family with education and support for the parents are essential and may come in different formats. Regardless of the form of treatment, it is important to establish a strong working relationship with the professional. Therapy requires a clear understanding with parental involvement that respects the parents' role and views the family as a strength to helping overcome the difficulties they face . . . not always as a source of the child's problem.

Conduct Disorder frequently brings the child and family in contact with mental health providers, school authorities, and the law. It is one of the most frequently diagnosed conditions in mental health facilities and can occur as early as age 5. However, it usually begins in late childhood or early adolescence, and is rare to start after age 16. Sometimes these inappropriate behaviors will reduce in adulthood, and the child will adjust to social and job demands. Adolescent-Onset (beginning after age 10) is less likely to have aggressive behaviors and more likely to develop normal friendships. Childhood-Onset (beginning before age 10) predicts a worse prognosis and an increased risk in adult life for Antisocial Personality Disorder, Substance Abuse related Disorders and Mood or Anxiety Disorders.

Conduct Disorder is reported more frequently in large urban areas and appears to be increasing. Six to sixteen percent of males under age 18 are classified as Conduct Disorder, and for females the prevalence rate ranges from 2% to 9%.

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How do these children get help? There are many different approaches to helping children with Conduct Disorder. Some children benefit from medications prescribed by a child psychiatrist. Psychotherapy for the child and his or her family with education and support for the parents are essential and may come in different formats. Regardless of the form of treatment, it is important to establish a strong working relationship with the professional. Therapy requires a clear understanding with parental involvement that respects the parents' role and views the family as a strength to helping overcome the difficulties they face . . . not always as a source of the child's problem.

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****The information presented in this brochure was obtained from the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders; Fourth Edition***

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