Chapter 9: Conduct Problems in Children and Adolescents

# 9.1 Oppositional Defiant Disorder & Conduct Disorder

## What is Oppositional Defiant Disorder & Conduct Disorder?

* Oppositional Defiant Disorder (ODD) is a DSM-5 disorder characterized by a pattern of (1) angry of irritable mood, (2) argumentative or defiant behavior, and/or (3) vindictiveness toward others.
* Children with ODD differ from typically-developing children in two ways: (1) the show a greater number and severity of behavior problems, and (2) their behaviors are developmentally unexpected.
* Conduct Disorder (CD) is a DSM-5 disorder characterized by a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. Behaviors include (1) aggression, (2) property destruction, (3) deceitfulness or theft, and (4) serious rule violations.

## How Do Professionals Identify Subtypes of Conduct Problems?

* Children’s conduct problems fall into four factors: (1) oppositional-defiant behaviors, (2) aggression, (3) property violations, and (4) rule violations. These factors are identified based on the overtness and destructiveness of the child’s behavior.
* Aggression can be reactive (in response to threat, frustration, or provocation) or proactive (to achieve some goal).
* The Dunedin study showed two pathways for conduct disorder based on the onset of conduct problems. Childhood-onset was associated with more severe and lasting problems and place youths at risk for Antisocial Personality Disorder in adulthood.
* Limited prosocial emotions include (1) a lack of remorse or guilt, (2) callousness or lack of empathy, (3) lack of concern about performance, and (4) shallow or deficient affect. These characteristics overlap with the construct of psychopathy in adults.

## What Disorders Are Associated with Conduct Problems?

* ODD and CD are district disorder that frequently co-occur. Most youths with ODD do not develop CD; approximately 31% of youths with CD do not have a history of ODD.
* ADHD places at children at risk for ODD and CD. Underlying problems with behavior inhibition or emotion regulation could explain the comorbidity of ADHD and ODD/CD.
* Conduct problems are unique predictors of substance use problems in children. Youths with conduct problems begin using substances at an earlier age than typically-developing youths and are 3.5 times more likely to develop a substance use disorder.
* As many as 75% of older children and adolescents with conduct problems have anxiety or depression. The dual failure model posits that conduct problems cause academic and peer problems which, in turn, contribute to depression.

## What is the Prevalence of Children’s Conduct Problems?

* Approximately 3.3% of youths have ODD and 3.2% have CD.
* On average, conduct problems are appropriately two to three times more likely in boys compared to girls. The gender gap is greatest during middle childhood.
* Girls are more likely than boys to engage in relational aggression, that is, harming others’ mood, self-concept, or social status through rumors, lies, and the manipulation of interpersonal relationships.

# 9.2 Causes

## Are Conduct Problems Heritable?

* Genetics accounts for 40-50% of the variance in children’s conduct problems. Non-shared environmental factors account for most of the remaining variance.
* Mutations to the MAOA gene, in combination with environmental stressors such as child maltreatment, place children at increased risk for conduct problems.

## How Can Temperament & Early Neurological Development Contribute to Conduct Problems?

* Problems with emotional reactivity in early childhood can interfere with the development of emotion-regulation skills, compromise the quality of parent-child interactions, hinder the development of social problem-solving, or directly lead to peer rejection.
* Some youths with conduct problems, especially those with limited prosocial emotions, show low emotional arousal. They may be more likely to engage in high-risk, pleasurable activities and have reduced sensitivity to punishment.

## How Can Parenting Behavior Contribute to Children’s Conduct Problems?

* Coercive family process describes interaction in which parents negatively reinforce children for noncompliance or defiance while children negatively reinforce parents for giving in to their demands or tantrums. It predicts the emergence of conduct problems.
* Parents who rely extensively on positive punishment may model aggression to their children.
* The parents of children with conduct problems often attribute misbehavior to internal and stable causes and see themselves as less able to manage children’s behavior problems.
* Parental monitoring involves the degree to which caregivers are aware of their child’s activities, set appropriate limits, and consistently enforce these limits. Low parental monitoring predicts the emergence of conduct problems in older children and adolescents.

## How Can Children’s Social Information Processing Contribute to Conduct Problems?

* The social information-processing model has six steps: (1) encode cues, (2) interpret cues, (3) clarify goals, (4) response access or construction, (5) response decision, and (6) enactment.
* Youths with reactive aggression tend to adopt hostile attributional biases in this model; they view others’ benign actions as hostile or threatening (Steps 1-2).
* Youths with proactive aggression generate fewer prosocial methods of responding, emphasize the potentially positive aspects of aggression, and minimize the potential costs of aggression (Steps 3-5).

## How Can Peers & Neighborhoods Contribute to Conduct Problems?

* Youths who are rejected by prosocial peers may seek out other rejected, deviant peer groups. These deviant peers may introduce them to antisocial behaviors.
* Deviant peers may reinforce antisocial behavior and ignore prosocial actions, a phenomenon known as deviancy training.
* Neighborhoods place children at risk for conduct problems when they lack institutional resources to promote prosocial development (e.g., clubs, sports), inadequately monitor youths’ activities, and have inadequate social control networks (e.g., neighborhood watch, police).

## What Are Three Developmental Pathways toward Conduct Problems?

* The ODD pathway is often characterized by difficult temperament in early childhood, the emergence of hyperactive-impulsive behavior or ADHD, and coercive parent-child interactions. Youths are at risk for behavior emotional problems in adolescence.
* The Childhood-Onset CD pathway is often characterized by ADHD and ODD in childhood, peer rejection, affiliation with deviant peers, and more serious conduct problems in adolescence. Approximately 75% of children on this path continue to show behavior problems as adults; 40% meet criteria for ASPD.
* The Adolescent-Onset CD pathway is characterized by a strong need for autonomy, the emergence of covert antisocial behavior in early adolescence, and a gradual reduction in behavior problems. Youths on this path often continue to show academic, occupational, and behavior problems in young adulthood, however.

# 9.3 Evidenced-Based Treatment

## What Evidence-based Treatment Is Available for Younger Children?

* Parent management training (PMT) is a behavioral intervention designed to help parents attend to and reinforce adaptive child behaviors and reduce noncompliant or defiant actions using non-coercive discipline. Examples include Parent Management Training Oregon Model and Defiant Children.
* Parent-child interaction therapy (PCIT) is a variation of parent management training in which parents and young children are coached by therapists as they interact. It focuses on PRIDE skills to improve the quality of positive interactions and the use of time out to reduce defiance
* The Incredible Years Program is a series of modules designed for children with conduct problems, parents, or teachers. It relies on instruction by the therapist, in-session activities, and videos modeling desired skills or behaviors.

## What Evidence-based Treatment Is Available for Older Children and Adolescents?

* Problem-Solving Skills Training (PSST) is a cognitive intervention in which disruptive youths learn ways to perceive, interpret, and respond to interpersonal problems in more systematic, less biased, ways.
* Multisystemic therapy (MST) is an intensive form of family- and community-based treatment for adolescents with serious conduct problems It consists of family therapy, academic/school support, and increased parental monitoring.
* Aggression Replacement Training (ART) is a multimodal, cognitive-behavioral treatment designed for adolescents with disruptive, aggressive, and antisocial behavior. It consists of skillstreaming, anger control training, and moral reasoning training.