

Understanding Conduct Disorder

Conduct disorder is one of the more complex mental health disorders that children and adolescents may face. Conduct disorder is characterized by a repetitive and persistent pattern of behavior in children and adolescents in which the rights of others or basic social rules are violated (National Mental Health Association). According to the Child Mind Institute, children and adolescents with Conduct Disorder seem to “get a rise” out of causing harm. To elaborate, the power differential that results from aggressive, deceitful and coercive behaviors is perceived as gratifying. Behaviors such as picking fights, lying, cheating, stealing, relentless bullying and difficulty in following rules can result in a child or adolescent being viewed as bad” or delinquent rather than struggling with a mental health disorder. One of the hallmarks of conduct disorder is a lack of feeling or trouble expressing empathy and remorse.

Additionally, many youth with conduct disorder may have trouble reading social cues and as such, they often misinterpret the actions of others as being hostile. This misinterpretation of actions may trigger the youth to respond by escalating the situation into conflict.

Causes/Risk Factors

Many possible factors may put a child at risk of developing conduct disorder. This includes both genetic and environmental factors and can include, but is not limited to, child abuse, impulsive behavior, poor parental supervision, unemotional parental attitude, harsh or inconsistent parenting, antisocial parents or peers, trauma and poverty. Cognitive development may also play a role in conduct disorders. For example, poor verbal skills, and impairment in executive functioning may make children more vulnerable to conduct disorder.

Diagnosis

It is normal for kids and adolescents to act out at times and “go against the grain”. Thus, professionals stress that a persistent and repetitive behavior must be evident before exploring conduct disorder. Symptoms of conduct disorder fall into four categories. For a diagnosis of conduct disorder, at least three of these behaviors must have occurred within the past year, with at least one of them occurring within the past six months.

1) Aggression to People and Animals

- often bullies, threatens, or intimidates others
- often initiates physical fights
- has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- has been physically cruel to people
- has been physically cruel to animals
- has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- has forced someone into sexual activity



2) Destruction of Property

- has deliberately engaged in fire setting with the intention of causing serious damage
- has deliberately destroyed others' property (other than by fire setting)

3) Deceitfulness, Lying or Stealing

- has broken into someone else's house, building, or car

- often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
- has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

4) Serious Violations of Rules

- often stays out at night despite parental prohibitions, beginning before age 13 years
- has run away from home overnight at least twice while living in a parental or parental surrogate home (or once without returning for a lengthy period)
- is often truant from school, beginning before age of 13 years

Children who may exhibit these behaviors should receive a comprehensive mental health evaluation. Diagnosis requires input from the young person, parents, teachers and relevant health and social care professionals. It should be noted that it is common for children with a conduct disorder to have coexisting conditions such as mood disorders, anxiety, ADHD, PTSD, substance abuse or learning problems. As a result, treatment can be complex and challenging.

Treatment

Early intervention is more effective than later and a collaborative support network of parents, teachers and peers are essential components of a treatment plan. A multidimensional approach is likely to result in greater change. A vast amount of research highlights the importance of family engagement to help manage the disorder. Psychotherapy and behavioral therapy can assist the child to learn a better way to interact with the world around them, while the family may learn productive strategies to communicate and interact with the child. Parent training programs to improve parenting skills are cited as one of the most effective evidence based interventions. Parenting interventions may need to include skill development but may also need to address additional family dynamic and environmental factors that may prevent change. Parental substance abuse or mental health issues, domestic violence and poverty related stress can compound a parent's ability to actively engage in effective treatment strategies. As with any mental health disorder, treatment is not a quick fix. Changing human behavior, attitudes and patterns takes time and requires a multitude of supports and resources.

A Final Note about Trauma

A great deal of empirical research studies have been published in academic journals about the link between trauma and the diagnosis of conduct disorders. The effects of trauma can help account for many features of conduct disorder including lack of empathy, impulsivity, anger and acting out. Children who have experienced trauma may be misdiagnosed with a menu of disorders and treated with therapies and/or medications that may be ineffective because they don't address the underlying problem and do not reflect a trauma-informed approach to assessment and treatment (The National Child Traumatic Stress Network). Thus, as part of the assessment process, it is necessary to determine if the child's range of symptoms reflect a diagnosis or are related to outcomes of trauma. As a society we often like to "define" and label problems, however, in the case of child and adolescent behavioral health, we must remember that a number of factors influence behavior and as such, taking time to understand the lived experiences of the child/adolescent can increase understanding for the "why" behind behaviors and help guide effective interventions.

References: The National Child Traumatic Stress Network; SAMHSA; The American Academy of Child and Adolescent Psychiatry; The Child Mind Institute; Mental Health American (Formerly known as the National Mental Health Association).

Highlights from Dr. Justin Patchin's Presentation at the SCIP Conference

School Community Intervention and Prevention

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SCIP held its annual spring conference, “Raising Kids in a Digital World: The Influence of Technology on our Youth”, on March 22nd. Dr. Justin Patchin gave an enlightening presentation on teen technology use and misuse. He provided a review of his research on cyberbullying and tips for schools and parents to prevent and respond to cyberbullying.

Dr. Patchin is a professor of Criminal Justice at the University of Wisconsin-Eau Claire and co-director of the Cyberbullying Research Center (cyberbullying.org). He is a national speaker, research and author. Two of his most recent books include “Words Wound: Delete Cyberbullying and Make Kindness Go Viral” to help teens navigate online problems and “Bullying Today: Bullet Points and Best Practices”.

Dr. Patchin reviewed the definition of bullying and some of the inconsistencies in the definition over time. In 2014, the Centers for Disease Control and Prevention, U.S. Department of Education and national experts established the following definition: “Bullying is any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.” The varying definitions of bullying has made it difficult to measure the victimization prevalence rate. The development and utilization of a universal definition will likely aid in future research studies.

Dr. Patchin, along with Dr. Sameer Hinduja and cyberbullying.org partners, have surveyed over 20,000 middle and high school students since 2002. Overall, 27% of the students have reported being cyberbullied in their lifetime. In a 2014 study of middle-school age youth, only 12% reported being cyberbullied in their lifetime. They also reviewed 234 peer-reviewed articles on cyberbullying. Based on the research, traditional bullying and cyberbullying are closely related, though traditional bullying is more common. Cyberbullying is related to low self-esteem, suicidal ideation, anger, frustration and emotional and psychological problems. Cyberbullying affects girls and boys at similar rates, though the methods of bullying differ among boys and girls.

Cyberbullying is creating unique challenges for parents and schools. For one, technology is changing rapidly, which makes it difficult to stay up to date. There are apps that appear to be a calculator, for example, but in reality are tools to hide content. The calculator actually functions like a calculator, but if the user types in a pass code, a vault opens to hidden content. One of the more obvious signs that the calculator is actually a secret app is there will be a percentage sign in the bottom right corner rather than an equal sign. Children are also using technology at younger ages. Young children are able to use tablets or iPods to communicate with friends and access apps. All they need is access to the internet.

Dr. Patchin recommends parents engage in open communication with children about technology use and how to be safe online. Parents should be cautious not to invade the privacy of youth, as it can harm the parent-child relationship. Only about 15% of youth report cyberbullying to a parent and only 5% told their school. It is imperative to maintain a trusting relationship between youth and parents so they will come forward to report any cyberbullying activity. If you do not know how to respond to a child reporting cyberbullying, make it clear that you are on their side and provide emotional support until you have access to other



supports. If a child is bullying others, he emphasized the importance of keeping disciplining private to avoid embarrassment and harm to the parent-youth relationship.

Digital self-harm is a trend that just recently received public attention when a 14-year old completed suicide in England after posting numerous hurtful messages about herself on Ask.fm. (<https://cyberbullying.org/hannah-smith-even-more-tragic-than-originally-thought>). Dr. Patchin and Dr. Hinduja define digital self-harm as “anonymous online posting, sending, or otherwise sharing of hurtful content about oneself”. In 2016 they interviewed over 5,700 middle school and high school students. 6% of the respondents said they posted something mean about themselves online. The students said they wanted attention, they wanted to see how others would respond, or they thought it was funny. More research needs to be done on digital self-harm, but parents and schools should not rule out the possibility that this may be occurring.

Dr. Patchin provided general “dos” and “don’ts” for responding to and preventing cyberbullying.

Don’ts:

- Don’t take away technology
- Be careful of zero-tolerance policies; punishment is not appropriate in all situations. Policies can harm parent-school relationships.
- Shaming can be harmful to the parent-child relationship; parental forgiveness has a greater impact.

Dos:

- Give students reasons to conform
- Promote a positive school climate
- Promote positive coping strategies and resilience; youth with higher resilience do not report being bullied as much and if they are bullied they are more likely to report it to an adult.
- Promote kindness
- Encourage youth to develop positive relationships with adults, which can create “virtual supervision”. Youth are less likely to engage in cyberbullying behaviors if they have a relationship with a respected person who would be disappointed if they found out about any negative behaviors.

Cyberbullying.org has several handouts for parents, schools and teens. Dr. Patchin and Dr. Hinduja both contributed new information to a blog that can be accessed on the website.

Resources:

<https://cyberbullying.org/Cyberbullying-Identification-Prevention-Response.pdf>

<https://cyberbullying.org/developing-a-positive-school-climate-to-prevent-bullying-and-cyberbullying>

References: Patchin, J. (2018, March). *Teen Technology Use and Misuse*. Presentation at “Raising Kids in a Digital World: The Influence of Technology on our Youth” Conference in Lincoln, NE.; cyberbullying.org

TEENS OF TODAY



These days, it seems like we have nothing good to say about our teens. They are often described as entitled minded, unmotivated/lazy and overall out of touch with the “real” world.

Have teens gotten a bad rap in recent years?

The youth of today, in reality, are actually behaving more virtuously than the last generation or two before them.

From smoking and other drug use to unwanted pregnancies and abortions, the trends today show most teenagers making good choices, even better choices than the generation/s before them. They are even volunteering in their communities more than ever before.

Smoking cigarettes has become uncool. According to National CDC statistics, cigarette smoking among high school students is at the lowest level in more than 25 years. The rate was cut by more than 70%, leaving just 8% percent of teens smoking cigarettes 2017.

Driving after drinking as well as riding with someone who had been drinking is also far less common than the generation before them. The Youth Risk Behavior Survey has revealed that approximately half as many high school students say they got behind the wheel after drinking or rode with someone that had been drinking in 2015 compared to 1991.

Not only has driving or riding with someone who has been drinking declined, but the overall percent of teens drinking has significantly declined. Almost 40% of teens in 1991 report ever drinking, whereas only 20% report ever drinking in 2015.

Drug use and abuse is down. Despite the continued rise in opioid and overdose deaths and high levels of opioid misuse among adults, misuse of opioids among teens continues to drop.

In fact, the use of most illicit substances are at historic low levels of use, which includes cocaine, heroin, prescription opioids, MDMA (Ecstasy or Molly), methamphetamine, amphetamines, and sedatives. Other illicit drugs showed five-year declines, such as synthetic marijuana, hallucinogens other than LSD, and over-the-counter cough and cold medications.

Teen Pregnancy and abortions have also drastically declined. Teen pregnancy has declined almost continuously for more than two decades, plummeting from about 6.1% to 2.6%, according to federal health statistics.

Furthermore, the rate of abortions among women under 20 has fallen significantly since it peaked in the early 1990s, according to 2014 research by the nonprofit, Guttmacher Institute.

While many of us tend to agree that kids seem to have more social and academic pressures placed on them inside schools than the generations before them, we also tend to overlook a very important fact. **Kids are staying in school and graduating.** Efforts to keep teens in school are paying off. The National Center for Educational Statistics reported the high school dropout rate has decreased from 12% in 1990 to 7% in 2012, while those graduating on time has increased more than 10% within the same time frame.

Today's teens regularly volunteer more. A higher number of teens are volunteering at least once per month. Matter of fact, about 55 percent of youth ages 12 to 18 volunteer on some level and it should be noted, the teens volunteering rate of 55% is nearly twice the adult volunteering rate of 29 percent.

All in all, teens are actually making much better choices than those before them. So, the next time you hear someone talk negatively about the teens of today, you can add something positive about teens to the conversation.



https://nces.ed.gov/programs/digest/d07/tables/dt07_100.asp

<https://www.cdc.gov/healthyyouth/data/yrbs/questionnaires.htm>

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/.../index.htm

<https://www.drugabuse.gov/.../drugfacts/monitoring-future-survey-high-school-youth...>

https://www.nationalservice.gov/pdf/05_1130_LSA_YHA_SI_factsheet.pdf

<https://www.childtrends.org>