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# Understanding the Development and Prevention of Conduct Disorder

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# Today's Agenda

- What does Conduct Disorder look like?
  - Discussion of the contextual and mediating factors that contribute to increasingly maladaptive behavior patterns
  - Break out session and discussion:
    - Conduct Disorder as a mental illness versus a set of behaviors in response to criminogenic environments
  - Introduction to the developmental psychopathology model of the emergence of Conduct Disorder
  - Research and programs that address the importance of early intervention and multi-systemic treatments
    - The Incredible Years
    - Parent-Child Interaction Therapy
    - Multisystemic Therapy (MST)
    - Teaching-Family Model
  - Individual and societal costs of untreated antisocial behavior
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# The face of Conduct Disorder

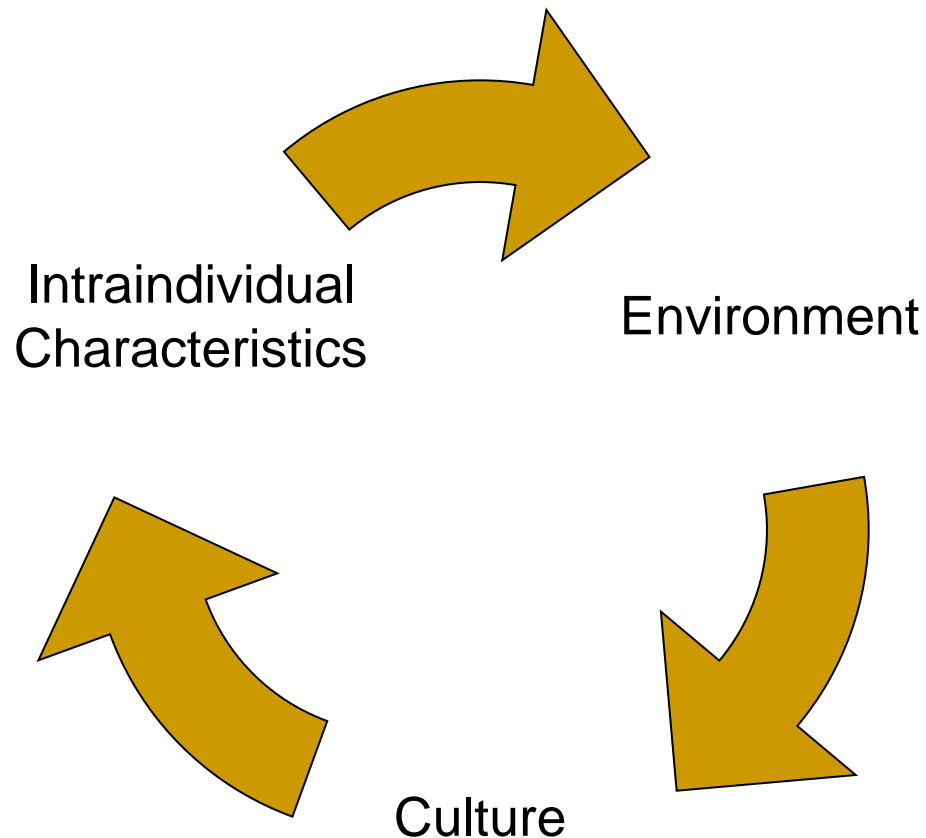
- ❑ DSM-IV TR's criteria:
    - A repetitive or persistent pattern of behavior in which basic rights or major societal norms or rules are violated
    - Three or more symptoms within the past year; at least one within the past six months
      - ❑ Aggression to people or animals
      - ❑ Destruction of property
      - ❑ Deceitfulness or theft
      - ❑ Serious violations of the rules
  - ❑ Childhood Onset Type (prior to 10 years)
  - ❑ Adolescent Onset Type
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# What we know about factors that contribute to the development of Conduct Disorder

- ***Multidetermined:*** cultural, environmental, and intraindividual factors
    - ❑ Cultural: African American males considerably overrepresented among youth diagnosed with CD, inconsistent and harsh discipline practices, coercive parenting style, cultural acceptance/promotion of aggression
    - ❑ Environmental: Parental antisocial personality, early physical abuse, low parental interaction/supervision, poverty, drugs/crime/violence in neighborhood, exposure to trauma
    - ❑ Intraindividual: Male gender (especially for early-onset type), lower IQ, attention deficits/hyperactivity, poor school achievement, association with deviant peer network
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# The complex interaction of factors that contribute to Conduct Disorder



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# Break-Out Session

- Split into small groups and discuss your thoughts regarding the classification of Conduct Disorder
    - Is CD truly a mental illness or rather a set of behaviors (often adaptive) that are in response to harsh environmental conditions?
  - Elect one member of your group to share your considerations
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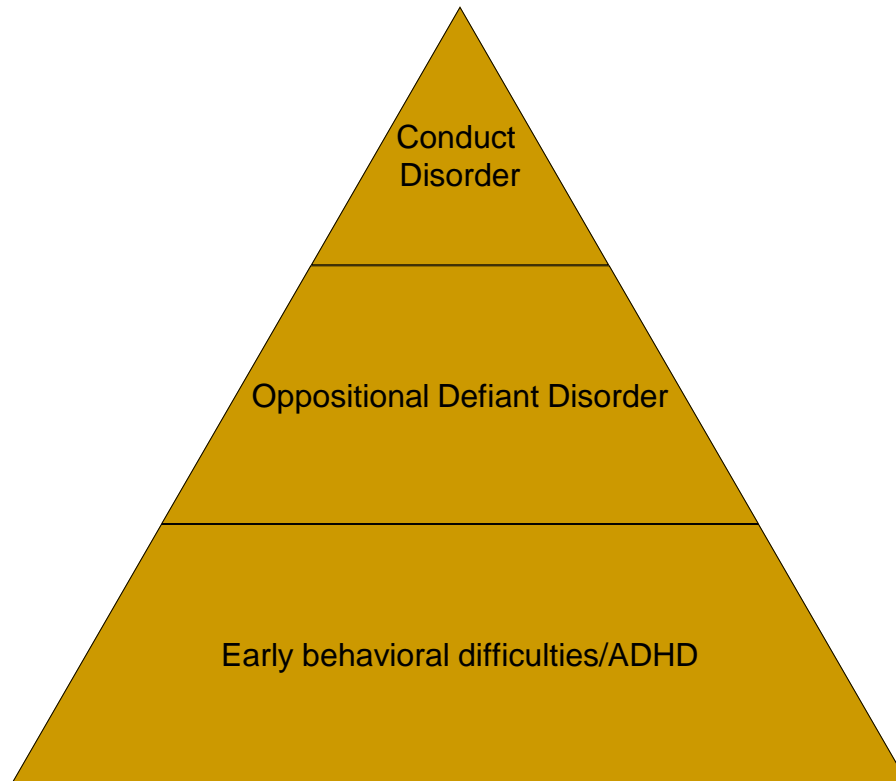
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# A developmental psychopathology perspective

- Developmental psychopathology is the study of psychological disorders from a life-span perspective that rests on the following assumptions:
    - Normal and abnormal development are both informative. Therefore, the field is not simply the study of aberrant development, but considers the mechanisms that cause developmental pathways to diverge toward dysfunctional or typical outcomes
    - Development leads to either adaptive or maladaptive outcomes. However, development that is adaptive in one context may be maladaptive in another context
    - Development occurs within nested contexts (consider Bronfenbrenner's ecological approach)
    - Development occurs from a complex interplay of physiological, genetic, social, cognitive, emotional, and cultural influences across time.
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# A developmental psychopathology model of the progression of early behavior problems into Conduct Disorder



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# The Incredible Years

## (Webster-Stratton)

- Targeted at parents, teachers, and children between 2 and 8 years as an outpatient program
    - Parent component encourages positive parenting and nurturing relationships, replaces critical and physical discipline with positive strategies, enhances parents' anger management, communication skills, social supports, and involvement with child's academics
    - Teacher component strengthens teacher's classroom management skills and use of effective discipline strategies, promotes positive teacher-student relationships, increases parent-teacher collaboration, and decreases aggression in the classroom
    - Child component strengthens social and play skills, teaches emotional awareness and self-control strategies, boosts academic readiness, and reduces defiance and aggressive behavior
  - Parents and teachers who receive intervention are consistently rated as less critical and inconsistent; children in the program consistently evidence reduced rates of aggressive behavior at home and school
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# Parent-Child Interaction Therapy

## (Eyberg et al.)

- An outpatient program for preschool-aged children with significant disruptive behavior (although successfully used with older kids)
  - Draws on social learning and attachment theories to alter maladaptive parenting strategies towards an authoritative style.
    - Each phase of treatment begins with the therapist modeling the skill(s) being worked on and is followed by coaching sessions in which the therapist prompts the parent and provides reinforcement
    - Parents first learn child-directed interaction (CDI), in which they use skills to structure play in ways that support secure attachment
    - Parents then learn parent-directed interaction (PDI) which teaches specific behavior management techniques that emphasize clear and consistent limit setting in the context of a positive parent-child relationship.
  - Outcome research suggests solid treatment effectiveness and significant improvement in the quality of parent-child interactions and child compliance
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# Multisystemic Therapy (MST)

## Henggeler et al.

- Targeted at adolescent youth at high risk for out-of-home placement with goals of reducing antisocial behavior, improving family and school functioning, and minimizing out-of-home placements
    - Length of treatment is between 13 and 17 sessions and is based on family systems and social ecological theories
    - Home-based model of intervention delivery which significantly reduces dropout and is crucial to high treatment engagement
    - An MST team includes 3-5 full-time therapists and a supervisor and offers 24/7 availability
    - Recognizes impact of family, school, peer, community, and cultural influences on delinquent behavior and seeks to intervene on multiple levels
  - Outcome research suggests that MST results in long-term reduction of delinquent behavior, and is efficacious with ethnic minority populations, and cost effective; has been identified as one of the most promising treatments for this population
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# Teaching-Family Model

## (Wolf et al.)

- A community-based treatment in which 6-8 youth live in a house supervised by two house parents
    - Residents attend school and have work responsibilities
    - An extensive token economy system is the focus of treatment; residents are rewarded for appropriate (prosocial) behaviors and fined for negative behavior.
    - Strong emphasis on building positive relationships with adults and peers and personal accountability for actions
  - Research lends support for treatment effectiveness and suggests that this model of out-of-home care may have the most positive impact on reducing re-arrest
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# Individual and Societal Costs of Untreated Conduct Problems

## ■ Individual Consequences

- ❑ Delinquency, juvenile confinement
- ❑ Loss of educational, occupational, and social opportunities
- ❑ Consolidation of negative behaviors that leads to Antisocial Personality Disorder/Psychopathy (even more treatment-resistant)

## ■ Societal Consequences

- ❑ Public safety concerns
  - ❑ Enormous amount of taxpayer money used to operate prisons and the criminal judicial system
  - ❑ Criminal convictions make it very difficult to obtain employment, causing many felons to return to crime; recidivism rate is as high as 70-80% among juveniles during the year following their release
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That's all folks...

Questions?

Comments?

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