## **Conduct Problems & Antisocial Behavior**

# Oppositional Defiant Disorder Conduct Disorder

KW: Chapters 6 and 10

#### **Conduct Problems**

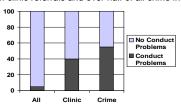
- Age-inappropriate actions and attitudes that violate family expectations, societal norms, or personal/property rights of others
- · Several different types and pathways
- Often associated with unfortunate family and neighborhood circumstances

#### **Context of Antisocial Behavior**

- Antisocial acts relatively "normal" among children
- Range of severity, from minor disobedience to fighting
- Most antisocial behaviors decline during normal development, with the exception of aggression
- More common in boys in childhood, but relatively equal by adolescence

#### **Social & Economic Costs**

- Antisocial behavior is the most costly mental health problem in North America
- An early, persistent, and extreme pattern of antisocial behavior occurs in about 5% of children who account for 30-50% of clinic referrals and over half of all crime in the U.S.



## **Legal Perspectives**

- Conduct problems defined as delinquent or criminal acts
- Minimum age of responsibility is 12 in most states and provinces
  - Complication of cumulative effects
  - Tension around diagnosis/labeling
- Only a subgroup of children meeting legal definitions also meet definition of a mental disorder

## **Psychological Perspectives**

- Conduct problems seen as falling on a continuous dimension of externalizing behavior
- 1 or more SD above the mean= conduct problems
- Externalizing behavior seen as consisting of several related but independent sub-dimensions:
  - delinquent-aggressive
  - overt-covert
  - destructive-nondestructive

#### **Psychiatric Perspectives**

- Conduct problems viewed as distinct mental disorders based on DSM symptoms
- In the DSM-IV, conduct problems fall under the category of disruptive behavior disorders
  - Oppositional Defiant Disorder
  - Conduct Disorder

## **Oppositional Defiant Disorder (ODD)**

- Age-inappropriate, stubborn, hostile, and defiant behavior, including:
  - losing temper
  - arguing with adults
  - active defiance or refusal to comply
  - deliberately annoying others
  - blaming others for mistakes or misbehavior
  - being "touchy" or easily annoyed
  - anger and resentfulness
  - spitefulness or vindictiveness

#### **ODD: Associated Characteristics**

- · Poor self regulation
  - Poor control over emotions and behavior
  - Shared with ADHD
- · Compromised executive functions including
  - Planning and monitoring
  - Self correcting
- Mood and anxiety disorders
  - Poor emotion regulation; irritability
- Language processing problems
- Engage in lower level of behavior
- Cognitive distortions
  - Process information based on emotional tenor of the moment

### **Conduct Disorder (CD)**

- A repetitive and persistent pattern of violating basic rights of others and/or age-appropriate societal norms or rules, including:
  - aggression to people and animals (e.g., bullying, threatening, fighting, using a weapon)
  - destruction of property (e.g., deliberate fire setting)
  - deceitfulness or theft (e.g., "conning" others, shoplifting, breaking into others' property)
  - serious violations of rules (e.g., running away, truancy, staying out at night without permission)

### Conduct Disorder (cont.)

- · Childhood-onset versus adolescent-onset CD
  - Children with childhood-onset CD
    - display at least one symptom before age 10
    - · are more likely to be boys
    - · are aggressive
    - persist in antisocial behavior over time
  - Children with adolescent-onset CD
    - are as likely to be girls as boys
    - do not show the severity or psychopathology of the early-onset group
    - less likely to commit violent offenses or persist in their antisocial behavior over time

### **Conduct Disorder (cont.)**

- CD and ODD
  - Most cases of CD are preceded by ODD
  - Most children with CD continue ODD symptoms,
  - But most children with ODD do not progress to more severe CD
  - Both among most stable diagnoses with poorest prognoses
- CD and Antisocial Personality Disorder (APD)
  - As many as 40% of children with CD later develop APD, a pervasive pattern of disregard for, and violation of the rights of others, as well as engagement in multiple illegal acts

Differentiating			
ADHD	ODD	CD	
Behavior not necessarily negative; can be redirected without opposition	Negative, argumentative, easily provoked by redirection or criticism	Negative and not necessarily provoked; deliberate	
Insight after the fact once attention has been redirected	Capable of insight and regret after the fact	Difficult to elicit insight; seldom regrets negative actions per se	

See video of Jimmy, Devon, and Ashley; also p. 170

#### **CD: Associated Characteristics**

- · Cognitive and verbal deficits
  - Normal IQ, but generally 8 points lower than peers
  - VIQ < PIC</li>
  - Deficits present before conduct problems
  - Deficits in executive functioning
- · School and learning problems
  - Underachievement, especially in language and reading
  - Relationship often best accounted for by presence of ADHD

## CD: Associated Characteristics (cont.)

- · Inflated and unstable self-esteem
- · Peer problems
  - verbal and physical aggression toward peers
  - often rejected by peers
  - involvement with other antisocial peers
  - underestimate own aggression, overestimate others' aggression
  - often a lack of concern for others

# CD: Associated Characteristics (cont.)

- · Family Problems
  - lack of family cohesion and emotional support
  - deficient parenting practices
  - harsh discipline
  - high rates of conflict, marital discord
  - family history of antisocial behavior and psychopathology
  - family instability

## CD: Associated Characteristics (cont.)

- Health-Related Problems
  - rates of premature death 3-4 times higher in boys with conduct problems
  - higher risk of personal injury and illness
  - early onset of sexual activity, higher sex-related risks
  - substance abuse, higher risk of overdose
- · Co-morbid Disorders
  - ADHD
  - depression
  - anxiety

## **Prevalence & Gender Differences**

- Prevalence
  - 2%-6% for CD
  - 12% for ODD
- · Gender differences
  - in childhood, antisocial behavior 3-4 times more common in boys
  - differences decrease/disappear by age 15
  - boys remain more violence-prone throughout lifespan; girls use more indirect and relational forms of aggression
  - Girls more often comorbid disorders

### **Developmental Course**

- · Earliest sign usually difficult temperament in infancy
- · Two Pathways
  - Life-course-persistent (LCP) path begins at an early age and persists into adulthood
    - · 10% boys increase aggression over childhood
    - Childhood aggression best predictor adolescent aggression
  - Adolescent-limited (AL) path begins around puberty and ends in young adulthood (more common and less serious than LCP)
- Often negative adult outcomes, especially for those on the LCP path

# Types of Behavior

	Overt	Covert
Destructive	Aggressive Assault, cruelty Age onset>6	Property Violators Lying, Stealing Age onset=7.5
Non- destructive	Oppositional (ODD) Swearing, arguing Age onset=4	Status Violators Breaking rules (truant) Age onset= 9

See figure 10.1 on p. 304

### Proactive v. Reactive CD

- · Proactive:
  - Unprovoked, cold blooded, personal gain, coercion
  - Expect to gain through aggression
  - Bullies; social status
- · Reactive
  - Retaliatory, defense against perceived threat
  - Physically abusive family backgrounds
  - Poor interpersonal problem solving
  - Misperceives motives as hostile (hostile attribution)

## Impulse v. Callous-Unemotional (CU)

- · Impulsivity based conduct problems
  - Acts without thinking
  - Engages in risky situations and aggressions
- · Callous-Unemotional conduct problems; Psychopaths
  - Derive pleasure from hurting others
  - Lack of remorse
  - Lack of compassion
  - Narcissistic
  - FMRI studies of frontal activation
    - Normal with emotion words (love)
    - Psychopaths do not show differential activation

### **Causes of Conduct Problems**

- · Genetic Influences
  - biologically-based traits like difficult early temperament or hyperactivity-impulsivity may predispose certain children
  - adoption and twin studies support genetic contribution, especially for overt behaviors
  - different pathways reflect the interaction between genetic and environmental risk and protective factors

## **Causes of Conduct Problems (cont.)**

- · Neurobiological factors
  - Overactive behavioral activation system (BAS) and underactive behavioral inhibition system (BIS)
  - Early-onset CD show low psychophysiological and/or cortical arousal, and autonomic reactivitymay lead to diminished avoidance learning
  - Higher rates of neurodevelopmental risk factors
  - Neuropsychological deficits

## **Causes of Conduct Problems (cont.)**

- · Social-Cognitive Factors
  - Egocentrism and lack of perspective taking
  - Cognitive deficiencies (e.g., inability to use verbal mediators to regulate behavior)
  - Cognitive distortions (e.g., hostile attributions to ambiguous stimuli)
  - Crick & Dodge model deficits in stages of social information-processing

## **Causes of Conduct Problems (cont.)**

- Family Factors
  - reciprocal influence- a child's behavior is both influenced by and influences the behavior of others
  - coercion theory- through an escape-conditioning sequence the child learns to use increasingly intense forms of noxious behavior to avoid unwanted parental demands
  - insecure parent-child attachments
  - family instability and stress
  - parental criminality and psychopathology

# **Causes of Conduct Problems (cont.)**

- · Societal Influences
  - more common in neighborhoods with criminal subcultures
  - established correlation between media violence and antisocial behavior
- Cultural Factors
  - associated with minority status, but this is likely due to low SES

# Integrative Developmental Model of CD (Patterson)

- Process of "growing" a CD child, beginning with host of risk factors mediated by family variables:
  - Before birth → risk factors
  - Early childhood → poor parental discipline
  - Middle childhood → peer rejection, academic problems, depressed mood, conflict with parents, parental rejection
  - Adolescence → antisocial peer group, substance abuse
  - Adulthood → chaotic employment, disrupted marriages, institutionalization, assortive mating
- Intergenerational cycle repeats

# **Treatment**

- · Interventions with some empirical support:
  - parent management training (PMT)
  - cognitive problem-solving skills training (PSST)
  - multisystemic treatment (MST)
  - preventive interventions
- More success with ODD than CD
- Degree of success or failure of treatments depends on the type and severity of problem, as well as related risk/protective factors