

Conduct Disorder Fact Sheet



Minnesota Association for
Children's Mental Health

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Symptoms/Behaviors

- Bullying or threatening classmates and other students
- Poor attendance record or chronic truancy
- Noncompliance
- History of frequent suspension
- Little empathy for others and a lack of appropriate feelings of guilt and remorse
- Low self-esteem that is masked by bravado
- Lying to peers or teachers
- Unconcerned about school performance
- Thrill seeking, fearlessness
- Insensitivity to punishment
- Stealing from peers or the school
- Frequent physical fights, use of a weapon
- Destruction of property
- Blames others for poor performance

Resources: See macmh.org/edguidelink for more conduct disorder specific resources.

About the Disorder

Children and adolescents with conduct disorder are highly visible, demonstrating a complicated group of behavioral and emotional problems. Students with conduct disorder tend to be impulsive, dishonest, and not concerned about the feelings of others. Serious, repetitive, and persistent misbehavior is the essential feature of this disorder.

These behaviors fall into four main groups: aggressive behavior toward people or animals, destruction of property, deceitfulness or theft, and serious violations of rules. To receive a diagnosis of conduct disorder the symptoms must cause significant impairment in social and academic functioning.

Diagnosing conduct disorder can be a dilemma because children/youth are constantly changing. This makes it difficult to discern whether the problem is persistent enough to warrant a diagnosis. In some cases, what appears to be conduct disorder may be a problem adjusting to acute or chronic stress. Many students with conduct disorder also have learning disabilities and about 1/3 may be depressed.

Other serious disorders of childhood and adolescence commonly associated with conduct disorder are attention-deficit/hyperactivity disorder (ADHD) or oppositional defiant disorder (ODD). The majority of students with conduct disorder may have life-long patterns of antisocial behavior and be at higher risk for a mood or anxiety disorder. Without treatment, many students cannot adapt to the demands of adulthood; they will have ongoing relationship problems and difficulty holding a job.

The causes of conduct disorder are unknown, but studies of twins and adopted children suggest that conduct disorder has biological (including genetic), psychological, and social components. The DSM-5 states that the quality of the child's family life seems to be an important factor in the development of conduct disorder. Certain environmental factors may increase the risk of disruptive behavior disorders including: harsh or inconsistent parenting, domestic violence, physical abuse, neglect, multiple/different caregivers, substance abuse by parents or care giver, and poverty. Other contributing factors may be an imbalance of certain chemicals in the brain. Studies have shown that impairment in frontal lobe and low serotonin levels may also be factors in causing conduct disorder.

The social context in which a student lives (poverty or a high crime area, for example) may influence what is viewed as antisocial behavior. In these cases, a diagnosis of conduct disorder can be misapplied to individuals whose behaviors may be protective or exist within the cultural context.

A child with suspected conduct disorder needs to be referred for a mental health assessment. If the symptoms are mild, the student may be able to receive services and remain in the regular school environment. More seriously troubled children, however, may need more specialized educational environments.

Educational Implications

Students with conduct disorder like to engage in power struggles. They often react badly to direct demands or statements such as: “You need to...” or “You must....” They may consistently challenge class rules, refuse to do assignments, and argue or fight with other students. This behavior can cause significant impairment in both social and academic functioning. They also work best in environments with high staff/student ratios, one-to-one situations, or self-contained programs when there is plenty of structure and clearly defined guidelines. A student’s frequent absences and refusal to do assignments often leads to academic failure.

Instructional Strategies and Classroom Accommodations

- Make sure curriculum is at an appropriate level. When work is too hard, students become frustrated. When it is too easy, they become bored. Both reactions lead to problems in the classroom.
- Avoid using “infantile” materials to teach basic skills. Materials should be age appropriate, positive, and relevant to students’ lives.
- Remember that praise is important but needs to be sincere.
- Consider the use of technology. Students with conduct disorder tend to work well on computers with active programs.
- Students with conduct disorder often do well in programs that allow them to work outside the school setting.
- Sometimes adults can subconsciously form and behaviorally express negative impressions of low-performing, uncooperative students. Try to monitor your expressions, keep them as neutral as possible, communicate a positive regard for the students, and give them the benefit of the doubt whenever possible.
- Remember that students with conduct disorder like to argue. Remain respectful, calm, and detached. Avoid power struggles and don’t argue.
- Give the student options. Stay away from direct demands or statements such as: “You need to...” or “You must....”
- Avoid escalating prompts such as shouting, touching, nagging, or cornering the student.
- Establish clear classroom rules. Rules should be few, fair, clear, displayed, taught, and consistently enforced. Be clear about what is nonnegotiable.
- Have the students participate in the establishment of rules, routines, schedules, and expectations.
- Systematically teach social skills including anger management, conflict resolution strategies, and how to be assertive in an appropriate manner. For example, discuss strategies that the students may use to calm themselves when they feel their anger escalating. Do this when the students are calm.
- Maximize the performance of low-performing students through the use of individualized instruction, cues, prompting, breaking down of academic tasks, debriefing, coaching, and providing positive incentives.
- Structure activities so the student with conduct disorder is not always left out or the last one picked.

For additional suggestions on classroom strategies and modifications, see An Educator’s Guide to Children’s Mental Health chapter on Meeting the Needs of All Students.