

# Systemic Perspective of Conduct Disorder in Adolescents

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# Introduction

- 2<sup>nd</sup> year doctoral student at the University of Tennessee in Knoxville
- Clinical experience
  - Residential treatment facilities
  - Correctional settings
  - Alternative school
  - In-patient psychiatric facility
- Research interest
  - Better preparing counselors (mental health and school) to work with individuals experiencing crisis and with extensive histories of trauma



# Co-Author

- Co-author on the paper that this presentation is based off of
- 2<sup>nd</sup> year doctoral student
- Clinical Experience
  - College students
  - Individuals with intellectual disabilities
- Research interests
  - Greif and loss
  - Queer educator identity development
  - Teaching ethics in counseling

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# Agenda

Conduct Disorder

Bronfenbrenner's Ecological Model

Interventions

Implications

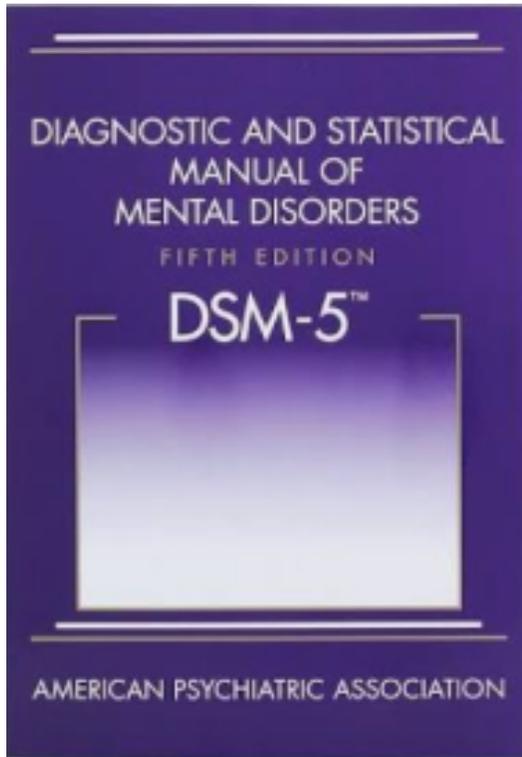
Questions

# Conduct Disorder

In broad terms, it is a pattern of behavior exhibited by an individual that harms property, persons, or animals; this pattern is habitual and exhibited in many domains of the youth's life (Von Sydow et al., 2013)



# DSM-5 Diagnostic Criteria



The Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition (DSM-5) defines conduct disorder (CD) as, “a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated” (American Psychiatric Association, 2013, p. 469)

# Diagnostic Criteria

## 4 Categories

- aggression to people and animals,
- destruction of property
- deceitfulness or theft
- serious violations of rules

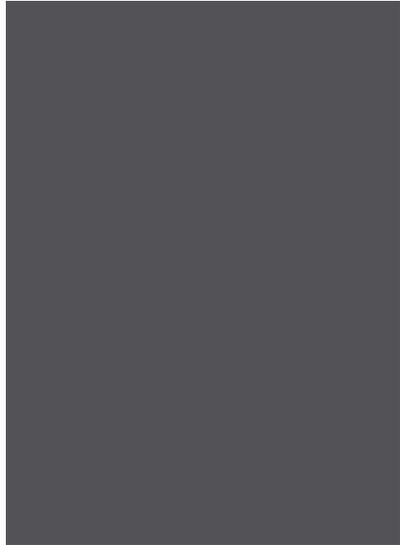
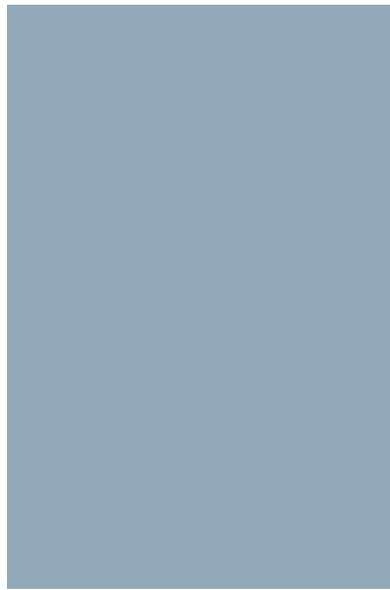
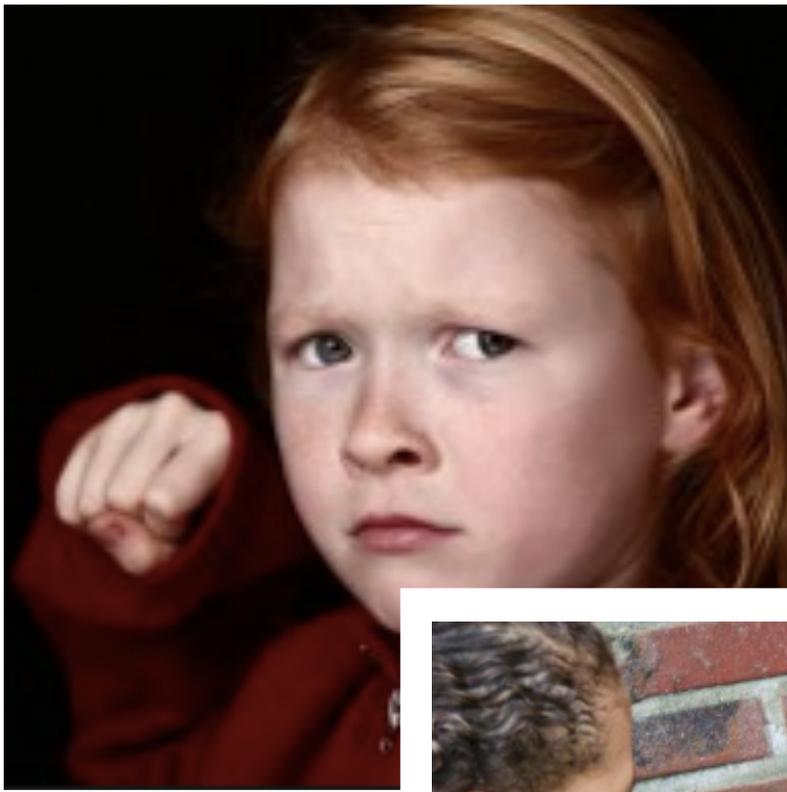
## 15 Total Criteria

- At least three specific criteria from the fifteen listed in the DSM need to be met in a 12 month period
- One of the criteria is required to be met within 6 months of diagnosis

**In addition to meeting these criteria, this behavior must be causing a significant impairment that reaches a clinical threshold in interpersonal, academic, or occupational functioning (American Psychiatric Association, 2013).**

# Specifiers

- Age of onset
  - Childhood on-set
    - Display at least one symptom prior to 10 years-of-age
  - Adolescent on-set
    - Must display no symptoms prior to 10 years-of-age
  - Unspecified on-set
    - Indicates inadequate information to determine age of symptom onset
- Limited Pro-social Emotions
  - Must have displayed at least two of the following characteristics ***persistently over at least 12 months*** and multiple relationships and settings
    - lack of remorse or guilt, lack of empathy, unconcern for performance, and shallow or deficient affect



# Gender

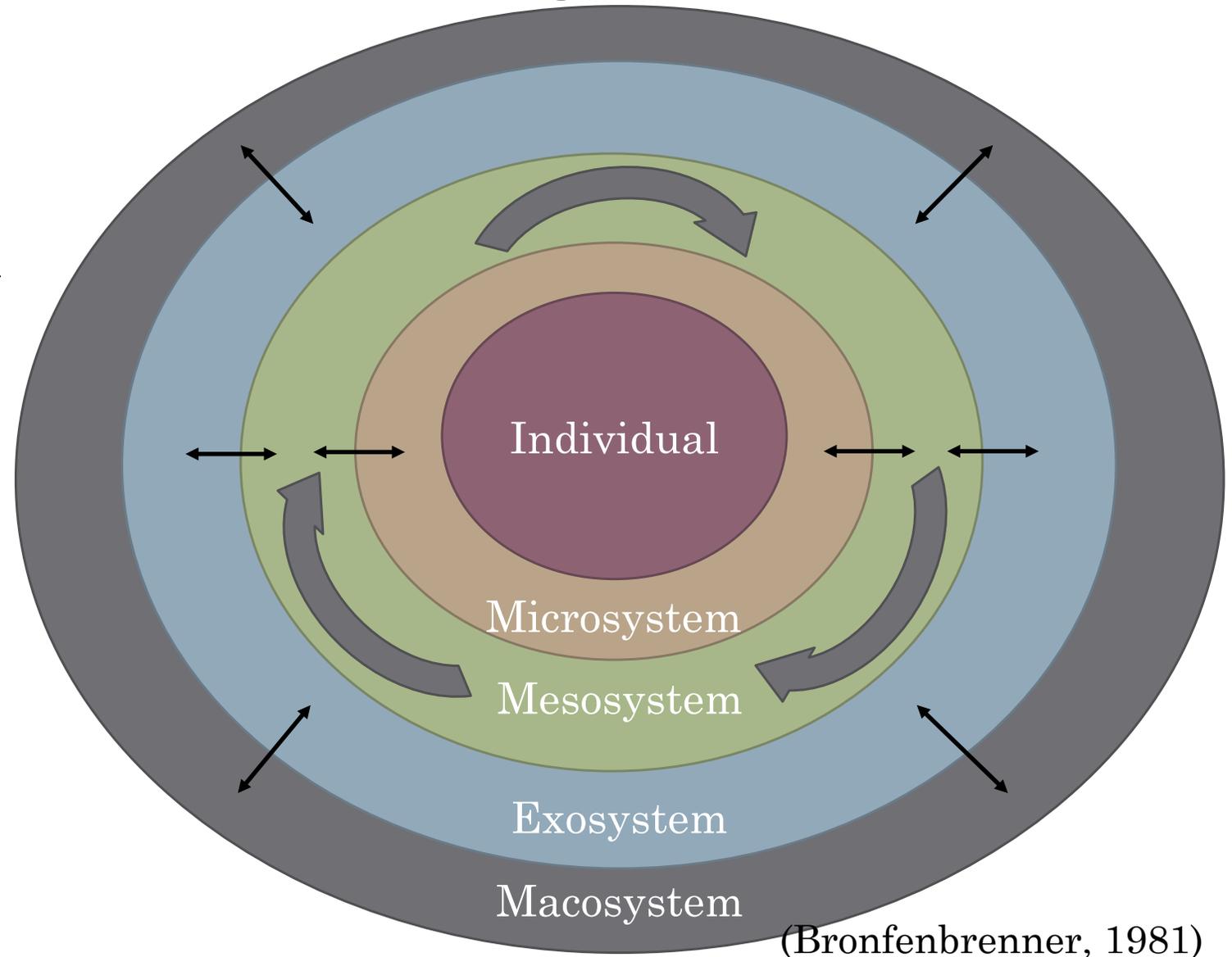
- The majority of children diagnosed with CD are male, especially those with the early-onset specifier (Barry et al., 2013)
- Males diagnosed with CD tend to exhibit externalizing behaviors such as stealing, fighting, vandalism, and school discipline programs (American Psychiatric Association, 2013).
- Females with a diagnosis of CD are more likely to display internalizing symptoms such as lying, truancy, running away, substance abuse, and risky sexual behavior (American Psychiatric Association, 2013).

# Assessment

- Among the most commonly used are (Barry, Golmaryami, Rivera-Hudson, & Frick, 2013) :
  - Child Behavioral Checklist (CBCL)
  - Devereux Scales of Mental Disorders
  - Disruptive Behavior Disorder Rating Scales (parent and teacher version)
  - Antisocial Process Screening Device (parent and teacher version)
  - structured and unstructured clinical interviews
  - behavioral observations
- The most valid form of assessment for CD is through a multi-informant approach

# Bronfenbrenner's Ecological Model

- **Individual:** sex, age, health, etc.
- **Microsystem:** Family, peers, church, health services, school
- **Mesosystem:** Interaction between the microsystem and the exosystem
- **Exosystem:** Industry, social services, neighbors, local politics, mass media
- **Macrosystem:** Attitudes and ideologies of the culture



# Example

Caleb is a 15 year old male with Hispanic heritage. He lives in an apartment with his mother, father, and two sisters. He attends the local public school where he plays basketball and is on the chess team. He sees his school counselor every two weeks to check-in about his math grade because he was experiencing challenges with his teacher earlier in the school year. Caleb's father was recently laid off from his job which has significantly impacted the financial security of the family. His mother recently enrolled the family in a food assistance program and utilities assistance program until his father can find stable work again. Caleb's mother has started a 2<sup>nd</sup> job cleaning houses and his two sisters help her a couple days a week. Caleb's sisters used to be able to help him with his homework in the evenings, but now that they are working with his mother, they have little time to help him while they are trying to keep from getting behind. Caleb's father has become frustrated and resentful that he cannot maintain the provider roll for his family.

# Example

Caleb is a **15 year old healthy male** with Hispanic heritage. He lives in an apartment with his **mother, father, and two sisters**. He attends the **local public school** where he plays basketball and is on the chess team. He sees his **school counselor** every two weeks to check-in about his math grade because he was experiencing **challenges with his teacher** earlier in the school year. **Caleb's father was recently laid off from his job** which has **significantly impacted the financial security of the family**. His mother recently enrolled the family in a **good assistance program and utilities assistance program** until his father can find stable work again. Caleb's mother has started a **2<sup>nd</sup> job** cleaning houses and his two sisters help her a couple days a week. **Caleb's sisters used to be able to help him with his homework in the evenings, but now that they are working with his mother, they have little time to help him while they are trying to keep from getting behind. Caleb's father has become frustrated and resentful** that he cannot maintain the provider roll for his family.

Where do you fit into this?



*Thinking about the role that you have, what system do you typically target with your services?*





## So what?

- Baker (2009) stated, “conduct disturbances are difficult to treat, especially if long-standing. To be effective, any intervention needs to address the full range of the child’s difficulties, at home, school, and wider community, in a developmentally appropriate way” (p. 27).
- Youths with CD also have a higher chance of experiencing academic and interpersonal deficits (Von Sydow et al., 2013), all of which needs to be addressed in the interventions recommended for treatment.

# Interventions

The youths' maladaptive behavior is embedded within the family and community structure, and those contextual aspects should not be neglected in the conceptual views about the development of symptoms, the habituation of negative behavior, and ultimately, the treatment recommendations (Von Sydow et al., 2013)

# Parent Management Training

- Parent management training is an intervention focused on **educating the child and the family** in more effective ways to resolve conflict and interact.
- The rationale for this treatment is to engage the entire family in learning more successful ways to communicate, and teaching the parent effective ways to encourage prosocial behavior in their child (Von Sydow et al., 2013; Frick, 2001).
- **For many youths, especially those younger than 8-years-old, parent management is the most effective and has the most empirical support for intervening with symptoms related to CD (Baker, 2009).**

# Functional Family Therapy

- Functional family theory conceptualizes dysfunction as behaviors and cognitions that serve the family system and the individual who has a role in that system (Von Sydow et al., 2013).
- The goal of the interventions associated with this therapy is to improve communication and interaction patterns in order to encourage more effective forms of communicating (Von Sydow et al., 2013).
- Functional family therapy views communication not only from a purely cognitive or behavior foundation, but also from the broader systemic angle of what goal or purpose the maladaptive behavior is serving (Von Sydow et al., 2013).

# Multi-systemic Therapy

- Multisystem therapy focuses on the youth being embedded in multiple systems including family, school, and community (Von Sydow et al., 2013).
- The ‘identified patient’ is the system as a whole, and may include interventions for the family, interventions at school to address peer relationships, or interventions in the community; the focus of the intervention is on the *interconnections of the systems* that the youth is involved in and the effect they have on each other (Von Sydow et al., 2013).
- **This form of therapy is deemed to be the most empirically effective for youths diagnosed with adolescent-onset CD** (Borduin et al., 1995; Henggeler et al., 1986; Henggeler, Melton, & Smith, 1992; Scherer, Brondino, Henggeler, & Melton, 1994; Cone et al., 1995; Von Sydow et al., 2013).

# Implications

What does this mean for your work?

How have you seen the system you work *in* and the systems you work *with* support youth diagnosed with conduct disorder?

Any creative strategies you've seen implemented?

# Conclusions

How will you carry this information back into the work that you do?

Multi-informant diagnosis and Multi-systemic intervention

Bronfenbrenner's Ecological Model is a useful model to conceptualize interventions and challenges for youth

Culturally responsive model

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