

# Conduct Disorders and Antisocial behaviors in Children and Adolescents

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- ▶ Two DSM-5 disruptive behavior disorders
  - ▶ Oppositional defiant disorder (ODD)
  - ▶ Conduct disorder (CD)
  - ▶ Both have been found to predict future psychopathology and enduring impairment in life functioning

- ▶ CD is characterized by a repetitive and persistent pattern of behavior in which the rights of others and age-appropriate cultural norms are violated

- ▶ Nearly half of all children with CD have no prior ODD diagnosis
- ▶ Most children who display ODD do not progress to more severe CD
- ▶ For most children, ODD:
  - ▶ Is an extreme developmental variation
  - ▶ Is a strong risk factor for later ODD
  - ▶ Does not signal an escalation to more serious conduct problems

# Subtypes of Conduct Disorder

Conduct problems fall on a continuous dimension

- ▶ Covert (hidden)- Destructive:

Property violations: vandalism, stealing, fires, cruelty to animals; also lying

- ▶ Covert- Non-Destructive:

Runway, truancy, substance use, breaks rules

- ▶ Overt (Open)-Destructive:

Aggression, fight, bullying, Spiteful

- ▶ Overt- Non-Destructive (oppositional)

Argues, temper, defies, stubborn, annoys, touchy

**A****Property Violations**

Cruel to animals •

• Steals Vandalism

• Fire setting

• Lies

**Destructive****Aggression**

• Assault

• Spiteful

• Cruel

• Blames others

• Fights

• Bullies

**B****Covert****Overt**

• Runaway

Swears •

• Truancy

Breaks rules •

• Substance use

Temper •

• Defies

Argues •

• Angry

• Stubborn

• Touchy

**Status Violations****Oppositional Behavior****Nondestructive****C****D**

# Types of Aggressive Behaviour

## Verbal vs. Physical

- ▶ *Verbal* - name-calling, swearing, taunting.
- ▶ *Physical* - assault, hitting, biting, bullying.

## Direct vs. Indirect

- *Direct* - source is clearly identifiable.
- *Indirect* - involves a third-party; can also involve spreading rumors.

# Subtypes of aggression

- ▶ **Impulsive, affective or reactive :**
  - dyscontrolled reactions with potential to hurt others
  - overt and unplanned
  - onset is most often in early childhood
  - risk for persistence to adulthood is great



# Subtypes of aggression

## Proactive ,instrumental or appetitive:

Aggression to achieve a goal. The actor is in control. It has 2 subgroups:

1- Adolescent -onset, peer-facilitated aggression : less violent, rely on peer encouragement, likely to diminish by adulthood.

2-Callous-unemotional (psychopathic) aggression:

The actor is indifferent to the consequences of his misbehavior on others, persistent , development is in early childhood.

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## Life-Course Persistent

Children display anti-social behaviours continuously from early childhood through adulthood.

Accounts for 7% of all children

Also called “childhood-onset” pathway

## Adolescent-Limited

Antisocial behaviour begins at puberty and continues into adolescence, stops by young adulthood.

30% of young people fall into this category

May be related to temporary situational factors

# Features of Early vs. Late Onset of Conduct Problems

|                                  | Early (childhood)  | Late (adolescence)   |
|----------------------------------|--|--|
| Neuropsychological               | Deficits in executive function, low intelligence   | No clear neuropsychological deficits                           |
| <b>Temperamental/Personality</b> | CU traits, impulsivity, fearlessness, emotional over reactivity  | Rebelliousness and rejecting of traditional status hierarchies |
| Contextual                       | Greater family dysfunction, poverty/low socioeconomic status   | Delinquent peer affiliations                                   |
| Behavioral                       | impulsivity, fearlessness, emotional over reactivity Aggression, higher severity and persistence of conduct problems and adult antisocial behavior | Higher likelihood of desisting in adulthood                    |

# Features of Early vs. Late Onset of Conduct Problems

|                         | Early (childhood)   | Late (adolescence)  |
|-------------------------|---|---|
| Developmental processes | Transactional between difficult temperament and dysfunctional or inadequate rearing contexts leading to problems in emotional regulation, poor executive control of behavior, or problems in conscience development | Exaggeration/disruption of the developmental process of adolescent identity formation |
| Gender                  | Males 10 times more likely than females to exhibit early onset CD   | Males 1.5 times more likely than females to exhibit late onset                        |

# callous-unemotional (CU) characteristics

- ▶ In the DSM-5 criteria for CD there is the addition of a specifier to designate youths

## “With a callous-unemotional presentation”

- ▶ To receive this specifier, the youth must meet criteria for CD and show two or more callous-unemotional (CU) characteristics, which include a lack of remorse or guilt, lack of empathy, unconcern over performance in important activities, and/or shallow affect, persistently for at least 12 months across multiple settings and relationships

# One Developmental pathway

Preschool



Elementary School



Adolescence



Difficult temperament

Hyperactivity

Overt conduct problems aggressiveness/ oppositionality

Withdrawal

Poor peer relationships

Academic problems

Covert or concealing conduct problems

Association with deviant peers

Delinquency (Arrest)

# comorbidities

- ▶ Attention-Deficit/Hyperactivity Disorder(ADHD)
  - ▶ It is the most common comorbidity of ODD and Conduct disorder : More than 50% of children with CD also have ADHD
  - ▶ Possible reasons for overlap
    - ▶ A shared predisposing vulnerability may lead to both ADHD and CD
    - ▶ ADHD may be a catalyst for CD
    - ▶ ADHD may lead to childhood onset of CD



## comorbidities

- ▶ The high rate of comorbidity between ADHD and CD is important because children with ADHD and CD have :
- ▶ lower age for CD onset
- ▶ More severe form of CD
- ▶ More likelihood of poor prognosis in later life
- ▶ The important application for treatment:
- ▶ Treatment of ADHD reduces the severity of CD

# comorbidities

## ▶ Anxiety disorders

About 1/3 of children with conduct problems also have at least one anxiety disorder

Increasing severity of antisocial behavior is associated with increasing severity of anxiety

Anxiety may serve as a protective factor to inhibit aggression

Children with CD and CU traits have less anxiety and less motivation for treatment

# comorbidities

- ▶ Depression:
- ▶ Is more than general population
- ▶ Mostly is due to repeated frustrations and interpersonal conflicts in CD
- ▶ unlike anxiety, does not change the prognosis and course of the symptoms of CD
- ▶ It is important since increases the suicidal thoughts in CD

# comorbidities

- ▶ Substance and Alcohol use Disorders:
- ▶ CD is related to substance and alcohol use in younger ages and also using multiple substances which continues into adulthood

# Etiology

- ▶ Today conduct problems are seen as resulting from:  
The interplay among a predisposing child, family, community, and cultural factors operating in a transactional fashion over time

# Etiology

- ▶ **Family influences**
  - ▶ Authoritarian or permissive Parenting style
  - ▶ Coercive parent-child interactions,
  - ▶ marital discord,
  - ▶ parental psychopathology
  - ▶ Children with callous-unemotional traits display significant conduct problems regardless of parenting quality

# Etiology

- ▶ **Genetic Factors:**
- ▶ Genetic factors may be related to difficult temperament
- ▶ Lack of response to distress in others (unemotional)
- ▶ Impulsivity
- ▶ Tendency to seek rewards
- ▶ Insensitivity to punishment
- ▶ factors

# Etiology

- ▶ Genetic factors may increase the child sensitivity to environmental risks such as violence in the family , divorce, maltreatment
  - ▶ Indicate 50% or more of variance in antisocial behavior is hereditarySuggest contribution of genetic and environmental
- ▶ **Social-Cognitive Factors**
  - deficits in social information-processing
  - hostile attributions to ambiguous stimuli



# Etiology

## ▶ Societal Influences

- ▶ Individual and family factors interact with the larger societal and cultural context in determining conduct problems
- ▶ Adverse contextual factors are associated with poor parenting
- ▶ Neighborhood and school
- ▶ Media

# Etiology

- ▶ Neurobiological Factors:
- ▶ Overactive behavioral activation system (BAS) and underactive behavioral inhibition system (BIS)
- ▶ Variations in stress-regulating mechanisms
- ▶ Structural and functional brain abnormalities in amygdala, prefrontal cortex, anterior cingulate, and insula
- ▶ Low cortical arousal and low reactivity of the autonomic nervous system
- ▶ This leads to fearlessness, poor response to punishment

# Treatment

- ▶ few effective interventions
- ▶ Interventions with empirical support:
  - ▶ Parent-Management Training (PMT)
  - ▶ Cognitive problem solving skills training (PSST)
  - ▶ Multisystemic treatment (MST)

▶ Thank you for your attention