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:

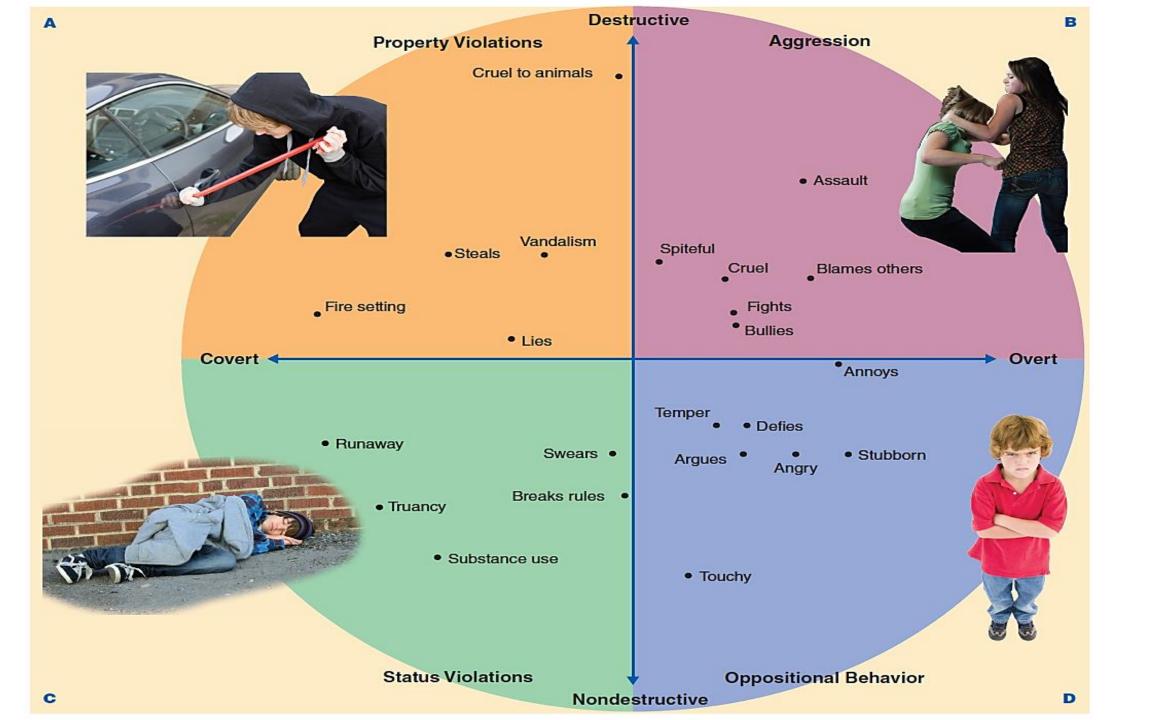
Runway, truancy, substance use, breaks rules

Overt (Open)-Destructive:

Aggression, fight, bullying, Spiteful

Overt- Non-Destructive (oppositional)

Argues, temper, defies, stubborn, annoys, touchy



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-unemtional (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 antisocial 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	
Temperamental/Personality	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

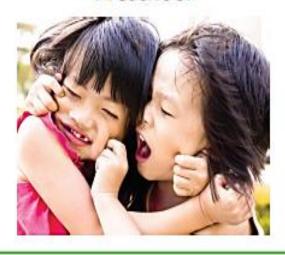
► In the DSM-5 criteria for CD there is the addition of a specifier to designate youths

"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

Poor peer Academic relationships problems

Covert or concealing conduct problems

Association Delinquency with deviant (Arrest) peers

- 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

- 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

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

- 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

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

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

- 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

- 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

- 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

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

- 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