

Identifying, Assessing, and Treating Conduct Disorder at School

Developmental Psychopathology at School

Series Editors:

Shane R. Jimerson, *University of California, Santa Barbara, CA, USA*

Stephen E. Brock, *California State University, Sacramento, CA, USA*

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Tammy L. Hughes Laura M. Crothers
Shane R. Jimerson

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Tammy L. Hughes
Duquesne University,
Pittsburgh, PA,
USA
hughest@duq.edu

Laura M. Crothers
Duquesne University,
Pittsburgh, PA,
USA
CrothersL@duq.edu

Shane R. Jimerson
University of California,
Santa Barbara, CA,
USA
jimerson@education.ucsb.edu

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Dedicated to

This book is dedicated to those children, families, and educational professionals who confront and overcome the challenges associated with conduct disorder. We hope that this book contributes valuable information that will facilitate their success.

And also to our children and families who inspire us and remind us of the importance of our efforts;

Mason Hughes Miller, Jeffrey A. Miller

John Lipinski, III, Conrad B. and Linda H. Metz, Nancy M., Katherine A., and Mitchell D. Cazenias

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Table of Contents

Acknowledgments vii

1. Introduction 1

2. Causes 10

3. Incidence and Associated Conditions 28

4. Case Finding, Screening, and Referral 38

5. Diagnostic Assessment 48

6. Psychoeducational Assessment 77

7. Treatment 97

Appendix: Conduct Disorder Resources 115

References 122

Index 151

1

Introduction

Conduct disorder (CD) is the diagnostic classification applied to children who display a pervasive and persistent pattern of problem behaviors characterized by aggression, destruction, deceitfulness, and serious violations of rules (American Psychiatric Association, 2000). The estimated lifetime prevalence of CD in the United States is 9.5% (12% among males and 7% among females) (Nock, Kazdin, Hiripi, & Kessler, 2006). The U.S. Department of Health and Human Services (1999) reports that CD affects 1% to 4% of schoolchildren. In the United States, CD symptoms are the primary presenting problems for psychiatric referral among children and adolescents (Kazdin, 1995). It is estimated that between 30% and 50% of all child psychiatry referrals involve CD (Kazdin, 1997). Moreover, children diagnosed with CD have higher levels of distress and impairment in almost all domains of adjustment, relative to children with other mental health disorders (Lambert, Wahler, Andrade, & Bickman, 2001). Early-onset conduct problems in childhood are a major risk factor for the development of delinquency, violence, antisocial behavior, impoverished social ties, and drug or substance abuse in later years (Bassarath, 2001; Patterson, DeGarmo, & Knutson, 2000). Thus, it is clear that school professionals need to be prepared to identify and provide support services for children with CD.

Why School Professionals Should Read This Book

The importance of understanding CD results in part from the fact that it constitutes one of the most frequent bases for referral of children and adolescents for psychological and psychiatric problems, criminal behaviors, and social maladjustment by the time they become adults (Kazdin, 1995). Beyond the prevalence of CD there is a common perception of increasing violence among children and adolescents. Further, how and where to serve children and adolescents with CD are difficult and controversial questions. Some may need to be served in alternative or special education setting and others in general education settings. To appropriately address the needs of all children and to address public perceptions, school psychologists and other educational professionals need to be prepared to

identify, assess, and treat children with CD in the school setting. In this section, we review some of the key issues regarding the importance of addressing the needs of children with CD.

Significant School Adjustment Difficulties

Conduct disorder is associated with behaviors that interfere with school success (Walker, Ramsey, & Gresham, 2004). In the classroom, children with CD show poor adjustment, as academic and social skill deficits are associated with poor peer relationships and low academic achievement. Children with CD may behave aggressively at school (e.g., fighting, bullying, intimidating, physically assaulting), requiring discipline referrals and at times resulting in suspension or expulsion from school (Schubiner et al., 2000). In addition to being out of school because of school discipline, these children also are truant more frequently and are more likely to fail to graduate from high school. Further, many children with CD may meet special education eligibility criteria.

Section 504 of the Rehabilitation Act of 1973

Section 504 delineates the provision of special services to ensure that “disabled students receive a free and appropriate public education (FAPE).” Under Section 504, a qualified student is defined as any person who has a mental or physical impairment that substantially limits a major life activity (e.g., learning). Thus, depending on the severity of symptoms, children with CD may or may not qualify under Section 504 (see Appendix 1.1 for further details). Thus, children thought to have CD should be evaluated to determine whether they qualify for services.

Individuals with Disabilities Education Improvement Act (IDEIA, 2004)

Under the new IDEIA, if a special-education student has a disciplinary plan, and receives a disciplinary referral, the referral team must investigate and determine if the student’s actions were a direct result of his or her disability. For the child with CD who also meets special-education eligibility criteria, school districts must ensure that disciplinary procedures do not interfere with the provision of a free and appropriate public education. The IDEIA directs the individualized education program (IEP) team to focus on addressing behavioral problems of children with disabilities to enhance their success in the classroom. For instance, in IDEIA, it is specifically required that (1) the IEP team explore the need for strategies and support systems to address any behavior that may impede the learning of the child with the disability or the learning of his or her peers; and (2) the school districts address the in-service and pre-service personnel needs (including those of professionals and paraprofessionals who provide special education, general education, related services, or early intervention services) as they relate to developing and implementing positive intervention strategies. Thus, it is imperative that both

general-education and special-education professionals are prepared to provide educational services to children with CD.

Inclusion of Children with CD in General Education Classrooms

Children with disabilities are increasingly placed in general-education settings (Sailor, Gerry, & Wilson, 1990). Given that support services may be offered in both the general- or special-educational settings regardless of eligibility status, it is typical that educational professionals in both contexts will be responsible for facilitating these children's education. Hence, all educational professionals (in both special and general education) need to have up-to-date information on CD.

Importance of Early Identification and Intervention

Early identification and intervention are important influences upon the outcome for children with CD. Recognizing early signs of CD and identifying risk factors is an important step in preventing a child's progression to CD (Holmes, Slaughter, & Kashani, 2001). If early problem behaviors are not addressed, antisocial behaviors are likely to persist when the child becomes an adult. Studies of young offenders have suggested that 50% to 70% of children and adolescents who are arrested for committing crimes have antisocial behaviors that persist into adulthood (Loeber, 1982; McCord, 1979).

Conduct Disorder Is Typically Identified During the School-Age Years

The median age of onset is 11.6 years (Nock et al., 2006); thus, educational professionals across the elementary, middle, and high school years must be knowledgeable and prepared to identify symptoms and to provide support services. Early childhood indicators include behaviors associated with oppositional defiant disorder (ODD), which is characterized by irritability, argumentativeness, and noncompliance. Holmes et al. (2001) emphasize that the first step in preventing the progression from juvenile delinquency to adult antisocial behavior is understanding and recognizing risk factors and contributing influences in early and middle childhood.

Conduct Disorder Is Often Experienced Concurrently with Other Childhood Problems

Conduct disorder behaviors are also frequently found among children diagnosed with attention deficit/hyperactivity disorder (AD/HD) and other disruptive disorders, and among children with bipolar disorder. In addition, rates of depression and rates of suicidal thoughts, attempts, and completions are all higher in children

diagnosed with CD (Pavuluri, Birmaher, & Naylor, 2005; Shaffer et al., 1996). The National Comorbidity Survey Replication study indicates that CD typically precedes mood and substance use disorders, but most often occurs after impulse control and anxiety disorders (Nock et al., 2006).

School-Based Professionals Have Daily Opportunities to Support Students

Because most children with CD attend school, there is an opportunity to establish support services to help address the needs of these children. Among those children who continue to attend school, educational professionals are in a unique position to help facilitate adaptive and prosocial behaviors (Waller, Waller, Schramm, & Bresson, 2006; Webster-Stratton, Reid, & Hammond, 2004).

Education and Learning Are Important for Future Success

Low achievement, truancy, and school dropout rates all interfere with children's engagement in education activities. For children with CD, facilitating and maintaining their engagement in the educational process helps to provide them with the skills and knowledge that will benefit them in the future (Walker et al., 2004). Also, educational successes promote subsequent adaptation and well-being.

Effective Interventions Are Essential to Offset Long-Term Societal Costs

Long-term economic costs associated with unresolved CD are estimated to exceed \$1 million per individual over his or her lifetime (Muntz, Hutchings, & Edwards, 2004). Ultimately, the importance of implementing effective interventions to promote the prosocial adjustment and healthy adaptation of children with CD can extend across the life span (Brestan & Eyberg, 1998).

Conduct Disorder Defined

Conduct disorder is one of three disruptive behavior disorders defined in the *Diagnostic and Statistical Manual of Mental Disorders*, text revision, 4th edition (DSM-IV-TR; American Psychiatric Association, 2000); the others are ODD and AD/HD (Figure 1.1). Behaviors among children diagnosed with CD may vary. The following provides a brief summary of the criteria according to the DSM-IV-TR (see Chapter 5 for the full criteria). Conduct disorder is a repetitive and persistent pattern in which the rights of others or the societal norms or rules are violated as manifested by the presence of at least three of the following criteria in the past 12 months (with at least one criterion present in the past 6 months): (1) being aggressive to people and animals, being physically cruel to people

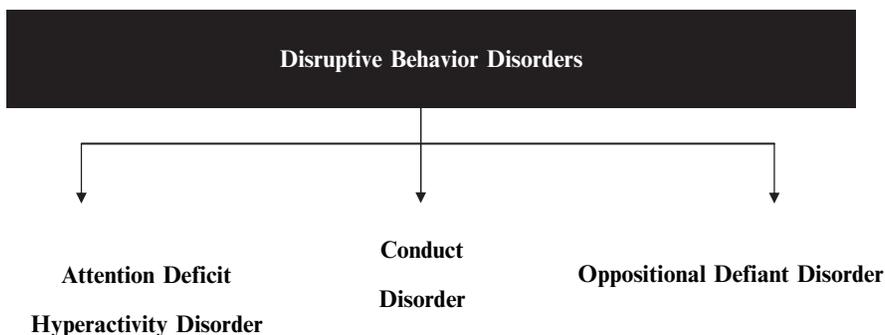


FIGURE 1.1. Disruptive behavior disorders include three different diagnostic categories.

or animals, stealing while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery), or forcing someone into sexual activity; (2) destruction of property; (3) deceitfulness or theft, such as breaking into someone's home, building, or car, lying to obtain goods or favors or to avoid obligations (i.e., "conning" others) or stealing items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery); (4) serious violation of rules, such as staying out at night despite parental prohibitions, running away from home overnight, or being truant from school.

The DSM-IV-TR specifies "childhood-type" as at least one criterion characteristic of CD occurring prior to age 10 years, and "adolescent-onset type" as the absence of all criteria characteristic of CD prior to age 10 years. Conduct disorder differs from other childhood disorders in its characteristic antisocial behavior, the chronic nature of such behavior, as well as the severe impairment of functioning of those exhibiting such behaviors. Although it is possible for a child to be given a diagnosis of CD without a record of overt physical aggression, the symptoms commonly include these behaviors.

Oppositional defiant disorder is characterized by a persistent or consistent pattern of defiance, disobedience, and hostility toward various authority figures including parents, teachers, and other adults. Typical problem behaviors include persistent fighting and arguing, being touchy or easily annoyed, and deliberately annoying or being spiteful or vindictive to other people. Children with ODD may repeatedly lose their temper, argue with adults, deliberately refuse to comply with requests or rules of adults, blame others for their own mistakes, and frequently are angry and resentful. Oppositional defiant disorder can precede or co-occur with CD.

Attention deficit/hyperactivity disorder is characterized by inattention, hyperactivity, and impulsivity. At least six symptoms of inattention and hyperactivity-impulsivity must be present for 6 months. Some, but not all, symptoms, must occur by the age of 6, and must be disruptive and inappropriate to the child's developmental level. Additionally, disruptive symptoms must occur in at least two

settings, where there is clear evidence of impairment in social, school, or work functioning. Attention deficit/hyperactivity disorder and CD often are found to co-occur.

Conduct Disorder and Educational Support Services

Meeting the DSM-IV-TR (American Psychiatric Association, 2000) criteria for CD (or any DSM diagnostic category, for that matter) does not necessarily qualify a child for a special-education placement or related services. Depending on the severity of the child's CD, he or she may be considered eligible for services or related assistance under Section 504 of the Rehabilitation Act of 1973 or IDEIA (2004). This section discusses educational regulations that govern the provision of special services to ensure that the children with CD receive a free and appropriate public education (FAPE).

If a child with CD is judged to be eligible (see Appendix 1.1), then Section 504 of the Rehabilitation Act of 1973 emphasizes that the individual is entitled to a FAPE. This may include either regular or special-education-related assistance and services (Davila, Williams, & MacDonald, 1991). An IEP is one way to provide FAPE, although it is not required under 504. If special-education services are not appropriate for the child with CD (and the student is judged to be a "handicapped person" as described by 504), then appropriate support services should be provided in the general-education setting. Moreover, general-education classroom teachers are explicitly identified as being important in the identification of required instructional adaptations and interventions.

The accommodations for children eligible under 504 need to be individualized to be effective; thus, there is no single plan that will fit the needs of each child. The Center for Child Welfare and Education (2004) at the University of Northern Illinois offers an example of a 504 accommodation for a high school student with CD who cannot walk in the hallways without being bumped by other students during the change in classes. When bumped, the student is confrontational with other students. A plan may be developed that allows the student with CD to go to his next class five minutes before the bell rings, thus precluding the opportunity to confront others when bumped.

The Americans with Disabilities Act of 1990 (ADA) also applies to children with CD, as the ADA prohibits discrimination against persons with disabilities at work, at school, and in public accommodations, and also applies to institutions that do not receive federal funds. Because the ADA has been interpreted as incorporating many of the Section 504 requirements, it has been suggested that by meeting 504 requirements, school districts fulfill their ADA obligations (Soleil, 2000). Furthermore, meeting IDEIA requirements also fulfills 504 requirements.

If a child with CD is found to qualify for special-education services according to IDEIA (2004), then the child would receive specially designed instruction, at no cost to the parents, to meet the unique needs of the child with a disability.

Under the protection of special education, the child with CD has the right to (1) procedural safeguards to ensure that parents are provided a written notice regarding identification, evaluation, or placement, or any change in placement of their child in special education; (2) a comprehensive evaluation by a multi-disciplinary team focused on serving the child in the least restrictive environment; and (3) an impartial due-process hearing for parents who disagree with the identification, evaluation, or placement of their child. Some children diagnosed with CD may qualify for special education under the eligibility category of emotional disturbance, while others may not qualify as they may not reach the diagnostic threshold (e.g., behaviors do not interfere with their learning or the learning of others) or their behavior difficulties are better described as social maladjustment (SM) (also see Appendix 1.1 for further discussion). Guidelines regarding how to determine special-education eligibility are discussed in Chapter 6.

Purpose and Plan of This Book

This book offers school professionals information they need to be better prepared to identify and address the needs of children with CD. Chapter 2 provides a review of the multiple influences and complex etiology of CD. Chapter 3 describes the prevalence and related epidemiological information for CD. Chapter 4 provides information about early warning signs and programming opportunities to prevent CD. Chapter 5 details the assessments available to determine if CD is present. Chapter 6 details the consideration of CD symptoms for psychoeducational assessments and special-education eligibility. Chapter 7 summarizes the research examining the effectiveness of interventions for children with CD, and discusses implementation considerations for the school setting.

Appendix 1.1. Question and Answers Regarding Section 504 Coverage of Children with Conduct Disorder

QUESTION: What is conduct disorder?

ANSWER: Conduct disorder (CD) is the diagnostic classification applied to children who display a pervasive and persistent pattern of problem behaviors characterized by aggression, destruction, deceitfulness, and serious violations of rules (American Psychiatric Association, 2000). To meet diagnostic criteria, three or more of the criteria must be present in the past 12 months, with at least one criterion present in the past 6 months. There are two subtypes, a childhood-onset type, which requires onset of at least one criterion characteristic of CD prior to age 10 years, and an adolescent-onset type, which is the absence of all criteria characteristic of Conduct Disorder prior to age 10 years.

QUESTION: Are all children with CD *automatically* protected under Section 504?

ANSWER: No. Some children with CD may have a disability within the meaning of Section 504; others may not. Children must meet the Section 504 definition of disability to be protected under the regulation. Under Section 504, a “person with disabilities” is defined as any person who has a physical or mental impairment that substantially limits a major life activity (e.g., learning). Thus, depending on the severity of their condition, children with CD may or may not fit within that definition.

QUESTION: Must children thought to have CD be evaluated by school districts?

ANSWER: Yes. If parents believe that their child has a disability, whether it be CD or any other impairment, and the school district has reason to believe that the child may need special education or related services, the school district must evaluate the child. If the school district does not believe the child needs special education or related services, and thus does not evaluate the child, the school district must notify the parents of their due-process rights.

QUESTION: Must school districts have a different evaluation process for Section 504 and the IDEIA?

ANSWER: No. School districts may use the same process for evaluating the needs of students under Section 504 that they use for implementing IDEIA.

QUESTION: Can school districts have a different evaluation process for Section 504?

ANSWER: Yes. School districts may have a separate process for evaluating the needs of students under Section 504. However, they must follow the requirements for evaluation specified in the Section 504 regulation.

QUESTION: Is a child with CD who has a disability within the meaning of Section 504 but not under the IDEIA entitled to receive special education services?

ANSWER: Yes and no. If a child with CD is found to have a disability within the meaning of Section 504, he or she may receive any special-education services the placement team decides are necessary; however, he or she is entitled to either regular or special education services that provide an education comparable to that provided to students without disabilities.

QUESTION: Can a school district refuse to provide special-education services to a child with CD because he or she does not meet the eligibility criteria under the IDEIA?

ANSWER: Yes and no. School districts are only required to provide special-education services to anyone who is identified. They can, however,

provide services to nonidentified youngsters if they wish to do so. Alternately, they may provide regular education accommodations to ensure that the child's education is comparable to that provided to children without disabilities.

QUESTION: Can a child with CD who is protected under Section 504 receive related assistance and services in the regular educational setting?

ANSWER: Yes. If it is determined that a child with CD has a disability within the meaning of Section 504 and needs only adjustments in the regular classroom, rather than special education, those adjustments are required by Section 504.

QUESTION: Can parents request a due-process hearing if a school district refuses to evaluate their child for CD?

ANSWER: Yes. In fact, parents may request a due process hearing to challenge any actions regarding the identification, evaluation, or educational placement of their child with a disability, whom they believe needs special education or related services.

QUESTION: Must a school district have a separate hearing procedure for Section 504 and the IDEIA?

ANSWER: No. School districts may use the same procedures for resolving disputes under both Section 504 and the IDEIA. In fact, many local school districts and some state education agencies are conserving time and resources by using the same due-process procedures. However, education agencies should ensure that hearing officers are knowledgeable about the requirements of Section 504.

QUESTION: Can school districts use separate due-process procedures for Section 504?

ANSWER: Yes. School districts may have a separate system of procedural safeguards in place to resolve Section 504 disputes. However, these procedures must follow the requirements of the Section 504 regulation.

QUESTION: What should parents do if the state hearing process does not include Section 504?

ANSWER: Under Section 504, school districts are required to provide procedural safeguards and inform parents of these procedures. Thus, school districts are responsible for providing a Section 504 hearing even if the state process does not include it.

Note: The above is a modification of the 1993 Memorandum from the United States Department of Education entitled, Clarification of School Districts' Responsibilities to Evaluate Children with Attention Deficit Disorders (ADD). The original document focused exclusively on ADD; however, the information is also applicable to conduct disorder (CD).

2

Causes

While it is clear that some mental health disorders have an organic basis, the underlying causes, and exactly how they are manifested is typically much more controversial. This chapter discusses the complex and multifaceted interaction of genetic, neurological, and environmental factors implicated in the development of conduct disorder (CD). As is the case with many forms of psychopathology, the specific causal factors linked to the development of CD have not yet been identified. However, research completed within the last two decades has yielded several correlates of the development of this disorder. Because numerous different causal factors in the development of CD have been suggested and linked through research to this form of psychopathology, it appears evident that one single primary cause does not exist. Instead, an interplay of organic factors, including neuroanatomical features/processes and genetics, and environmental conditions influence the manifestation of CD. The contributing factors that have been linked to the development of CD are considered below.

Underlying Neurological Causes

This section reviews the regions of the brain associated with CD, including anatomical features, hormones, and neurotransmitters of the human neurological systems (Figure 2.1).

Neuroanatomy

Numerous neurobehavioral models suggest that aggressive behavior may be a result of a functional failure of the regions of the brain responsible for emotional regulation, including the amygdala and prefrontal areas (Blair, 2001; Sterzer, Stadler, Krebs, Kleinschmidt, & Poustka, 2005). Individuals who exhibit a proclivity toward aggression and those with known brain lesions in the amygdala have marked neurobehavioral similarities (Angrilli et al., 1996; Patrick, Bradley, & Lang, 1993; Sterzer et al., 2005). In brain imaging studies, the amygdala in those exhibiting normal behavior and emotion processing activates in response