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Conduct disorder as a social and educational phenomenon

O transtorno de conduta como um fenômeno social e educacional

El trastorno de conducta como fenómeno social y educativo

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Abstract
Conduct Disorder is a complex psychiatric disorder that significantly impacts the lives of individuals, their families, and the broader community. The purpose of this paper is to present a detailed presentation of conduct disorder, with a particular focus on the social and environmental dimensions of the phenomenon. Special attention is given to comorbidity and interventions that can be applied in various settings, such as the family, school, and community. Furthermore, integrating sociological perspectives is highlighted, emphasizing the relationship between the disorder and social factors such as family dynamics, educational environments, and social inequalities. Strategies for early intervention, school-based programs, and therapeutic approaches are discussed as essential in addressing the disorder effectively. The paper underscores the significance of collaborative efforts among mental health professionals, educators, and families to foster social cohesion and enhance mental health outcomes. By framing Conduct Disorder as a multidimensional and sociocultural phenomenon, this study contributes to a deeper understanding of its implications and developing comprehensive treatment strategies.
Keywords: Conduct disorder; Interventions; Sociological approach; Mental health; School support.

Resumo
O transtorno de conduta é um transtorno psiquiátrico complexo que afeta significativamente a vida dos indivíduos, de suas famílias e da comunidade em geral. O objetivo deste artigo é fazer uma apresentação detalhada do transtorno de conduta, com foco especial nas dimensões sociais e ambientais do fenômeno. É dada atenção especial à comorbidade e às intervenções que podem ser aplicadas em vários ambientes, como a família, a escola e a comunidade. Além disso, destaca-se a integração das perspectivas sociológicas, enfatizando a relação entre o transtorno e os fatores sociais, como a dinâmica familiar, os ambientes educacionais e as desigualdades sociais. As estratégias de intervenção precoce, os programas escolares e as abordagens terapêuticas são discutidos como essenciais para o tratamento eficaz do transtorno. O artigo ressalta a importância dos esforços de colaboração entre profissionais de saúde mental, educadores e famílias para promover a coesão social e melhorar os resultados de saúde mental. Ao enquadrar o Transtorno de Conduta como um fenômeno multidimensional e sociocultural, este estudo contribui para uma compreensão mais profunda de suas implicações e para o desenvolvimento de estratégias de tratamento abrangentes.
Palavras-chave: Transtorno de conduta; Intervenções; Abordagem sociológica; Saúde mental; Apoio escolar.

Resumen
El trastorno de conducta es un trastorno psiquiátrico complejo que afecta significativamente a las vidas de los individuos, sus familias y la comunidad en general. El propósito de este artículo es presentar una descripción detallada del trastorno de conducta, con un enfoque particular en las dimensiones sociales y ambientales del fenómeno. Se presta especial atención a la comorbilidad y a las intervenciones que pueden aplicarse en diversos entornos, como la familia, la escuela y la comunidad. Además, se destaca la integración de perspectivas sociológicas, haciendo hincapié en la relación entre el trastorno y factores sociales como la dinámica familiar, los entornos educativos y las desigualdades sociales. Las estrategias de intervención temprana, los programas escolares y los enfoques terapéuticos se consideran esenciales para abordar el trastorno con eficacia. El documento subraya la importancia de los esfuerzos de colaboración entre los profesionales de la salud mental, los educadores y las familias para fomentar la cohesión social y mejorar los resultados de la salud mental. Al enmarcar el Trastorno de Conducta como un fenómeno multidimensional y sociocultural, este estudio contribuye a una comprensión más profunda de sus implicaciones y al desarrollo de estrategias integrales de tratamiento.
Palabras clave: Trastorno de conducta; Intervenciones; Enfoque sociológico; Salud mental; Apoyo escolar.

1. Introduction

Conduct disorder is a complex psychiatric disorder with profound implications for the individual, the family environment and the school. Factors such as parental depression, an abusive and violent environment, and rigid and violent behaviour towards children have been identified as possible causative factors (Hill & Maughan, 2001). Although most commonly manifested in adolescence, it is not excluded that it may occur at a younger age, although this is less common. Treatment of the disorder requires systematic treatment that focuses on the individual and the wider family. Early diagnosis and intervention are critical to prevent its development into an antisocial personality disorder (American Psychiatric Association, 2013). Research has shown that kindergarten-age conduct problems are associated with long-term economic and medical consequences in adulthood, further highlighting the importance of early intervention (Goulter et al., 2024). This study aims to provide a comprehensive examination of conduct disorder by analyzing its social and environmental determinants. Emphasis is placed on understanding the interplay between individual, familial, and societal factors that contribute to the disorder's development. Furthermore, evidence-based intervention strategies are discussed, focusing on their role in mitigating negative outcomes and improving the well-being of affected children, adolescents, and their families. According to the literature, such interventions have demonstrated a positive impact in both educational and community settings (Frick, 2004).

2. Methodology

It was carried out a qualitative nature study (Pereira et al., 2018) that can also be classified as a narrative revision of the literature (Rother, 2007), which is less systematic. In this revision, articles and bibliographic material were selected from Google Scholar using initially as descriptors: Conduct Disorder; Interventions; Sociological Approach; Mental Health; School Support. The selection criteria focused on studies that provide a comprehensive analysis of conduct disorder from both a psychological and sociological perspective.

3. Results and Discussion

3.1 What Is Conduct Disorder

Conduct disorder is a psychiatric syndrome that usually occurs during childhood and adolescence. It is characterized by repeated and persistent violations of the rights of others, as well as disobedience to age-related social norms (American Psychiatric Association, 2013). It affects approximately 5% of the adolescent population and is associated with a range of adverse effects on the individual's school and social life, as well as their mental health. A 2024 study emphasized the need for ongoing research into disruptive behaviors, as these disorders have long-term developmental and social consequences (Burke, 2024). Most worryingly, if not treated effectively, conduct disorder can develop into an antisocial personality disorder in adulthood. The population of conduct disorder is highly heterogeneous, as individuals vary in the degree of guilt, empathy, and other emotions (Puzzo et al., 2018).

3.1.1 Clinical Image

People with conduct disorder do not display guilt or remorse for their actions and show a general lack of concern for the negative consequences of their actions. For example, they do not feel bad about hurting someone and are indifferent to the consequences of breaking rules. Also, empathy is absent, as they ignore and do not care about the feelings of others. These individuals are often described as cold and self-centred, concerned only about consequences that affect them personally and displaying excessive self-confidence (Frick, 2004).

In terms of their school life, because of emotional regulation problems, children with conduct disorder are particularly vulnerable to anger when they feel challenged by peers. This can lead to aggressive acts, such as arguments with teachers, physical or verbal violence towards peers, and generally increased emotional arousal (Frick, 2004). Low scores are observed in their academic achievement, as they do not show concern or try to improve their performance in school, homework, or other important activities (Assary et al., 2015).

3.1.2 Comorbidity

The comorbidity of conduct disorder with other psychiatric disorders is a common phenomenon. Rates of comorbidity in both sexes are exceptionally high, reaching 93% in girls and 88% in boys with at least two disorders (Moffitt et al., 2001). In addition, conduct disorder in children often coexists with attention deficit hyperactivity disorder (ADHD) and other psychiatric conditions with a biological and genetic basis, such as anxiety and depression. ADHD has been reported as a driving factor leading to, and often preceding, behavioural disorders (Mpofu & Crystal, 2001). The proportion of children with conduct disorder who have a comorbidity with ADHD-Y ranges from 50% to 75% (Wymbs et al., 2014).

In addition, there is a co-occurrence of conduct disorder with depression, which usually follows the disorder and is often associated with drug or alcohol use (Wymbs et al., 2014). Furthermore, children with a diagnosis of conduct disorder, post-traumatic stress disorder, dissociative disorder, psychotic-type thinking disorders, substance use, and neurological disorders often coexist. These children also exhibit cognitive deficits and low cognitive quotient, especially on verbal scales (Tsopelas & Armenaka, 2012).

3.1.3 Causal factors

Leading clinicians and researchers in the field of psychopathology stress that the complexity and heterogeneity of conduct disorder make it difficult to pinpoint its causes. The onset of conduct disorder is associated with genetic, biological, neuropsychological, and cognitive factors and the role of attachment, family, and broader social influences (Hill & Maughan, 2001).

3.1.3.1 Individual and Idiosyncratic Characteristics

Research has shown that children and adolescents with conduct disorder have particular physiological characteristics. One of the most common findings is a low heart rate at rest and under stress, which can occur as early as three years of age. Violent behaviour in some children is associated with neurotransmitter dysfunction, as they have been found to have low serotonin levels. Smaller size or reduced activity of the prefrontal cortex, which is associated with planning and decision-making, has also been observed (Hill & Maughan, 2001).

In many cases, the onset of conduct disorder may be influenced by the interaction of genetic factors and environmental influences. For example, a child with a tendency to irritability, impulsivity, or prefrontal cortex deficiency may develop conduct disorder when growing up in an environment that does not support his or her idiosyncratic needs (Hill & Maughan, 2001).

3.1.3.2 Environmental factors

Environmental factors play a critical role in the development of behavioural problems. Research has linked conduct disorder to psychosocial adversities such as poverty, disorganised neighbourhoods, poor schools and parental psychopathology. Harsh and ineffective parenting, as well as inadequate care, are high-risk factors. In addition, exposure to physical or sexual abuse during childhood has been documented as a defining environmental risk (Lillig, 2018).

Furthermore, associating with peers involved in substance abuse or criminal activity increases the likelihood of developing conduct disorder. Finally, a lack of supportive school environments is associated with worsening symptoms of the disorder (Lillig, 2018).

3.1.3.3 Parental factors

Parental and family dynamics significantly influence the development of Conduct Disorder. Characteristics such as parental substance use and domestic violence can serve as models of negative behaviour for children. In particular, violence between parents reinforces the imitation of such behaviours by the child, leading to a vicious cycle (Cummings & Davies, 2002).

Lack of acceptance, warmth and support from parents, as well as inconsistent or excessively harsh disciplinary practices, exacerbate children's behaviour. At the same time, the absence of communication between family members and unhappy marital relationships are aggravating factors for antisocial children (Lillig, 2018).

3.2 Clinical Assessments of Children with Conduct Disorder

Clinical assessments of children with severe behavioural problems should be conducted by well-trained specialists and be comprehensive enough to identify co-existing mental health problems and complicating factors. Such a comprehensive approach is essential for designing targeted multisystemic treatment interventions to reduce antisocial and delinquent behaviour (Zuddas, 2014).

3.3 Diagnostic Criteria according to DSM-5

The Diagnostic and Statistical Manual DSM-5 (American Psychiatric Association, 2013) defines four categories with 15 criteria for the diagnosis of conduct disorder, as shown below:

- Attacks against humans or animals
- Destruction of property
- Theft or fraud
- Serious breaches of rules

Criteria for Diagnosis

Conduct disorder is characterised by a repeated and persistent pattern of behaviour that violates the fundamental rights of others or social norms, as manifested by at least three of the following criteria in the last 12 months, with at least one of them having occurred in the last 6 months:

a) Aggression against humans and animals

a1) Often, bullies threaten or intimidate others.

a2) It often starts physical battles.

a3) Has used a weapon that can cause serious bodily harm to others (e.g. bat, knife, gun).

a4) He/She has been physically cruel to people.

a5) He/She has been physically cruel to animals.

a6) The victim has been robbed by an attacker (e.g. armed robbery).

a7) Forced a person to engage in sexual activity.

b) Destruction of property

b8) It has caused a fire with the purpose of severe damage.

b9) Has destroyed the property of others except by arson.

c) Fraud or theft

c10) He/She has broken into a house, building or car.

c11) Often lies to obtain goods or avoid obligations.

c12) He/She has stolen objects of small value without aggression.

d) Serious breaches of rules

d13) Often stays out at night despite parental prohibitions, starting before age 13.

d14) Has left home during the night at least twice or once for an extended period.

d15) He/She often does scavenger hunts before the age of 13.

Functional Vulnerability

The disorder causes clinically significant impairment in social, academic or occupational functioning.

Exception for Antisocial Personality Disorder

If the person is 18 years of age or older, the criteria for antisocial personality disorder are not met (American Psychiatric Association, 2013).

The DSM-5 (American Psychiatric Association, 2013) distinguishes conduct disorder into:

- **Type of childhood-onset:** At least one symptom before the age of 10 years.
- **Type of teenage start:** No symptoms before the age of 10 years.
- **Unspecified start:** Lack of information on the age of onset of the first symptom.

3.4 Interventions

The need to develop effective intervention programmes for conduct disorder is urgent. However, creating effective treatments for conduct disorder is a significant challenge. The disorder's complexity and multiple dimensions make it difficult to implement treatment approaches, let alone achieve meaningful therapeutic change. Despite these obstacles, remarkable progress has been made in recent decades in the design and implementation of effective interventions (Hill & Maughan, 2001).

3.4.1 Parent Management Training - PMT

Parent training (PMT) includes procedures to change the child's behaviour at home. During sessions, parents work with a therapist who teaches them to use specific strategies to promote the child's social behaviour and reduce aggression. The training is based on the principle that problem behaviours often develop and are maintained because of inappropriate parent-child interactions (Hill & Maughan, 2001).

The overall purpose of PMT is to modify the parent-child exchange pattern so that the family directly reinforces and supports positive behaviour. This, according to Hill and Maughan (2001), includes:

- Setting rules for the child.
- Providing positive reinforcement for appropriate behaviour.
- Use mild forms of punishment to suppress unwanted behaviour.
- Negotiating compromises.

These parenting skills are systematically developed through successive approaches during the therapy sessions. Parents can see how the techniques are applied, practice through role-playing and review behaviour change programmes implemented at home.

Parenting support programmes extend to areas such as school performance, homework completion and playground activities, often with the cooperation of teachers (Hill & Maughan, 2001).

The duration of treatment depends on the severity of the disorder:

- For young children with mild symptoms, programmes last 6-8 weeks.
- For children with severe clinical symptoms, treatment lasts 12-25 weeks (Hill & Maughan, 2001).

3.4.2 Problem-Solving Skills Training-PSST

Individuals with disruptive disorders, particularly aggression, often have distortions and deficits in various cognitive processes. These deficits are not simply a reflection of mental functioning but are linked to the decision-making process and coping with interpersonal problems. Examples include generating alternatives for managing interpersonal situations (e.g., different ways of dealing with social situations), determining means to achieve goals (e.g., making friends), and predicting the consequences of actions (e.g., possible outcomes of a behaviour) (Kazdin, 2008).

Problem-solving skills training (PSST) focuses on developing skills to manage interpersonal cognitive challenges. This process includes (Hill & Maughan, 2001):

3.4.2.1 Situational Approach Analysis

Training focuses on how children approach problems and guide their reactions in interpersonal relationships. Children are taught a step-by-step approach to solving personal problems, focusing on specific aspects and tasks that lead to practical solutions.

3.4.2.2 Choice of Behaviors

The behaviours chosen in interpersonal situations are critical. Positive and cooperative behaviours are promoted through modelling and direct reinforcement, being an integral part of the problem-solving process.

3.4.2.3 Structured Tasks

Therapy includes games, academic exercises and stories. Cognitive skills are progressively applied to real-life situations, reinforcing the transition from theory to practice.

3.4.2.4 Role of the Healer

Therapists play an active role in helping children modify their cognitive processes. This includes coaching through self-direction, applying skills to specific problems, providing feedback, and praising for the correct use of skills.

3.4.2.5 Combination of Procedures

Therapy incorporates techniques such as modelling, practice, role-playing, reinforcement, and mild forms of punishment. These procedures evolve systematically to develop more complex and compelling response repertoires.

Training in cognitive problem-solving skills is a promising approach. Studies have shown that therapeutic interventions based on this method can lead to significant therapeutic changes (Hill & Maughan, 2001).

3.4.3 Functional family therapy - FFT

Functional Family Therapy (FFT) reflects an integrated approach based on systems, behavioural and cognitive approaches to an individual's dysfunction. Therapy also incorporates learning theory, utilizing social learning concepts and processes such as identifying specific behaviours to change, reinforcing new adaptive ways of responding, and empirically assessing and monitoring change (Alexander & Parsons, 1982; Carr, 2012).

The cognitive methods in FFT focus on the family's values, attitudes, assumptions, expectations and reactions. New perspectives can form the basis for developing new behaviours and helping family members understand and modify their dysfunctional reactions (Sexton & Turner, 2010).

The therapist highlights the interdependencies and unpredictable consequences of family relationships in daily functioning. Special emphasis is placed on the problem that formed the basis for seeking treatment. Once the family understands alternative ways of dealing with the problem, the motivation for more constructive interaction increases (Carr, 2012).

The treatment aims to:

- To improve relationships and positive reinforcement between family members.
- Establishing clear and effective communication.
- Clarifying the expectations and desires of family members from one to the other.
- Finding solutions to interpersonal problems (Alexander & Parsons, 1982).

During the sessions, family members identify and express the behaviours they want to see from others. The therapist positively reinforces communication efforts, provides social reinforcement, and provides feedback on interaction changes. Sessions focus on changing communication patterns, creating a safe space to manage problems and building healthier relationships (Sexton & Turner, 2010; Hill & Maughan, 2001).

3.4.4 Multisystemic Therapy - MST

The child is embedded in different systems, such as family, peers, schools and neighbourhoods. Multisystemic Therapy (MST) focuses on how children interact with these systems. For example, within the family context, therapy can address the causes of conflict and disagreement to change the child's behaviour. In addition, MST can improve a child's functioning in school, such as peer relationships. The approach also focuses on the individual's behaviour, mainly how it affects others. In some cases, individual therapy for the child is included in the treatment program (Henggeler et al., 2009).

MST can be seen as a package of interventions developed in collaboration with children and their families. The basic approach of MST focuses on family-based treatment. Various techniques are used to:

- Identifying problems.
- Strengthening communication.
- Building cohesion.
- Improving the interaction of family members.

The goals of treatment include:

- Supporting parents in the development of legitimate adolescent behaviours.
- Addressing marital difficulties that affect parenting effectiveness.
- The elimination of negative interactions between parents and adolescents.

- Strengthening cohesion and emotional warmth among family members.

Because children with conduct disorder often experience learning and academic difficulties, exceptional educational support is needed to meet these needs (Tighe et al., 2012).

MST seeks to modify the individual's family and broader environment, aiming to improve social behaviour (Hill & Maughan, 2001; Henggeler et al., 2009).

3.4.5 Cognitive-behavioural therapy

According to Mpofu and Crystal (2001), cognitive-behavioural therapy (CBT) involves intervention programmes that teach anger management techniques for managing social situations. The programmes include role-playing, modelling, and behavioural experiments. The role-plays contain reactions to hypothetical social situations and possible consequences for self and others. The participants in role-playing games are usually adolescents with conduct disorder and the therapist. These techniques are used to teach appropriate assessment and response to potentially ambiguous social situations (Beck, 2011).

Recent clinical trials suggest that targeted cognitive-behavioral interventions, such as the “START NOW” program, have shown significant improvements in emotional regulation and social functioning among adolescent girls with conduct disorder (Stadler et al., 2024).

CBT emphasizes the interactive flow, which includes:

1. The need for active participation.
2. The extensive processing of information before choosing a solution.
3. The procedures for correctly implementing the solution (Lochman & Wells, 2002).

Methods include video, bibliotherapy, and role-playing. Homework assignments test new learning behaviours in real-life situations. Research shows program participants decrease aggressive behaviour and increase self-confidence (Kazdin, 2008).

3.4.6 Pharmacotherapy

Usually, no pharmacological interventions are recommended for the disorder, except for short-term risperidone given to children and adolescents with subclass IQ [17] to allow suppression and reduction of reactivity and anxiety (Zuddas, 2014).

3.4.7 Early intervention

Early intervention in early childhood is particularly beneficial for symptom management and parental support. Research shows that strengthening the parent-child relationship by reducing parental strictness and developing a warmer relationship in the early years of a child's life can inhibit the onset of symptoms. The results highlight the importance of understanding the early development of Conduct Disorder symptoms and the influence of maternal and paternal care on preschool children's behaviour (Rolon-Arroyo et al., 2018).

3.4.8 Interventions at school

The school is an important setting for direct interventions to reduce risk factors and strengthen protective factors. Many studies suggest that school environments and experiences can protect vulnerable children, particularly when they perceive support from school staff (Wang & Eccles, 2012).

Aspects of school environments that contribute to reducing problem behaviour include (Stevens, 2018):

- Reorganizing classes so students are taught in smaller groups using alternative materials and cognitive behavioural techniques.

- Classroom management and the use of interactive teaching methods.
- Increasing student participation and using rewards and punishments to regulate behaviour.
- A general change in school discipline policies with an emphasis on student and community involvement.

Schools that set clear rules and design practices to manage behaviour experience fewer problems in the classroom (Frick, 2004). Equally important is developing positive relationships and effective communication between school staff and parents. Good communication is vital, as a lack of it can lead to inconsistency in the management of children with challenging behaviour (Stevens, 2018; Wang & Eccles, 2012).

3.5 Course and prognosis

Conduct Disorder has a 40% risk factor of developing into severe psychological disorders in adulthood. One of the most striking features of Conduct Disorder is its close relationship with all other psychiatric disorders in both children and adolescents. Conduct disorder at an early age is an indication of the future onset of depression, anxiety, obsessive-compulsive disorder and even psychosis. According to a recent study, children with conduct disorder have a higher rate of depression in adulthood than those diagnosed with depression in childhood. Some experts believe that conduct disorder is not just a specific psychiatric syndrome but may be a sign of many different psychiatric disorders and social problems. This emphasizes the importance of an individualized approach and understanding each case (Child and Adolescent Conduct Disorder, 2005).

4. Conclusions

Conduct Disorder has multiple etiological roots, necessitating the implementation of various treatment strategies. Treating children and adolescents suffering from Conduct Disorder is challenging due to the complexity of the factors associated with this disorder. Treatment is a systematic effort aimed at reducing, eliminating, or relieving the individual and those around him/her from various problems. In addition, intervention strategies must include multimodal and multidimensional efforts that meet the needs of each individual (Hughes, Crothers & Jimerson, 2008).

The link between Conduct Disorder and sociology highlights its multilevel nature, as it affects and influences the social systems in which the individual is embedded. Interventions based on sociological principles, such as improving school culture, enhancing community participation, and promoting equal opportunities, can significantly reduce symptoms. These strategies require collaboration between mental health, educational, and social stakeholders to take a holistic approach to the problem (Stevens, 2018).

Therefore, Conduct Disorder appears to be a complex phenomenon that requires the combined use of biological, psychological, and social approaches for its effective management. Incorporating sociological perspectives into interventions can provide deeper understanding and more effective solutions for the individuals affected and the communities in which they live.

Disclosure statement

No potential conflict of interest was reported by the authors.

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