



Building Bridges for Children's Mental Health

Behavioral Health Facts and Classroom Tips*

For use with Positive Behavior Supports & Response to Intervention

Conduct Disorder

Symptoms or Behaviors

- Bullying or threatening classmates and other students
- Poor attendance record or chronic truancy
- History of frequent suspensions
- Little empathy for others and a lack of appropriate feelings of guilt and remorse
- Low self-esteem masked by bold confidence
- Lying to peers or teachers
- Stealing from peers or the school
- Frequent physical fights; use of a weapon
- Destruction of property

Possible Educational Implications

Students with conduct disorder tend to:

- Engage in power struggles
- React badly to direct demands or statements such as: "You need to..." or "You must..."
- Challenge class rules
- Refuse to do assignments
- Argue or fight with other students

Watch for:

- Significant impairment in both social and academic functioning
- Frequent absences
- Refusal to do assignments
- Possible academic failure

Information for Parents & Teachers

All mental health concerns are treatable, and more treatment progress can be made by a coordinated partnership between schools and home. It is recommended that with family consent, all community partners involved work together and with the family.

Children and adolescents with conduct disorder are highly visible and tend to express serious, repetitive, and persistent misbehavior as the essential feature of this disorder.

Students with conduct disorder typically fall into one of four main groups: aggressive behavior toward people or animals, destruction of property, deceitfulness or theft, and serious violations of rules.

Benefits of early intervention

A diagnosis of conduct disorder requires a child or adolescent to have displayed three or more characteristic behaviors in the past 12 months. At least one of these behaviors must have been evident during the past six months.

In some cases, what appears to be conduct disorder may be a problem adjusting to acute or chronic stress. Many children with conduct disorder also have learning disabilities and about 1/3 are also depressed. Many children stop exhibiting behavior problems when they are treated for depression or receive the necessary school accommodations.

Support from family, school, friends, and peers can be an important part of recovery. With sensitivity, support, and help from mental health professionals, a child will lead a healthy and productive life.

A child with suspected conduct disorder would benefit from a mental health intervention. Classroom modifications and/or specialized educational services may be implemented to diminish symptoms and improve academic and social functioning.

The social context in which a student lives (poverty or a high crime area, for example) may influence what we view as antisocial behavior. In these cases, a diagnosis of conduct disorder can be misapplied to individuals whose behaviors may be protective or exist within the cultural context.

While it is important to respect a child's need for confidentiality, if you work with children or families, you are legally required to report suspected child abuse or neglect. According to CDE Guidelines, if you suspect possible abuse you are legally required to report your suspicions to the designated agencies immediately. This legal responsibility is not satisfied by merely reporting your suspicion to other school personnel.

Both a verbal and a written report are required. Please see a standard form for a written report in "Preventing and Reporting Child Abuse and Neglect", available at: <http://www.cde.state.co.us/cdeprevention/pchildabuse.htm>

This fact sheet must not be used for the purpose of making a diagnosis. It is to be used only as a reference for your own understanding and to provide information about the different kinds of behaviors and mental health issues you may encounter in your classroom.

* Behavioral Health refers to mental health and substance use disorders



Adapted from the Minnesota Association for Children's Mental Health Fact Sheets, www.macmh.org
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www.csi-policy.org/buildingbridges/index.html



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Proactive Instructional Strategies and Classroom Accommodations

Create an environment with low staff/student ratios and/or 1-to-1 situations when possible.

- Establish high and consistent structure and clearly defined elements.
- Make sure curriculum is at an appropriate level. When work is too hard, students become frustrated. When it is too easy, they become bored. Both reactions lead to problems in the classroom.
- Avoid "infantile" materials to teach basic skills. Materials should be age-appropriate, positive, and relevant to students' lives.
- Remember that praise is important but needs to be sincere.
- Consider the use of technology. Students with conduct disorder tend to work well on computers with active programs.
- Be aware that adults can unconsciously form and behaviorally express negative impressions of low-performing, uncooperative students. Try to monitor your impressions, keep them as neutral as possible, communicate a positive regard for the students, and give them the benefit of the doubt whenever possible.
- Remember that children with conduct disorder like to argue. Remain calm and respond with respect and detachment. Avoid power struggles and don't argue.
- Keep your voice low. Speak slowly.
- Give the student options. Stay away from direct demands or statements such as: "You need to..." or "you must..."
- Avoid escalating prompts such as shouting, touching, nagging, or cornering the student.
- Establish clear classroom rules. Rules should be few, fair, clear, displayed, taught, and consistently enforced. Be clear about what is nonnegotiable.
- Have your students participate in the establishment of rules, routines, schedules, and expectations.
- Systematically teach social skills including anger management, conflict resolution strategies, and how to be assertive in an appropriate manner. For example, discuss strategies that the students may use to calm themselves when they feel their anger escalating. Do this when the students are calm.
- Maximize the performance of low-performing students through the use of individualized instruction, cues, prompting, breaking down of academic tasks, debriefing, coaching, and providing positive incentives.
- Structure activities so the student with conduct disorder is not always left out or the last one picked.
- Students with conduct disorder often do well in programs that allow them to work outside the school setting.

Resources

American Academy of Child and Adolescent Psychiatry,

www.aacap.org, 800-333-7636

American Academy of Family Physicians,

www.aafp.org, 800-274-2237

Building Bridges for Children's Mental Health,

www.cde.state.co.us/cdesped/BuildingBridges.asp

Colorado Department of Education: Fast Facts,

http://www.cde.state.co.us/cdesped/download/pdf/FF-EBP_MH_ADHD.pdf

Colorado Division of Behavioral Health,

www.cdhs.state.co.us/dmh

Resource for mental health for all citizens of Colorado

Council for Exceptional Children (CEC),

www.cec.sped.org, 703-620-3660

Empower Colorado,

<http://www.empowercolorado.com/>

Federation of Families for Children's Mental Health

~ Colorado Chapter,

<http://www.coloradofederation.org/>

Mental Health Matters, www.mental-health-matters.com

Signs, resources and tips for parents

National Institute of Mental Health (NIMH),

www.nimh.nih.gov, 866-615-6464

Free educational materials for professionals and the public

National Institute on Drug Abuse,

<http://teens.drugabuse.gov/facts/index.php>

Parent Education and Assistance for Kids (PEAK),

www.peakparent.org

Publications

The Explosive Child: A New Approach for Understanding Easily Frustrated, Chronically Inflexible Children, by Ross W. Greene, Harper Collins, 2001.

**Conduct Disorder
Page 2**



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