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EARLY IDENTIFICATION AND MANAGEMENT OF BEHAVIOURAL DISORDER -A REVIEW ARTICLE

Mental Health Nursing

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Conduct, Behavior, scholastic disorder, adjustment disorder

INTRODUCTION

Behavior means the way in which ones act, Conduct disorder is behavioral and emotional disorder and a serious mental health problem in children. Behavioral disorder involves a pattern of disruptive behavior that cause problems in school, in home and in social situations. Behavioral disorder is deviation from normal behavior, common in children such as conduct disorder, attention deficit hyperactivity disorder, scholastic disorder, adjustment disorder, pervasive development disorder. Conduct disorder is similar to antisocial behavior

Meaning

Conduct disorder is mental health condition that involves the consistent pattern of aggressive and disobedient behaviors, it affects the children and teen and is treated with various forms of psychotherapy.

Definition:

Conduct disorder is characterized by a persistent and significant pattern of conduct in which basic rights of others are violated or rules of the society are not followed.

Disorder with the essential features of behavior that violates the basic rights of others or societal norms and rules.

Incidence:

- Conduct disorder is more common in boys than girls and the ratio could range from 4:1 as much as 12:1
- It is estimated to affect 51.1 million people globally as of 2013
- According to DSM 5 classification the global annual prevalence of conduct disorder is 1 to 10%.

Icd 10- Classification:

- In ICD 10 classification, chapter F classifies psychiatric disorders as mental and behavioral disorder. Conduct disorder codes them on an alphanumeric system from F00 to F99.
- F91 conduct disorders
- F90.0 Conduct disorder confined to the family context
- F91.1 Unsocialised conduct disorder
- F91.2 Socialized conduct disorder
- F91.3 Oppositional defiant disorder
- F91.8 Other conduct disorder
- F91.9 Conduct disorder unspecified
- F92 Mixed disorders of conduct and emotions
- F92.0 Depressive conduct disorder
- F92.8 Other mixed disorders of conduct and emotions
- F92.9 Mixed disorder of conduct and emotions unspecified

Etiology

Multiple factors contribute to the development of conduct disorder such as biological, social and family influences.

1. Biological factors:

Genetics:

- Studies with monozygotic and dizygotic twins as well as non-twin siblings has revealed a significantly higher number of conduct disorders.

Temperament:

- The term temperament refers to personality traits that become evident very early in life and may be present at birth.
- Children with severe temperamental disturbances including poor attachment may develop conduct disorder

Neurological factors:

Sadock and associates identify three neurobiological findings relevant to conduct disorder.

Neuro imaging studies identify decreased gray matter in limbic structures, bilateral insula (an area of cortex that plays a role connecting emotional responses to pain) and the left amygdala.

- Studies have found high plasma concentration of serotonin and low level in cerebrospinal fluid, both of which are correlated with aggression and violence.

Biochemical factors:

- Various studies have reported a possible correlation between elevated plasma levels of testosterone and aggressive behaviors.

Organic factor:

- Children with brain damage and epilepsy are more prone to conduct disorders.

Other Psychosocial Causes.

Peer relationships:

- Poor academic performance and social maladaptation often lead to affiliations with a deviant peer group.
- Research indicate that the deviant peer group provides training in criminal and delinquent behavior including substance abuse.

Family influences:

- Parental rejection, neglect, or severe physical and verbal aggression.
- Inconsistent management with harsh, punitive discipline.
- Parental sociopathy

Lack of parental supervision

- Frequency changes in residence
- Frequent shifting of parental figures
- Large family size
- Absent father
- Economic stressors
- Parents with antisocial personality disorder/ severe psycho pathology/ alcohol/ other substance dependence.
- Marital conflict and divorce in parents
- Parental permissiveness
- Association with delinquent subgroups

Inadequate/ inappropriate communication patterns in the family.

Types:

There are three subtypes of conduct disorder. These subtypes are distinguished by the age at which symptoms first appear.

Childhood onset indicates that the symptoms started before the age 10

Adolescent onset: indicates that the signs of the condition began during a child's teens.

Unspecified onset: indicates the exact age that the symptoms first began is not clear.

Clinical Features:

- Frequent lying
- Stealing or robbery
- Running away from home and school
- Deliberate fire setting
- Breaking someone else's house articles, car etc

- Deliberately destroying other's property
- Cruelty towards other people and animals
- Physical violence like rape, assaultive behavior and use of weapons etc
- Antisocial behavior: stealing, aggression, violent or threatening to others, being hostile.

Risk Factors

Children with these mental health problems are also more likely to have conduct disorder:

- Mood or anxiety disorders
- Posttraumatic stress disorder (PTSD)
- Substance use disorder
- Attention-deficit hyperactivity disorder (ADHD)
- Learning problems
- Children or teens who are considered to have a difficult temperament are more likely to develop behavior problems.

Impact/Complications

Conduct disorder isn't just a challenge for caregivers—it actually impairs a child's ability to function. Some areas where the condition may affect a child's life include:

- Education: Children with conduct disorder misbehave so much that their education is affected. . Children with conduct disorder may be at a higher risk of failure or dropping out of school.
- Legal issues: Adolescents with conduct disorder are also more likely to have legal problems. Substance abuse, violent behavior, and a disregard for the law may lead to incarceration.
- Relationships: Children with conduct disorder also have poor relationships. They struggle to develop and maintain friendships. Their relationships with family members usually suffer due to the severity of their behavior.

Identification Of Conduct Disorder

Conduct disorder can be identified based on signs and symptoms that suggest a particular problem. When children show increased instances of violent and antisocial behavior examples may range from pushing, hitting and biting when the child is young, progressing towards beating and inflicted cruelty as the child becomes older. Additionally, self-harm has been observed in children with conduct disorder. Symptoms vary by individual, but the four main groups of symptoms are described below

Aggression to people and animals

- Often bullies, threatens or intimidates others
- Often initiates physical fights
- Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- Has been physically cruel to people
- Has been physically cruel to animals
- Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- Has forced someone into sexual activity (rape or molestation)
- Feels no remorse or empathy towards the harm, fear, or pain they may have inflicted on other

Destruction of property

- Has deliberately engaged in fire setting with the intention of causing serious damage
- Has deliberately destroyed others' property (other than by fire setting)

Deceitfulness Or Theft

- Has broken into someone else's house, building, or car
- Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
- Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

Serious violations of rules

- Often stays out at night despite parental prohibitions, beginning before age 13 years
- Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
- Is often truant from school, beginning before age 13 years

The lack of empathy these individuals have and the aggression that accompanies this carelessness for the consequences is dangerous, not only for the individual but for those around them.

Diagnosis

Conduct disorder can be diagnosed early before age 10. If symptoms of conduct disorder are present, the doctor may begin an evaluation by performing complete medical and psychiatric histories.

Conduct disorder in children can be diagnosed by a mental health professional. Often, a diagnosis is made after attempts to remedy behavior problems at school and at home aren't effective.

A professional may interview the child, review records, and ask that parents and teachers complete questionnaires about the child's behavior. Psychological testing and other assessment tools may also be used to evaluate the child.

Prognosis

Prognosis is variable and depends on the presence of subtle psychiatric comorbidities and the initiation of early interventions

- Low intelligence capacities and a dysfunctional family environment with persistent criminality in parents predict a poor prognosis.
- Adequate treatment of ADHD, proper school placements with assistance for difficulties in learning, higher verbal intelligence, and positive parenting contribute to a better prognosis.

Prevention

Prevention is an important component in the intervention of conduct disorder. Integration of various modalities of intervention can have added beneficial effects. There is increased effectiveness in addressing multiple risk factors in intervention.

- The conduct problems prevention research group develops a model for the management of CD through the approach of preventive intervention.
- The name of the program was FAST Track (Families and schools together) Program. The FAST Track program integrates various interventional modules to encourage psychosocial competence of the child in various settings, for example, the family and school environment.
- This preventive approach can reduce conduct problems, poor social relationships and drop out from school.

In this 10 years intervention program included behavior-management training for the parents and training of child for improving social and cognitive skills. For this tutoring, home visiting, mentoring, and a universal classroom program were included

Management

Pharmacological Management

The most common mode of management is placement in a corrective institution.

Behavioral, educational and psycho therapeutic measures are employed for changing the behavior

- Drug treatment may be indicated in the presence of epilepsy – anticonvulsants.
- Hyperactivity- stimulant medication
- Impulse control disorder and episodic aggressive behavior –Lithium and carbamazepine
- Psychotic symptoms – Antipsychotic drugs

Non-pharmacological Management

Contingency management program

- The contingency management programme involves Setting behavioral goals that slowly shapes a child's behavior in specific areas of interest
- To monitor systematically whether the child is achieving these goals
- Positive reinforcement in taking steps in the direction of reaching these goals
- Penalty for undesired goals

Cognitive skill training

Hence this cognitive behavioral still training has been intended to address the social cognition deficit and to improve the problem solving skill in the social context in children with conduct disorders

- These programs teach the skills to decrease impulsivity and angry responding

- Mainly consist of problem-solving steps

Example:
- how to recognize the problems
- How to consider the alternative responses
- How to select the adaptive one to deal more effectively with the problem in hand

In this approach the therapist plays an active role
- modelling the skills being taught
- Role playing social situation with the child
- Prompting the use of skills being taught
- Delivering the feedback
- praise for the developing skill

The skills should be practiced in multiple settings for possible generalization and should involve people in the natural environment that is parents and teacher

Behavioral Therapy

Although both insight oriented and client centered approaches have been employed with the conduct disorders in children, The current most popular approach is behavioral in nature. The behavioral therapist helps to reduce the unacceptable activities of the child.
- The approach involves training parent to pinpoint problem behaviors Example aggressive responses as well as more appropriate modes of responding
- Utilize various child behavior management technique to decrease problem behavior and increase desirable behavior

Behavioural Procedures
- Reinforcement of appropriate behavior
- The use of Extinction Withdrawal of reinforcement
- Time out procedures for dealing with undesirable behavior
- Reinforcement of incompatible behavior

Parent Management Training
- The Major objective of the parent management training is to teach the parents the skill of developing and implementing a systematic contingency management plan for home setting
- The aim to improve the interaction between parent and child at home and to change the antecedents to behavior to increase the possibility that the child will show no social behavior
- It also helps the parent to improve their capability to keep an eye on their children and teaches them more efficient discipline strategies.
- Deficiencies in the above mentioned areas of parenting strategy have been consistently associated with child conduct disorder.
- Prompting play and a positive relationship.
- Trace and reward for social behaviors.
- Clear rules and clear commands.
- Consistent and com consequences for unwanted behavior.
- Recognizing the child's day to prevent fights.
- In Germany start now group based behavioral skills training program have been developed to target the specific needs of the girls with conduct disorder in residential care.
- It aims the enhancing emotional regulation capacities in females with conduct disorder to appropriately deal with day to day life demands.
- Primary aim to decrease the number of conduct disorder

Family Function Therapy
1. Improving communication between parent and child.
2. Improving consistency.
3. Take me up on supervision.
4. Monitoring and negotiating rules.

Multi Systematic Therapy

Multi systematic therapy is designed to address the role of multiple interconnected systems in which the adolescent is embedded. This approach recognizes
- The effect of family, school, work, peer, Community and cultural institutions and adolescents functioning and in the initiation and maintenance of delicate behavior.
- Seek to intervene therapeutically on the multiple level as needed
- The length of multi system therapy is between 13 to 17 session.
- It is based on family systems and social ecological models of behavior.

Although specific therapeutic techniques are flexible abide a number of clearly defined treatment principles such as focus on systematic strength and interventions should be developmentally appropriate.

Teachers Role

Implications For Planning And Awareness
- Meet with the student and parents early in the school year to discuss how the school can support this student's needs related to conduct disorder. This could include finding out about:
- the student's strengths, interests and areas of need
- specific symptoms that may affect the student at school
- any other associated disorders that need to be considered at school
- Successful strategies used at home or in the community that also could be used at school.
- If the student is taking medication during the school day, discuss with the parents possible side effects. Follow school and/or jurisdictional policies and protocols in storing and administering medication.
- Learn as much as you can about how conduct disorder may affect learning and social and emotional well-being.
- Reading, asking questions and talking to qualified professionals will build your understanding and help you make decisions to support the student's success at school.
- Provide supervision, as needed, to ensure the safety and well-being of the student and others at the school.
- Be aware that some students with conduct disorder may exhibit frequent fighting, bullying, threatening, intimidation of others, as well as cruelty to animals, deliberate destruction of property, and alcohol or drug abuse.
- Collaborate with the school and/or jurisdictional team to identify and coordinate any needed consultation and supports, such as behavioral therapy.
- Develop a system for sharing information with relevant staff members about the student's condition and successful strategies.
- The physical placement of the student with conduct disorder should be chosen carefully (e.g., who to sit beside, physical distractions, room to move, proximity to the teacher). It is important to avoid choosing a physical location that isolates the student, since this may make other students less willing and able to interact positively with the student
- Create pathways for movement. Pathways should eliminate the need to step over objects or between people.
- School staff working with the student should be trained in crisis management and nonviolent crisis intervention techniques.
- Know what your own triggers are to avoid being drawn into a negative interaction pattern with the student.

Implications For Instruction
- Determine the implications of the student's academic difficulties related to conduct disorder. Students with conduct disorder also may show low cognitive functioning, low academic achievement and reading disabilities.
- Use "start" requests rather than "stop" requests. "Do" requests are more desirable than "don't" requests.
- Make one request at a time, using a quiet voice and, when in close proximity, using eye contact.
- When appropriate, offer a choice (e.g., "Do you want to work at your desk or at the table?").
- Describe the desired behavior in clear and specific terms to reduce misunderstanding. Avoid entering into a discussion or argument about the behavior.
- Recognize that most behavior has a function. Use observation and data to determine the function of the behavior as this will help in determining appropriate strategies to implement.
- Develop a behavior support plan in which inappropriate behaviors are replaced with appropriate ones. When appropriate, involve the student in the development of this plan.

Implications For Social And Emotional Well Being
- Maintain predictable classroom routines and rules for all students.
- Provide encouragement and praise.
- Reward appropriate classroom.
- Speak to the student privately about his or her instead of in front of others, to prevent loss of face and avoid escalation.
- Explicitly teach, reinforce and provide opportunities to practice social and life skills, including how to:
- understand one's own feelings
- be friendly

- read social cues
- talk to peers
- manage anger
- make good decisions
- solve problems
- Succeed in school

Summary:

- Children with conduct disorder have difficult time following rules and behaving in a socially acceptable way. Their behavior can be hostile and sometimes physically violent. Children spent most of their time in school, Early identification of conduct disorder helps to prevent complications, Teachers play a vital role in identification of conduct disorder in children.

REFERENCES

1. Mary C Townsend- Textbook of Psychiatric and mental health nursing, 9th edition, Published by Jaypee brothers medical publishers, New Delhi, 2020.
2. Dr K Lalitha- Textbook of mental health and psychiatric Nursing, Published by VMG book house, Bangalore, 2011.
3. Niraj Ahuja- A short textbook of psychiatry, 7th edition, Published by Jaypee brothers medical publishers, New Delhi, 2011.
4. R Sreevani – A guide to mental health and psychiatric and psychiatric nursing, 2nd edition, Published by Jaypee brothers medical publisher, New Dehli, 2008.
5. Ram Kumar Gupta – A textbook of mental health nursing, 1st edition, Published by Pee Vee publisher, India, 2016.
6. Dr Bimla Kapoor – Textbook of Psychiatric Nursing, volume II, 2nd edition,Published by Kumar publishing house, Delhi, 2007
7. Johns Hopkins Medicine. Conduct Disorder [Internet]. Johns Hopkins Medicine Health Library. 2019. Available from: https://www.hopkinsmedicine.org/health/conditions-and-diseases/conduct-disorder.
8. Mental Health and Conduct Disorder [Internet]. WebMD. WebMD; 2003. Available from: https://www.webmd.com/mental-health/mental-health-conduct-disorder.
9. How to Tackle Conduct Disorder in Students [Internet]. blog.teachmint.com. Available from: https://blog.teachmint.com/how-to-tackle-conduct-disorder-in-students/
10. Morin A. The Warning Signs of Conduct Disorder in Children [Internet]. Verywell Mind. Verywell Mind; 2017. Available from: https://www.verywellmind.com/signs-of-conduct-disorder-in-children-4127239
11. Wikipedia Contributors. Conduct disorder [Internet]. Wikipedia. Wikimedia Foundation; 2019. Available from: https://en.wikipedia.org/wiki/Conduct_disorder
12. Conduct Disorder - Medical/Disability Information for Classroom Teachers [Internet]. www.learnalberta.ca. Available from: https://www.learnalberta.ca/ content/inmdict/html/conduct_disorder.html