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# Conduct Disorders in Children

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Conduct disorders are characterised by repetitive and persistent patterns of antisocial, aggressive, or defiant behaviour that is more frequent and severe than would be expected for a child of their age.

## Oppositional Defiant Disorder (ODD)

The most common type of conduct disorder in children aged 10 and under is Oppositional Defiant Disorder (ODD). Children with ODD may show:

- Frequent or severe temper tantrums.
- Arguing with adults.
- Actively defying or refusing adults' requests or rules.
- Deliberately doing things that annoy other people.
- Blaming others for their own mistakes or misbehaviour.
- Being touchy or easily annoyed.
- Seeming angry, resentful, spiteful, or vindictive.

## Conduct Disorder (CD) in older children

When a child shows the above behaviours alongside more extreme behaviours — including violence, use of weapons, stealing, lying, fire-setting, or cruelty to animals — this is known as Conduct Disorder (CD). It can be separated into:

- **Unsocialised conduct disorder:** the child does not have lasting peer relationships.
- **Socialised conduct disorder:** the child does have some meaningful connections with peers.

## How common are conduct disorders?

Conduct disorders are the most common mental and behavioural problem in children and young people, and are more common overall in boys. Roughly 7% of boys and 3% of girls meet criteria for conduct disorders. In 11–16-year-olds this rises to 8% of boys and 5% of girls.

## Additional symptoms

Many children with conduct disorder also have at least one other mental health problem, particularly ADHD. A small number also show a lack of guilt or remorse, lack of concern about performance, and shallow emotional expression. A significant minority may also have an anxiety disorder or depression — these are often missed due to the focus on behaviour problems.

## Does the behaviour need to occur at home and at school?

No. Some children show difficulties in all settings, but others may only present with challenging behaviour at home — including only with one parent in particular. These are well-recognised presentations and the problem is still real. It can be very difficult for parents not to feel blamed when difficulties are confined to the home, but this is understood and acknowledged in clinical practice.

## Risk factors

- **Parental factors:** a harsh or inconsistent parenting style, or exposure to parental mental health difficulties such as depression, antisocial personality disorder, or substance misuse.
- **Environmental factors:** experiences of poverty, or involvement with child protection services.
- **Individual factors:** low educational attainment and the presence of other mental health problems.
- **Ethnicity:** in the UK, conduct disorders are less common in children of South Asian family origin and more common in children of African-Caribbean family origin — though these factors can overlap with environmental ones.

Research has shown a strong link for "transactional processes": features in the child, parent, or environment can make parenting more challenging, which leads to less effective discipline, which in turn promotes poorer behaviour — making parenting even harder.

## Long-term consequences

In addition to causing stress in the family, conduct disorders can lead to poor educational attainment, social isolation, and difficulties with self-esteem as peers become less willing to play with the child. If not addressed, they can also lead to substance misuse and increased contact with the criminal justice system in adolescence.

## What caregivers can do to help

When children show a lot of challenging behaviour, it is easy to get into a cycle of paying a lot of attention to the difficult behaviours and less to the positive ones. Children prefer any kind of attention — even being shouted at — over no attention at all. Try to notice positive behaviours however small, and deal with misbehaviour as quickly and calmly as possible. Consistency across caregivers — within the home and between home and school — also helps.

## What teachers can do to help

Ensuring that discipline is fair and consistent, and that children are rewarded for positive and prosocial behaviour, can help to decrease behavioural problems.

## When and where to seek help

Seek help when challenging behaviour becomes much more frequent and severe than in other children of the same age, and/or it is having a significant impact on the household, on the child's ability to engage in education, or on their ability to make and keep friendships.

Your GP or the school SENCO can make a referral to your local CAMHS or another appropriate support service. Following assessment, treatment will be tailored to the child's difficulties.

## Treatment options

- **Group Parent/Carer Training Programmes** — recommended for children aged 3–11. Provides psychoeducation about conduct disorder and supports caregivers to respond to behaviour in ways that minimise misbehaviour and increase prosocial behaviour.
- **1:1 Parent/Carer Training** — recommended when behaviour is particularly extreme or complex. Uses the same principles but can be tailored to the family's unique circumstances and may include live coaching of parenting skills.
- **Group Child-Focused Programmes** — recommended for children aged 9–14, focusing on social skills and problem-solving skills.
- **Medication** is not indicated for conduct disorder itself, but pharmacological management of ADHD symptoms may help children who have both conditions. This should be prescribed by a specialist or GP and closely monitored.