
Conduct Disorder: Tips for Teachers

Supporting pupils with conduct problems in the classroom

Written by Dr Matt Woolgar, Consultant Clinical Psychologist, South London and Maudsley NHS Foundation Trust

What are conduct problems?

Children who meet the criteria for conduct disorder (CD) or oppositional defiant disorder (ODD) show patterns of aggressive or antisocial behaviour that are more frequent or more severe than their peers. Most children misbehave or have tantrums from time to time — that is normal. What distinguishes conduct problems is the intensity and frequency, not always the type of behaviour. These conditions affect around 5–6% of school-age children.

Conduct problems can be overt — fighting, bullying, arguing — or covert, such as lying, stealing, or subtle victimisation of peers. Some children show problems only at school, others only at home, and some in both settings. Getting the parents' perspective is always valuable.

Co-occurring conditions

Conduct problems frequently occur alongside other difficulties that can be masked by challenging behaviour:

- **ADHD** co-occurs in around a quarter of children with conduct disorder. Treating ADHD effectively is important, but it may or may not reduce conduct problems directly — they are different things.
- **Anxiety and low mood** affect around 20% of children with conduct problems. It is worth remembering that a child who seems "bad" may also be "sad".
- **Literacy difficulties** are strongly associated with conduct problems. Struggling to read can trigger behaviour problems as a way of avoiding classroom difficulties — and behaviour problems in turn reduce engagement with learning.
- Autism spectrum conditions and intellectual disability can also co-occur and complicate the picture.

Observe and define the behaviour

Because conduct problems take many forms, an important first step is getting clear on which specific behaviours you want to address, and which are most urgent. An **ABC chart** (Antecedent, Behaviour, Consequence) is one of the most useful tools: note what happened before the behaviour, the behaviour itself, and what followed — including responses from classmates as well as from you. Aim for quality over quantity: one or two carefully observed incidents, noted as soon as possible afterwards, are more useful than many incomplete records.

Balance positive opportunities with consistent limits

Effective intervention balances two things: creating opportunities for positive, prosocial behaviour (which is noticed and praised) alongside consistent boundaries and limits. Approaches that focus only on one of these tend to be much less effective.

Catching the child being good:

Many children with conduct problems have not yet learned how to behave prosocially, or have not found reasons to do so. Look actively for opportunities to notice and praise positive behaviour — not just active helpfulness, but quieter behaviours too, such as getting on with work or sitting calmly. These behaviours are easy to overlook, but noticing them is essential if you want to see more of them.

Setting limits:

Limits need to be consistent and relevant to the specific behaviours you are addressing. For some children a whole-class approach will be sufficient; others will need a more tailored plan — which may require additional support, for example through an EHCP.

The earlier, the better

A diagnosis of CD or ODD is not fixed for life — most children with conduct problems become less antisocial over time. However, early intervention significantly improves outcomes. Children who recover later may still have missed important opportunities in education and social development. The earlier a child receives appropriate support, the better their long-term prospects.

Getting help

Schools are often the first place conduct problems are identified. Keep a record of concerning behaviours — their frequency, severity, and how they compare to same-aged peers — to support any referral. Relevant services include CAMHS, educational psychologists, social care, and education mental health practitioners trained in evidence-based approaches including parenting interventions.