What is conduct disorder?

Children with conduct disorder repeatedly violate the personal or property rights of others and the basic expectations of society. A diagnosis of conduct disorder is likely when symptoms continue for 6 months or longer. Conduct disorder is known as a "disruptive behavior disorder" because of its impact on children and their families, neighbors, and schools.

Another disruptive behavior disorder, called oppositional defiant disorder, may be a precursor of conduct disorder. A child is diagnosed with oppositional defiant disorder when he or she shows signs of being hostile and defiant for at least 6 months. Oppositional defiant disorder may start as early as the preschool years, while conduct disorder generally appears when children are older. Oppositional defiant disorder and conduct disorder are not co-occurring conditions.

What are the signs of conduct disorder?

Symptoms of conduct disorder include:

- Aggressive behavior that harms or threatens other people or animals;
- Destructive behavior that damages or destroys property;
- Lying or theft;
- Truancy or other serious violations of rules;
- Early tobacco, alcohol, and substance use and abuse; and
- Precocious sexual activity.

Children with conduct disorder or oppositional defiant disorder also may experience:

- Higher rates of depression, suicidal thoughts, suicide attempts, and suicide;
- Academic difficulties;
- Poor relationships with peers or adults;
• Sexually transmitted diseases;
• Difficulty staying in adoptive, foster, or group homes; and
• Higher rates of injuries, school expulsions, and problems with the law.

**How common is conduct disorder?**

Conduct disorder affects 1 to 4 percent of 9- to 17-year-olds, depending on exactly how the disorder is defined (U.S. Department of Health and Human Services, 1999). The disorder appears to be more common in boys than in girls and more common in cities than in rural areas.

**Who is at risk for conduct disorder?**

Research shows that some cases of conduct disorder begin in early childhood, often by the preschool years. In fact, some infants who are especially "fussy" appear to be at risk for developing conduct disorder. Other factors that may make a child more likely to develop conduct disorder include:

• Early maternal rejection;
• Separation from parents, without an adequate alternative caregiver;
• Early institutionalization;
• Family neglect;
• Abuse or violence;
• Parental mental illness;
• Parental marital discord;
• Large family size;
• Crowding; and
• Poverty.

**What help is available for families?**

Although conduct disorder is one of the most difficult behavior disorders to treat, young people often benefit from a range of services that include:

• Training for parents on how to handle child or adolescent behavior.
• Family therapy.
• Training in problem solving skills for children or adolescents.
• Community-based services that focus on the young person within the context of family and community influences.

**What can parents do?**

Some child and adolescent behaviors are hard to change after they have become ingrained. Therefore, the earlier the conduct disorder is identified and treated, the better the chance for success. Most children or adolescents with conduct disorder are probably reacting to events and situations in their lives. Some recent studies have focused on promising ways to prevent conduct disorder among at-risk children and adolescents. In addition, more research is needed to determine if biology is a factor in conduct disorder.
Parents or other caregivers who notice signs of conduct disorder or oppositional defiant disorder in a child or adolescent should:

- Pay careful attention to the signs, try to understand the underlying reasons, and then try to improve the situation.
- If necessary, talk with a mental health or social services professional, such as a teacher, counselor, psychiatrist, or psychologist specializing in childhood and adolescent disorders.
- Get accurate information from libraries, hotlines, or other sources.
- Talk to other families in their communities.
- Find family network organizations.

People who are not satisfied with the mental health services they receive should discuss their concerns with their provider, ask for more information, and/or seek help from other sources.

This is one of many fact sheets in a series on children's mental health disorders. All the fact sheets listed below are written in an easy-to-read style. Families, caretakers, and media professionals may find them helpful when researching particular mental health disorders. To obtain free copies, call 1-800-789-2647 or visit http://mentalhealth.samhsa.gov/child.

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**Important Messages About Children's and Adolescents' Mental Health**

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

**Mental Health Resources on the Internet**

Centers for Disease Control and Prevention  
www.cdc.gov

ClinicalTrials.gov, National Institutes of Health  
http://clinicaltrials.gov/

Substance Abuse and Mental Health Services Administration  
http://mentalhealth.samhsa.gov

National Institute of Mental Health  
www.nimh.nih.gov

**For information about children's mental health, contact SAMHSA's National Mental Health Information Center:**

Toll-free: 800-789-2647  
Fax: 240-747-5470  
TDD: 866-889-2647

**Systems of Care**

Some diagnosed cases of conduct disorder may be considered serious emotional disturbances. Systems of care for children's mental health offer children with serious emotional disturbances and their families a wide range of comprehensive and community-based services to help them reach their full potential. To learn more about systems of care, call 301-443-1333, or to request a free fact sheet on systems of care, call 1-800-789-2647.

**Endnotes**