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(CASE REPORT)

A case study of conduct disorder

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Abstract

This article presents a case study of conduct disorder. The patient is 12 years old, she manifests symptoms of conduct disorder. These symptoms affect her daily functioning, affect academic performance, relationships with friends and relations with parents. The patient followed cognitive behavior therapy. Family dynamics can be considered difficult, due to the older age of parents. The therapeutic relationship can be described as good, since the patient willingly comes to therapy, but there are challenges during the process as she tends to respond very briefly. The behavior has changed during the therapy.

Keywords: Conduct Disorder; Cognitive Behavior Therapy; Child; Behavior; Daily functioning.

1. Introduction

Conduct disorder is a disorder that is characterized by destructive behavior towards others, the environment and oneself. This category of children does not attempt to solve problems, but solve them by insulting, shouting and showing aggression.[1]

Based on Dsm (Diagnostic and Statistical Manual of Mental Disorder) has categorized three types related to the conduct disorder. The group type (is the most widespread and delinquent type, these children who have an almost similar formation are grouped and conformed, creating the credibility of among themselves and exhibit antisocial behavior in groups. [1] [2] Usually these children have the same personal history, they have difficulties in school. Solitary aggressive type (these types most often show antisocial behavior in the family the predisposition to have a psychopathology in their family is greater, they make excuses for everything are not empathetic towards others, are unpredictable, exhibit physical and verbal violence, and the undifferentiated type this includes children with mixed clinical features, which is why the Dsm calls them undifferentiated.[2]

2. Patient Identification

2.1. Identifying information

N.V is 12 years old, lives with her mother and father in Tirana. Mother refers her for evaluation because she continuously refuses to go to school, has frequent stories of plucking her eyebrows, gets angry very quickly and has difficulty

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controlling anger. Mother refers about 3 episodes of defecation in the middle of the room as signs of anger, uses words not suitable for their age, bursts into tears and screams if her wishes are not fulfilled even when they are in public places (the mother shows that her expenses are unbearable for their budget).

2.2. Main complaints

Opposition to authoritarian figures, behaves cruelly towards animals, has thrown her cat twice from the 5th floor. difficulty in managing anger and aggressiveness

- Emotional symptoms: anger, lack of empathy.
- Cognitive symptoms: there are frequent stories of plucking the eyebrows, low concentration in tasks.
- Behavioral symptoms; persistently refuses to go to school, behaves cruelly to animals, difficulty in making friends.
- Psychological symptoms; uses vocabulary not appropriate for the age, bursts into tears and screams if a wish is not fulfilled, 3 episodes of defecation in the middle of the room as a sign of anger.
- Psychiatric history; there is no data as she is an adopted child.

2.3. Personal and social history

N.V is an adopted child, when she was 9 months old, she was adopted from one of the orphanages in the city. Her mother claims that she was a quiet baby, the behavioral problems started somewhere around the age of 8. The mother had difficulty managing it on her own. The mother says that even up to 8 years old, her behavior and agitation have been difficult to manage, but I consulted a specialist several times and they told me that the behavior is normal. The relationship with the parents is considered very difficult, she does not obey even for the functioning tasks of daily life.

- Medical history: N.V does not suffer from any physical illness.
- Mental status: Disobedience to authority figures, unprovoked outbursts of irritability and anger, age-inappropriate behavior.
- Diagnosis according to DSM V: conduct disorder [2]

2.3.1. Tools used for clinical evaluation

- SDQ (3-4, 4-16 AND 11-17)
- Behavioral problems - 10 points (high level)
- Hyperactivity -5 points (lower level)
- Emotional symptoms - 6 (moderate level)
- Problems with peers -5 points (moderate level0
- Prosocial behavior -4 (high level)

2.3.2. Anxiety Assessment Tools

- State –trait anxiety inventory for children
- Collected 16 points (moderate level of anxiety)

3. Case presentation [3]

- The conflicting behavior is immediately affected when the patient's wishes are not fulfilled. Her behavior becomes inappropriate and shows many regressive behaviors.
- Cross-view between thinking (cognitions and behavior). N.V has a lot of difficulty showing empathy in her relationships with people, including her parents. She claims that she feels good with this relationship, and she wouldn't want to change anything. Shows continuous tendencies not to tell the truth about various events of her daily functioning and has a great desire for others to know that she herself is hiding the truth.
- Longitudinal view of thinking (Cognitions) and behaviors.
- The patient is constantly angry, and has anger outbursts almost every day. She confronts her mother for no reason, does not take responsibility for her behavior, blames her mother for not being able to fulfill her requests. Does not try to find any strategy to improve her behavior. Continuously refuses therapy.
- Strengths. Her strong point is building a social relationship with a girl very different from her (she managed to have one friend), also her memory, she can remember different episodes.
- The functioning hypothesis. The patient's mother claims that N.V was a quiet baby, the behavior problems started somewhere around the age of 8, during this period it was difficult to manage her alone, the mother says

that even up to 8 years old, her behavior and agitation were explosive in every environment that N.V was. She adds that she consulted a mental health specialist several times and they affirmed that the behavior is considered normal. The age of the patient's parents can be said to be one of the factors that have influenced the development of the problem. They have very little patience in the child's education. From time to time, they add that they have made statements such as: “we will return you to where we took you”, the girl has not asked any further questions about the situation, the parents claim. The patient is also treated by infant psychiatry. During the conversation it is noticed that she lacks empathy in a very visible way, and she tends to end the conversation as soon as she starts it.

3.1. Treatment plan[4]

3.1.1. List of problems[3]

- Constantly refuses to go to school.
- Gets nervous very quickly.
- Eyebrow plucking.
- Defecating in the middle of the room as a sign of anger.
- Age-inappropriate vocabulary.
- Disobedience to authority figures
- Behaves cruelly towards animals (she threw her cat from the fifth floor twice).
- Lack of empathy.
- Difficulty making friends.
- Crying/shouting for no reason.

3.1.2. Treatment objectives[5]

- Promotion of positive behavior between parents and the patient.
- Understanding the child's factors that influence the behavior.
- Psycho education with parents so that the rules are clearly communicated.
- Building the patient's self-assessment.
- Helping the patient to evaluate which behaviors we want more.
- Positive encouragement of the patient.
- The behavior we aim to achieve is clear and understandable by the child.
- The use of rewards after good behavior.
- Continuous monitoring of progress through homework.

3.1.3. Treatment plan[3] [4]

The treatment plan consists of alleviating the symptoms that affect the disruption of the patient's daily functioning. Treatment will include rewards for good behavior, exposure and coping strategies.

3.1.4. Treatment progress

Therapeutic relationship: the therapeutic relationship can be described as good, since the patient willingly comes to therapy, but there are challenges during the process as she tends to respond very briefly.

3.1.5. Intervention/procedure

- Using the checklist of thoughts.
- Observation of behavior patterns that cause her agitation.
- Identifying which environmental rules influence to reduce her challenging behavior.
- Exposure (only her defiant behaviors will be targeted).
- Focusing on behaviors that are driven by thoughts/fear or environmental stimuli.
- Selective ignoring technique.
- Coping strategies/distraction techniques.
- Setting boundaries during therapy so that the patient models clear disciplinary strategies.

4. Conclusion

Patient N.L diagnosed by conduct, which affects her daily functioning. Family dynamics can be considered difficult, due to the older age of parents. During the therapy the patient behavior was very challenging. The behavior has changed during the therapy.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from the parents.

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