UNDERSTANDING YOUR DIAGNOSIS

Conduct Disorder

Also called Conduct Disorder

Conduct disorder means your child keeps breaking serious rules and hurting others, in a pattern that needs treatment.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 4 in 100 children	Childhood or the teen years	Yes - family-based care	Millions of US families

What this is

- Conduct disorder describes a repeated pattern of aggression, destroying property, lying or stealing, and serious rule breaking.
- This is a diagnosis, not a verdict on who your child is. Many young people with it grow into steady, law-abiding adults.
- It is more serious than ODD because other people are being harmed. That is why treatment needs to start now, not later.
- Some children also show little guilt or feeling for others. Naming that honestly matters, because it changes what works.

What it can look and feel like

- Bullying, threatening, starting fights, or using a weapon. The aggression is aimed at people and sometimes at animals.
- Destroying things on purpose, including setting fires or serious vandalism meant to cause real damage or loss.
- Lying to get things or dodge consequences, conning people, shoplifting, or breaking into homes, cars, or buildings.
- Staying out all night before age 13, running away overnight, or skipping school again and again over months.
- In some children, little guilt after hurting someone, shallow feelings, and no concern about school or work performance.
- Early drinking or drug use, early sexual activity, school suspension, and contact with police often travel with this.
- Many of these children have lived through violence, loss, or neglect, and the behavior grew out of what happened to them.

What is happening in your brain and body

- The brain's alarm center responds less to other people's fear and distress, so the usual brakes on hurting others are weaker.
- The areas that weigh consequences and hold back impulses work less strongly, which makes thinking ahead much harder.
- A low resting heart rate is one of the most consistent findings, and it is linked to seeking out risk and excitement.
- The body's stress system reacts less, so punishment alone teaches less here than it does for other children.
- About **half** of the risk is inherited, and genes and hard experiences shape each other over many years.

What can make it more likely

- Genes and inborn temperament matter, and so does everything around your child. Neither one alone explains this.
- Abuse, neglect, violence at home or in the neighborhood, and lead exposure all raise the chance considerably.
- A coercive home cycle plus friends who also break rules supplies both the training and the payoff for the behavior.
- Untreated **ADHD**, substance use, trauma, and learning problems are common underneath, and every one of them is treatable.

What to expect

- Treatment works, especially when it involves the whole family and starts early. Waiting makes the pattern harder to shift.
- Behavior that begins in childhood tends to be more stubborn than behavior that first appears in the teen years.
- Roughly **6 in 10** do not go on to adult antisocial problems. The path is not fixed, and real change is possible.
- Expect months of work, several people involved, and setbacks along the way. Steady connected care beats short bursts.

What helps

Treatment works. Most people get better.

Talking therapies

- **Multisystemic therapy** brings treatment into your home over **3 to 5 months** and works with school, family, and friends.
- **Functional family therapy** runs about **12 to 16 sessions** and improves how your family communicates and settles conflict.
- **Parent management training** and **PCIT** are first choice for children under about age 12, coaching you in daily practice.
- Specialized treatment foster care works better than group homes for teens with the most serious, repeated offending.
- Avoid boot camps, scared-straight programs, and groups of rule-breaking teens together. These can make behavior worse.

Medicines

- No medicine treats conduct disorder itself. Medicines target the problems alongside it, and therapy is the main treatment.
- Treat **ADHD** first if it is present. Stimulants meaningfully lower aggression and should be tried before anything stronger.
- **Antipsychotics** such as risperidone have the best evidence for severe aggression, with weight and blood monitoring.
- **Mood stabilizers** are sometimes tried for explosive aggression and need blood tests to check levels and organ health.
- Treat substance use directly, since ongoing use undermines every other treatment. Doses are decided with your prescriber.

Everyday things that help

- Lock up or remove firearms, medicines, and alcohol. Reducing access is one of the most effective things you can do today.
- Give structure to the unsupervised hours after school and in the evening. That is when most serious trouble happens.
- Steer friendships toward teens who are not in trouble, and back sports, jobs, faith groups, or clubs that offer belonging.
- Keep school and any court or caseworker on the same page. Plans that do not line up across systems tend to fall apart.
- Get support for yourself. A steady, caring adult who does not give up is one of the strongest protections your child has.

Get help right away if

- Your child talks about dying or hurting themselves. Call or text **988**, or go to the nearest emergency room.
- Your child threatens to seriously hurt someone, or has a weapon. Call 911 or go to the emergency room now.
- Anyone at home is in danger, or your child is missing. Call 911 and tell your care team as soon as you can.

Questions to ask your care team

- *What else is going on here: ADHD, trauma, substance use, or a learning problem?*
- *Which family-based program do you recommend, and how do we get started?*
- *How do we keep everyone at home safe while treatment is getting going?*
- *What should I do if my child is arrested or suspended from school?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.