Addressing Conduct Disorder in Elementary School Children:

An Application of the ASCA National Model

Stephen P. Demanchick

University of Rochester

Malathi Rangan

National Institute for the Mentally Handicapped

Secunderabad, India

Kathryn Douthit

University of Rochester

Abstract

The range of management strategies for school counselors dealing with conduct disorder in elementary school children can be expanded through an integration of several of the principles of the ASCA National Model®. This paper discusses ways the counselor can use the model to assist struggling children, teachers, administrators, and families as they cope with conduct issues that affect social, emotional and academic competencies. The diagnostic criteria of conduct disorder, as specified by the *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition, Text Revision (DSM-IV-TR), are presented and risk factors for conduct disorder are summarized. Finally, a Cumulative Risk Intervention Model for use in elementary schools is elaborated.

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The American School Counseling Association (ASCA), in an attempt to establish national standards for excellence and accountability in school counseling, drafted a document, The ASCA National Model® (ASCA, 2003), detailing an emergent role for school counselors and school counseling programs. A central theme of the ASCA model underscores the importance of non-exclusionary services that reach and benefit all students. Counselors are charged to meet "individual students' immediate needs, usually necessitated by life events or situations and conditions in the students' lives" (ASCA, 2003, p. 166). The model underscores that interventions addressing the complex multi-systemic needs of individual students will require a range of skills including "counseling, consultation, referral, peer mediation or information" (p. 166).

In spite of the demand for school counselors to intervene in many dimensions of students' lives and to expand their intervention repertoire from individual counseling to other modalities such as consultation, referral, and education, these challenging new roles are generally not the central thrust of graduate training programs. Counselors are thus left to forge new paths without the support of extensive classroom exposure to the range of elements in the new school counseling model. This article provides a specific roadmap that illuminates how elements of the ASCA National Model®, when applied to a particular problem encountered in the school setting, can provide clear direction for the 21st century school counselor.

Using conduct disorder (CD) in preadolescents as a model, this article suggests a Cumulative Risk Intervention Model (CRIM) to manage CD. The CRIM, designed

specifically for use by school counselors assuming a variety of roles, provides a general, multiple systems framework for addressing CD prevention and intervention in the elementary grades. CRIM, reflecting principles articulated in the ASCA National Model®, guides the school counselor through a series of twelve propositions that will orient her to the problem of CD and help her to target its known multi-systemic array of risk factors.

In this article, CRIM is introduced in three steps. In the first step, the term "conduct disorder" will be clearly defined using the diagnostic criteria for CD as specified by the DSM-IV-TR (American Psychiatric Association, 2000). In the second step, risk factors for CD will be summarized. Finally, in the third step, the details of the CRIM will be articulated.

An Overview of Conduct Disorder

Recognizing Conduct Disorder

Disruptive classroom conduct varies considerably in the forms that it takes, its severity, and its etiology (i.e. cause). Severe conduct problems are considered in the DSM-IV-TR (American Psychiatric Association, 2000) section on CD where they are described as "a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated" (p. 93). The manual includes a number of diagnostic criteria in the section on CD that can be used to identify key characteristics of the disorder.

Generally, to receive a diagnosis of CD, a child must display behavior belonging to four major categories including: 1) aggression to people or animals, 2) property destruction, 3) deceitfulness or theft, and 4) serious violations of rules. Distributed

among each of these four categories are fifteen specific criteria. For example, under the category of “aggression to people or animals” criteria such as: “often bullies, threatens, or intimidates others… often initiates physical fights… has used a weapon that can cause serious physical harm to others… has stolen while confronting a victim… (and) has forced someone into sexual activity” (American Psychiatric Association, 2000, p. 92) are found. The “destruction of property” category is related to fire setting and other forms of property destruction. The “deceitfulness and theft” category includes break-ins, lying to obtain property or favors, and theft of valuable items without directly confronting a victim. The “serious violations of rules” category includes preteens staying out at night in defiance of parental restrictions, runaway behavior, and truancy. In order for the mental health clinician to assert the diagnosis of CD, the DSM-IV-TR states that a minimum of three of these fifteen criteria must be met within a twelve-month time frame and at least one must have been present within the last six months.

Risk Factors Related to Conduct Problems

When the development of CD is understood as the outcome of the individual being shaped in relation to the many dimensions of environment, a complex picture of risk factors emerges. The risk factors for CD, as well as for less severe conduct problems that do not meet the full criteria for CD, provide the foundation for the CRIM. These risk factors can be divided into three categories including: 1) individual biology, 2) family and peer relationships, and 3) socio-structural challenge, each of which is considered below.

*Biology***.** Scholarship in psychiatry claims that certain individuals have a genetic predisposition for conduct problems, and, by virtue of their biology, are inclined to

engage in risky behaviors and to act with a disregard for social norms (Lykken, 1995). While this may be a plausible explanation for some cases of disruptive conduct, school counselors should be cautious about assuming that conduct is the outcome of biological mechanisms alone (Douthit, 2006). Even in those rare cases when a child does have a biological predisposition for disruptive behaviors, these behaviors can still be environmentally manipulated. Contextual challenges can exacerbate conduct problems in vulnerable individuals and healthy environments, prevention, and early interventions can minimize the chances that a biological propensity will translate into problematic behaviors (Lykken, 1995).

*Family and peer relations***.** While positive interaction among family members can promote social and emotional intelligence (Hastings, Zahn-Waxler, Robinson, Usher, & Bridges, 2000); negative elements in family life have direct association with conduct problems. It is well documented that strife between parents, abusive discipline, marital discord, family instability, lack of emotional support, lack of parental supervision, family isolation, violence in the home (Burt, Krueger, McGue, & Lacono, 2003; Reese, Vera, Simon, & Ikeda, 2000; Mash & Barkley, 2003) and physical neglect (Lewis, 1996) contribute to the symptoms of CD.

Early childhood peer rejection, a risk factor for CD, is associated with poor social skills, poor peer relationship establishment, isolation, and academic difficulties (Hastings et al., 2000, Hinshaw & Melnick, 1995). Likewise, peer relationships that encourage modeling of aggressive behavior are significant contributors to the etiology of CD (Laird, Jordan, Dodge, Pettit, & Bates, 2001).

*Socio-structural challenge***.** Socio-economic status at birth, indexed by income, occupation, and education of parents, is said to be one of the most predictive of all risk factors for conduct problems throughout childhood and adolescence (Bradley & Corwyn, 2002). Further, there is a strong correlation between CD and social dependence, overcrowding, poor housing conditions (Rutter, 1998), and high residential mobility (Shaw, Owens, Giovannelli, & Winslow, 2001). Also, high blood lead level due to deteriorating lead-based paint in poorly maintained houses, according to Needleman, Riess, Tobin, Biesecker, and Greenhouse (1996), has been linked to negative juvenile behavior.

Addressing Persistent Conduct Problems Using the CRIM

For the typical student at-risk for CD, individual risk factors become cumulative and are often part of a "risk chain" (Smokowski 1998) where the presence of one risk accompanies and exacerbates other risk factors. To effectively intervene on behalf of the student with cumulative risk requires judicious aim at multiple system targets, i.e., attention to the ASCA National Model® focus on "life events or situations and conditions in the students' lives" (ASCA, 2003, p. 166) and facility in numerous roles across related systems. Because the child with CD probably bears the strain of multiple risk factors, there is likelihood that counseling prevention/intervention will not have significant or sustained impact unless the multi-systemic nature of the problem is considered. Thus, our main intention is to suggest resources that would help the school counselor devise a comprehensive CD prevention/ intervention modality that operates through the child's interaction with family, peers, teachers, other school personnel and professionals, and other community support services. The twelve propositions of our CRIM allow the

school counselor to conceptualize the many roles and activities in which a single counselor can engage to help prevent and treat CD.

The school counselor lies at the heart of the CRIM. In addition to the traditional roles of the school counselor, CRIM specifies more specialized roles that may include the counselor as consultant, collaborator, educator, advocate, networker, coordinator, and learner. It must be emphasized that in this model it is not just the counselor who is reaching out to those within the individual's context but rather a reciprocal relationship exists in which teachers, parents, students, and others reach out to the counselor as well. We offer the following propositions as ways to facilitate this integrative service and to help prevent and treat CD. While it may not be practical for the school counselor to implement all of these suggestions, each can stand alone as a significant step toward a multi-systemic prevention and intervention agenda.

Become Familiar with the DSM-IV-TR Diagnostic Criteria

Hinkle (1999) provided a compelling rationale for having counselors take the time to familiarize themselves with the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. In the last 25 years, the DSM has gained considerable influence in the mental health community, special education, and managed care. The language of the DSM lies at the foundation of mental health professional discourse and the conceptualization of mental disorders in the manual has become a standard for understanding psychological problems.

Although the potential problems with the DSM, and more generally with the disease model of mental disorder that it conveys, may be a source of legitimate concern (Douthit, 2001; Ivey & Ivey, 1998), it can still help school counselors in several ways.

First, the school counselor who is cognizant of DSM terminology will have greater facility working across systems. Dialogue with community mental health professionals, physicians, school psychologists, school social workers, and school nurses can be facilitated through the use of a common language and common conceptualization. Familiarity with the DSM can help school counselors communicate across systems regarding not only CD, but the entire range of disorders commonly seen among elementary school children including attention-deficit/hyperactivity disorder, oppositional defiant disorder, Asperger's disorder, separation anxiety disorder, and depression.

Second, if school counselors are aware of the diagnostic criteria used to characterize CD, their observation skills will be bolstered as they become aware of the possible behaviors that characterize conduct problems in young children. While knowledge of DSM criteria is not mandatory for teachers, administrators, and counselors to spot problem behaviors, the DSM criteria can aid counselors in recognizing patterns of behavior, discerning between levels of severity, and being able to discriminate between CD and other possible disorders with which it shares symptoms. Being able to distinguish between CD and related disorders can provide information that would allow school counselors to engage multiple systems in ways that are most effective in addressing the particular problem. Knowledge of DSM criteria would also help counselors to identify high risk students so that prevention programs can be put into place.

School counselors can learn more about the DSM through a number of different resources. The American Counseling Association offers a professional development tape series introducing the fundamentals of DSM diagnosis and a description of

disorder categories. Professional development workshops are periodically available on DSM diagnosis and DSM-related courses are often offered as part of university counseling curricula and can be taken for professional development by practicing counselors. Additionally, a variety of textbooks are available that are designed to make the DSM readily accessible to practitioners.

Expand Knowledge and Use of Community Resources

Having comprehensive knowledge of community resources can help school counselors address the needs of children at risk for CD in several ways. First, community social service agencies or community hospitals may administer prevention/intervention programs designed for children at-risk for CD such as Multisystemic Therapy (Henggeler, Schoenwald, Rowland, & Cunningham, 2002). Gaining knowledge of such programs can increase the consultation and coordination referral base of the school counselor and connect students with services that the school is unable to provide. Second, children with CD are often lacking in developmentally appropriate social skills and could benefit from recreational programs that might increase their social contacts. The YMCA, Boys and Girls Clubs, church recreation programs, Boy Scouts, Brownies, and municipal recreation and after-school programs are just a few examples of organizations that provide structured activity time. Third, many communities have programs that provide services for parents ranging from parent education for managing challenging children to stress and anger management classes. Additionally, there may be programs in libraries, churches, YMCA's, and other community organizations designed to involve parents and children together in structured activities. Fourth, children with conduct problems will often benefit from meaningful

volunteer activities that increase social contact with adults and build a sense of self-efficacy. School counselors can compile a list of community service organizations in need of volunteers. Possibilities include the Red Cross, Meals-On-Wheels, long-term care facilities, senior centers, daycare programs for the elderly, environmental initiatives, and neighborhood revitalization projects. Fifth, school counselors attempting to compile lists of community resources may find that their students are lacking essential community services. In such cases, the counselor may choose to assume the role of change agent (Lee & Walz, 1998) and to work with community leaders to advocate for augmentation of the community service base.

Create a Guide to Community Resources for Parents and Caregivers

The relationship that parents and caregivers establish with children at-risk for CD is essential to the ultimate psychological health of the child. It would follow that parents or caregivers who are in fierce struggles to maintain their own mental health status will be compromised in their ability to focus on the social and emotional needs of children. There may be many instances when school counselors, because of their multi-systemic work with struggling children, are the only helping professionals interfacing with troubled parents or caregivers. School counselors who have contact with parents or caregivers in need of assistance are in an ideal position to make the adults overseeing the lives of children with conduct disorder aware of the community resources available to address adult needs. Information on domestic violence hotlines, safe houses, community mental health and addictions services, twelve-step programs, food pantries, homeless shelters for families, rape crisis, job training, faith-based services, and other resources for adults

may indirectly address key pieces of the multi-systemic puzzle at the heart of a child's CD.

Create School-Based Early Prevention/Intervention Strategies

Counselors can choose to implement, in a less costly and less comprehensive form, selected strategies from larger initiatives that have empirically demonstrated success such as Multi-systemic Therapy (Henggeler, Schoenwald, Rowland, & Cunningham, 2002) and Fast Track (Bierman & Conduct Problems Prevention Research Group, 1996). Additional information can be gleaned from relevant literature and, quite importantly, conversations with other counselors who are working to develop their own individual prevention and intervention strategies. For example, school counselors can work with their counselor colleagues to develop systems that monitor children through each transition stage from admission to graduation. Together they can also plan needs-based programs for high-risk students, and create community resource files.

School counselors can also coordinate services with community counselors for the at-risk children and their families including out-of school activities; and they can identify and refer parents, caregivers and children to on-going groups and services while also implementing follow up strategies. At each transition stage, the school counselor coordinates communication among all of the adults who have an active role to play, both in and out of school, in the life of the student.

Help Teachers and Staff in Designing Learner-Centered and Nurturing Classrooms

School counselors are in a good position to work as consultants to curriculum specialists, teachers, principals, and community mental health professionals to assist in

classroom design, structure and strategy. They are also equipped to aid teachers in identifying and designing programs based on children's strengths and to implement training for teachers and parents on relationship building, conflict resolution, using empathy in interpersonal interactions and disciplining practices. Training doesn't have to be just formal meetings but can span a continuum from formal staff and parent meetings to informal morning conversations and impromptu phone calls.

It is important to note that the collaborative, consultant role is enhanced if the counselor finds effective ways to monitor staff and faculty needs to determine when training is needed and works to find creative ways to facilitate growth-promoting learning of social and emotional issues.

Develop Multicultural Awareness

School counselors who are working in schools with large minority, immigrant, refugee, or other unique populations will be in a better position to understand the behaviors, thoughts, and emotions of their students and the larger community if they are aware of the parenting philosophies, roles of children, collectivist versus individualist orientation, gender role expectations, and other factors that define the culture of the populations they serve. Use of culturally sensitive intervention strategies will also bolster the credibility of the school counselor in the eyes of children and their adult caregivers.

Make Time for Student Contact

Sometimes it seems as though the time demands on school counselors makes implementation of new programs a near impossibility. However, we suggest that counselors look for, and be aware of, time in the day that can be used for informal student observation and contact. For example, visiting with children during lunch times,

in hallways, during games, in special area classes such as art and music, as well as before and after school can help counselors to increase awareness of troubled children with conduct problems, initiate early intervention or prevention strategies, and further provide opportunities for informal peer/adult socialization.

Keep Making Connections

It is not enough for school counselors to be confined to offices and guidance centers within schools. Counselors need to communicate with teachers and parents about children with conduct problems, market their services within the school and the community, and volunteer and be involved in school committees, curriculum design, student clubs, and community organizations. These contacts outside of the counseling office are an essential part of staying informed about school and community culture, knowing what resources are available, and assuming the role of advocate and change agent.

Increase Opportunities for Continuing Education

There are many existing opportunities to help increase your knowledge of CD and related intervention strategies. If you have experiences similar to ours, you can relate to the almost weekly brochures and advertisements that arrive in your mailbox inviting you to seminars on a range of topics. We suggest enrolling in one of these sessions for the dual purpose of deepening your understanding of CD and networking with other professionals in your area. In the event that time and/or money prevent you from attending a workshop, we suggest that you regularly browse through journals and other mental health related periodicals. You can often find articles that relate to the theory and practice of working with children with CD.

Develop Relationships with Other Counselors

It is crucial to develop and maintain relationships with other counselors in and around your area. For example, we know of one group of school counselors in our area that gets together on a regular basis to have a meal, discuss their work, and occasionally invite a speaker to present to the group on a particular issue. We believe that this type of approach will be helpful when you need to develop strategies for dealing with children with CD, their parents, and teachers. Furthermore, consistent connections with other counselors will provide support that may be crucial to prevent counselor burnout.

Create a Resource File on Conduct Disorder

The first author once had a supervisor who collected articles, brochures, news clippings, etc. about various mental health related topics and filed them in a separate cabinet. The result was an extremely rich resource containing files on a variety of issues ranging from CD to grieving to divorce. We suggest that you create an “action” file on CD as well as other topics of particular interest.

Develop Support Networks for Children as they Transition to Other Schools

For children with CD, transition to a new school environment can be particularly difficult. Losing luxuries that may not be typical of life outside of school such as familiar, consistent, predictable routines; valued social and emotional support systems; and a stable, peaceful environment can trigger major setbacks for children with conduct problems. Working proactively can help to diffuse the disruption caused by transition. A few suggestions include: arrange a tour of the new school, have the child meet the new teachers, administrators, and counselors, suggest a buddy system to help the child

adapt to the new environment, introduce the child to extracurricular opportunities that will aid assimilation of the new school culture, and plan a private meeting with the new counselor to share your strategies for assisting children and families dealing with CD.

Conclusion

In order to effectively intervene in the management of early-onset CD, school counselors can draw from a developmental perspective that embraces awareness of the contextual challenges of individual students and the multiplicity of roles espoused by the ASCA National Model®. The twelve propositions that we have suggested for use by school counseling professionals can provide the foundation for a multi-systemic focus on daily interactions with involved parties of children with CD diagnoses.

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Author Note

Stephen P. Demanchick, MS.Ed., is a doctoral student in the counselor education program at the University of Rochester. His clinical and research interests include child-centered play therapy for individuals with developmental disabilities, supervision, prevention, and group therapy. Stephen's dissertation is focused on the development of an observational coding system that can measure play therapist behaviors as conceptualized within Virginia Axline's eight principles of play therapy.

Malathi Rangan, M.Phil, M.S. holds the position of guest faculty member at the National Institute for the Mentally Handicapped in Secunderabad, India. She is currently teaching courses in family dynamics and community based rehabilitation. Her work in schools continues through community outreach and efforts to enhance the well-being of children.

Kathryn Douthit, Ph.D. is an assistant professor of Counseling and Human Development at the University of Rochester. Dr. Douthit is currently engaged in a research project that is probing school counselors' perceptions of the need for DSM training as a part of the school counseling curriculum. One of her primary areas of interest is in the ecology of mental disorders in school age children. She has studied and written about the role of various social and family systems factors in shaping the symptoms of attention-deficit hyperactivity disorder.