

## BEHAVIOURAL CHALLENGES IN SCHOOLS & CHARACTERIZING CONDUCT & MOOD DISORDERS

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## BEHAVIOURAL CHALLENGES IN SCHOOLS

- **AIM**
- A Discussion Around:
- \*Conduct disorder!
- \*Oppositional defiant disorder!
- \*Attention deficit / disruptive disorder!
- \*Mood states!
- \*Traumatic stress!
- \*Causations!
- \*Research findings and responses!
- \*Etc!

## CHARACTERIZING CONDUCT AND MOOD DISORDERS

- SO WHAT IS THIS CONSTRUCT CALLED CONDUCT DISORDER????

## CONDUCT DISORDER

- A repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate social norms or rules are violated, as manifested in the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:

## CONDUCT DISORDER

- **AGGRESSION to PEOPLE and ANIMALS -**
- 1. Often bullies, threatens or intimidate others...
- 2. Often initiates physical fights...
- 3. Has used a weapon that can cause serious physical harm to others...
- 4. Has been physically cruel to animals...
- 5. Has stolen while confronting a victim...
- 6. Has forced someone into sexual activity...

## CONDUCT DISORDER

- **DESTRUCTION of PROPERTY-**
- 8. Has deliberately engaged in fire setting with the intention of causing serious damage...
- 9. has deliberately destroyed others' property (other than by fire setting)...

## CONDUCT DISORDER

- DECEITFULNESS or THEFT –
- 10. Has broken into someone else's house, building, or car...
- 11. Often lies to obtain goods or favours or to avoid obligations...
- 12. Has stolen items of nontrivial value without confronting a victim (e.g. shoplifting but not breaking and entering, forgery)

## CONDUCT DISORDER

- SERIOUS VIOLATION OF RULES –
- 13. Often stays out at night despite parental prohibition (beginning before age 13 years)...
- 14. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)...
- 15. Is often truant from school (beginning before age 13 years)...

## CONDUCT DISORDER

- ADDITIONAL CONSIDERATIONS –
- \* The disturbance in behaviour causes clinically significant impairment in social, academic, or occupational functioning...

## CONDUCT DISORDER

- ADDITIONAL CONSIDERATION –
- \* If the individual is age 18 years or older, criteria are not met for Antisocial Personality Disorder...

## CONDUCT DISORDER

- SEVERITY???
- Mild = few if any conduct problems in excess of those required to make a diagnosis and conduct problems cause only harm to others (e.g., lying, truancy, staying out after dark without permission)...

## CONDUCT DISORDER

- SEVERITY???
- Moderate = number of conduct problems and effect on others intermediate between "mild" and "severe" (e.g., stealing without confronting a victim, vandalism)

## CONDUCT DISORDER

- SEVERITY???
- Severe = many conduct problems in excess of those required to make the diagnosis or conduct problems cause considerable harm to others (e.g., forced sex, physical cruelty, use of a weapon, stealing while confronting a victim, breaking and entering)...

## CONDUCT DISORDER

- But other than C D...there is also O D D!!!

## OPPOSITIONAL DEFIANT DISORDER

- A pattern of negativistic, hostile, and defiant behaviour lasting at least 6 months, during which four (or more) of the following are present:

## OPPOSITIONAL DEFIANT DISORDER

- 1. Often loses temper...
- 2. Often argues with adults...
- 3. Often actively defies or refuses to comply with adults' request or rules...
- 4. Often deliberately annoys people...
- 5. Often blames others for his or her mistakes or behaviours...
- 6. Is often touchy or easily annoyed by others...
- 7. *Is often angry and resentful...*
- 8. *Is often spiteful or vindictive...*

## OPPOSITIONAL DEFIANT DISORDER

- ADDITIONAL CONSIDERATION –
- ODD if behaviour occurs more frequently than is typically observed in individuals of comparable age and developmental level...

## OPPOSITIONAL DEFIANT DISORDER

- ADDITIONAL CONSIDERATION –
- The disturbance in behaviour causes clinically significant impairment in social, academic, or occupational functioning...
- The behaviour do not occur exclusively during the course of a Psychotic or Mood Disorder...

## OPPOSITIONAL DEFIANT DISORDER

- ADDITIONAL CONSIDERATION –
- Criteria not met for CD, and, if individual age 18 or older, criteria not met for Antisocial Personality Disorder...

## OTHER SCHOOL ISSUES

- TEASING / BULLYISM & HARRASSMENT
- Teasing = poking fun to encourage a reaction but innocent in motive and will be discontinued if other is upset...
- Bullying = physical, verbal and nonverbal aggression intended to harm the victim...
- Harassment = unwanted and varied provocations directed at an individual or group...

## CONDUCT & MOOD DISORDERS

- And what of Mood Disorders???

## MOOD DISORDERS

- \*MAJOR DEPRESSIVE EPISODE...
- \*MANIC EPISODE...
- \*MIXED EPISODE...manic and depressed
- \*DYSTHYMIC DISORDER...
- \*BIPOLAR DISORDER...
- \*ANXIETY DISORDERS...
- (biological, stress, substance induced...?)

## BEHAVIOURAL CHALLENGES

- COULD IT BE ADHD? (DBD?)
- \* hyperactive type –
- \* inattentive type –
- \* combine type –
- (is there a neuropsychology at work?)

## BEHAVIOURAL CHALLENGES

- COULD IT BE PTSD?
- \* Exposure to a traumatic event !
- \* Persistent reexperience !
- \* Persistent avoidance of associated stimuli!
- \* Persistent increased arousal !
- Acute < 3/12 duration
- Chronic > 3/12 duration
- Delayed > 6/12 onset

## BEHAVIOURAL CHALLENGES

- EXTREMES –
- Can you imagine...
  - multiple homicides?!!!
  - multiple suicides?!!!
  - hostage taking?!!!
  - etc...
- (what are the response protocols?)

## SOME RESEARCH FINDINGS

### ▪ MANOVA Results for School Programmes

Factor	M RegEd	M SpEd	M ConDiEd	Post Hoc
PhAgr	5.33	7.83	2.04	(CD<RE<SE)
VeAgr	10.42	15.10	5.54	(CD<RE<ES)
SuAb	2.26	1.20	1.38	(NS)
SeBe	4.11	4.43	1.22	(CD<SE=RE)
DeBe	4.13	4.83	1.79	(CD<SE=RE)
LePr	13.76	17.20	10.04	(CD<RE<SE)
H/FPr	6.81	5.90	2.97	(CD<SE<RE)
MoSt	8.84	7.16	6.79	(CD=SE<RE)

## SOME RESEARCH FINDINGS

- Other MANOVA Results
- *For Age*: No Significant Difference for 'physical and verbal aggression', 'destructive behaviour', 'learning problems', 'home/family problems' and 'mood state'...
- Significant Difference for 'substance abuse' (older>younger>youngest) and 'sexualized behaviour' (older=younger>youngest)...

## SOME RESEARCH FINDINGS

- Other MANOVA Results
- *For Gender*: Significant Difference for 'physical aggression' (means: boys=5.50, girls=4.27);
- 'substance abuse' (means: boys=4.34, girls=2.91), learning problems (means: boys=14.87, girls=11.10)
- {no gender differences for VA, H/FPr and negative mood state (why/how come?)...

## SOME RESEARCH FINDINGS

- Other MANOVA Results
- \* Major contrast between regions 1 and 6 !
- \* Girls appeared somewhat more inclined than boys regarding physical aggression with weapons and being sexualized (why? how come?)...

## CONDUCT & MOOD DISORDERS

- SO WHAT IS DRIVING CONDUCT AND MOOD DISORDERS IN OUR COUNTRY?
- (assumption being that there is a problem?)

## CONDUCT AND MOOD DISORDERS

- Causative Factors –
- FAMILY?
- SCHOOL?
- CHURCH?
- UNEMPLOYMENT/RESOURCES?
- MEDIA & FOREIGN?
- BIOLOGY?
- JUST LOVE BADNESS?
- 

## CONDUCT AND MOOD DISORDERS

- SO HOW DO WE RESPOND TO THE SITUATION?
- (assumption being there is a problem!?)

## CONDUCT & MOOD DISORDERS

- RESPONDING -
- EMPOWERING SCHOOLS  
ADMINISTRATION & CLASS ROOM  
MANAGEMENT?

## CONDUCT & MOOD DISORDERS

- RESPONDING –
- DOMESTIC APPROACH!
- WORK & RESOURCES!
- RESTORATIVE JUSTICE!  
(school & community)
- ASSESSMENT & INTERVENTION!  
(psychologists, social workers, counsellors)
- JAMAICA DEFENCE FORCE!

## CONDUCT & MOOD DISORDERS

- RESPONDING -
- MORE BOARDING SCHOOLS!?
- MORE UNIFORM GROUPS!?
- SCHOOL ENVIRONMENT &  
SURROUNDINGS!?

## THE SELF ASSESSMENT

- INDEPENDENT SCHOOLS!!!
- Doing it Right?!!!
- or
- Ticking Time Bomb?!!!
- (Fitting the security blanket)

## CONDUCT & MOOD DISORDERS

- THANK U

- 

- WALK GOOD

- 

- &

- 

- C U AGAIN!!!

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