Review of Literature on Conduct Disorders and Instruction as a Cause of Deviance

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Research by Epstein (1985) using factor analysis of the Behaviour Problem Checklist suggests that two
in students?
dimensions of psychopathology exist; personal disturbance and environmental conflict. Both these areas
will be reviewed as will diagnosis procedures and ethiology. Factors causing personal disturbance include
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conduct disorders, socialised delinquency, anxiety-withdrawal, attention deficit and inadequacy-immaturity.

In assessing the student case, the classification of conduct disorder is useful. Conduct disorder often
called aggressive conduct disorder encompasses a range of undercontrolled behaviour disorders. Two
types of conduct disorders include socialised and undersocialised conduct disorders.

Stewart (1985) has indicated that students with a diagnosis of aggressive conduct disorder were best
identified by the occurrence of symptoms in three areas: aggressiveness, antisocial behavior, and egocentricity. He found that this formula succeeded in accurately diagnosing adolescent patients.

Kelso (1986) found that the more symptoms a student had, the greater the likelihood that a conduct
disorder would persist. Among the predictors of persisting conduct disorder were a variety of antisocial or
aggressive symptoms, including fire setting, early age of onset, and family deviance.

Sovne (1986) notes that disorders in which aggression is a by-product or secondary feature include
schizophrenia, mania, agitated depression, and generalized anxiety. Disorders in which it is a primary
feature include undersocialized aggressive conduct disorder, and socialized aggressive conduct disorder.

Raine (1987) associates both conduct disorders to an external locus of control.

Socialised conduct disorders refer to delinquent acts accomplished with peers. Bear (1989) suggests that
maturity of sociomoral reasoning was marginally associated with socialized aggression as compared with
under-socialised aggression.

Undersocialised conduct disorders refers to delinquent acts committed alone, with no concern about how
such actions affect other people.

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Deutsch (1989) has investigated the relationship between early life events and the socialized and under-socialized dimensions of conduct disorder in male delinquents and their mothers. The mothers were administered the Children's Life Events Questionnaire and the Developmental Questionnaire. Youths were administered the Adolescent Parent Relations Scale. The undersocialized delinquents had a greater number of stressful life events during their first four years of life than did the socialized delinquents. Stressful life events during the second and fourth years were the most important predictors of member-ship in the undersocialized group.

Hollander (1985) found that the diagnosis of undersocialized conduct disorder was significantly associated with borderline IQ. Undersocialized conduct disorder and conduct disorder with personality disorder were significantly associated with violent crime. Merskey (1989) found that boys with undersocialized conduct disorder with serious aggressive behavior most often came from intact families. Recent loss of a parent seemed to be related to a combined diagnosis of depression and conduct disorder.

Konstantareas (1985) has investigated whether conduct-disordered students could form dominance hierarchies and has compared the power relations among conduct-disordered students to those among controls. Results indicated that conduct-disordered students did form dominance hierarchies, although their hierarchies were not as stable as those of controls. An inverse relation was noted between intra-group conflict and the hierarchy's stability. The pattern of targeting differed between controls and con-duct-disordered students. Conflict among the students in both control groups tended to be concentrated among members of adjacent ranks, while conduct-disordered students were less discriminating as to their target's rank, exhibited greater intragroup conflict, and lost more frequently in their antagonistic encoun-ters.

Offord (1986) has collected data on conduct disorder or antisocial behavior disorder. The overall rate of conduct disorder in schools was five an a half percent. Boys had higher rates than girls. The majority of conduct-disordered students were identified by only one source, for example, parents or teachers, and seldom by both sources. Among the sociodemographic correlates, being on welfare and living in subsidized

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housing were most strongly related to conduct disorder.

Research by Stewart (1985) indicates that the characteristics of Aggressive Conduct Disorder include aggressiveness, antisocial behavior, and egocentricity. Boys with Aggressive Conduct Disorder accounted for at least one-third of the admissions to US child psychiatry clinics. In such clinics the ratio of boys to girls is about four to one. *Is this Stewart still?*

Correlates of Aggressive Conduct Disorder included a combination of overactivity and inattentiveness, rejection by peers, chronic sadness, lack of self-esteem, and cognitive handicaps. The age, sex, and socioeconomic status of Aggressive Conduct Disorder patients seemed to have little effect on their clinical picture. Research indicated that the age of onset was between one and five years. Children with conduct disorders persisted in having problems (e.g., antisocial behavior) in adulthood.

Conduct disorders are labels based on judgments by a school and may clearly vary on the bases of the latitude of school tolerance. What may be bad for one school may be considered as normal behaviour in another. Herbert (1978, in Davidson & Neale, 1986) defines conduct disorder as having higher frequency and intensity than normal behaviour.

Williams (1974) has identified seven major categories of misbehaviour commonly identified by teachers. These included morality violations, transgressions against authority, violations of school regulations, violations of classroom rules, violations of work requirements, difficulties with other children and undesirable personality traits. *What awful terminology.*

Hutton (1985) has found these reasons for referral of students to psychologists. The most frequently stated reasons for referral were poor peer relationships, frustration, below academic expectations, shy and withdrawn behavior, fighting, refusal to work, and short attention span. Referral reasons presented by classroom teachers corresponded to the four major characteristics of behavior disorders: conduct disorders, personality disorders, inadequacy/immaturity, and socialized delinquency. Most referrals corresponded to reported behaviors representing conduct and personality disorders.

Generally teachers diagnose disturbances which are disagreeable. Items represent undesirable behaviour

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rather than what a student fails to do. Consequently items referring to social and emotional adjustment not affecting the school are left out. For example, shyness, dependency, and retirement are forgotten. Disruptive students are the ones to receive school attention.

Teachers reactions to behaviour problems are determined in direct relation to the effects on the behaviour on themselves.

Instruction as a Cause of Conduct Disorder

The instructional situation represents the opposite face of the diagnostic coin. Bandura (1978, in Ysseldyke, 1987) suggests that behaviour is determined by continuous, reciprocal interaction among behavioural, cognitive and environmental factors. Outcomes are determined by the instructional environment as well as student characteristics. Accurate conclusions about the learner may only be reached by reviewing the instructional process first.

Anastasi (1976) suggests that behaviour depends on the interaction of the person and the situation. Different situations lead to different responses.

Gorton (1977) warns that misbehaviour by students is most likely correlated with learning problems which may not be addressed in the instructional environment. Students with learning disabilities who fail tend to be frustrated and to express their emotions by misbehaviour. Boredom may prompt development of learning difficulties.

Williams (1974) comments that children cannot learn effectively if they are frightened, angry, bewildered or bored. Often these states are a result of the syllabus. Competition for marks damages personal worth. It often leads to caring too little as a defense from caring too much.

Sulzer-Azaroff & Mayer (1986) note that most educational evaluation is so concerned with the group that the individual "has been lost by the wayside(p. 16)." In contrast they recommend a behavioural analysis that looks at the performance of a student in relationship to his environment. They suggest that appropriate goals matched to a students capabilities and performance combined with rewards will lead to satis-

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faction and success.

Williams (1974) comments that a commonly held view is that school maladjustment is found in the individual and stems from relations with the family in the first five years. This view suggests that students be referred to specialists to isolate deficits causing behavioural problems. School stresses are seen to trigger this hidden disturbance.

His research indicates that the situation has initiated or maintained student behaviours. Remedies directed at alteration in the school environment frequently lead to complete disappearance of maladjustment(p. 130). Frequently, uncongenial teachers and overly difficult school work were the cause.

Teachers usually identify extroverted aggressive self-assertive students as maladjusted. Usually the maladjustment is built up over years due to mental conflicts or a sense of inferiority.

Galloway (1982) found that chances of suspension of disruptive students is influenced as much by school policies as by the characteristics of the student himself.

Galloway (1982) quotes research that disruptive students are less likely to benefit from counselling or talk treatment than withdrawn children. Yul (Galloway, 1982) suggests seven issues for handling disruptive behaviour.

1. Aggression is a behaviour not a personality characteristic which must be viewed in context.

2. Aggressive behaviour is a intense form of normal behaviour.

3. The response to aggressive behaviour reinforces it.

4. Changing behaviour in one setting may not improve behaviour in another setting.

5. We must not only teach pro-social behaviour but also inhibit anti-social behaviour.

6. Treatment begins with a behavioural analysis of all the actors and how they interact.

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7. Behavioural treatment requires knowledge of student needs and motivations. This must be related with teacher objectives and methods, social interaction in the school and classroom, intelligence of the student, and background factors affecting his attitude.

Behavioural modification techniques may be overemphasised at the expense of behavioural analysis(Galloway, 1982). Schools with low exclusion rates have more students which feel that at least one teacher was interested in them than schools with high exclusion rates.

The school's response to disruptive behaviour may confirm the student's status in an anti-authority subgroup and his self-image as a member of one. Psychologists including Heider, Kelley and Newcomb suggest that similarities attract, particularly amongst individuals who have a common perception of the school. Commonly, low achievers perceive themselves as a separate group with common characteristics.

Everyone has a taxonomy of goals which includes a search for identity, affection, and expression. The group provides recognition and fulfilment of these goals, and rewards and reinforces failure. Social behaviour is determined by exchange theory; being costs and rewards(Homans, Thibault & Kelley in Davidson, 1986). Parties in deviant groups are rewarded for deviant interactions.

There is a depressing inevitability in some students' progress. Suspension is the ultimate accolade.

The school itself and its instructional environment exerts an important influence on student behaviour and how students are dealt with when they behave unacceptably.

Disruptive behaviour and the school response is to the ethos or hidden curriculum, reflecting unwritten practices and attitudes. All schools occasionally face disruptive students. The prevalence of disruptive behaviour is not predetermined by social background. Policies, attitudes and practices within the school exert a substantial influence. A good social climate ameliorates disruptive behaviour. Some schools with a high number of disadvantaged students demonstrate cooperative relations between teachers and students.

The move is away from asking, 'what is wrong with this child?' Now the system is expected to adapt to

the needs of the disruptive student as well as the reverse.

When suspension from class is used, the technique may conceal underlying tensions. Subject teachers have little inclination to play a role in the student's rehabilitation. Usually, the students are backward educationally and have been failing academically. This implicates the curriculum and teaching methods. Students who defy the system raise questions about the system itself. The longer a student is out of normal class, the less incentive there is for the original teachers to prepare for his return.

A school's social climate is determined by the degree to which each child feels his difficulties are recognised and his achievements valued. There must be a comprehensive understanding of each student. Schools tend to escalate problems by referring students to a senior colleague, leading to a confrontation between a head and the pupil. The form teacher and year coordinator may be bypassed.

Often form tutors are changed each year, destroying continuity. Tutors have inadequate time to address problems. Each pupil is taught by as many as twelve teachers, none of whom see him more than four times a week. A year coordinator might have 300 pupils. Year coordinators must see themselves as a leader of team of form tutors.

The problem of disruptive behaviour is best solved by prevention. Pastoral care embraces all aspects of a pupil's welfare in school. This includes educational progress, behaviour and an understanding of out of school factors affecting adjustment in school. Form tutors must provide effective pastoral care, as it cannot be done by year tutors.

When older pupils establish an educationally unsuccessful, anti-authority identification, this is a problem of the school. It arises from a feeling that the school had rejected them, was making unreasonable demands, or providing an irrelevant curriculum. Problems are best tackled through the school ethos, policy and organisation.

Rutter (1978) notes that "single chronic stresses are surprising unimportant if the stresses really are isolated." The child may cope with severe home stress , if he feels that at school his achievements are

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This seems somewhat a list or individual statements rather than an integral position. It wouldn't do to speak this at a Pre— Not integrated.

recognised by teachers sympathetically aware of the home stresses. If problems occur at school, teachers blame the home, but this factor is only half the story.

Process   **of**   **Diagnosis**

Focuses on strategies for the assessment of social functioning in school-age children are reviewed by Brent (1985). He states that while the interview with the parent is of great diagnostic value, techniques for the direct assessment of the children are also important. Disorders are defined as a mismatch between environmental expectations and the behavior of the child. Conduct disorder is seen as an inadequate development of empathy and self-control. He urges observation of the child as useful in making the diagnosis of conduct disorder, especially if the child is unaware of the observer's presence.

Sulzer-Azaroff (1986) suggest a process of behavioural assessment to diagnose the processes by which school products are constructed such as work and subject habits. Instructional analysis is defined (Ysseldyke & Mayors, 1987) as a process to determine what aspects of instruction are inadequate, how it is inadequate and how it may be corrected.

Steps in data gathering are:

1. An interview with the student and academic testing of intelligence and a reading test is the first step. Questions could include what you needed to do on assignments, understanding of assignments, time given to complete work, expectations if finished work, neatness, homework expectations and problems in study habits.

2. Conduct interviews with teachers. Questions might include how instructional goals are individualised, expectations, planning of instruction, instructional placement, homework completion, evaluation, techniques.

3. Narrative recording of direct behaviour in a variety of classes is collected unobtrusively and repeatedly, by writing down what occurs when it happens. The information is analysed by sequence in terms of antecedents,   behaviour   and   consequences.

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Information may include student-teacher interaction, student-curriculum match, peer relations, and classroom climate. The Teacher Instructional System (Ysseldyke, 1987) provides an instrument to describe the extent to which a student's behavioural problems are a result of the instructional process.

TIES assesses: instructional presentation, classroom environment, teacher expectations, cognitive emphasis (knowing how to solve problems), motivational strategies, relevant practice, academic engaged time, informed feedback, adaptive instruction, progress evaluation, instructional planning, and student understanding.

Recording must be specific, using behaviours with high reliability. Frequency or event recording is useful such as instances of talking or out of seat behaviour. Time sampling is useful for attention using whole or partial interval or momentary.

Behaviour may be graphed as baseline data with the vertical axis showing rate and horizontal axis showing time. A broken line separates phases of treatment.

Once strengths and deficiencies are learned, we assess baseline behaviours most in need of change, determine sources of support, devise a change strategy and apply it. We repeat the strategy across subject areas to show that intervention and performance coincide.

The change strategy involves selecting the area or areas of instruction most in need of improvement. In this area the teacher states behavioural objectives which match learner's needs, and analyses the instruction and tasks to achieve the objectives.

Etiology

From the viewpoint of diagnosing behavioural problems in the student, these considerations are relevant.

Fendrich (1990) has noted associations between parents' poor marital adjustment, parent-child discord, affectionless control, low family cohesion, and parental divorce and conduct disorders in a study of offspring of parents with and without major depression. Family risk factors were more prevalent among

offspring of depressed parents. Risk factors were associated with major depression and were associated with conduct disorder. Both parental depression and family risk factors were significant predictors of conduct disorder.

Self-psychologists (Tolpin, 1978) emphasise the need for mirroring of grandiosity, and idealisation of a parent between the age of two and three years. Mirroring implies empathy, attunement, and validation constantly between the baby and significant care giver. It involves naming objects, and expressing emotions. Idealisation refers seeing a significant other as calm and masterful, capable of providing protection and security.

Rutter, (1971) reports that conduct disorders are correlated with marital discord and breakdown or a lack of cohesiveness. Conduct disordered children lack moral awareness and find anti-social acts as exciting and rewarding. Ryall (1974) reports that such acts are central to the self-esteem of conduct disordered children. Frequently, early family life has been shown as deficit in installing a moral code. The families fail to make consistent demands, fail to use sanctions consistently, induce anxiety and guilt, or fail to use reasoning and explanation(Herbert, 1982).

Some psychologists (Chess & Thomas) see behaviour as influenced by relationships with the nuclear family shortly after birth. Newborn babies have their own characteristics , differing one from another in the responses they give in cuddliness, and manageability.

Limits are set in the potentialities, but relationships influence the developing personality. Early relationships are important because they determine the widest range of future development. Subsequent relations only act on the residuals of previous relations.

The nature of the individual reciprocally affects the relationships a person enters and how the person behaves. A dialectic interaction occurs between relations and personality.

In addition, other relationships may influence and be influenced by a dyad relationship. Cultural norms or   societal   expectations   also   play   a   role.

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Aggressive behaviour may be learned from modelling, either of aggressive parents or from television.

Bandura and Waters (1959) found that parents of delinquent children use punishment more frequently

than rewards.

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