CASE REPORT

A CASE SERIES ON MANAGEMENT OF CONDUCT DISORDERS WITH POOR TREATMENT ADHERENCE AND PARENT-CHILD CONFLICT: EXPLORING PSYCHIATRIC SOCIAL WORK AND MEDICATION INTERVENTIONS

Soumen Mondal[1], Poulami Kheto[2], Aniket Mukherjee[3], Mayank Kumar[4] & Ranjita Mandal[5]

[1, 2, & 5]M.Phil. in Psychiatric Social Work; Department of Psychiatric Social Work; Institute of Psychiatry-COE, IPGME&R, Kolkata, West Bengal 700025. [3]Demonstrator, Department of Psychiatric Epidemiology, Institute of Psychiatry-COE, IPGME&R, Kolkata, West Bengal 700025. [4]Assistant Professor & Head, Department of Psychiatric Social Work; Institute of Psychiatry-COE, IPGME&R, Kolkata, West Bengal 700025.

Correspondence: Mayank Kumar, e-mail: hello.mayank21@gmail.com

ABSTRACT

Background: Conduct Disorder (CD) is a childhood disorder marked by consistent anger, defiance, and a desire for revenge. Children with CD struggle to control their emotions and actions. It affects about 5-8% of children globally and typically starts between the ages of 10 and 18 years. **Methods and Materials:** The three index clients, male, between 12-14 years of age, visited the Institute of Psychiatry, Kolkata, with caregivers and were referred to the Psychiatric Social Work department with the symptoms of stealing, lying, blaming, cruelty towards animals, anger outbursts, hitting behavior towards others, and poor treatment adherence. Gradually titrating the doses upwards, Tablet Risperidone upto a dose of 04 mg/day was prescribed to all of them. Following, the Psychiatric Social Worker imparted parent management training, behavior therapy, parent-child interaction training, and anger management to the clients and family members**.** **Results:** After the Psychiatric Social Work (PSW) interventions in combination with medication, there were noticeable improvements in the lives and well-being of individuals with CD and their families. The severity of CD symptoms decreased, high emotional expression decreased, and family cohesion improved. Both clients and family members learned how to prevent recurrent symptoms in future issues. Risperidone was tapered off in two individuals and in one, it was reduced to 0.5 mg/day following the PSW interventions, once symptom control was achieved. **Conclusion:** PSW interventions play a crucial role in managing Conduct Disorders (CD) by involving the family. This approach helps in sustaining long-term well-being and improving treatment (pharmacological and non-pharmacological) adherence.

Key Words: Psychiatric Social Work, Conduct disorders, Parent Management Training, Behavior Therapy, Psychoeducation, Anger Management.

INTRODUCTION

Conduct disorder is a complex condition marked by persistent behavioral and emotional challenges in children. Those children and adolescents find it hard to adhere to rules, empathize with others, and behave in socially acceptable ways, often

leading to negative perceptions from peers, adults, and social agencies. Diagnosing Childhood Onset Conduct Disorder in young children is challenging because they often struggle to express their feelings. Symptoms can vary depending on the child's developmental stage. For a diagnosis, at least one symptom of conduct disorder must be present before the age of 10(American Psychiatric Association. (2013), these symptoms may include aggression toward people or animals (e.g., bullying, physical fights, cruelty to animals), destruction of property (e.g., deliberate fire-setting or vandalism), deceitfulness or theft (e.g., lying to obtain goods or favors, shoplifting), and serious violations of rules (e.g., truancy from school, running away from home). Identifying these behaviors early is critical for timely intervention and effective management. Childhood Onset Conduct Disorder is influenced by biological and psychosocial factors and is more common in boys across all groups. Associated social factors include poverty, low socioeconomic status, parental issues, poor education, weak community support, academic struggles, and unstable families (Loeber, R., & Keenan, K., 1994), also included marital problems, inability to improve their situation, poor discipline methods, lack of interest in treatment, and mental health challenges among family members (Sajadi et. al.,2020). The prevalence of conduct disorders affects 5-8% of all children, with a subset of 2-6% affected between ages 4 and 18. Among youth under 18, CD rates are higher in boys (6-16%) compared to girls (2-9%) (Gitonga et.al., 2017). In India, it is found that the prevalence of conduct disorders increased for both males and females across all socio-economic groups, specifically, the increase was noted at a rate of 4.58% for boys and 4.50% for girls (Agarwal & Sao,2014).

Various factors contribute to conduct disorders, including genetics, academic challenges, and the environment. Understanding these factors is crucial for supporting those affected by the disorder (Scott, S, 2018). A chaotic home environment with insufficient structure and supervision, along with frequent parental conflicts, can lead to problematic behavior in children. This may result in harsh or punitive parenting, negligence, exposure to domestic violence, and an increased risk of neglect and emotional instability for the child (American Psychiatric Association. (2013). Early intervention is crucial to prevent worsening antisocial behavior in adulthood.

This study emphasizes the significance of therapy for children with conduct disorder in combination with medication. It investigates whether PSW intervention can lessen problem behavior, enhance family relationships, and encourage treatment adherence. The aim is to prevent recurrent symptoms in the future, reduce caregiver stress, promote well-being and treatment adherence, improve communication patterns, and parent-child relationships in the family.

PRESENTATION OF THE CASES

Case 1

Index client, 12 years old, Hindu, Bengali, male, coming from semi urban area, low socio-economic status, studied in class VI, presenting with the complaints of demanding behavior, hitting towards mother, use abusive language for last 1 1D 2 years, Stealing, laying, blaming for last 1.5 years, with insidious onset, continuous course, deteriorating progress, Poor treatment compliance, Personal history revealed behavioral problem like restlessness, inattentive, limited number of friends, With Family dynamics suggestive of diffuse boundary, Parent child subsystem absent between client and his father, non-verbal and switch board communication present between

client and his father, high noise levels. Reinforcement is absent with inadequate cohesiveness. Behavior observation revealed irritable affect, intact orientation, but impaired memory function.

Case 2

Index client, 12-year-old, Hindu, Bengali, male, coming from semi urban area, low socio-economic status, studied in class VI, who has trouble following his parents' instructions mostly, gets angry easily from 1.2 years demands a lot, harming his younger brother from 1.8 years and shows aggressive behavior towards animals and others and excessively fond of mobile using from last 02 years with insidious onset, continuous course, deteriorating progress, with poor treatment compliance, Family dynamics appear to be contributing to the client's behavior, with a diffuse boundary and poorly formed subsystems between the parents and the client and his brother. The father's autocratic leadership style and the mother's role multiplicity. Interaction patterns within the family are described as need-based and strained, particularly with the younger brother. High noise levels, emotional burden, inadequate reinforcement, and cohesiveness within the family environment are present. There are personal history indicators such as restlessness, inattention, limited friendships, and difficulties with concentration and memory.

Case 3

Index client, 14-year-old, Hindu, Bengali, male coming from rural area, low socio-economic status, studied in class VII, has been showing demanding behavior, hitting family members, using abusive language for four years, and setting fire at home, cruelty to animals, stealing from home for the past two years, with insidious onset, continuous course, deteriorating progress with poor treatment compliance, Personal history, he's shown temper tantrums towards classmates and has only a few friends. Family dynamics indicate a diffuse boundary, with his father as an autocratic and nominal leader. Communication with his father is non-verbal and a switchboard. There's a high noise level, emotional burden present in the family, and inadequate adaptive patterns. The mental status examination displayed hand tremors. He showed a delayed reaction time and appeared irritable, with difficulties in attention and concentration.

EVIDENCE-BASED BRIEF PSYCHIATRIC SOCIAL WORK INTERVENTION

To help three adolescents with conduct disorder, we start by understanding the causes of their behavior through counseling and checklists. Then, we provide tailored interventions over 12 sessions, including coping and social skill training individually and family-level support like psychoeducation and improving family interactions.

In the beginning, individual sessions focus on building rapport. Then, over five sessions, the approach becomes more directive. During the assessment session, we observe both behavioral excesses and deficits. Family sessions mainly concentrate on psychoeducation and enhancing family interaction patterns. This intervention supports and addresses underlying issues. Family intervention deals with family dynamics, while individual counseling offers personalized support. Overall, seven sessions were needed for this intervention

Table-1: Psychiatric Social Work Interventions: A Comparative Table Analysis.

Psychosocial Interventions			
Name of the Therapy or Counselling given	**Principle of the Therapy**	**What the Therapist advised**	**Compliance and Responses of Case 1, Case 2, and Case 3**
A) Psychoeducation and Family Intervention	Psychoeducation is provided to clients and their families to help them understand CD, its signs, symptoms, and treatment options. This education helps them manage difficult behaviors by learning effective communication, behavior management techniques, and setting appropriate boundaries.	The client's and their family received information about CD, including its signs, symptoms, prevalence, and treatment. They had their questions clarified and were told about the importance of family support and psychosocial intervention. The therapist emphasized the parents' involvement and the need for treatment. The importance of treatment adherence for the clients and family, the role of family members in the treatment process, and the recovery of the clients were explained.	Therapists empower parents and children by teaching them skills and knowledge. This education can lead to good treatment compliance and healthier family relationships, less conflict, and better well-being for all.

B) Informative Counselling	Following the plan helps the therapist build trust, guide informed decision-making, and support the client's independence and empowerment during counseling.	The parents were informed about organizations like the Child Rights Commission, Child Welfare Committee, District Child Protection Unit, and Childline, along with their child's rights under international and local laws. They learned about these organizations' roles in protecting children's rights and were given the **helpline number 1098/112** and **tele-mental helpline 14416** for emergencies. The Family Attitude Scale measured family members expressed emotion and criticism. The importance of sticking to treatment and the role of family members in the client's recovery were explained. Later sessions focused on the client's well-being.	The parents were informed about their children's rights according to international conventions and local laws. They were provided with a helpline number for emergencies or when they feel their child's safety or well-being is in danger.
C) Parent Management Training	PMT is extensively studied for treating disruptive behavior, especially conduct disorder. It's proven to reduce disruptive behavior in children and improve parents' mental health. Additionally, it's explored as a treatment for disruptive behaviors in children with various conditions.	PMT given by the therapist to educate about the client's parents on the negative effects of both over-controlling and over-permissive parenting styles.	Parents are learned to foster positive interactions with their children, give immediate rewards for good behavior, set clear and consistent limits, and use non-harsh methods to manage misbehavior instead of physical punishment. This approach aims to create a nurturing family environment for children's well-being and
D) Behavioural Therapy (BT)	Behavioral therapy is a term that describes a broad range of techniques used to change maladaptive behaviors. Edward Thorndike was one of the first to refer to the idea of modifying behavior.	Behavioral Therapy for children with ODD was given as strategies like Time-out, Contingency contracts and Positive reinforcement.	Its responses included increased self-awareness, better communication, healthier habits, improved coping skills and enhanced emotional regulation.
i) Contingency Contracting	Contingency contracting is an intervention to promote desired behaviors or decrease undesired ones. It involves agreements between client and therapist, specifying target behaviors, conditions, and consequences for meeting or not meeting the targets.	Therapist explained to the clients' parents by the example given that once the contract is written and reviewing it for the outlining the target behaviors with the clients to ensure by signing to follow its terms.	The responses were positive changes in behavior, increased motivation, and improved outcomes for the individuals involved.
ii) Positive Reinforcement (Token Economy)	Token economy is a behavior modification technique where desired behaviors earn tokens (e.g., poker chips or stickers), while undesired behaviors lead to token removal. When a child collects a certain number of tokens, they exchange them for a reward.	The therapist focused on the explanation of the token economy, identifying target behaviours, selecting rewards, consistency, and reinforcement, and provided the knowledge of implementing this at home.	Aftereffects were improved behavior and motivation through consistent reinforcement of desired behavior.
iii) Social Skill Training (SST)	Social skill training is a type of behavioural therapy used to improve social skills in people with mental disorders and developmental disabilities.	The client was taught about social skills, which include communication, problem-solving, decision-making, stress coping, self-management, and peer relations.	These skills help in initiating and maintaining positive social relationships with others. The client learned how to establish and sustain friendships and understand the feelings of others.
iv) Behavior Modification	Behavior modification is about changing behavior using techniques like rewards and punishments. Good behavior gets rewarded, while bad behavior leads to consequences. The idea is to encourage good behavior and discourage bad behavior.	In managing the clients, the goal was to gradually change socially unacceptable behaviors and help them resume their roles as students and children. The therapist use techniques like contingency contracts and token economy were used to modify behavior.	The approach emphasized patience, consistency, and ongoing support to ensure lasting changes. Clients developed new habits that matched societal expectations and improved their well-being.
H) Anger Management	Anger causes both physical and mental changes. Learning simple skills to manage it can be helpful (Pashupati M, Dev SV 2012)[7]	During anger management sessions, clients learn about anger, its triggers, and how to control it.	They track their anger levels with worksheets and learn relaxation techniques like deep breathing. They practice positive self-talk, empathy, and problem-solving to manage their emotions and improve communication. Through these methods, they learn to handle anger constructively and resolve conflicts effectively.
I) Home Visit	This includes building trust, understanding family dynamics, and offering personalized support to improve communication and collaboration between families and professionals.	The therapist visited the homes of clients who had troubled relationships. They educated the families about the negative impact of high emotional expression and conflict.	It helped understand individual needs better and improved relationships between families and service providers.

FOLLOW-UP AND PROGRESS

During regular follow-up sessions, clients and their families participated, with feedback recorded, and Child Symptoms Inventory and Family Attitude Scale assessments were conducted. By the 12th session, clients showed remarkable improvement, attending school consistently and reducing problem behaviors. Both parents expressed satisfaction with their progress and were reminded of the importance of consistent parenting. It has been noticed that due to PSW intervention in case 01 Risperidone dose was gradually reduced to 0.5 mg/day and in case 02 & 03, Risperidone was tapered off and stopped.

Table 2: Pre- and Post-Intervention Assessment to measure the level of severity of Conduct Disorder.

Scale	Pre-intervention Assessment			Post-intervention assessment		
	Cases	Obtained Score	Impression	Cases	Obtained Score	Impression
Child Symptoms Inventory: 4 Parenting Checklist	1	23	Clinically Elevated	1	5	Clinically not Elevated
	2	15	Clinically Elevated	2	4	Clinically not Elevated
	3	17	Clinically Elevated	3	4	Clinically not Elevated

Table 3: Pre and Post Intervention Assessment to measure the Family Attitude towards the Client.

Scale	Case	Pre-intervention Assessment				Post-intervention assessment		
		Domain	Range	Score	Impression	Range	Score	Impression
Family Attitude Scale	Case: 1	Critical Comment	5-10	6	High expressed emotion	5-10	4	Low expressed emotion
		Hostility	6-12	8		6-12	3	
		Dissatisfaction	6-12	9		6-12	3	
		Emotional Overinvolvement	7-14	8		7-14	6	
		Warmth	6-12	5		6-12	7	
	Case: 2	Critical Comment	5-10	7	High expressed emotion	5-10	3	Low expressed emotion
		Hostility	6-12	9		6-12	3	
		Dissatisfaction	6-12	8		6-12	5	
		Emotional Overinvolvement	7-14	7		7-14	6	
		Warmth	6-12	3		6-12	6	
	Case: 3	Critical Comment	5-10	6	High expressed emotion	5-10	4	Low expressed emotion
		Hostility	6-12	8		6-12	2	
		Dissatisfaction	6-12	8		6-12	3	
		Emotional Overinvolvement	7-14	5		7-14	4	
		Warmth	6-12	4		6-12	7	

DISCUSSION

This study highlights the significant improvements in both child behavior and family dynamics following psychosocial interventions for children with Conduct Disorder (CD). Pre- and post-intervention revealed a marked reduction in CD symptoms and high-expressed emotions like critical comments and hostility, alongside increased positive expressed emotions like family warmth, support, and positive interactions. Tailored treatment plans, combining psychotherapy, medication, and family-focused strategies, addressed the challenges of CD, with Parent Management Training

(PMT) playing a pivotal role in reshaping family dynamics. By empowering parents with non-harsh disciplinary techniques and reinforcing positive behaviors, these interventions fostered stability, emotional bonding, and structured routines at home. Behavioral therapies, including Contingency Contracting, Token Economy, and Social Skills Training, enhanced emotional regulation and social competence; while anger management sessions helped children manage triggers and conflicts effectively. Positive changes in parental attitudes were observed early, demonstrating the rapid impact of these interventions. This study underscores the importance of a comprehensive, family-inclusive approach and emphasizes the need for sustainable support systems to maintain progress.

However, achieving full healing requires ongoing commitment and support. Researchers, like Helander et al. (2022), agree with this study's findings. They support the effectiveness of combining Parent Management Training (PMT) with Cognitive Behavioral Therapy (CBT) for children with Conduct Disorder (CD) and their families. Similarly, A study by Loeber and Keenan (1994) found that psychosocial interventions, including Parent Management Training (PMT), significantly improved children with Conduct Disorder (CD) and their families. These interventions helped address family dynamics, stabilize routines, and encourage positive behavior. Positive changes in parental behavior were observed after just a few sessions, showing the effectiveness of the approach. A study also aligns with this, showing a link between expressed emotion, caregivers' stress, and the child's self-sufficiency (Balachandran et. al., 2023). No studies contradict these results or the treatment approach used in this study.

CONCLUSION

Our investigation has uncovered the profound impact of psychiatric social work interventions in combination with medication on children struggling with Conduct Disorders (CD) and their families. Through the strategic application of therapeutic techniques such as Parent Management Training (PMT), Behavioral Therapy (BT), and Anger Management, we witnessed significant strides forward. The effects of these interventions were not confined to the individual children alone; rather, they resonated throughout the familial ecosystem. Observable changes in the children's behavior included a palpable reduction in disruptive tendencies and a notable enhancement in academic performance, underscoring the efficacy of our therapeutic approaches. Furthermore, the ripple effect extended to the dynamics within the family unit. Decreased discord and heightened cohesion emerged as hallmarks of the familial transformation, contributing not only to a more harmonious domestic environment but also to the overall well-being of each family member. Of particular significance was the assimilation of preventive measures by both children and their families. Empowered with new strategies and coping mechanisms, they found themselves better equipped to confront the complexities of future challenges with resilience and determination, thereby laying a sturdy foundation for sustained growth and progress.

REFERENCES

Agarwal, M., Hemadri, K., & Sao. (2014). Conduct disorder among adolescents: An intervention approach through psycho-yogic program. *The International Journal of Indian Psychology, 2*(1), 269–271. https://ijip.in/wp-content/uploads/2019/02/10-M-Agarwal-H-Sao.pdf

American Academy of Child and Adolescent

Psychiatry. (1997). Practice parameters for the assessment and treatment of children and adolescents with conduct disorder. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(10 Suppl), 122S–139S. https://doi.org/10.1097/00004583-199710001-00008

American Psychiatric Association. (2021). *Diagnostic and statistical manual of mental disorders (DSM-5)*. American Psychiatric Publishing.

Balachandran, K. P., & Bhuvaneswari, M. (2023). Expressed emotion in families of children with neurodevelopmental disorders: A mixed-method approach. Annals of Neurosciences. https://doi.org/10.1177/09727531231181014.

Gitonga, M., Muriungi, S., & Ongaro, K. (2017). Prevalence of conduct disorder among adolescents in secondary schools: A case of Kamukunji and Olympic mixed sub-County secondary schools in Nairobi County, Kenya. *African Journal of Clinical Psychology*, *1*, 100. https://www.daystar.ac.ke/ajcp/download/6/1662453869_Prevalence-of-Conduct-Disorder-among-Adolescents-in-Secondary-Schools.pdf

Helander, M., Asperholm, M., Wetterborg, D., Öst, L., Hellner, C., Herlitz, A., & Enebrink, P. (2022). The efficacy of parent management training with or without involving the child in the treatment among children with clinical levels of disruptive behavior: A meta-analysis. *Child Psychiatry & Human Development*, *55*(1), 164-181. https://doi.org/10.1007/s10578-022-01367-y

Loeber, R., & Keenan, K. (1994). Interaction between conduct disorder and its comorbid conditions: Effects of age and gender. *Clinical Psychology Review, 14*(6), 497–523. https://doi.org/10.1016/0272-7358(94)90015-9

Pashupati, M., & Dev, S. V. (2012). Anger and its management. *Journal of Nobel Medical College, 1*(1), 9–14.

Sajadi, S., Raheb, G., Maarefvand, M., & Alhosseini, K. A. (2020). Family problems associated with conduct disorder perceived by patients, families, and professionals. *Journal of Education and Health Promotion, 9*, 184. https://doi.org/10.4103/jehp.jehp_110_20

Scott S. Conduct disorders. In Rey JM (ed), IACAPAP e-Textbook of Child and Adolescent Mental Health. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions, 2012.

Conflict of interest: None

Role of funding source: None