Role of Family therapy in management of conduct disorder in childhood and adolescence

A review

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List of abbreviations:

ADHD Attention deficit/Hyperactive disorder

BSFT Brief systematic family therapy

BFI Behavioral family intervention

CCTR Cochrane Controlled Trial Register

CD Conduct disorder

CDI Child-Directed Interaction

CGAS Children Global Assessment Scale

CGI-I Clinical Global Impressions-Improvement

CGI-S Clinical Global Impressions -Severity

CPRS-CP Conners' Parent Rating Scale

DBD Disturbed behaviour disorder

DSM IV Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition

EBFI Enhanced BFI

ECBI Eyberg Child Behaviour Inventory

E risk Environmental risk

G-E Gene Environment interaction

HPA hypothalamic pituitary axes

ICD 10 International Statistical Classification of Diseases and Related Health Problems 10th Revision

IQ Intelligence Quotient

K-SADS Kiddie-Schedule for Affective Disorders and Schizophrenia

MAO A monoamine oxidase allele

MMPI A Minnesota Multiphasic Personality Inventory Adolescent Version

MOAS Modified Overt Aggression Scale

NICE National Institute for Health and Clinical Excellence

OAS Overt aggression scale

ODD Oppositional Defiant disorder

PCIT Parent Child Interaction Therapy

PDI Parent-Directed Interaction

PPS Parental problem-solving adjunct

SCIE Social Care Institute for Excellence

SBFI standard BFI

SDBFI self-directed BFI

SDQ Goodman Strengths and Difficulties Questionnaire

SSRIs Selective serotonin reuptake inhibitors

SUD Substance use disorders

WAI Weinberger Adjustment Inventory

WL wait list

Introduction

Introduction:

Conduct disorders are among the most common disorders encountered in child and adolescent psychiatry. They represent a heterogeneous group of disorders, each with a different psychopathology and a different life-course. While antisocial behaviour is only transient in some children, others show increasing criminal behaviour and delinquency, and some even develop an antisocial personality disorder. **(Vloet et al., 2006)**

Bowlby's attachment theory linked the origins of aggression and delinquency with early experiences of insecurity and detachment (defined by Bowlby as an apparent lack of trust and caring for significant others). He observed that, although children were made angry by experiences such as adverse parental attitudes, harsh treatment, separation, and threats of abandonment, expressions of anger toward caregivers regarding such treatment would only exacerbate parent-child disruption. Bowlby (1973) suggested that, in despair, anger is redirected toward the environment in the form of "aggressive detachment" in early childhood and antisocial acts in later developmental periods. **(Atkinson et al., 2004)**

Conduct disorder and delinquency are significant problems for children and adolescents and their families, with the potential to consume much of the resources of the health, social care and juvenile justice systems. A number of family and parenting interventions have been recommended and are used for these conditions. The evidence suggests that family and parenting interventions for juvenile delinquents and their families have beneficial effects on reducing time spent in institutions. This has an obvious benefit to the participant and their family and may result in a cost saving for society. These interventions may also reduce rates of subsequent arrest. **(Woolfenden et al., 2002)**

Integrative approaches that involve more than one treatment modality are often needed to provide the best treatment for adolescents. **(McCann et al., 2006).**

The study by **Robbins et al.(2006)**found that both adolescent and mother alliances with the therapist discriminated between dropout and completer families. These findings are consistent with other research that has established a relationship between therapeutic alliance and treatment response.

It has also been shown that the change of family environment is related to its influence on children's well-being and development. Family therapy has resulted in positive changes of the parents' experience of the family climate. **(Nielsen, 2006)**

The advent of family therapy ushered in a whole new way of understanding and explaining human behavior. Family therapists proposed that psychological problems were developed and maintained in the social context of the family. This new contextual perspective relocated the responsibility for the problems and the focus of treatment from the internal world of the individual patient to the entire family. This shift in understanding human events in terms of interactional patterns of behavior also called for a new way to explain the existence of emotional distress. The biological and psychoanalytic models advocated a causal, linear model of understanding human illness, which emphasized internal dysfunction and failed to take into account the reciprocal nature of interpersonal relations. Family therapists proposed that psychological problems were best explained in terms of circular, recursive events that focused on the mutually influential and interpersonal context in which they developed. **(Nichols & Schwartz, 1998)**

Over 30 years of research have established both that parenting behaviours influence the development of childhood conduct disorders and that behavioural family interventions targeting specific parenting skills are the most effective way of preventing or reducing child behaviour problems. **(Hutchings et al. 2005)** studies didn't only show that Childhood maltreatment is a potent risk factor for subsequent aggressive and criminal behavior. **(Young et al., 2006)** but also that Individuals with early-emerging

conduct problems are likely to become parents who expose their children to considerable adversity. **(Jaffee et al., 2006)**

Until recently, however, those children at highest risk have often had the poorest outcomes from intervention. Recent research has identified the factors that make parenting interventions effective and how to engage the multi-stressed, hard-to-reach families whose children are most at risk. Research has identified risk factors that are associated with the development of conduct disorder and affect the quality of parenting. This has made it possible to provide preventive interventions, targeting families that are most at risk. Evaluations have shown, however, that getting effective preventive services to those most at risk is not straightforward and programmes need to address the problem of recruiting parents who, by virtue of their multiple problems, have traditionally been hard to engage.**(Hutchings et al., 2005)**

Aims of study:

1- To provide an updated review of family therapy; its definition and techniques with special focus on its use in treatment of conduct disorder in children and adolescents.

2- To review studies showing the results of family therapy in conduct disorder compared to and associated with somatic treatments and other modalities of psychotherapies.

History &Definition

Following the writings of Sigmund Freud, whose speculations regarding aggression as an instinct were of direct relevance, psychiatric clinicians began the exploration of antisocial acts as psychopathology. Soon afterwards, ethologists began their naturalistic observations of animal aggression and explored its relationship to human behavior, providing ontogenetic and phylogenetic anchors. Konrad Lorenz was especially interested in aggression as an instinct. Psychometric work in the middle of the twentieth century established the coherence of antisocial and aggressive patterns of behavior. At the same time, John Bowlby was studying subtypes of delinquents. The description of "affectionless characters," with their histories of prolonged disruptions of early relationships, became one of the sources of inspiration for the study of attachment and also provided a bridge from analytic concepts and ethology to the clinical study of antisocial acts. Most recently, interest in biological substrates has reemerged. Stella Chess and Alexander Thomas introduced the notion of the "difficult temperament" which served as an early childhood antecedent of behavior problems in some boys; Robert Cloninger further specified the risks. High novelty seeking with low harm avoidance, both heritable traits, were instrumental in generating risk of conduct disorder. Recent studies of genetic transmission indicate certain heritability for antisocial behavior**. (Kaplan, 2000)**

It is becoming increasingly apparent that antisocial children often grow up to inflict considerable damage on others at a high cost, and also lead very impoverished lives themselves. There is rising public and governmental concern to get on top of aggressive and criminal behaviour, which is especially prevalent in the socially and economically disadvantaged (**Woolgar et al., 2005**)

A study followed Progression from Conduct Disorder to Antisocial Personality Disorder following treatment for adolescent substance abuse found a high rate of progression to antisocial personality disorder among substance-abusing adolescents and identified factors predictive of this progression (**Myers et al., 1998)**

Conduct disorder was found to increase the risk of substance use and abuse in adolescents regardless of gender**. (Disney E et al., 1999)**

A large majority of children who had at least three (65%) or at least five (80%) DSM-IV conduct disorder symptoms at age 5 years, regardless of age-7 conduct disorder symptom status, had at least one educational difficulty 2 years later. Furthermore, the fact that the children's conduct disorder diagnosis continued to predict teacher-rated educational difficulties at follow-up, after we controlled for age-5 IQ and ADHD diagnosis, suggests that the conduct disorder diagnosis uniquely captures a subset of young children who may have enduring school-related problems and on whom treatment resources would not have been wasted. **(Kim Kohen et al., 2005)**

As adults, antisocial girls manifested increased mortality rates, a 10- to 40-fold increase in the rate of criminality, substantial rates of psychiatric morbidity, dysfunctional and often violent relationships, and high rates of multiple service utilization. **(Pajer, 1998)**

Clearly, conduct disorder is a powerful factor influencing substance-related outcomes, since it had an impact on 10 of 11 measures of substance use or abuse across genders. This finding has substantial support, since several prospective studies have strongly indicated that conduct problems often precede the development of alcohol and drug problems . In addition, empirically based classifications of alcoholism, including a recent cluster analysis of a sample of alcoholic fathers from the Minnesota Twin Family Study have found that alcoholics with onset of alcohol problems at an early age are especially likely to have exhibited childhood aggression and antisocial behavior. Thus, the connection between a conduct disorder diagnosis and early onset of substance problems in males is well documented, although the present study helps document that this finding also holds true for females in a large, population-based study. **(Disney et al., 1999)**

Individuals with early-emerging conduct problems are likely to become parents who expose their children to considerable adversity. A recent study tested the specificity of and alternative explanations for this trajectory. The sample included 246 members of a prospective, 30-year cohort study and their 3-year-old children. Parents who had a history of conduct disorder were