

Example Conduct Disorder Intervention

Context: This slightly edited paper (personal details removed) was sent to my local school a couple of years ago when it became clear that one of the children had special needs that were not being properly managed. The child's needs were escalating to the point that he was not only a danger to himself and his peers, but also to significantly younger children. It was also clear that his condition was deteriorating, and that if intervention did not occur the child was going to end up in the court system because of an unmanaged psychiatric condition which would have then been exacerbated by the cultural rub off from petty criminals as he moved into adulthood.

This was the letter sent to my children's school principal to suggest an intervention. Because of the professionalism of this particular school's teaching team I did not intrude on whether or how they acted on this correspondence. But I do know that there were significant changes made for the better in this boy's life over the next few months (including reassigning some of his school days to a school designed to assist children with his kind of needs).

This particular paper is being shared for a number of reasons. Firstly, there is still a huge lack of awareness about conditions such as oppositional defiant conduct disorder. Secondly, there is a stigma about psychiatric conditions (one of my pet peeves is there are still a lot of people who associate no stigma to someone needing insulin to compensate for a faulty pancreas, but who then tell people they should "control" themselves if they need something like dopamine to keep their brain and behaviours in healthy parameters). Thirdly, many souls still take an ostrich approach to children's emotional and psychological wellbeing by stating that "it is just a phase" or they will "outgrow" it. This is leaving a significant portion of children under supported, who then grow up to be disaffected and are thus easy recruiting targets for charismatic predators. Fourthly, our societies have lost touch with what is "healthy" and have lost faith; so many souls passively endure destructive behaviors because they don't believe that there is any choice or that anything better is possible. Fifthly, there are those powers that be that rely on people being overwhelmed by their day to day existence to avoid them looking over the horizon to image a more beautiful world (this ranges from lovers of violence, to those with rapacious greed, to coveters of power, to xenophobics and those that fear the unknown, to narcissistic suppliers or consumers).

Thus, if we want to live in a world with a future and hope, then we must accept the need to help the vulnerable in our community. Of particular interest are those youth who, through no fault of their own, have biological needs that make them more vulnerable to being rejected by mainstream society and thus the early cannon fodder for fascist or violent ideologies.

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Hi, it's me again. Sorry.

During dinner last night my son was explaining how the original "Bad Boys Club" had been disbanded. The family affirmed that this was a good thing and that we were glad it had been disbanded.

My son then went on to say that another club has been developed¹. It's called the "Bad Boys and Girls Club", because there are bad girls as well as boys. He has not joined this club (he remembers the 'detention' from last term), which we again affirmed was good. He then went on to mention that XX from his sister's class is the leader. That he is training the children in how to be "Bad Boys and Girls", that he is teaching them how to break and stretch the school's rules.

Because of the seriousness of this information, we spent some time trying to tease information out of my son. The only three children that he could say were involved so far are M, J and L. He did not name any other kindergarten children, and does not recall older children (e.g. year 1 or 2) being part of the club or being trained by XX. Examples of XX's instructions include pulling girls' hair, climbing on unauthorized play equipment in little recess.

If this was just my son's anecdotes, I would not pass comment. However, I saw little J just after her nose had been hit when XX threw a chair at her only two weeks ago. I also saw her father's reaction when he came to collect his daughter shortly thereafter.

Also, my daughter has had numerous inappropriate comments and physical contact from XX last term. In fact, if he had treated her in such a way that if it had been in a workplace both he and his boss could be successfully charged with sexual harassment. (We have not explored this because XX was not in my daughter's class last term, the problem was only occurring at Y, and the carers at Y successfully intervened to stop the behaviour after I informed them that it was occurring).

Please find attached two documents. One is a sanitized recommendations paper that may or may not be useful as a template for your own intervention. The other is a letter to the mother of XX.

Once again, I give thanks that my children attend a school with such a wise principal and teachers (thank you so much for Miss M, by the way), and I again entrust your team to handle this in the best possible way.

¹ This occurred near the beginning of second term for my son's first year at school.

ISSUE:

XX behaviour has become dangerous physically, emotionally and psychologically to himself, the children with whom he associates, and others in near vicinity.

BACKGROUND:

Example 1: On _ 2004, a Kindergarten child advised that XX was now the leader of the "Bad Boys and Girls Club". This child's parents asked what that meant. The child explained that XX was teaching the children at school how to not co-operate with and how to break the school rules. For example, he was teaching the children to pull girls hair, showing them how to get into the play ground equipment without teacher supervision. Three kindergarten children were identified as already being trained by XX.

Example 2: About two weeks earlier the same parent of this Kindergarten child observed a child walking towards a carer at Attunga cottage with a red face and clutching her nose. She commented to the carer that something had happened. The carer asked this girl what had happened and was told that XX had thrown a chair at her.

Another teacher came to the child and escorted her to the kitchen to get an icepack for her nose. She called to XX and told him to go wait in the office. The original carer and parent observed XX walking to the office scrunching his nose and rolling his head. His body language was defiant; like "so I'm in trouble again, so what". There was no facial or body language indicating that he was frightened or felt remorse for what he had done. He did not appear to recognise or care that: he had hurt another child, he could have broken her nose, he could have caused brain damage, he could have killed her; or that any of these things could have happened to one or more other children which were in the path of the chair.

The parent of the little girl arrived shortly after and was very irate. Their comments to the teacher were that they know it is not XX's fault because he has a medical issue, but how bad does it have to be before someone intervenes?

Example 3: A year 6 girl was complaining repeatedly last term that XX was causing her distress. He was making loud and blatant comments about her newly forming breasts, he contrived on a number of occasions to walk so closely to her that he could feel her newly forming breasts; he made repeated assertions that there was a level of boyfriend/girlfriend interest, on a few occasions he spoke very disrespectfully to her with sexual overtones. He continued with these behaviours, even when asked to desist, both quietly and firmly; even after other children came to her defence.

COMMENT:

Anecdotally it appears that XX's carers are currently exploring non-medication strategies to manage his condition.

XX's condition appears to be progressing consistent with oppositional defiant conduct disorder. If that is the case, this is one of the most difficult conditions to manage and treat. Statistically children with this condition have difficulty with the school authorities and their peers. They often go on to explore dangerous addictions, and often end up associating with the 'wrong crowd' who enter into criminal and violent activities. Such children often go on to have a criminal record. In worst case scenario, such children end up being the people who spend more time in prison than out.

RECOMMENDATIONS:

It is recommended that:

1. the issue be considered by XX's school principal and relevant education authorities;
2. that the matter be referred to the appropriate parties that will take into account both XX's short- and long- term needs, and the needs of the other students at the school;
3. that the "Bad Boys and Girls Club" children be identified and their teachers monitor them for possible personal developmental issues; and
4. that the Kindergarten teachers positively reinforce the need for rules, that they are there to protect both the individual and others around them.

Dear XX's mother

How I wish such a letter was not required. I wish your son was healthy, without developmental needs, less demanding on both yourself and the others around him.

I wish that your son did not have difficult problems that have escalated to the point that he is no longer just disruptive and unhappy in himself. I humbly ask that you give consideration to the XX's long term future. I humbly ask that you take the time to read this letter.

Please take a moment and imagine yourself ten years from now, you are walking down the street and briefly smile at a stranger coming the other way. You both continue on your way, wondering what common moment caused you to smile at each other.

Now imagine in ten years time standing opposite this same woman outside a court room. The woman is distraught because your son has killed her child and your son has just received a prison sentence for their murder.

These are two extremes of the same continuum.

At one end, is XX with his condition identified, accepted, successfully managed. At the other is XX's condition unidentified, unaccepted, unsuccessfully managed, and fulfilling the worst case scenario.

There are so many shades of grey in between. Literature abounds with stories of how our children may grow up, the issues and consequences of decisions, the kind and quality of lives that they live. All of these possibilities are open to XX.

However, right now XX has real issues and real needs.

If the worst case scenario was to happen; could you look that woman in the eye? Could you look her in the eye and honestly and humbly say that you had done everything that you could reasonably do to protect both your child and the people around him?

Today is a brand new day. From this point forward you have two choices. You can abide in the peace of knowing that you have taken every reasonable step to help XX and the others he will affect. Or you can choose to have that niggling doubt every time something goes wrong that maybe things didn't have to be this way.

So, for your own child's sake, even if not for the people around you, I pray that you let go of pride and do what is in XX's both short- and long-term interests.