

Editorial

New Perspectives on Intervention for Conduct Disorder

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We are pleased to offer a second issue on the theme of aggression in children and adolescents. In our first special issue we touched on the diverse etiological factors and developmental trajectories related to aggressive behavior. This volume is unique in presenting papers on the prevention of conduct problems and describing specific treatment approaches for children and adolescents with clinically diagnosable conditions. Moreover, this collection of papers reverberates application of multifocal, multi-tier approach.

The prevention of childhood disorders is an essential yet often overlooked component of best practice in the provision mental health services. It is particularly important in relation to conduct disorder (CD) because once established CD is costly to treat and the consequences for development are considerable.

In this volume, Pepler provides an insightful analysis of the prevention of bullying from a developmental-systemic perspective, drawing attention to the needs of the individual child and the importance of social-relational contexts. She emphasizes the need to 'scaffold' the vulnerable child away from bullying through careful consideration of his/her strengths and weaknesses in navigating social relationships and helping them to better meet their needs through prosocial rather than aggressive behavior. This is complemented by equally thoughtful analysis of 'social architecture' – the structuring of social-contexts in which bullying occurs to reduce risk, promote healthy relationships and advance values of respect, acceptance and non-violence. These two principles – 'scaffolding and social architecture' – offer important guidelines to structure the development individualized therapeutic plans, social programs and social policies that prevent or reduce the prevalence of bullying.

Leadbeater and Hoglund's paper take us a step further into prevention science by providing a description of a school-based program designed to reduce bullying and enhance social relationships. The WITS program (**W**alk away; **I**gnore; **T**alk it out; **S**eek help) program helps children develop skills for negotiating interpersonal conflicts and responding to provocative peer behavior. It also changes the school culture by providing a common language for students, teachers and parents to discuss the problem of bullying and alternatives that promote healthy social development. Analysis of longitudinal data revealed significant decreases classroom levels of bullying in schools provided with the WITS program compared to control classrooms. Together these two - the Pepler and Leadbeater papers bring attention to the fact researchers and practitioners are beginning to integrate theory and research across the continuum of child behaviour problems, from those that occur in everyday life and to those associated with conduct disorder as a syndrome. This beckons a new era in understanding and managing childhood behavior problems – one that is based on the strong theoretical and empirical analysis, clear methodological strategies and grounded practice.

Although prevention is always preferable, it is not always possible: we are far from providing universal prevention programs and not all children respond to such initiatives. Furthermore, although many cases of CD develop in childhood approximately half of all cases emerge in adolescence. Once CD is entrenched it can be exceptionally challenging to treat; indeed many practitioners hold pessimistic views about the likelihood of positive treatment outcomes in this population. Fortunately research over the past decade has identified a number of promising and empirically supported treatments for CD. In particular, there is growing support for interventions which target parenting practices that have been shown to be associated with the development of conduct disorder. In the current volume Osbuth and colleagues summarize evidence on the efficacy of parenting interventions in the treatment of conduct disorder. They point out that few interventions specifically target parenting practices associated with adolescent development and provide a synopsis of the developmental challenges of adolescence as they relate to parenting. Osbuth, et. al. present promising evidence on the effectiveness of a manualized parenting group for caregivers of conduct-disordered adolescents. This intervention targets caregivers of youth with severe conduct disorder, aggressive and violent behavior, self-harm behavior and a myriad of other social functioning issues. Given the problems in generalizability often noted in treatment trials of highly selected clinical samples, these results are indeed promising as they offer hope to practitioners who work with adolescents with complex and severe conduct disorder.

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The efficacy of psychosocial interventions for conduct disorder does not preclude the importance of considering the use of medication as an adjunct to treatment. Pappadopulos et al.'s contribution to this issue summarizes 45 randomized trials assessing the efficacy of psychotropic medication for aggression as a primary or secondary clinical problem. Not surprisingly, large effect sizes were found for the treatment of comorbid aggression in attention deficit hyperactivity disorder using methylphenidate. Effect sizes for the treatment of persistent behavior problems using risperidone were also large. While medication should not be considered alone as a treatment for CD, in some cases it provides a helpful adjunct to other psychosocial interventions.

Most authors have stressed the importance of psychosocial milieu in the treatment of children with conduct disorder and /or aggressive behavior. The port of entry for intervention can be can be through the parents and family members; through alternative environments with prosocial opportunities; or through the child/adolescent rendering him/her more receptive to his/her ecology with the help of medications.

The papers in this special issue uniformly present a picture of promise and hope for the effective prevention and treatment of conduct disorder. Important questions remain about which components of therapy account for change; whether some subgroups of children respond better to certain treatments than do others; and how best to manage comorbid and complex clinical conditions. We also know that the causes of CD are diverse – not all factors can be addressed without social policies that ensure the economic and social welfare of families and children. Nonetheless, it is no longer a question of whether treatment works for CD but rather which treatment is best for which child and how we can best integrate treatment into the fabric of the child's family and social ecology. We anticipate huge strides in empirical evidence and practice in the treatment of CD over the next decade – they have been a long time coming and will surely be welcomed by practitioners. We hope that this special issue stimulates interest and openness to this new era in understanding and responding to the problem of conduct disorder.

From the Editor: Introducing the new Journal of the Canadian Academy of Child and Adolescent Psychiatry

Mary Kay Nixon, MD

It is with great pleasure and pride that I welcome readers to the new Journal of the Canadian Academy of Child and Adolescent Psychiatry. Over the past year, much planning and preparation have gone into designing the Academy's official publication for its unveiling this month. For those of you who were able to attend the recent joint meeting of the American and Canadian Academies of Child and Adolescent Psychiatry, you may have seen the new cover posted in the exhibition hall and hallways of the conference area. I appreciate the input that people have given in this process. It appears that during that time, the journal name took on its own nickname, and has become known affectionately as the "the Indigo journal" amongst Academy Board Members.

The editorial staff and the Academy continue to strive towards publishing a clinically relevant journal that is of high academic quality. In doing so, it is important that our editorial staff is enhanced to meet that need. To this end, I am pleased to introduce with this new issue, our new assistant editor, Dr Amy Cheung. Dr Cheung is on the faculty with the University of Toronto. The primary focus of her research is in health services delivery for adolescents with mood disorders. I am sure that readers will join me in welcoming Dr. Cheung to the Journal. Again it is my pleasure to have Drs. Reebye and Moretti guest editing their second theme issue. This month's focus is on New Perspectives on Intervention for Conduct Disorder. This follows on their first theme issue published in February 2005 entitled "Pathways to Aggression" in Children and Youth.

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