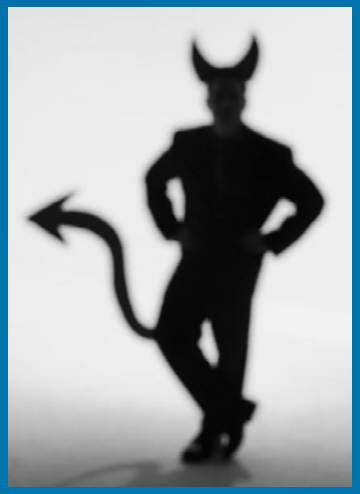
Disruptive Behavioural Disorders

Psychosocial Interventions



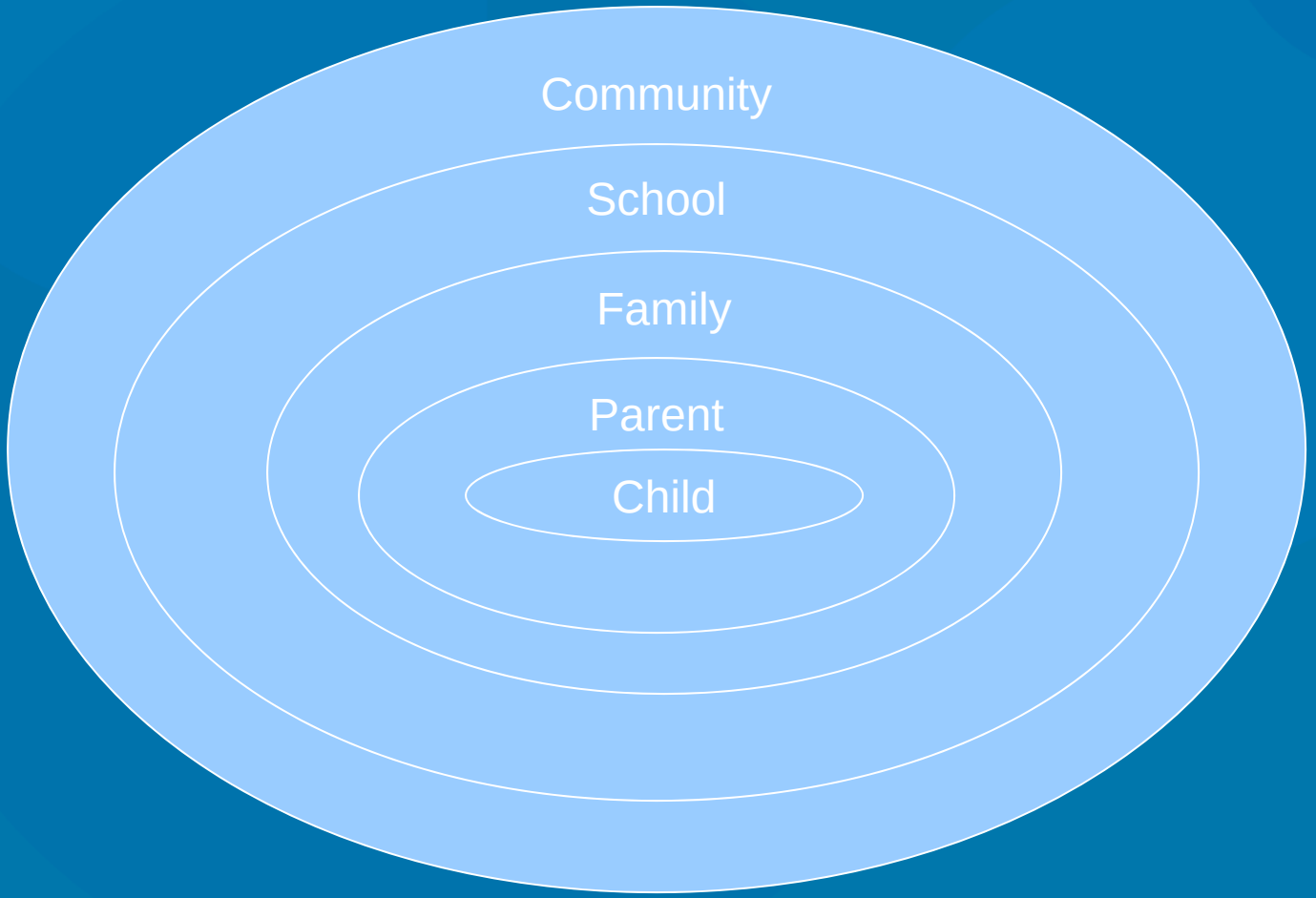
Jo Winther

The Royal Children's Hospital Melbourne

Outline

- Evidence based interventions for disruptive behavioural disorders
- Child interventions
- Family interventions
- School interventions
- Community interventions

Multi System Intervention

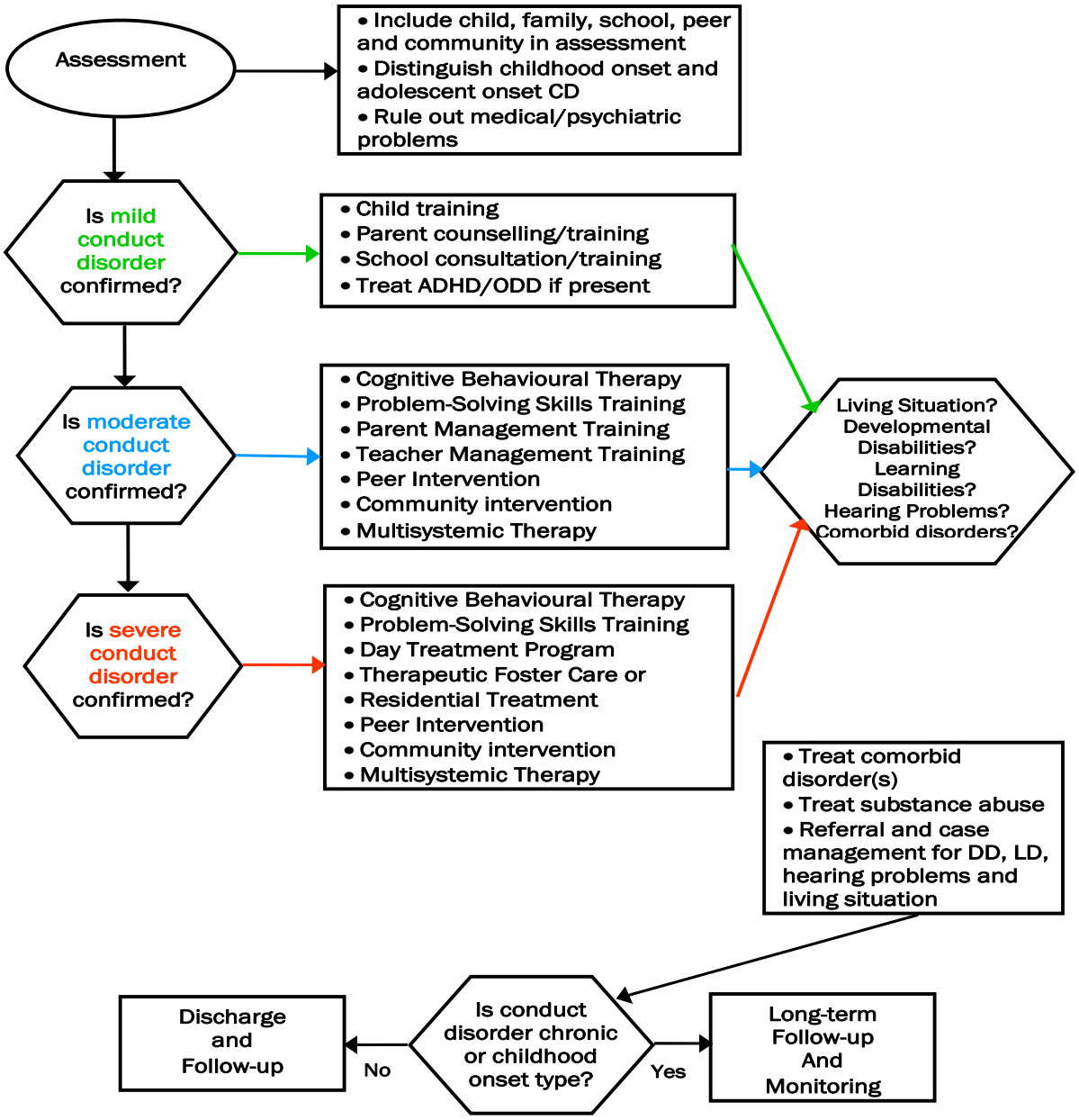


Types of Intervention Programs

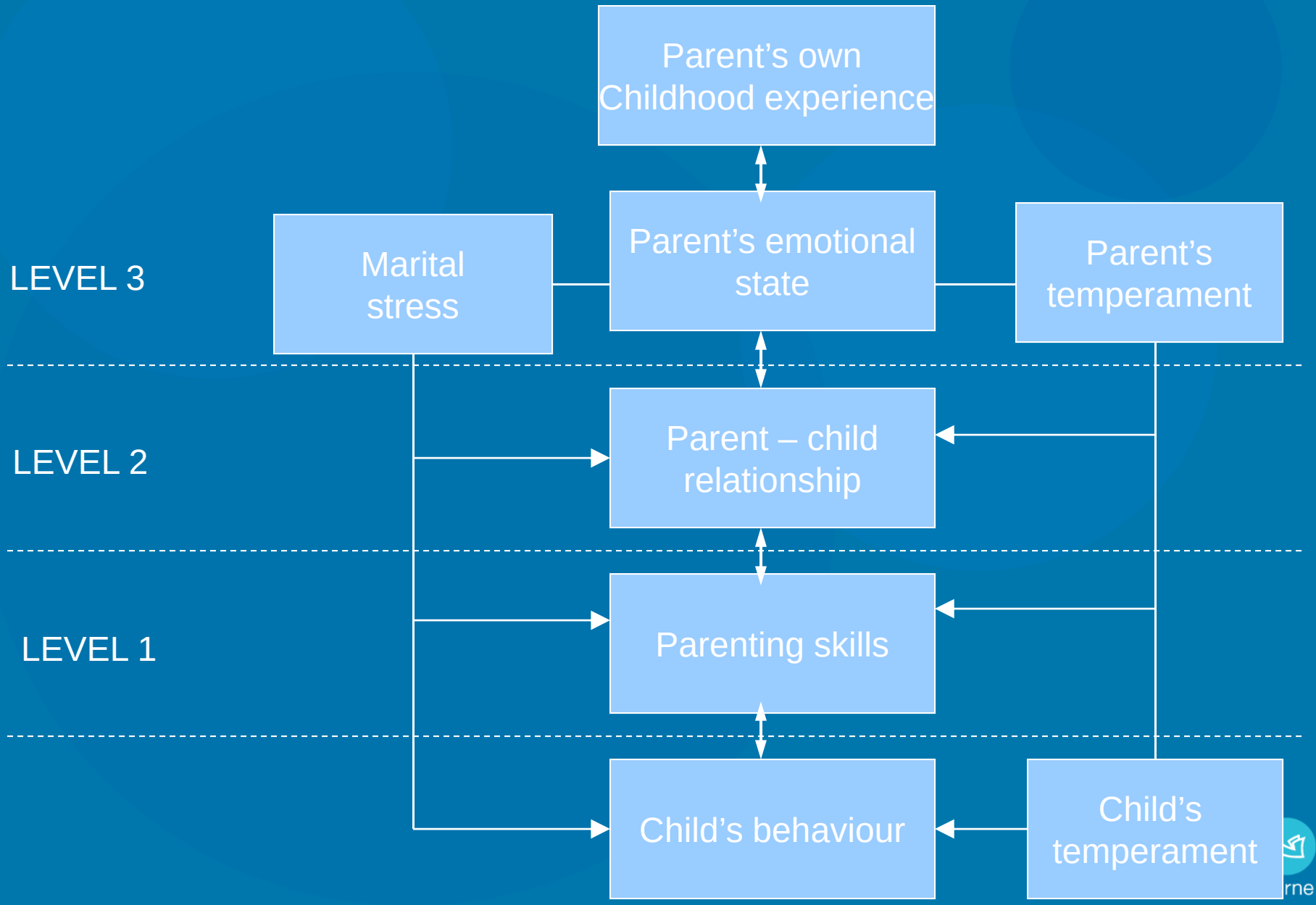
- **Child-focussed interventions**
  - designed to improve children's capacity to regulate their behaviour
- **Family/Parent interventions**
  - designed to improve parenting skills and family relationships
- **School-based interventions**
  - designed to improve classroom and playground behaviour at school. This includes teacher skill development, class wide interventions, curriculum-based interventions, individual therapy and multi-component interventions
- Psychopharmocological management of children
  - Stimulants; Atypical anti-psychotic; Mood stabilizers; SSRI; Agonists beta blockers

Children's Mental Health Ontario, 2001

Decision Path for Children and Adolescents with Conduct



Jo Douglas – Levels of Therapeutic Intervention in Families



Preventative Intervention

- Prevention is considered a key element for disruptive behavioural disorders
  - Parent management programs, psycho-educational programs – social skills, conflict resolution and anger management
  - Interventions run through Schools, CHC, and NGO's
  - Aim for CAMHS clinicians is to consult to primary care physicians, teachers and other professionals

Child Intervention

The Royal Children's Hospital Melbourne

Resilient Children

(Werner, 1992, 1994)

- Ability to elicit positive responses from others
- Were engaging to other people
- Had good communication and problem-solving skills
- Were able to respond and relate to substitute caregivers
- Had a high IQ, had good abilities
- Had a hobby valued by their peers or elders
- Grew up with 5 children or less, with at least 2 years between siblings
- Had parents with care giving skills that led to competence and increased self-esteem

Child risk factors - intervention

Cognitive deficits and language delays	Assess cognitive and language ability
School underachievement (leading to depression)	Assess academic performance and assist to get extra class support
Lack of social skills to maintain friendships (leading to peer rejection)	Teach social skills through school programs
Underlying distortions or deficits in their social information processing system	Cognitive behaviour therapy
They interpret social cues as provocative and then respond more aggressively	Teach: Ability to reading body language Effective communication
Being abused	Counselling if appropriate
Friends who engage in the problem behaviour	Engaging young people in positive peer groups
Favourable attitudes towards the problem behaviour	Psycho-education and cognitive therapy
Early initiation of the problem behaviour	Early intervention/prevention

Child Intervention

- Cycle of change/ motivational interviewing
- Cognitive behavioural therapy (self talk, relaxation and problem solving)
- Social skills (making and keeping friends, assertiveness, communication skills, accepting no and playing cooperatively)
- Managing strong emotions / anger management (self control strategies, recognizing and expressing feelings)
- Changing their narratives about themselves (self-esteem and depression)
- Perspective taking / victim empathy (expectations of the effects of ones own actions)

Child Group Content

- **Week 1** - Getting to Know You.
- **Week 2** - Identifying Feelings.
- **Week 3** - Managing Strong Emotions.
- **Week 4** - Introducing STOP, THINK, DO.
- **Week 5** - THINK & DO: Social Problem-Solving.
- **Week 6** - COOL, WEAK, AGGRO: Assertiveness.
- **Week 7** - Negotiation & Co-operation.
- **Week 8** - Group Performance & Closing.

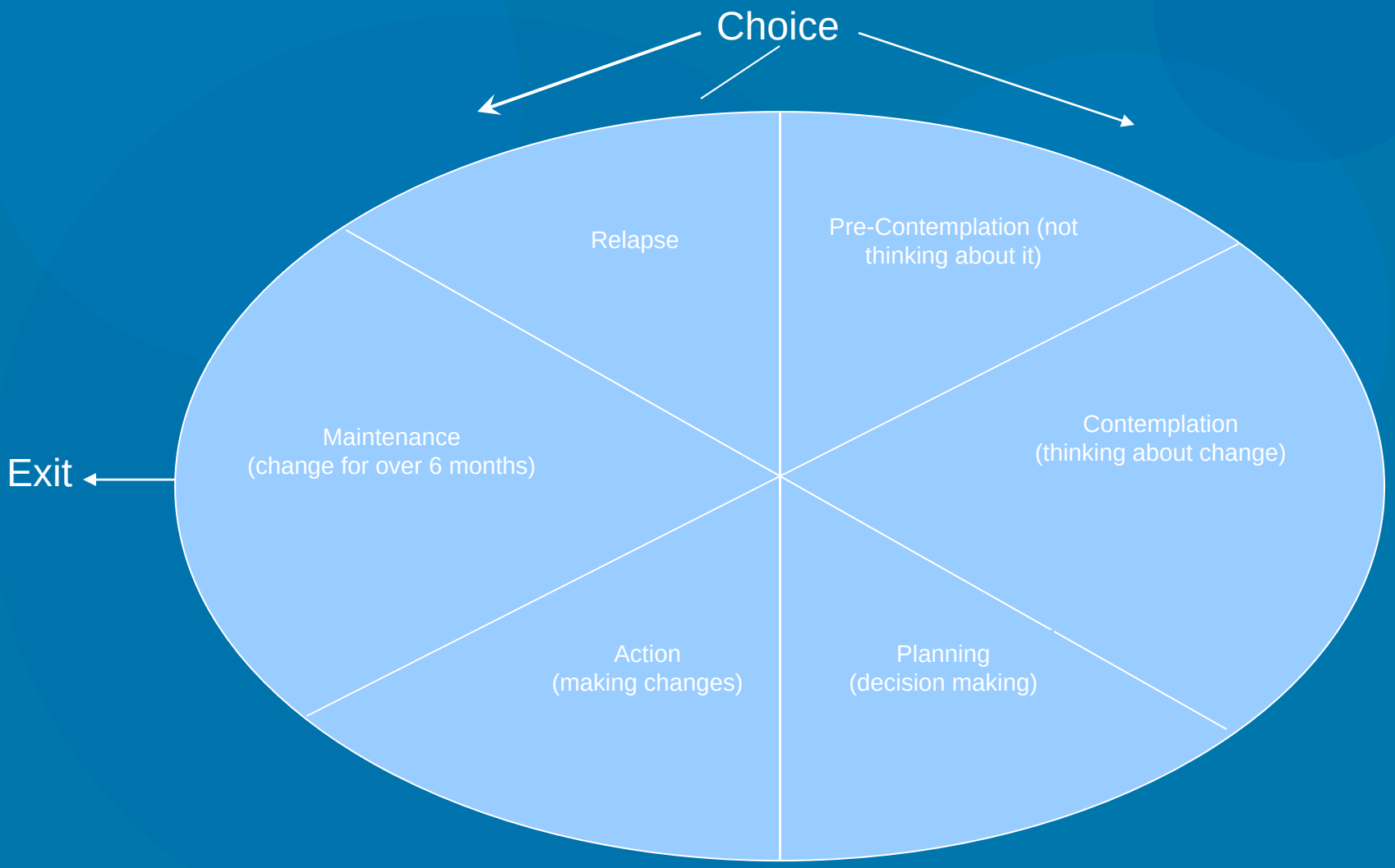
Based on Exploring Together – Confident Kids Program.

RaW Program (adolescents)

- **Week 1** Resilience and Wellbeing - Recognizing strengths
- **Week 2** Tuning In - Self-monitoring and Emotions
- **Week 3** Not Losing It - Regulating Emotions / Self-talk and Coping
- **Week 4** Choices - Problem Solving
- **Week 5** Getting On - Communication
- **Week 6** Speak Out - Types of Communication
- **Week 7** Putting it all Together – Negotiating the World
- **Week 8** Wrapping It Up - Performance

Readiness to Change

Prochaska & DiClemente



Stages of Change and Therapists Tasks

Client stage	***Therapists motivational tasks***
Pre-contemplation	Raise doubt – increase perception of risks and problem with current behaviour
Contemplation	Tip the balance – evoke reasons to change, risks of not changing; strengthen their motivation to change
Planning	Help them to determine the best course of action to take in seeking change
Action	Help them take steps towards change
Maintenance	Help them to identify and use strategies to prevent relapse
Relapse	Help them to renew the processes of the stages without becoming stuck or demoralised because of relapse

Aims of Anger Management

- Is a normal emotion
- Try not to have angry feelings too often
- Try not to experience angry feelings too strongly
- Try to get over your angry feelings quickly
- Try not to let your angry feelings lead to aggressive acts
- Don’t allow your angry feelings get in the way of your work/school or your relationships with people

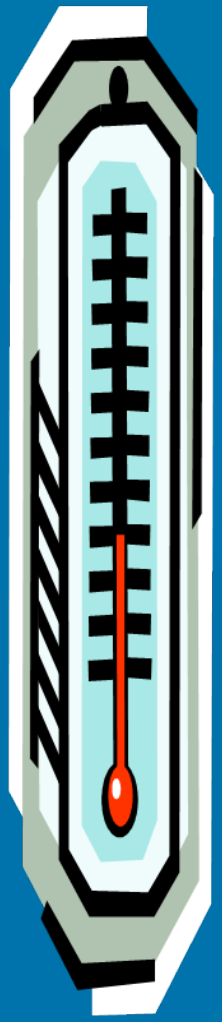
How to Manage Strong Emotions

- Advantages and disadvantages
- High risk situations
- Warning signs – becoming aware that you are becoming angry/sad etc
- Relaxation
- Self talk
- Communicating feelings appropriately (I messages)

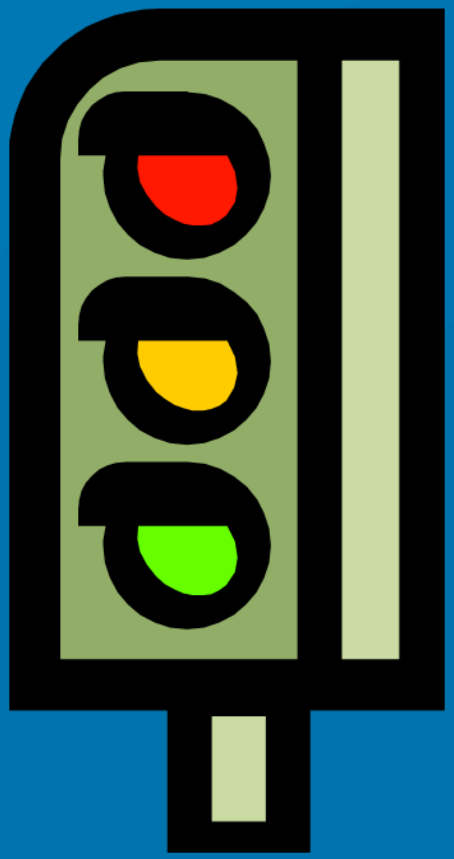
Ways to Relax

- Take deep breaths
- Pause before doing something
- Calm yourself with self-talk
- Listen to relaxation tapes
- Learn the muscle tense and release cycle
- Use imagery relaxation

CASEA – The Volcano



10	Exploding
9	Enraged
8	Furious
7	Fuming
6	Angry
5	Grumpy
4	Frustrated
3	Annoyed
2	Irritated
1	Feel good



STOP what is the problem?

THINK what can I do? Choose one.

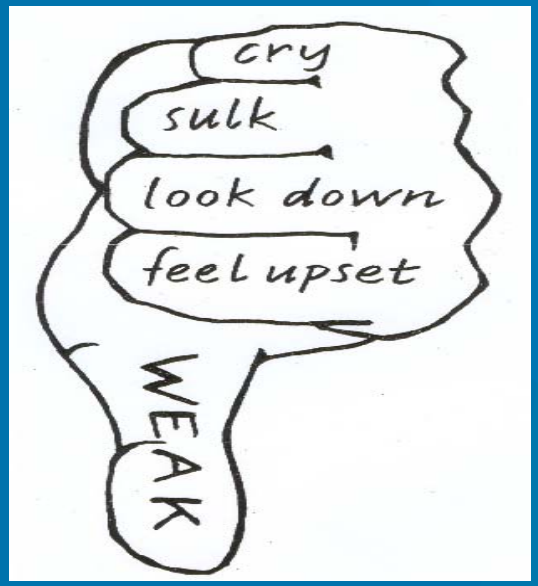
DO it, did it work? If not try another.

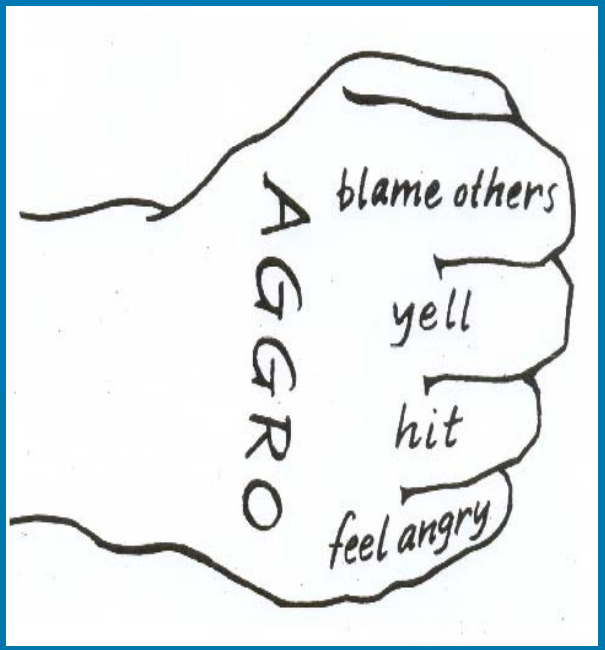
COOL

WEAK

AGGRO

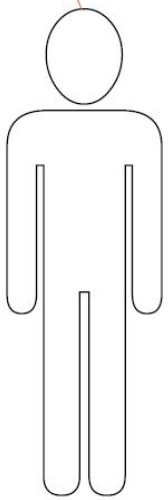
COOL WEAK AGGRO





How my Body feels

What happens to my body when I get angry?



Emotions

GOALS

- To learn how to 'read' other people's emotions to help understand what they may be thinking or feeling.
- To learn how to recognise emotions through verbal and non-verbal cues.

- gestures
- aggresive stance
- facial expressions
- frown
- laugh
- cry

Non-Verbal

What we say:

"I'm upset!"

"That's so unfair"

Verbal

How can we recognise emotions/feelings?
eg. guilt, anger, sadness

Physical reactions

Ones we can see
- flustered
- flushed
- sweating

Ones that the person might be feeling inside
- heart racing/ pounding
- butterflies
- tense muscles

Thoughts

Did you know?

- When an event happens to us, it is our thoughts and interpretations of that event, *and not the event itself*, that leads us to feel certain emotions and act in particular ways.
- Different people have different reactions to the same event or situation because they **THINK** differently about it.

Event → **Thought** → **Feeling** → **Action**

We can't control many events that happen to us, but we can change what we feel and do by changing what we think.

You can train yourself to STOP and LISTEN to your thoughts

If we think negatively and unhelpfully about things that happen to us or about ourselves, then we will feel bad and we may react in ways that are not helpful.

Then you can try to come up with alternative more helpful thoughts

do something fun!
(take up a hobby, watch a movie, play a computer game)

set yourself a goal for the week
(plan how you will achieve it)

>B creative

imagine a safe place...

ask for help

GET O/R/G/A/N/I/S/E/D
(list what needs to be done and do it)

do yoga

distract yourself
(think of something pleasant)

meditate

S-T-R-E-T-C-H
(gently)

count backwards from 100...
(in multiples of 7!)

Can Do
Coping Strategies

LISTEN TO MUSIC

lie in the sun (with sunscreen on)

read a book

get outdoors
(plant some seeds in the garden)

have a warm bath
(relax your tired muscles)

spend time with your pet
(pet your dog or cat)

EXERCISE
(go for for a jog or play sport)

cook some good food ...mmm

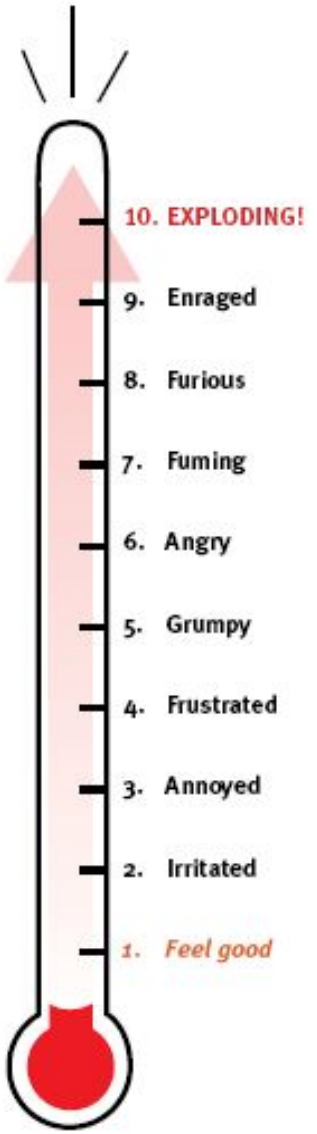
breathe deeply

write down your thoughts
(keep a journal and write down how you feel)

have a chat (to a friend or your parents)

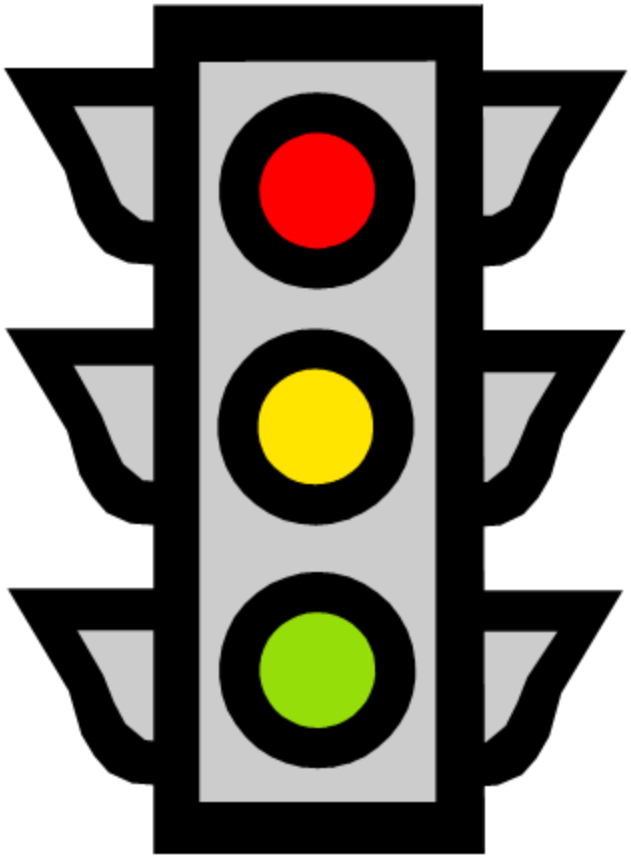
Can Do
Coping Strategies

The Volcano



STOP - THINK - DO

- A problem solving approach



STOP – What is the problem?

THINK – What can I do? Choose one.

DO it. Did it work? If not, try another.

Thoughts

Did you know?

- When an event happens to us, it is our thoughts and interpretations of that event, *and not the event itself*, that leads us to feel certain emotions and act in particular ways.
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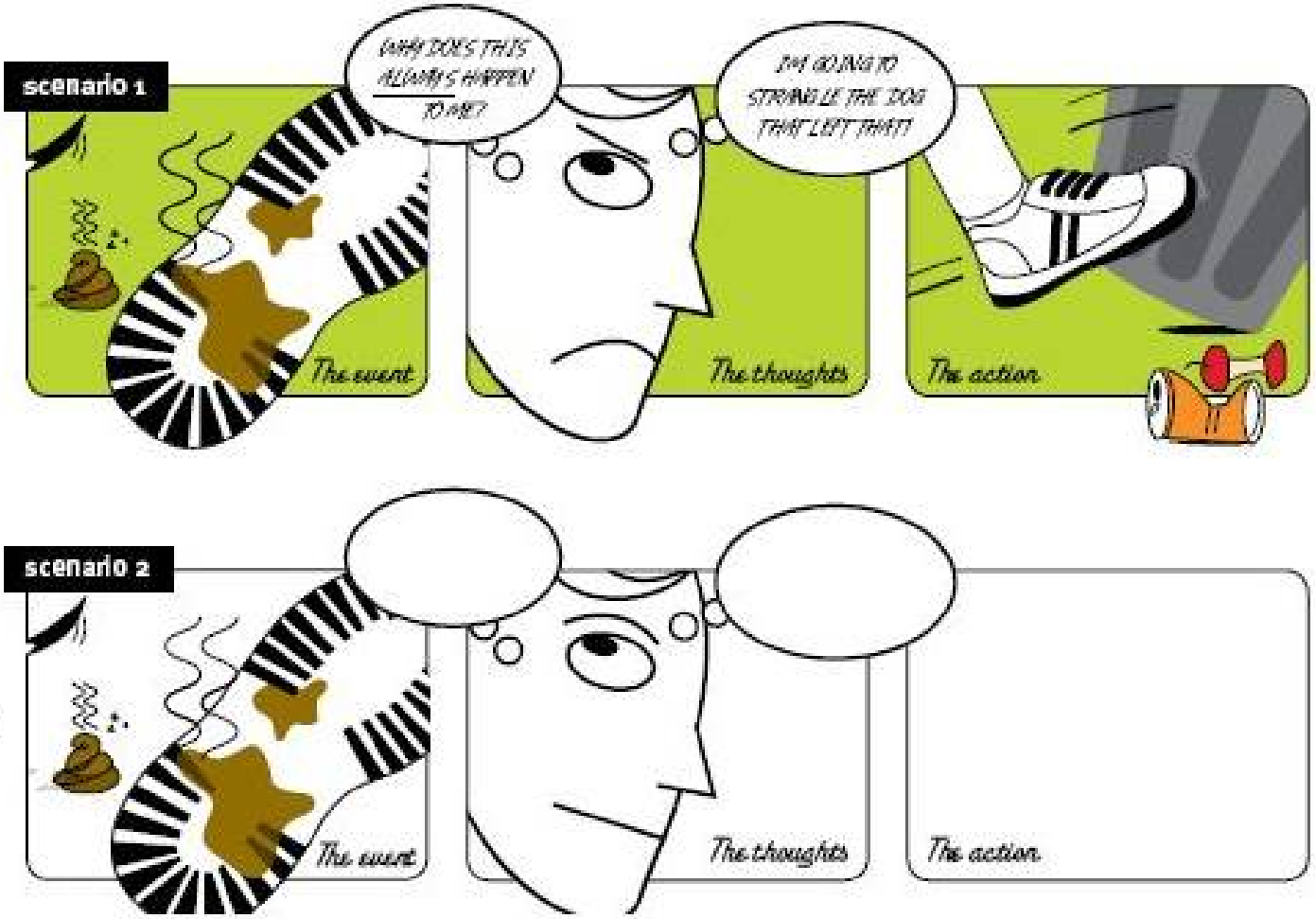
The dog poo scenario

Different ways of seeing the same thing...



What could be a better response and action so you feel less irritated?

Complete the cartoon strip →

RaW 2009

Social Skills

You Can Do It Program (Michael Bernard)

- **Objective** – to achieve social-emotional-behavioural well-being.

- **Foundations**
  - getting along (social responsibility, playing by the rules, thinking first, being tolerant of others).
  - organisation (planning my time, setting goals).
  - persistence (working tough, giving effort, I can do it).
  - confidence (being independent, taking risks, accepting myself).

Changing Their Narratives About Themselves

- Self inventory
  - Physical characteristics / appearance
  - How do they describe their mental processes?
  - What type of feelings do they generally have?
  - How would they describe their general behaviour?
  - How would they describe their family?
  - What is important to them?
  - What are the good and bad things about them?

- Look at self-esteem
  - What are the verbal and nonverbal messages they get from their family, friends and others?
  - What things make them feel good?
  - Help them list positive statements about themselves

Victim Empathy

- Empathy is a feeling that you can learn
- Empathy means trying to understand what another person is likely to be thinking and feeling in a given situation
- Put yourself in their shoes!
- No two people react to things in the same way (the way things happen, individual personalities and past experiences, the relationship with the perpetrator; these points all determine their individual responses)
- We can think about what we would have felt in a similar situation
- Developing empathy can help reduce violence

Victim Empathy - Things to do…

- Discussing scenarios (written, video, pictures).
- Discuss what they did:
  - How old was your victim (their name)?
  - Who was your victim (relation, friend, stranger)?
  - Where did you do it?
  - Who else was there at the time?
  - What do you think your victim might have felt at the time:
  - How do you think they feel now?
- Ripple effect
- Thinking errors
- Empathy role plays
- Letter from your victim
- Write an apology letter

Family Interventions

Parenting risk factors

Parental depression and substance abuse	Screening through assessment and refer
Poor supervision	Psycho-education and supervision plan
Erratic harsh discipline (violence and criticism)	Parenting skills development
Parental disharmony and violence	Screen and refer (report if required)
Rejection of the child	Parent-child relationship building
Low parental involvement in the child's activities	Engaging parents in young persons interests
Reinforcement of inappropriate behaviours and ignoring or punishing pro-social behaviours	Parenting skill development
Single parents	Support systems: increase significant other support
Family history of the problem behaviour (substance abuse, delinquency, teen pregnancy and school dropout)	Parenting skills development, individual therapy

Family Interventions

- Psycho education (causes of defiant behaviour)
- Behaviour management (strategies to promote good behaviour, strategies to manage bad behaviour) (Forehand and McMahon, 1969, Webster-Stratton, 1996, Triple P Positive Parenting)
- Helping children deal with their emotions (anger management)
- Enhancing children's social skills
- Multisystemic Therapy
- Family therapy (FOO, roles, narrative therapy, Milan)
- Relationship counselling

Outline of CASEA parent program

WEEK 1: Strategies for encouraging desirable behaviour – rewards, labelled praise.

WEEK 2: Strategies for encouraging desirable behaviour – family rules, effective requests, managing sibling conflict, high risk situations.

WEEK 3: Strategies for responding to unwanted behaviour – logical consequences, planned ignoring, quiet time, time out.

WEEK 4: Cognitive coping skills and anger management.

WEEK 5: Parent well-being – parent self care, pleasant events, partner support, separated families.

WEEK 6: Individual session – problem solving and relapse prevention.

WEEK 7: Feedback and Evaluation.

WEEK 8: Combined child and parent group.

Psycho-Education

- Causes of misbehaviour
- Give insight into the effect of their own behaviour has on their child's behaviour and to emphasis the importance of warmth and boundaries in the parent-child relationship
- Cycle of change

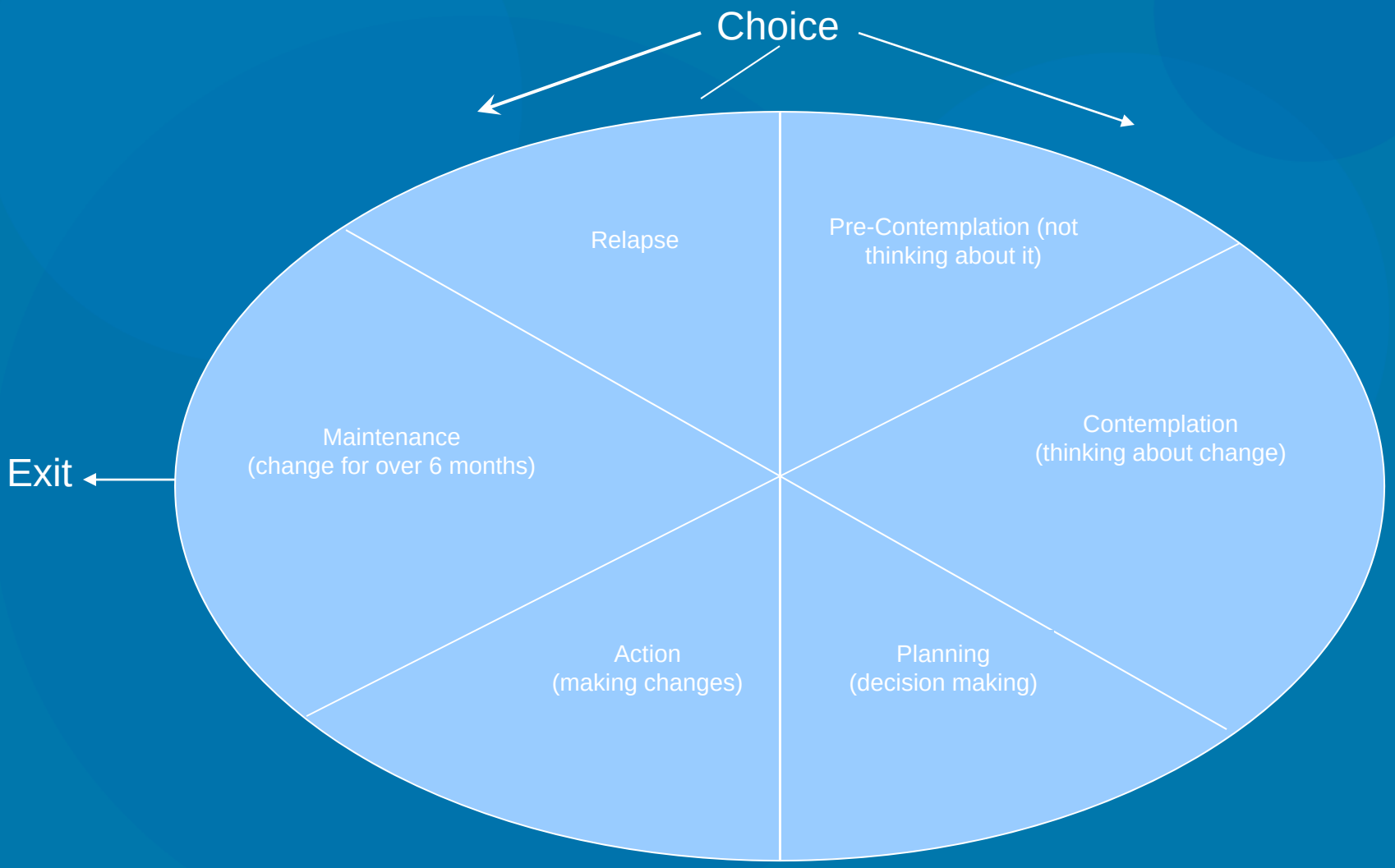
Causes of Misbehaviour

Matthew Sanders (2004) Every Parent: a positive approach to children's behaviour

- Heredity – child's temperament (emotionality, activity level, sociability)
- Child's health (illness, tiredness)
- Family environment (stress, dv)
- Learning through experience / watching
- Accidental rewards for misbehaviour
- Escalation trap (child's and parents)
- Ignoring desirable behaviours
- Vague instructions
- Poorly timed instructions
- Emotional messages
- Learning disorders
- Refugee experiences

Readiness to Change

Prochaska & DiClemente



Parent Training Programs – Relationship Programs

- Parent Effectiveness Training (PET) – focuses on communication of feelings and cooperative resolution of conflicts. Active listening, I-messages and no-lose method of negotiation (problem solving)

- Systematic Training for Effective Parenting (STEP) – helps parents understand the importance of mutual respect and understanding and teaches the communication skills necessary for effective parenting

Parent Training Programs – Behavioural Programs

- Patterson, 1982 – recording behaviours, using positive reinforcement, discipline methods (removal of privileges and time out), supervising children and problem solving strategies)
- Forehand and McMahon, 1981 – one way mirror with parents in a playroom where they are supported and instructed in their interactions via an earpiece. Parents taught to play in a non-directive way and how to identify and reward pro-social behaviour with praise and attention. Also how to give effective instructions and the use of timeout
- BASIC parent-training program (Webster-Stratton, 1996) – group discussion videotape modelling program (250 vignettes). Patterson + Forehand & McMahon + communication
- Triple P Positive Parenting (Sanders)
- Exploring Together (Austin Hospital)

Behaviour Management

- Identifying desired child behaviours
- Responding to desirable child behaviours
- Using rewards
- Labelled praise
- Instruction giving
- Ignoring inappropriate behaviours
- Steps for responding to misbehaviour
- Time out
- Managing high risk situations (sibling conflict, shopping etc.)
- Parent care

Parent Training Programs – Combination Program

- Integrated Family Intervention For Child Conduct Problems (Dadds & Hawes, 2006) – a behaviour-attachment-systems intervention for parents. Aim is to increase attachment-rich interactions in response to child positive behaviour, while making discipline calm and boring, or attachment-neutral. Adds modules looking at parental care and supports (time management, anger management, problem-solving skills, social and partner support and cognitive coping skills)

- Multisystemic Therapy (MST)

Multisystemic Therapy (MST)

- MST is an intensive family and community based treatment program that works to achieve behaviour change in the adolescent's natural environment, by using the strengths of each of the systems with which the adolescent is involved including; school, home and neighbourhood
- Target population – serious, violent and chronic juvenile offenders
- Time limited treatment (3-5 months)
- Clinicians have small case loads (4-6) and provide 24 hours, seven days per week service
- Theories underpinning – strategic family therapy, structural family therapy, behavioural parent training, and cognitive behaviour therapies

MST Intervention

- Improve caregiver discipline practices
- Enhance family affective relations
- Decrease youth association with deviant peers
- Increase youth association with pro-social peer.
- Improve youth school or vocational performance
- Engage youth in pro-social recreational outlets
- Develop a support network of extended family, neighbours, and friends to help caregivers achieve and maintain such changes

- http://www.mstservices.com/

Helping Children Deal with their Emotions and Enhancing Children's Social Skills

- In parenting programs it is important to teach the parents the skills that we are teaching the children, so that they can help the children practice these skills at home (creating generalisation).

Active Listening Lead-Ins

It is helpful to use a variety of expressions when you Active Listen. Repetition of one phrase such as "Sounds like you're . . ." rapidly becomes irritating to your child and communicates the use of a mechanical technique rather than a genuine and empathic response.

Phrases that are useful when you trust that your perceptions are accurate and your child is receptive to your Active Listening are:

You feel . . .

From your point of view . . .

It seems to you . . .

From where you stand . . .

As you see it . . .

You think . . .

You believe . . .

What I hear you saying . . .

You're . . .
(for example, angry, sad, . . .)
over . . .

I'm . . .
you . . .

I rea . . .
that . . .

Wher . . .
from . . .

You r . . .

Phrases that are useful when you are having some difficulty perceiving clearly, or when it seems that your child might not be receptive to your Active Listening:

Could it be that . . .

I wonder if . . .

I'm not sure if I'm with . . .

I think I hear you saying . . .

It appears you . . .

Active Listening Guidelines

Active Listening is a powerful tool for helping children express and work-through problems and upsets. Active Listening when misused, however, can actually add to a child's problem and undermine the helping relationship. The following guidelines will insure that your use of Active Listening is appropriate and helpful.

When To Use Active Listening

Active Listening requires certain conditions and attitudes to be present before it is an appropriate response to your child's troubled communication. You should Active Listen only when:

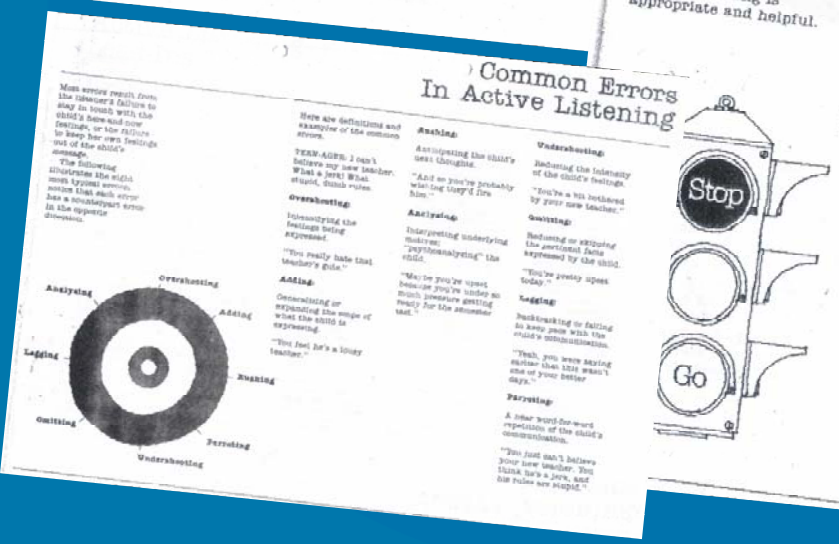
- ☐ You get verbal or non-verbal cues that your child may have a problem or an unmet need.
- ☐ You genuinely want to help and the time and place are convenient.
- ☐ You feel accepting of your child; you're not upset or bothered by your child's problem.
- ☐ You feel separate enough from your child's problem that his solution to the problem, whatever it is, will be acceptable to you.
- ☐ You are able to attend closely to your child. None of your concerns are so pressing that they will interfere with your concentration on your child's communication.

When Not To Use Active Listening

There are clearly times when Active Listening should not be used without risking the creation of more problems. These times include when:

- ☐ You get no cues and clues that the child is experiencing a problem. (Don't create them!)
- ☐ You don't want to help in this case. You don't care, you're rushed, you're busy.
- ☐ Your child's behavior is unacceptable to you. You are irritated or hurt by it.
- ☐ You are invested in having your child reach the "right" solution to her problem. (Your Active Listening will then tend to be contaminated by hints in the "right" direction.)
- ☐ Your own problems are too upsetting and immediate to allow you to be intently focused on your child's concerns.
- ☐ Your child simply needs information which you have and he doesn't.
- ☐ You want to hide the feelings you are having about your child.
- ☐ Your child states the problem or feelings so clearly and specifically that an attempt to feedback would feel redundant and patronizing. (Silence or acknowledgment is better in such cases.)

Common Errors In Active Listening



School Interventions

Why is it Important to Intervene at a School Level?

- There are certain classroom conditions and teacher reactions that make it more likely that behavioural difficulties will occur
- Academic success is a critical resilience factor
- A lot of teacher time is spent dealing with discipline problems
- Majority of students displaying behaviour problems are not receiving additional assistance to address emotional and behavioural problems
- Most students benefit from interventions aimed at general behaviour change

School Risk Factors

- Academic failure
- Lack of commitment to school
- Early and persistent antisocial behaviour
- Coercive teaching styles

- Punishing problem behaviour without a school wide system of support is associated with aggression, vandalism, truancy, tardiness and dropping out

School Intervention

- **Teachers** (classroom behaviour management programs, providing stability and predictability)
- **Curriculum** (promoting alternative thinking strategies, building and promoting resilience and well being and bullying intervention programs)
- Teaching **children** social cognitive skills (anger coping programs and peer coping skills programs)
- Providing **parenting** interventions
- **Broader school environment** (connection, parental engagement and involvement of the community)

Whole School Approach

- Encourage student responsibility
- School environment that supports positive behaviour – lots of rewards
- Environment that supports problem solving
- Develop clear behaviour expectations
- Smaller learning settings
- Supportive teacher-student relationships
- Clear and consistently implemented management processes for inappropriate behaviour

Types of Classroom Behaviours – Goal to Increase On-Task Behaviours

On-Task Behaviours

- Looking at teacher
- Looking at assignment or blackboard
- Writing notes
- Looking at worksheet
- Raising hand asking questions related to class work
- Answering teacher's questions
- Engaging in a teacher-initiated conversation
- Working with peers

Disruptive Behaviours

- Talking out of turn about something unrelated to class
- Talking back to the teacher
- Throws something
- Hits, pokes, touches another student
- Fights with peer
- Talks or whispers to peer
- Walks into class late
- Leaves class before designated time
- Talks loudly during quiet work time

ABC Analysis

A (antecedent), B (behaviour), C (consequence)

- **Antecedents** are the events/triggers that happen just prior to the behaviour occurring – sometimes by changing the trigger you can prevent the problem behaviour from occurring

- **Behaviour** is the clearly defined problem behaviour that the child is displaying. It is described in observable terms – what you see the child doing

- **Consequences** are the events that occur immediately after the problem behaviour. These can be negative or positive. Considering the consequences can sometimes be helpful in understanding why the behaviour continues

ABC Chart

Date/ time Staff member Name	Antecedents (Settings and triggers)	Behaviour (Action)	Consequence (Result)
	What's the activity? Who is present? Where is it going on? How long had the student been there? What kind of a day has the student had? What happened immediately before?	What happened? What exactly did the student do or say and to whom? How long did it last?	What happened immediately after? Who reacted and how? Was there intervention? Who and how did they intervene? What happened after that?

Effective Versus Ineffective Classroom Managers

- How teachers reacted to behaviour problems once they occurred made no difference
- What teachers did to prevent problems from occurring in the first place made the difference

Characteristics of an Effective Teacher

- Maximized contact with students
- Monitored students frequently
- Intervened quickly to deal with behaviour problems
- Ensured high levels of time on-task
- Provided frequent and detailed feedback
- Structured activities and materials carefully
- Established clear routines and expectations, and rehearsed with students the behaviours that matched those expectations
- Dealt with several things at once
- Judged quickly whether an event in the classroom was important or relatively unimportant
- Maintained group focus by giving attention to more than one student at a time – they did not get overly involved with a single student
- Managed movement within the classroom by controlling student transitions

Therapeutic Teachers

- Have good mental health
- Communicate respect, caring and confidence in self and others
- Exhibit and model self-control
- Establish trust and rapport with students
- Have an awareness of the stages of frustration
- Are able to reduce tension in the classroom
- Do not resort to threats and confrontations. Respect students dignity
- Display enthusiasm and positive expectations
- Have an awareness of individual students' needs, interests, values, and talents
- Display effective stress-coping skills
- Are able to create a positive classroom climate
- Are able to understand the frustration and anxiety of students

Preventative Classroom Management

- Communication styles
- Effective requests
- Labelled praise / feedback
- Physical layout of the classroom
- Interest boosting of curriculum
- Meeting student's needs
- Rules
- Reinforcement
- Reduce competition in the classroom

Dealing with Misbehaviour

- Understanding reasons for misbehaviour
- Proximity control
- Signal interference
- Touch control
- Ignoring
- Logical consequences
- Time out
- General management plan of rule breaking
- Assisting students to problem solve
- Class meetings
- Individual contracts
- Teaching new skills

Thinking Report

1. What happened?
2. What were you thinking?
3. What were your feelings?
4. How strong did they get …./10?
5. What did you do (behaviour)?
6. What could you do differently next time?

Assisting Students To Problem Solve

- What are you doing?
- What is the rule? Or Is that OK?
- What happens when you break the rule?
- Is that what you want to happen?
- What do you want to do now?
- What will happen if you do it again?

Summary – Behaviour Management Steps

Step 1	Look at school and classroom environment. Are there lots of rewards, clear rules, effective instructions and consistent consequences?
Step 2	Identify the problem behaviour, collect data – baseline data &/or ABC chart.
Step 3	Use a behaviour management plan to increase the behaviours you want to see more and reduce unwanted behaviours.
Step 4	Set goals and give feedback to the student.
Step 5	Teach the student new skills where there is a skill deficit.

Community

Environmental Risk Factors

- Social disadvantage
- Homelessness
- Low socio-economic status
- Poverty
- Overcrowding
- Social isolation

- The longer the child has been living in poverty within the first four years of life, the more prevalent externalising behaviour problems become (Duncan et al, 1994)

Community Risk Factors - Prevention

- **Things to target:**
  - Availability of drugs
  - Availability of firearms
  - Community laws and norms favourable towards drug use, firearms and crime
  - Media portrayals of violence
  - Transitions and mobility (school transitions and high rates of people moving)
  - Low neighbourhood attachment and community disorganisation
  - Extreme economic deprivation

Things We Could Do at the Community Level

- Local council (recreational opportunities for socialisation, youth workers, peer education)
- Social groups to teach useful skills and competencies
- Integrated systems of care – coordinated service plans
- Work and academic experiences
- After school programs
- Caring adults
- Opportunities for leadership
- Social support (Youth groups, Family Supports)
- Parenting centres/ help lines
- Modification of the physical environment
- Public information and education campaigns

American Academy of Child and Adolescent Psychiatry 2007

Practice Parameter for the Assessment and Treatment of Children and Adolescents with Oppositional Defiant Disorder

Recommendation 1

- Successful assessment and treatment of ODD requires the establishment of therapeutic alliances with the child and family (and the system)

  - Building a therapeutic alliance
  - Avoid being drawn into a power struggle
  - Clarify role as a helper
  - Collecting information from parents and teachers as well as the young person
  - Empathising with the young persons anger and frustration, while refraining from sanctioning oppositional/aggressive behaviour
  - Raising issues regarding efficacy of parenting without making the parent feel accused or judged
  - Empathising with the parent's frustration without allying entirely with them

Recommendation 2

- Cultural issues need to be actively considered in diagnosis and treatment
  - There is a substantial body of literature on different standards of parenting in different ethnic subgroups
  - Different standards of obedience

Recommendation 3

- The assessment includes information obtained directly from the child as well as from the parents regarding the core symptoms, age of onset, duration of symptoms and the degree of functional impairment
  - Being able to delineate between ODD from normative oppositional behaviour, transient antisocial acts and CD
  - Exploring that the behaviours aren't triggered by physical abuse, sexual abuse, neglect, excessive or unrealistic parental demands (should be using a functional analysis of behaviour assessment, including antecedents and consequences of the behaviour)

Recommendation 4

- Clinicians should carefully consider significant co-morbid psychiatric conditions

Recommendation 5

- Clinicians may find it helpful to include information obtained independently from multiple outside informants
  - Teachers, other school professionals, other private professionals, after school care and extended family
  - Relatively low rate of agreement between multiple informants

Recommendation 6

- The use of specific questionnaires and rating scales may be useful in evaluating children and tracking progress
  - How are you measuring the outcomes for these young people?
  - Sometimes small change is success are we missing it (questionnaires, ABC charts and frequency data)
  - Should you be using a narrow band tool?

Recommendation 7

- The clinician should develop an individualised treatment plan based on the specific clinical situation
  - In accordance with the biopsychosocial formulation of the case
  - Multimodal treatment – individual (problem solving), family, pharmacotherapy and ecological interventions (including school and residential unit)
  - Developmentally age appropriate
  - Multiple episodes and booster sessions

Recommendation 8

- The clinician should consider parent intervention based on one of the empirically tested interventions
  - Reduce positive reinforcement of disruptive behaviour
  - Increase reinforcement of pro-social and compliant behaviour
  - Apply consequences for disruptive behaviour (time out and loss of privileges)
  - Make parental response predictable, contingent and immediate

Recommendation 9

- Medications may be helpful as adjuncts to treatment packages, for symptomatic treatment and to treat co-morbid conditions
  - Should not be a sole treatment
  - Most effective after a strong therapeutic alliance has been established
  - Compliance needs to be monitored
  - How well are you assessing for mood and anxiety disorders? ADHD? Could aggression be reduced?

Recommendation 10

- Intensive and prolonged treatment may be required if severe and persistent
  - Options: intensive in-home therapies, Multisystemic Therapy, day treatment, residential care and hospitalisation (crisis management)

Recommendation 11

- Certain interventions are not effective
  - Dramatic, one-time, time-limited, or short-term interventions
  - Inoculation approaches (boot camps, shock incarceration – exposure to frightening situations)

- Questions & Comments