Disruptive Behavioural Disorders

— Psychosocial Interventions

Jo Winther
Outline

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

Community

School

Family

Parent

Child
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

Assessment

Is mild conduct disorder confirmed?

• Include child, family, school, peer and community in assessment
• Distinguish childhood onset and adolescent onset CD
• Rule out medical/psychiatric problems

Is moderate conduct disorder confirmed?

• Child training
• Parent counselling/training
• School consultation/training
• Treat ADHD/ODD if present
• Cognitive Behavioural Therapy
• Problem-Solving Skills Training
• Parent Management Training
• Teacher Management Training
• Peer Intervention
• Community intervention
• Multisystemic Therapy

Is severe conduct disorder confirmed?

• Cognitive Behavioural Therapy
• Problem-Solving Skills Training
• Day Treatment Program
• Therapeutic Foster Care or Residential Treatment
• Peer Intervention
• Community intervention
• Multisystemic Therapy


• Treat comorbid disorder(s)
• Treat substance abuse
• Referral and case management for DD, LD, hearing problems and living situation

Discharge and Follow-up

Is conduct disorder chronic or childhood onset type?

No

Yes

Long-term Follow-up And Monitoring
Jo Douglas – Levels of Therapeutic Intervention in Families

LEVEL 3
- Marital stress
- Parent’s own Childhood experience
- Parent’s emotional state
- Parent’s temperament

LEVEL 2
- Parent – child relationship

LEVEL 1
- Parenting skills
- Child’s behaviour
- Child’s temperament
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
Factors Associated with Treatment Relapses or Poorer Outcomes

- Multiple emotional, behavioural and environmental problems
- Marital distress
- Spouse abuse
- Lack of supportive partner or family / single parent
- Maternal depression
- High level of life stress
- Early onset
- Co-morbidity (LD, depression, peer relational issues, anxiety, substance abuse)
- Academic impairment
- Socio-economic disadvantage
- Parent history of anti-social behaviour
Child Intervention
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
<table>
<thead>
<tr>
<th>Child risk factors - intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive deficits and language delays</strong></td>
</tr>
<tr>
<td><strong>School underachievement (leading to depression)</strong></td>
</tr>
<tr>
<td><strong>Lack of social skills to maintain friendships (leading to peer rejection)</strong></td>
</tr>
<tr>
<td><strong>Underlying distortions or deficits in their social information processing system</strong></td>
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<tr>
<td><strong>They interpret social cues as provocative and then respond more aggressively</strong></td>
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<td></td>
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<td></td>
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<tr>
<td><strong>Being abused</strong></td>
</tr>
<tr>
<td><strong>Friends who engage in the problem behaviour</strong></td>
</tr>
<tr>
<td><strong>Favourable attitudes towards the problem behaviour</strong></td>
</tr>
<tr>
<td><strong>Early initiation of the problem behaviour</strong></td>
</tr>
</tbody>
</table>
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)
Readiness to Change
Prochaska & DiClemente

- Pre-Contemplation (not thinking about it)
- Contemplation (thinking about change)
- Planning (decision making)
- Action (making changes)
- Maintenance (change for over 6 months)
- Relapse

Choice

Exit
## Stages of Change and Therapists Tasks

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

- Identifying your feelings and your behaviour
- Advantages and disadvantages
- High risk situations
- Warning signs – becoming aware that you are becoming angry/sad etc
- Relaxation
- Self talk
- Communicating feelings
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
- stay calm
- speak nicely
- ignore
- feel OK

WEAK
- cry
- sulk
- look down
- feel upset

AGGRO
- blame others
- yell
- hit
- feel angry
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

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

- 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

Choice

Pre-Contemplation (not thinking about it)
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Relapse

Exit
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.


- 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).
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

<table>
<thead>
<tr>
<th>On-Task Behaviours</th>
<th>Disruptive Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking at teacher</td>
<td>Talking out of turn about something unrelated to class</td>
</tr>
<tr>
<td>Looking at assignment or blackboard</td>
<td>Talking back to the teacher</td>
</tr>
<tr>
<td>Writing notes</td>
<td>Throws something</td>
</tr>
<tr>
<td>Looking at worksheet</td>
<td>Hits, pokes, touches another student</td>
</tr>
<tr>
<td>Raising hand asking questions related to class work</td>
<td>Fights with peer</td>
</tr>
<tr>
<td>Answering teacher’s questions</td>
<td>Talks or whispers to peer</td>
</tr>
<tr>
<td>Engaging in a teacher-initiated conversation</td>
<td>Walks into class late</td>
</tr>
<tr>
<td>Working with peers</td>
<td>Leaves class before designated time</td>
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<tr>
<td></td>
<td>Talks loudly during quiet work time</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Date/ time Staff member Name</th>
<th>Antecedents (Settings and triggers)</th>
<th>Behaviour (Action)</th>
<th>Consequence (Result)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What’s the activity?</td>
<td>What happened?</td>
<td>What happened immediately after?</td>
<td></td>
</tr>
<tr>
<td>Who is present?</td>
<td>What exactly did the student do or say and to whom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where is it going on?</td>
<td>How long did it last?</td>
<td>Who reacted and how?</td>
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</tr>
<tr>
<td>How long had the student been there?</td>
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<tr>
<td>What kind of a day has the student had?</td>
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<td></td>
<td></td>
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<tr>
<td>What happened immediately before?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What happened immediately after?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who reacted and how?</td>
<td>Was there intervention?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was there intervention?</td>
<td>Who and how did they intervene?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who and how did they intervene?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What happened after that?</td>
<td></td>
<td></td>
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The Royal Children's Hospital Melbourne
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
Reasons for Misbehaviour

- Limited comprehension
- Inability to communicate with others
- Inability to attract attention
- Limited repertoire of appropriate behaviour
- Inability to signal distress
- Inability to terminate a difficult situation
- Withdrawing from environmental stimuli
- Learning difficulties
- Refugee experience
Tips About Misbehaviour

- Students are not born with behaviour problems
- Student’s behaviour should be viewed as purposeful
- The force behind all behaviour is its goal eg, to get out of doing something, to gain attention and to express they can’t do something
- Work out what the student’s goal is and help them to achieve it in a more appropriate way
- If you want to change the behaviour of another person then change your behaviour first
- Go against your first impulse – your first impulse is precisely what the student wants you to do and helps them achieve their goal
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?
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Look at school and classroom environment. Are there lots of rewards, clear rules, effective instructions and consistent consequences?</td>
</tr>
<tr>
<td>Step 2</td>
<td>Identify the problem behaviour, collect data – baseline data &amp;/or ABC chart.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Use a behaviour management plan to increase the behaviours you want to see more and reduce unwanted behaviours.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Set goals and give feedback to the student.</td>
</tr>
<tr>
<td>Step 5</td>
<td>Teach the student new skills where there is a skill deficit.</td>
</tr>
</tbody>
</table>
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
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 person's 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