MHPN
WEBINAR

Thursday 3rd December 2019

Collaborating to recognise and address conduct disorder

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Mental Health Professionals' Network

Tonight's panel

Dr Andrew Leech
General Practitioner

David Coghill
Psychiatrist

Dr Georgie Fleming
Psychologist

David Hong
Family Therapist
(Mental Health Nurse)

Facilitator:
Professor Steve Trumble
General Practitioner

Learning outcomes

- Through an exploration of conduct disorder the webinar will provide participants with the opportunity to:
- Describe the biological, genetic, environmental, psychological and social factors that contribute to conduct disorder
- Identify the challenges, merits and opportunities in evidence-based approaches deemed most effective in treating and supporting children/adolescence experiencing conduct disorder
- Implement a referral pathway to support children/adolescents with conduct disorder

What is Conduct Disorder

DSM V criteria

A repetitive and persistent pattern of behaviour in which the basic rights of others or major age appropriate societal norms or rules are violated

- Aggression to people and animals
- Destruction to property
- Deceitfulness or theft
- Serious violation of rules

Clinically significant impairment

Dr Andrew Leech
General Practitioner

GP Engagement

Aaron and Lisa need to feel listened to by their GP

Initial Consultation

- Engaging the family
- Taking a history
- Consulting Aaron separately to establish rapport

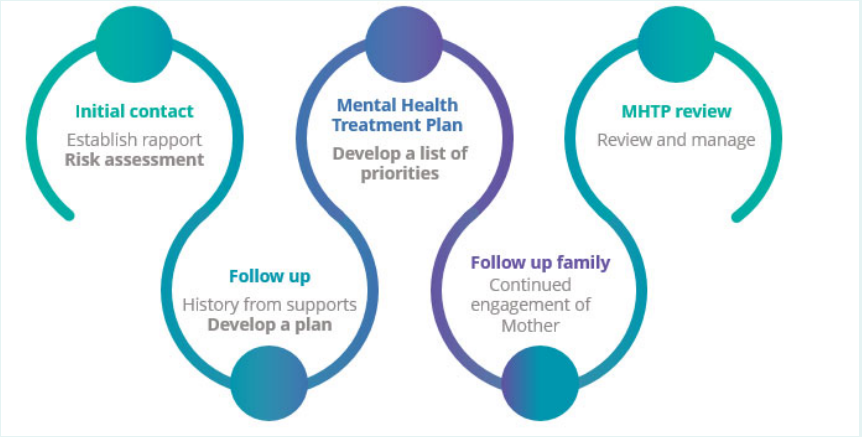
Establishing Risk

- Is Aaron at risk of harm to self or others?
- Sexual health, alcohol, drugs

Dr Andrew Leech
General Practitioner

The GP Process

GP's have a unique ability to engage families and follow them up



Dr Andrew Leech

Exploring Mum's needs

It takes a whole team approach to supporting a teenager with complex needs

Rebooking Mum

- It is very likely Mum will need psychological support through a MHTP
- Parenting education referrals
- Local support services

Rebooking Dad

- Is there any way of getting Dad to see a GP?

Dr Andrew Leech

Offering Support

- Understanding why the current system is not working (family dysfunction)
- Developing an idea of what would help the family through discussion and listening
- Being available and 'holding the family'
- Setting up the expectation and arranging follow up appointment

Dr Andrew Leech

Diagnostic Assessment

History gathering may involve parents, school, previous psychologists and health workers. May need to utilize the SDQ, PSI etc.

ADHD?

Previous history
Improvement with medication

ODD?

Defiance
Losing temper
Testing the limits

Depression or anxiety?

Childhood trauma
Drugs and alcohol misuse

Medical causes

Any organic causes?
Nutritional, sleep, metabolic, neurological

Dr Andrew Leech

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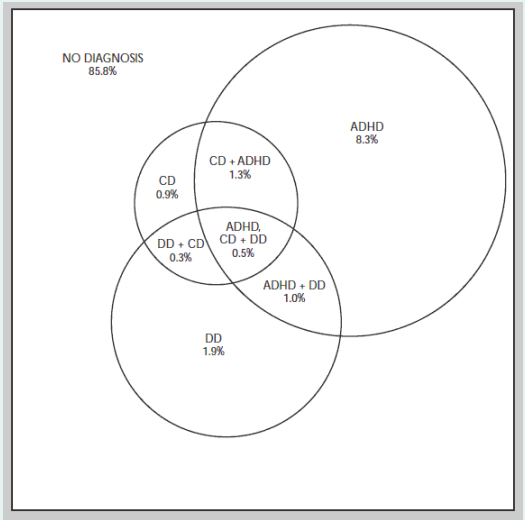
Comorbidity of children with Attention-Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder (CD) and Depressive Disorder (DD)



Dr Andrew Leech

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Step by step

Types of interventions for conduct disorder

Dr Andrew Leech

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Table 1. How to manage ODD and reduce family stress

For parents

- Improve positive parenting skills[4]
- Enhance skills in problem solving, conflict resolution and communication[3,7]

For the child

- Development of effective communication, problem solving and anger management skills[3]

For the family

- Family counselling and support to deal with the stresses in their relationships and the home environment

In the classroom

- Encourage the teacher or school counsellor to provide social skills sessions to improve peer relationships

Dr Andrew Leech

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A psychiatrists perspective

- When considering the referral I would want to know who else is involved.
- In particular, have social work/child protection been involved and are they currently involved?
- If not why?
- It is important to state the limits on what you can and can't do

David Coghill
Psychiatrist

Questions on my mind when meet with family

- What are the current risks for Aaron?
- What are the current risks for those around Aaron?
- How is Aaron's ADHD? Does he still have significant symptoms and impairment?
- Do Aaron's father and/or mother have undiagnosed untreated ADHD?
- Current home, school and work situation.
- I also want to understand what Aaron is doing with his time, what his own views about his current life are.

David Coghill

- If ADHD is a problem, I would first be looking to treat this for Aaron and getting parents assessed as required.
- Multisystemic therapy is the best evidenced treatment approach for conduct disorder
- Is not really available in a pure form in Australia, but can think laterally and put together a package – if everyone on board and motivated.
- Collaborative problem solving is another potential option

David Coghill

Assessment

- **Safety**
  - Assess risk of harm to Aaron (neglect, abuse)
  - Assess risk of harm to Mum (IPV, DV from Aaron, own MH difficulties)
    - Link Mum in with her own services!
  - Lodge report (Child Protection Services likely already involved) & involve necessary services
- **Developmental history**
  - Early dx of ADHD and ODD suggest early-onset conduct problems
  - Any other neurocognitive concerns?
  - Note family history of antisociality and substance use
- **Treatment history**
  - Short term psychostimulant use → low adherence
  - Short term psychological intervention with child (not parent? why?)

Dr Georgie Fleming

Formulation

Presenting problems

- Severe aggression
- Destructiveness
- Rule breaking
- Substance use
- Unsafe sexual behaviour
- Poor school attendance and performance

Establish likely maintaining factors

- Parenting factors: family history of antisociality, significant strain in mother-child relationship, parental harshness, lack of warmth, poor monitoring, lack of or inconsistent consequences
- Child factors: impulsivity and other neurocognitive factors, punishment insensitivity, difficulty with responsibility-taking, lack of remorse?
- Environment factors: modelling (witness violence and substance use), deviant peers, low Socioeconomic Status (SES)

Dr Georgie Fleming

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Diagnostic considerations

- **Comorbidity**
  - Assess for mood disorders and substance use disorders, as well as peer problems
- **Conduct Disorder (CD) specifiers**
  - Childhood-onset vs. adolescent-onset
  - Presence of “limited prosocial emotions” aka “callous-unemotional traits”
  - Can screen for using the parent-, teacher-, or self-rated Inventory of Callous-Unemotional Traits (ICU; Frick, 2006: http://labs.uno.edu/developmental-psychopathology/ICU.html)

Dr Georgie Fleming

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Conduct Disorder with limited prosocial emotions

- **Diagnostic criteria: 2 or more of the following across multiple settings or relationships**:
  - Lack of guilt/remorse
  - Callous-lack of empathy
  - Unconcerned about performance in important activities
  - Shallow or deficient affect
- **Why is this specifier important?**
  - Worse prognosis
    - Associated with more stable, severe, and aggressive conduct problems
  - Different risk and maintaining factors
    - Environment risk factors less important in development than genetic factors
  - Do not respond to traditional interventions for CD
    - Traditional interventions target the “wrong” things

Dr Georgie Fleming

Treatment for CD with limited prosocial emotions

- Multicomponent treatment integrating family, behavioural, and CBT strategies
- Importance of caregiver warmth
  - Work with Mum to unpack barriers to loving relationship, work with parent-child dyad on relationship building
- Emphasise reward-based behaviour management strategies at home, school, and in session
  - Punishment insensitivity affects ability to learn from consequences, even when consistent
  - Limited prosocial emotions associated with reward dominant learning style, so rely heavily on reward-based systems to motivate desirable behaviours
- Address child’s emotional insensitivity (via CBT-based strategies)
  - Work with child to increase emotional literacy (especially recognising distress cues in others)
  - Work on perspective-taking skills
  - Work on social problem solving (e.g. challenge cognitions relating to anger or cost of misbehaviour)
- Multidisciplinary intervention! Consider recommencing psychostimulant medication

Dr Georgie Fleming

Study on family factors associated with ADHD and emotional disorders in children

"High stress, lack of support, low parental quality of life, family functioning difficulties, low parenting satisfaction and parental psychological health problems may be all predisposed biologically vulnerable youngster to developing worse psychological problems that they might otherwise have had"

Lange et al Journal of Family Therapy, 27: 76-96 2005

David Hong
Family Therapist & Mental Health Nurse

ADHD & Family System

- vertical loyalties and dependency. (separation/individuation)
- poor horizontal loyalties
- persistent models of marital conflict
- persistent models of poor parental control and interaction
- dysfunctional family conflicts/patterns
- intergenerational "scape-goating"
- sibling conflict and/or rejection and resentment
- persistent low self-worth

Everett & Everett [1999] Family Therapy for ADHD

David Hong

Multi-generational Family Narrative:

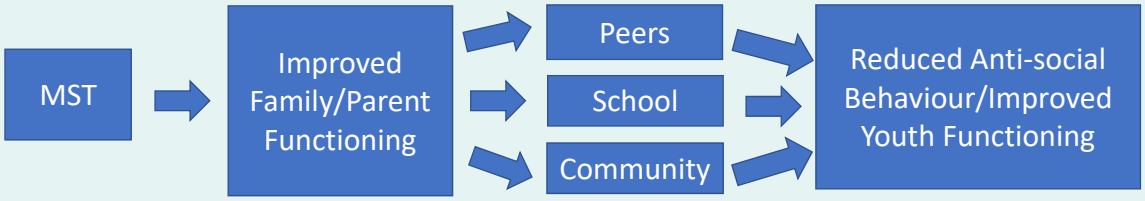
According to Andolfi, being born is like being thrown a book already peopled by characters and stories; it is to be exposed to a reality whose rules are already written. Our presence will alter the thread of this narrative, perhaps even the ending, but we will never be able to separate ourselves from the pages that precede our entrance, and those pages will inevitably influence us because we are their children.

M. Andolfi, Multi-generational Family Therapy. 2017

David Hong

Evidence-based treatment option for conduct problems:

Multi-systemic Therapy [Family] incorporates Family/Parent Intervention, School Intervention and Community – **[Henggler, Schoenwald, Borduin, Rowland & Cunnginham, 2009]**



David Hong

Q&A

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13 February — *Working to support the mental health of children with an intellectual disability*

16 March — *Supporting the Families of Veterans: Understanding the Impact of Veterans' Mental Health on their Families, Partners and Children (part 2)*

23 March — *Responding to needs of a person who presents with suicidality*

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