

Conduct disorder and Oppositional defiant disorder

Understanding Treatment Options



Anna Freud
building the
mental wellbeing
of the next
generation

Many children and young people behave in a difficult or aggressive way from time to time. However, for some young people these behaviours can lead to problems at home, school or in the wider community.

Oppositional defiant disorder (ODD) and conduct disorder are not 'character flaws' and do not mean that children and young people with these diagnoses are 'bad' or 'nasty'. Instead, ODD and conduct disorder are best thought of as mental health conditions where children and young people can be supported to improve their difficulties with behaviour.

What is oppositional defiant disorder?

Children with oppositional defiant disorder (ODD) often have difficulties with following rules and behave in a way that upsets other people. While many children and young people will behave like this sometimes, these behaviours are a lot more common for children with ODD compared to other children their age. Often, children with ODD might behave in a way that is challenging or argumentative and might have difficulties with anger and irritability. Sometimes these behaviours might only cause problems in specific places (e.g. at school), but other children with ODD might have these difficulties all the time.

ODD is usually first noticed in young children, although these difficulties often improve over time. For some children with ODD, their behaviour difficulties can persist into their teenage and adult years, with about 1 in 3 children with ODD later being diagnosed with conduct disorder.

What is conduct disorder?

Conduct disorder describes a pattern of more severe rule-breaking than ODD and can include problems with violence, stealing, vandalism, misuse of drugs or alcohol and lying. Children and young people who live in families where there is a lot of conflict or who have experienced abuse or neglect are more likely to be diagnosed with ODD and conduct disorder. Children with ODD or conduct disorder are also more likely to experience other difficulties, such as ADHD, learning difficulties (such as dyslexia) and emotional difficulties (such as depression).

How can I get help?

It will usually be your parents or carers who decide to ask for help because they are struggling to help you with your behaviour on their own. Sometimes your school might raise concerns about your behaviour and recommend that you and your parents or carers ask for some extra support. You might also decide that you

want help with your behaviour, for example if it's having an impact on your school work, you're struggling with drugs or alcohol or you're also experiencing emotional difficulties.

If conduct disorder has led to you to getting into trouble with the police then a Youth Offending Team might offer to support you and your family with your behaviour. Your parents or carers can also contact the Youth Offending Team directly if they are worried that your behaviour might put you at risk of being in trouble with the police in the future.

Parenting support is widely available for parents or carers of children and young people who already have or are at risk of being diagnosed with ODD or conduct disorder. Parenting support involves your parents or carers attending classes and is often called 'parent training'. Your parents or carers will usually be able to refer themselves for this kind of support, but you should also be able to ask for help through your school, local Family Hub, GP or social care service.

If you may also have another mental health condition such as depression, substance misuse or alcohol misuse then you should be referred to Child and Adolescent Mental Health Services (CAMHS). Sometimes you might be able to refer yourself, but your GP or school should also be able to help with a referral.

What kind of support could I be offered?

Before starting treatment you should have an assessment to check whether you might be experiencing any other difficulties as well as ODD or conduct disorder. For example, your professional might think about whether you could be experiencing:

- a learning difficulty
- autism
- ADHD
- emotional problems
- any difficulties at home, including abuse

Your assessment should also look at broader things that you might need to support your behaviour and the things your family might need to help them support you.

If you are having problems at school (especially if your behaviour difficulties only happen at school) then your school should look at whether you need any extra learning support. Your school may also have a behaviour support team who can help your teachers to support you and might ask to talk to your parents or carers.

Your support options will usually aim to improve your communication and behaviour, with some treatments seeing conduct problems as a form of

communication that needs to be understood. As well as communication, interpersonal and social skills are an important part of most treatments to help you get along better with other people and deal with conflict in a less harmful way. For example, treatments could help you to think differently about solving problems so that you are better at managing tricky impulses like anger. They can also help with your family relationships to help you feel more supported at home. This type of support with relationships can help everyone in the family learn more about emotions and behaviour, which can help with communication.

Parent training will usually be recommended as a first step if your behaviour problems are mild or moderate and you do not have another mental health condition. If you have ADHD as well as ODD then parent training will still usually be suggested as a first step, or could be suggested alongside another treatment if you are experiencing another mental health condition as well as behaviour difficulties. Usually parent training involves group sessions, but your parents or carers could be offered individual or online sessions.

You could be referred to Child and Adolescent Mental Health Services (CAMHS) for a different type of support if:

- you need more support after the parent training
- your behaviour problems are severe
- you have another mental health condition (as well as your behavioural difficulties)

The kind of support you are offered at CAMHS will depend on your age, whether you have any other mental health conditions and what help you and your family have tried before. Your professional should also listen to your preferences and your family's views. Types of support offered by CAMHS include:

- **Individual parenting support** for your parents or carers, which might also involve sessions with you.
- **Individual CBT or problem solving approaches** if you are aged between 9 and 14. This option would usually involve some sessions with your parents or carers.
- **Family therapy**, a specific type called Functional Family Therapy can be helpful for teenagers.
- **Intensive multi-component interventions** which involve sessions with your parents, individual sessions with you, working with your school or college and helping with problems in your everyday life. The most commonly used multi-component intervention is called multisystemic therapy.

If you have problems with severely aggressive behaviour and explosive anger which has not been helped by psychological treatments (e.g. CBT or family therapy), then you might be offered a medication called risperidone. Medication should not be used to treat more general behaviour problems, but if you also have ADHD then you might be offered medication specifically to help with your ADHD.

What about my parents or carers?

The most helpful treatments for ODD and conduct disorder include working with your parents or carers, so they will usually be involved in your treatment. This doesn't mean that your parents or carers will know everything that happens in your individual sessions.

The wellbeing of your parents or carers is important and they may need support and advice themselves. Your professional should offer support to your parents or carers, including:

- an assessment of their needs for personal, social and emotional support
- support in their role as a parent
- emergency planning
- practical advice on issues such as childcare, housing and finances
- help with accessing this support

Transitions between services

If you still have problems related to ODD or conduct disorder as you approach adulthood then any services you are in contact with should be able to help you with where and how to seek help. For example, if you have had involvement with the criminal justice system then your Youth Offending Team should arrange your transition to services for adults (if these services would still help).

If you have another mental health condition alongside your ODD or conduct disorder such as substance misuse or depression and you want to continue treatment as an adult, then your care should be transferred to services for adults when you reach age 18.

You may also transition to another CAMHS service (e.g. if you move house). If this happens, your professional should work with you to make sure that your support can continue smoothly and that your new service has all the information they need.

Parent training programmes



Strong evidence

Parent training programmes aim to change how your parents or carers respond to your behaviour difficulties. Attending a parent training programme does not mean that your parents or carers have caused your problems, but specific help with parenting can teach your parents how to support you better. Two common parent

training group programmes include the Incredible Years programme and the Positive Parenting Programme (sometimes called Triple P).

Parent training will often be available at your local Family Hub (also known as Children's Centres or Child and Family Centres). Parent training groups usually involve around 10-12 parents or carers meeting together with one or two therapists. The groups are usually weekly, with sessions up to 2 hours over about 10 weeks. Ideally whoever usually looks after you will attend (even if that's more than one person), to help make sure everyone understands how best to support you. Although attending a group can sound daunting, parents and carers tend to find that meeting others in a similar situation can make them feel less alone as they can share experiences and learn together.

If your parents or carers are not able to take part in a group programme, they might be offered individual parent training. This will practice the same skills in the same way as the group programme, but usually runs over 8-10 sessions, each between an hour and 90 minutes long. If your parents or carers are offered individual parent training sessions then they are likely to be offered either Parent Child Interaction Therapy or a programme called Helping the Non-compliant Child. In some of these individual and group training programmes only your parents will be involved, but some programmes could also involve you.

Although there are some differences between these programmes, they all aim to help your parents or carers to:

- Improve the relationship between them and you
- Spend enjoyable time with you. For younger children this is called 'child-led positive play' and encourages parents or carers to play with you to help build positive experiences.
- Notice and reward you when you do positive things
- Use a small number of clear rules and instructions and have calm consequences for breaking these rules
- Re-organise parts of your daily routine to avoid problems

Some programmes might also help your parents or carers with other difficulties (e.g. mental health conditions) which can affect their parenting. These programmes are also often adapted for your age, any other specific difficulties you might have (such as ADHD or a learning disability) and if you are fostered or adopted.

Individual cognitive behavioural therapy or problem solving approaches



Strong evidence

Individual CBT or problem solving approaches aim to help you:

- manage your emotions to reduce aggressive behaviour and explosive outbursts
- improve how you get on with other children or young people

These approaches can help you to increase your positive social behaviour by supporting you to make and sustain friendships, develop skills in expressing your own views and listening to other people. Part of this will help you to stop and think before responding to things.

Individual CBT or problem solving approaches might be suggested as part of another intervention (such as multi-systemic therapy) and can be more helpful if your parents or carers are also receiving support with their parenting.

Group based cognitive behavioural therapy or problem solving approaches



Some evidence

Group based cognitive behavioural therapy (CBT) or problem solving approaches should be adapted to your age and will usually involve a group of 6-8 children or young people who are a similar age to you. The groups will include one or two therapists and aim to help you improve certain skills through:

- modelling, where the therapist demonstrates a skill
- rehearsal, where you practice in the group
- feedback, where the therapist, group members, family and friends let you know what worked and what didn't

These groups usually involve attending 10 to 18 weekly meetings which last 2 hours each and some programmes will also include sessions with your parents or carers.

As these groups need enough similarly aged children or young people to run, there might not be a group running in your local area right away.

Family therapy

Some evidence

Family therapy involves working with you, your parents or carers and other family members. There is good evidence that family therapy can be helpful for teenagers who have a conduct disorder. Family therapy can also be offered as a treatment for ODD in younger children although there is less research evidence that it is effective.

There are different types of family therapy and the type which is most effective for conduct disorder is called Functional Family Therapy. This involves you, your parents or carers and other important family members meeting with a therapist each week (although at the beginning the sessions could be more frequent). The sessions last 45-60 minutes and can often be arranged wherever works best for your family, for example at your home or your local Family Hub.

Functional Family Therapy usually involves 8-16 sessions but could be up to 24-30 sessions if your conduct disorder is more complex or severe. The sessions take place over about 3-6 months.

Functional Family Therapy has different stages. The beginning stages involve the therapist and your family getting to know each other and agreeing on the aims of the therapy. The next stage involves looking at your family interactions and relationships and understanding how they might contribute to your conduct disorder. Then, your therapist will help you and your family to learn new ways of dealing with problems and communicating. Specifically, Functional Family Therapy will try to:

- reduce inconsistency between your parents
- improve how your parents or carers supervise you
- help you and your family to make and stick to rules
- help you and your family with consequences for breaking those rules

Multisystemic therapy

Some evidence

Multisystemic therapy (MST) is a family-based treatment for teenagers with conduct disorder, particularly if you are at risk of getting into trouble with the police.

MST is an intensive intervention which takes place over 3-5 months, with sessions for both you and your parents or carers. MST involves several sessions a week which could take place at your home, school or other places in your local area. Your professional team will be available at any time of day or night throughout the

week to help support you and your family during any emergencies. MST will build on your family's strengths and aims to interrupt any cycles of behaviour that lead to difficulties. Your professional will help to do this by supporting you to replace problem behaviours with more positive ones.

Specifically, your MST therapist will work with you and your family to improve your family relationships, help you and your parents or carers to do activities together that you enjoy and make sure that your parents or carers have what they need to support you with your behaviour. Your MST therapist will also work directly with you to find ways to avoid anti-social behaviour and progress with your education. If you are experiencing any other difficulties (e.g. substance misuse) then your MST therapist will support you with these too.

Medication for explosive anger and severe aggression



Some evidence

Medication should not be offered as your first treatment option for conduct disorder or oppositional defiant disorder.

However, if you experience severe aggression or explosive anger which has not been helped by other treatment options then you might be offered a medication called risperidone. If you start taking risperidone then your doctor should monitor whether it is helping (including how frequently the problem behaviour occurs and how severe it is). They should review the medication after 3 to 4 weeks and suggest that you stop taking it if it's not helping after 6 weeks.

It's important to know that risperidone should not be taken for a long time. It is intended to help for a short amount of time alongside other psychosocial treatments which can help to make longer term changes.

Counselling and psychodynamic psychotherapy



Insufficient evidence

Individual counselling and psychodynamic psychotherapy are used as treatments for mental health conditions and people sometimes ask about these for oppositional defiant disorder and conduct disorder. By themselves these treatments are not effective for oppositional defiant disorder or conduct disorder.

Residential treatment

Insufficient evidence

In some countries (e.g. the USA), children and young people might have treatment for oppositional defiant disorder or conduct disorder while staying in a hospital or residential treatment centre. This is not recommended in the UK because there is no evidence that these are effective treatments for oppositional defiant disorder or conduct disorder. There are also concerns about the negative effects of separating children and young people from their families.

Multidimensional treatment foster care

Insufficient evidence

Multidimensional treatment foster care was developed in the USA to treat children and young people who had conduct disorder and were being looked after by social care services.

Multidimensional treatment foster care involves a multi-disciplinary team offering support to a young person, who will try to support you to make positive changes to your behaviour through positive role models. You will live with a specially trained foster family for 9-12 months and be offered intensive support that is tailored to your needs. You may also be offered family therapy to help with your transition home.

Research in the UK has found that a small number of children and young people may benefit, but most children and young people could experience little benefit, while for some their problems could increase. Currently it is not usually offered to children and young people with conduct disorder who are being looked after by social care services, but only offered to young people with severe antisocial behaviour. For other children and young people who have oppositional defiant disorder or conduct disorder, ordinary foster care with support will usually be suggested.