Appendix 1. Support for children with Conduct Disorder – information for parents [10]

Home-based help

It can be difficult for parents and carers when their child has oppositional defiant disorder or conduct problems. You may fear your own child, and feel embarrassed or even ashamed of your child's situation. You may feel helpless and unsure how to manage it.

As a parent, it can be easy to ignore your child when they are being good and only pay attention to them when they are behaving badly. However over time, the child learns that they only get attention when they are breaking the rules.

Most children, including teenagers, need a lot of attention from their parents and may be unsure how to get this. Perhaps surprisingly, they seem to prefer angry or critical attention to being ignored. It is easy to see how, over time, a vicious circle can be set up.

With children, it can help if discipline is fair and consistent and for parents/carers to agree on how to handle their child's behaviour and offer positive praise and love. This can be difficult to manage alone without the support of others, and many parents/carers require extra help. Also if you have other family members doing child care then everyone needs to know “the rules” and what to do if they are not followed. A formal family meeting to discuss and lay these rules out, is often needed.

Parenting groups can advise you on how to access the support you need, and share experiences with others who are facing similar problems with their own children. These groups can offer training in helping you encourage positive behaviour in your child.

School-based help

Many children with behavioural problems struggle at nursery or school and this can be a source of distress. Nursery or school staff can help to focus on positive behaviours and reinforce work taking place at home and in the community.

Children with behavioural problems often need help with social skills, and nursery or school may be able to offer this. Some children need individual support and an assessment of learning difficulties. When the problems are severe, some children may have to be moved to special educational placements or nurseries/schools where their behavioural problems can be managed.

Community-based help

If the behavioural problems are severe and persistent or a conduct disorder is suspected, the child’s GP should be consulted for advice.

Antisocial behaviours are commonly seen in specialist services. If specialist help is needed, the GP will make a referral to the local child and adolescent mental health service (CAMHS) who will work with others to support the parent and child.

Specialists can help to fully assess what is causing the problem and also to suggest practical ways of improving the difficult behaviour. They can also offer assessment and treatment of other conditions which can occur at the same time, such as depression, anxiety and hyperactivity (ADHD).
The treatment may include social skills groups, behavioural therapy and talking therapy. These therapies can help the child to appropriately express themselves in different situations, and manage their anger more effectively.

Appendix 2. Interventions for ASD [8,11,12]

All members of the team, including parents and the local community can help by helping the child develop skills, or adapting their environment to compensate when those skills are not present.

Non-pharmacological interventions include:

- parent-mediated intervention programmes
- communication interventions (e.g. picture exchange)
- intensive behavioural and developmental programmes aimed at improving overall functioning
- interventions which aim to address specific behavioural difficulties associated with ASD, such as sleep disturbance, or to increase positive behaviours such as initiating social contact with peers.

Specific interventions for ASD include:

- the Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH) - a programme around the individual's skills, interests and needs
- Social Stories - short individualised stories which describe a social situation or skill to help individuals with ASD. They are commonly used to enable individuals to understand socially-expected behaviours.

Cognitive behavioural therapy can treat anxiety in those who have average verbal and cognitive ability. Other inputs such as Music Therapy and Sensory Integration therapy may help (larger studies are needed to prove this). For sleep problems, behavioural therapy is the most important management strategy, as with any child.

Pharmacological interventions do not affect the core difficulties or outcomes in ASD. However they may be considered for management of coexisting psychiatric or neurodevelopmental conditions:

- second-generation antipsychotics may reduce irritability and hyperactivity in the short term (8 weeks)
- methylphenidate may be considered for management of ADHD
- selective serotonin reuptake inhibitors should be considered for symptoms of coexisting conditions on a case-by-case basis, but only by a child psychiatrist
- melatonin can help sleep difficulties which have not resolved following behavioural interventions, but should only be prescribed under the support of a child psychiatrist.

Families need to take on multiple roles when their child is diagnosed including at times, the roles of co-therapist, and advocate. Supporting family involvement in these roles is crucial and will impact on the success of any intervention. Consider signposting to the following:

NHS Inform. Autistic Spectrum Disorder https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/autistic-spectrum-disorder-asd
Scottish Autism. Services and Support http://www.scottishautism.org/services-support
The National Autistic Society. Family Life: Parents and Carers http://www.autism.org.uk/about/family-life/parents-carers.aspx
The National Autistic Society. Family support: EarlyBird http://www.autism.org.uk/earlybird
Research Autism. Impact of family on autism http://researchautism.net/autism-issues/impact-on-family-of-autism

Statistics show that 70% of children with autism are educated in mainstream schools and that over 11% of children with special education needs in state funded schools have a diagnosis of autism.

In 2012-13, 61% of all GCSE pupils achieved five A*-C grades, including English and Mathematics; 26% of GCSE students diagnosed with autism achieved 5 A-C grades in those same subjects

Several consistent themes suggest "good practice", including:

- Strong relationships with pupils
- Individualising and adapting the curriculum - 'autism curriculum'
- Joint working with specialist health practitioners
- High levels of reciprocal communication with parents and carers.