



## **CASE STUDY 6: CONDUCT DISORDER**

**CASE STUDY: Max**

### **Learning objectives**

By the completion of the case study participants will be able to:

- Identify opportunities for collaborative care between GPs, psychiatrists, paediatricians, psychologists, mental health nurses, social workers, and occupational therapists and describe the benefits of this approach within the context of managing a patient with a conduct disorder
- Describe the local referral pathways and support options managing a patient with a conduct disorder.

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Max is 13 years old and is in his first year at the local high school. He has a brother 2 years younger than him in primary school. His mother has presented to the GP today. She is obviously agitated and teary as she tells the GP that Max is “beyond her”. He has been suspended twice in the last school term for fighting – the last time because he would not hand over a knife to the teacher. He has been rude to the teachers and physically threatened one of them. Max’s mother says her son hates school. He has been terrorising his younger brother after school before his mother and father get home from work and has been identified by the police for putting graffiti on the school wall. Max refuses to see the school counsellor and his mother reports that the school have threatened to expel her son unless something can be done about Max’s behaviour. Max accompanied his mother to the GP today but refused to go into the surgery – he is waiting outside in the car.

Max's mother says her son is healthy and has had few illnesses in his life. She reports that he was a difficult baby and a lively toddler. Max has never seen a Paediatrician. She has always found him hard to manage and in primary school, teachers described him as the class clown.

**Discussion points:**

1. Max's mother has initiated the consultation but Max is the client. As a group, discuss how you can engage Max in undertaking an assessment and developing a care plan?
2. Assuming that Max has had an appointment with his GP, how can the GP manage the situation if Max discloses a history of sexual abuse or bullying?
3. As a team, formulate a management plan for Max using the services and resources in your local area.
4. Once the plan is developed, identify how you can access each of these services and discuss the referral requirements. What information will you need to provide Max's mother about the referral?
5. There are likely to be a number of health professionals and non-health professionals (e.g., school personnel) involved in Max's care. Consider who is best placed to coordinate Max's care?
6. Given the various professionals involved in treating Max, how could you facilitate case conferencing between the team?
7. Max's family, especially his younger brother, may need additional support. How could this best be arranged at the local level?

**Notes for facilitator:**

*The identity of the person in the case study and the locality can be changed to suit the particular demographics in your area e.g., the setting could be stated as a small rural community or the patient could be identified as belonging to a particular cultural or linguistic group.*

Listed below are some key points that facilitators might find helpful to include when working through the discussion questions with their network group. Facilitators may use these points as suitable prompts to develop a richer discussion of the issues.

***Important issues to be covered in group discussions:******Question 1:***

- This is not an uncommon situation and clinicians will have a variety of strategies for managing it.
- It may be necessary to see Mother and son together first, reassuring Max that he will have an opportunity to speak without his mother present.
- A critical factor in engaging Max will be explaining confidentiality in a developmentally appropriate manner.
- It may take several sessions to develop a therapeutic relationship with Max. Conveying your willingness to get to know Max is important.

***Question 2:***

- Adolescent research points heavily to the issue of confidentiality being the most important factor when commencing a consultation with a teenager. As noted, the issue of limits to confidentiality will need to be discussed early in the relationship with Max in such a way that he can understand the consequences of certain disclosures.
- Clinicians will vary in their approach to this situation but generally it will require garnering Max's support for disclosing the information to the necessary authorities if Max or others (e.g., his brother) are at risk.

***Question 3:***

- The management plan may include: assessment and management plan from a child and adolescent psychiatrist (MBS item number 291); referral to a pediatrician or child and adolescent psychiatrist for assessment and on-going management; referral to an allied mental health worker for behavioural management strategies; inclusion of school teachers and parents in a behaviour management plan.
- Conduct disorders are complex conditions that are likely to require extensive treatment. For this reason it may be preferable to have a child and adolescent psychiatrist or pediatrician on-going care to Max and his family.

*Question 4:*

- An important issue here is how to find clinicians skilled in working with conduct disordered adolescents in your region – this is a complex field of practice and it would be valuable to access an allied mental health professional or level 2 trained GP with specific skills in providing behaviour management with adolescents.
- Max's mother will need to know about any additional costs associated with the referral, length of treatment, confidentiality, etc.
- Conduct disorders are complex conditions that are likely to require extensive treatment. Additionally, developing a therapeutic relationship with Max could be a lengthy process. These issues mitigate against a referral for psychological interventions under both ATAPS and Better Access due to the limited number of sessions available. However, if no other affordable options are available locally, Better Access is probably the best choice as it offers up to 18 sessions under exceptional circumstances. The time limited nature of the service will need to be explained to Max and his family and consideration given to how the sessions will be managed if Max is not progressing.
- There may be services available from an NGO that would be of value to Max and his family (e.g., youth support, family support).

*Question 5:*

- The best option is probably to allow Max to identify which professional he is best engaged with and seek out this person to act as case coordinator.

*Question 6:*

- Case conferencing will be critical in managing Max's treatment in order to ensure all members of the team are working 'in the same direction' with Max. It will be particularly important to include school personnel.
- Case conferencing is often difficult to arrange due to the high workloads of most health professionals, lack of administrative support, and the lack of funding available for private allied mental health professionals to engage in case conferencing.

Arrangements for case conferencing are thus best arranged at the local level in a manner that best meets the needs of the local professionals – this is an ideal opportunity to develop a local system.

- MBS items to organise a case conference are available for psychiatrists, consultant physicians (e.g., paediatrician) and GPs. Item numbers are also available for paediatricians, psychiatrists and GPs to participate in a case conference. Full details on these item numbers can be found in the Medical Benefits Schedule available online at:  
<http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

*Question 7:*

- Max's younger brother may warrant an assessment with regard to his ability to cope with the situation at home.
- Max's parents will need considerable support which is currently not available under Better Access or ATAPS unless they have a diagnosable mental health disorder. Parenting education classes or family support groups may be available locally through NGOs. Information on such programs may be resourced by the practice nurse or a social worker. Family therapy may be warranted.