



## Clinical work with antisocial behaviour in boys: Narrative interviews with clinical teams in Swedish child- and adolescent psychiatry

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### Abstract

*Introduction:* The aim with this study was to deepen the understanding of contextual aspects in child psychiatric clinical work with boys displaying antisocial behaviour.

*Method:* An explorative, qualitative approach, based on team narrations of authentic cases, was used.

*Results:* The results indicate that clinicians consider a multitude of case characteristics when working with this heterogeneous group of boys. The assessment and treatment planning procedure appeared to be intertwined. The teams were unspecific regarding how needs were translated into treatment plans. The behaviour of a boy was discussed to sometimes evoke feelings of fear among parents and clinicians, thus alerting the need for instant interventions. Furthermore, the teams described a lack of consent and collaboration with other agencies. Unclear responsibilities sometimes seemed to affect the possibility to intervene properly.

*Conclusions:* The findings of this study are discussed in relation to evidence-based practices and illustrate how complicated the management of boys with antisocial behaviour can be.

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## 1. Introduction

Clinical work with children displaying antisocial behaviour implies diagnosing as well as planning and carrying out treatment interventions. The undertaking of these tasks can be vital for the clinician to provide appropriate support for the child and family (Garb, 1998). Considering that boys with an early start (before ten years) of serious aggressive and antisocial behaviour seem to have an elevated risk for an antisocial lifestyle in adulthood (Moffitt, 1993; Stattin & Magnusson, 1991) and poorer mental health in general (Loeber & Farrington, 1998, 2001), thoughtful and comprehensive clinical decision-making could be of importance to nip disruptive behaviours in the bud. Unfortunately, evaluations of clinical work with children with antisocial behaviour indicate that many of these children do not obtain efficient management (e.g. Barnpsykiatrikommittén, 1998; compare Loeber & Farrington, 2001).

Evidence-based practices (here used as a shorthand term for the scientifically evaluated assessments and treatments) could be of importance for helping the clinicians when assessing and treating children with antisocial behaviour. To deal with limitations in clinical work, decision-making and treatment of these children has therefore been supplied with ample prescriptive research-based suggestions. Firstly, recommendations are made of how to conduct assessments. Standardized structured instruments or screening questionnaires evaluated in research are proposed, since these have been shown to result in more reliable and valid diagnoses or estimations of antisocial behaviour (Borum, 2000; Garb, 1998; Loeber & Farrington, 2001). Secondly, interventions have been acknowledged that can prevent antisocial behaviour from escalating and reduce oppositional and conduct-disordered behaviours (e.g. Chambless & Hollon, 1998; Fonagy & Kurtz, 2002). Parent management training and problem solving training for children illustrate such empirically supported treatments suggested for use in clinical practices. Thirdly, albeit less thoroughly documented, interprofessional and multi-disciplinary teamwork has been suggested an organizational strategy to improve clinical work for children with severe mental health problems such as conduct disorder (Walker, 2003; Williams, 2002).

However, some children with antisocial behaviour do not improve their behaviour even when empirically supported management is accomplished. Research studies suggest that approximately one-third of families receiving parent management training for having a child with antisocial behaviour do not report any change for the better (Fonagy & Kurtz, 2002). Reduced responsiveness has for instance been found associated to poorer household circumstances, more socially disadvantaged situations (Routh, Hill, Steele, Elliott, & Dewey, 1995), maternal depression (Webster-Stratton, 1996) and higher level of child psychopathology (Ruma, Burke, & Thompson, 1996). Thus, there might be aspects hitherto not covered in empirically supported treatment manuals that could complicate the management. Another problem concerns the fact that when evidence-based practices are employed in a clinical setting, there is no guarantee that the outcomes are similar to those obtained in research (Hoagwood, Burns, Kiser, Ringeisen, & Shoenwald, 2001). Since most procedures have been constructed and evaluated in research situations, there might be other aspects relevant from a clinical point of view that have not been recognized or considered (Elbogen, 2002). Accordingly, there is a

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