Is there comorbid ADHD or are there many ADHD symptoms, combined with a clear impediment to functioning in several areas and in several environments?

**NO**
- Parent course or parent supervision in parenting skills
- In severe forms of ODD/CD, training in social problem-solving starting at the age of 8
- In adolescents, family or systemic therapy interventions, such as in functional family therapy and multisystemic therapy

**YES**
Pharmacotherapy

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**Stimulants**
- Methylphenidate
- In the treatment of ODD/CD when many symptoms of ADHD are present or if comorbid ADHD has been determined

**Adrenergic drugs**
- Atomoxetine & Clonidine
- In the treatment of ODD/CD if comorbid ADHD has been determined or when many symptoms of ADHD are present

**Antipsychotics**
- Risperidone
- For influencing aggressive behaviour after psychotherapeutic methods and/or other medication have had insufficient effect; can possibly be combined with stimulants

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*1. If psychotherapeutic methods are used initially in the case of less severe forms (with or without ADHD, or symptoms of ADHD), pharmacotherapy can be started at a later point if these produce an insufficient response.  
2. When there is no comorbidity with ADHD, pharmacotherapy is only suitable after the aforementioned psychotherapeutic methods have had insufficient effect.*

**After starting pharmacotherapy, psychotherapy that specifically address deficiencies in the child, adolescents, parents or family is indicated.**