

# Antisocial behaviour and conduct disorders in children and young people overview

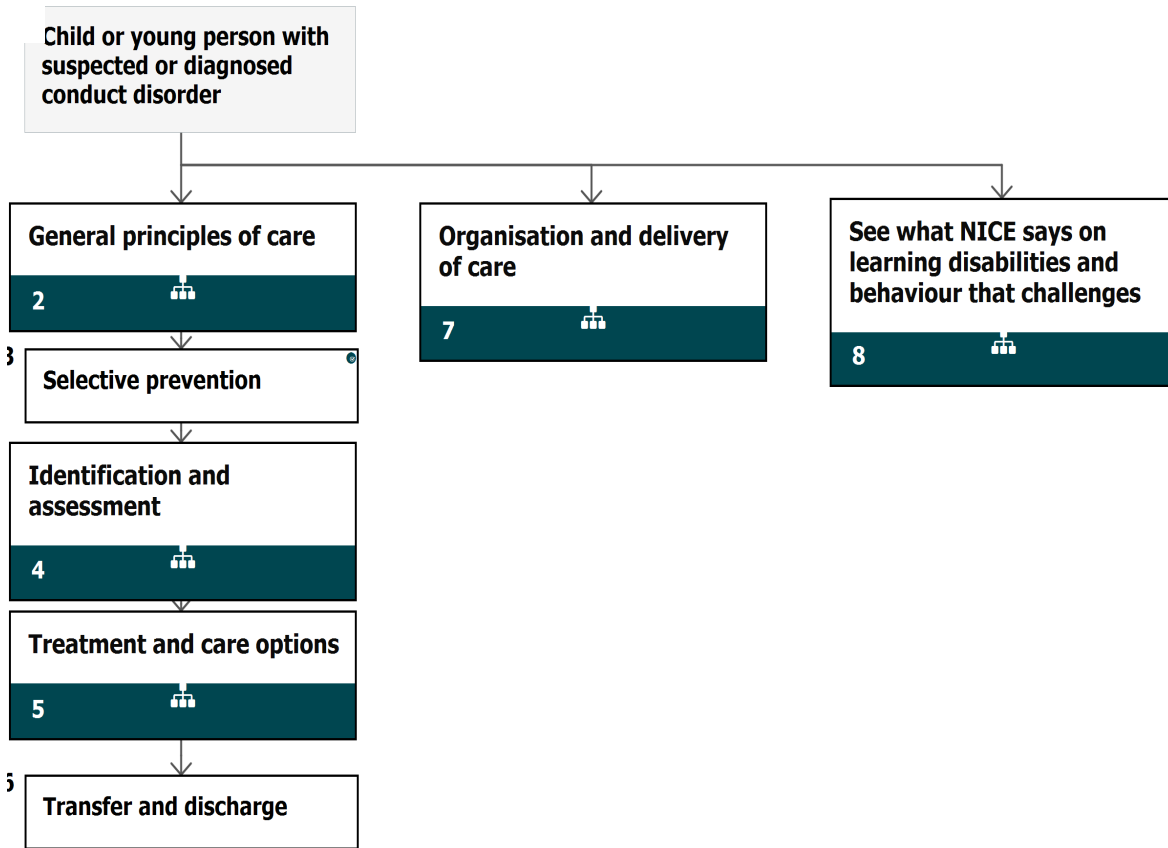
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/antisocial-behaviour-and-conduct-disorders-in-children-and-young-people>

NICE Pathway last updated: 27 March 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Child or young person with suspected or diagnosed conduct disorder

No additional information

## 2 General principles of care

See [Antisocial behaviour and conduct disorders in children and young people / General principles of care for children and young people with antisocial behaviour and conduct disorders](#)

## 3 Selective prevention

Selective prevention refers to interventions targeted to individuals or to a subgroup of the population whose risk of developing a conduct disorder is significantly higher than average, as evidenced by individual, family and social risk factors. Individual risk factors include low school achievement and impulsiveness; family risk factors include parental contact with the criminal justice system and child abuse; social risk factors include low family income and little education.

Offer classroom-based emotional learning and problem-solving programmes for children aged typically between 3 and 7 years in schools where classroom populations have a high proportion of children identified to be at risk of developing oppositional defiant disorder or conduct disorder as a result of any of the following factors:

- low socioeconomic status
- low school achievement
- child abuse or parental conflict
- separated or divorced parents
- parental mental health or substance misuse problems
- parental contact with the criminal justice system.

Classroom-based emotional learning and problem-solving programmes should be provided in a positive atmosphere and consist of interventions intended to:

- increase children's awareness of their own and others' emotions
- teach self-control of arousal and behaviour
- promote a positive self-concept and good peer relations
- develop children's problem-solving skills.

Typically the programmes should consist of up to 30 classroom-based sessions over the course of 1 school year.

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

### Antisocial behaviour and conduct disorders in children and young people

1. Early intervention

#### 4 Identification and assessment

[See Antisocial behaviour and conduct disorders in children and young people / Identification and assessment of children and young people with antisocial behaviour and conduct disorders](#)

#### 5 Treatment and care options

[See Antisocial behaviour and conduct disorders in children and young people / Treatment and care options for children and young people with antisocial behaviour and conduct disorders](#)

#### 6 Transfer and discharge

Anticipate that withdrawal and ending of treatments or services, and transition from one service to another, may evoke strong emotions and reactions in children and young people with a conduct disorder and their parents or carers. Ensure that:

- such changes, especially discharge and transfer from CAMHS to adult services, are discussed and planned carefully beforehand with the child or young person and their parents or carers, and are structured and phased
- children and young people and their parents or carers are given comprehensive information about the way adult services work and the nature of any potential interventions provided
- any care plan supports effective collaboration with social care and other care providers during endings and transitions, and includes details of how to access services in times of crisis
- when referring a child or young person for an assessment in other services (including for psychological interventions), they are supported during the referral period and arrangements for support are agreed beforehand with them.

For young people who continue to exhibit antisocial behaviour or meet criteria for a conduct disorder while in transition to adult services (in particular those who are still vulnerable, such as those who have been looked after or who have limited access to care) see what NICE says on [personality disorders](#). For those who have other mental health problems refer to other NICE guidance for the specific mental health problem.

For further information, see what NICE says on [transition from children's to adults' services](#) and [transition between community or care home and inpatient mental health settings](#).

## 7 Organisation and delivery of care

See [Antisocial behaviour and conduct disorders in children and young people / Organisation and delivery of care for children and young people with antisocial behaviour and conduct disorders](#)

## 8 See what NICE says on learning disabilities and behaviour that challenges

See [Learning disabilities and behaviour that challenges](#)

## Glossary

### ADHD

attention deficit hyperactivity disorder

### BNFC

British national formulary for children

### CAMHS

child and adolescent mental health services

### HbA1c

glycosylated haemoglobin

### SPC

summary of product characteristics

## Sources

[Antisocial behaviour and conduct disorders in children and young people: recognition and management](#) (2013) NICE guideline CG158

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them

and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.