Conduct disorders and antisocial behaviour in children and young people: recognition, intervention and management

Review Questions

A) Prevention

1. What selective prevention interventions for at risk individuals (including children/young people or their parents/families/carers) reduce the likelihood of children and young people developing a conduct disorder?

2. What indicated prevention interventions for at risk individuals (including children/young people or their parents/families/carers) reduce the likelihood of children and young people developing a conduct disorder?

B) Access

1. What are the barriers to access that prevent children and young people at risk of- or diagnosed with- a conduct disorder from accessing services?

2. Do methods designed to remove barriers to services increase the proportion and diversity of children and young people accessing interventions?

C) Case identification

1. What concerns and behaviours (as expressed by the carer or exhibited by the child) should prompt any professional who comes into contact with a child or young person with a possible conduct disorder to consider referral for further assessment?

2. What are the most effective methods/tools for case identification of conduct disorders in children and young people?

3. What amendments, if any, need to be made to the agreed methods for case identification to take into account:

   - demographics (for example, particular cultural or minority ethnic groups, or girls)
   - the environment in which case identification takes place (for example, social care, education)?

D) Diagnosis and assessment

1. In children and young people with a possible conduct disorder, what are the key components of, and the most effective structure for, a diagnostic assessment? To answer this question, consideration should be given to:

   - the nature and content of the interview and observation, which should both include an early developmental history where possible
   - formal diagnostic methods/ psychological instruments for the assessment of core features of conduct disorders
   - the assessment of risk
   - the assessment of need
   - the setting(s) in which the assessment takes place
   - gathering of independent and accurate information from informants

2. When making a diagnosis of a conduct disorder in children and young people, what amendments (if any) need to be made to take into account coexisting conditions (such as ADHD, depression, anxiety disorders and attachment insecurity)?

3. What amendments, if any, need to be made to take into account particular cultural or minority ethnic groups or sex?

E) Interventions

1. For children and young people with a conduct disorder, what are the benefits and potential harms associated with individual and group psychosocial interventions?

2. For children and young people with a conduct disorder, what are the benefits and potential harms associated with parenting and family interventions?

3. For children and young people with a conduct disorder, what are the benefits and potential harms associated with multi-modal/ multiple interventions?

4. For children and young people with a conduct disorder, what are the benefits and potential harms associated with school behaviour management interventions?

5. For children and young people with a conduct disorder, what are the benefits and potential harms associated with pharmacological interventions?

6. For children and young people with a conduct disorder, what are the benefits and potential harms associated with physical interventions (e.g. diet)?

7. For children and young people with a conduct disorder, should interventions found to be safe and effective be modified in any way in light of coexisting conditions (such as ADHD, depression, anxiety disorders, attachment insecurity) or demographics (such as age, particular cultural or minority ethnic groups, or sex)?

F) Organisation and delivery of care

1. What are the effective models for the delivery of care to children and young people with a conduct disorder including:
   - the structure and design of care pathways (for example, primary care, education, social services, private and voluntary organisations, and the criminal justice system)
   - systems for the delivery of care (for example, case management)
   - specialist teams?

2. What are the essential elements that assist in the transition into adulthood services for young people with conduct disorders?

3. What are the effective ways of monitoring progress in conduct disorders?

4. What components of an intervention for children and young people with a conduct disorder, or the way in which it is implemented (for example, the competence of the practitioner), are associated with successful outcomes?

G) Experience of care

1. For children and young people with a conduct disorder, what can be done to improve the

experience of the disorder, and the experience of care?*

*The question will be structured using a matrix of service user experience, which includes issues concerning support for families and carers (see Table 1).

Table 1. Matrix of service user experience (including experience of the disorder)

Experience of the disorder			Key points on the pathway of care				Themes that apply to all points on the pathway
			Access	*Assessment and diagnosis*	*Treatment (including prevention)*	*Educational settings*	
Dimensions of person-centred care (adapted from Picker Institute, 2009)[1]	The relationship between individual service users & professionals	Involvement in decisions & respect for preferences					
		Clear, comprehensible information & support for self-care					
		Emotional support, empathy & respect					
	The way that services and systems work	Fast access to reliable health advice					
		Effective treatment delivered by trusted professionals					
		Attention to physical & environmental needs					
		Involvement of, & support for, family & carers					
		Continuity of care & smooth transitions					
Other themes							

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