

Antisocial behaviour and conduct disorders in children and young people

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about antisocial behaviour and conduct disorders in children and young people that is set out in NICE clinical guideline 158.

All of the treatment and care that NICE recommends is in line with the NHS Constitution (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961). For more information see 'About care in the NHS' on our website (www.nice.org.uk/nhscare).

Does this information apply to me?

Yes, if you are:

- aged between 3 and 17 and have a conduct disorder or it is thought that you might have a conduct disorder
- the parent or carer of a child aged between 3 and 17 with a conduct disorder or a suspected conduct disorder.

No, if you have:

- behavioural problems caused by another mental health problem, or by speech or language difficulties.

Antisocial behaviour and conduct disorders

The term 'antisocial behaviour' is used to describe actions that are:

- upsetting or hurtful to other people
- aggressive or frightening to other people
- against rules
- unlawful, such as stealing or damaging property.

Antisocial behaviour by a child or young person that happens regularly over a period of time could be caused by a problem known as a 'conduct disorder.' Children and young people with a conduct disorder can also find it difficult to control their temper and may lie to others.

A type of conduct disorder called 'oppositional defiant disorder' is more common in younger children. In these children the antisocial behaviour is less severe and often involves arguing with ('opposing') and disobeying ('defying') the adults who look after them.

This information uses the term 'conduct disorder' to mean both conduct disorder and

oppositional defiant disorder.

Your health and social care professionals

The various types of care and treatment described in this information may be provided by a range of health and social care professionals. These professionals are specially trained to provide different types of help.

One of the main types of help they provide is [psychological therapy](#). If you have psychological therapy you may see a psychologist, a psychiatrist or a therapist. They work in a service that is specially designed to help children and young people aged 17 and under who have mental health problems, including conduct disorders. This service is called 'child and adolescent mental health services' (or 'CAMHS'). You may also see a GP, nurse or social worker. All of these professionals should be trained and experienced in working with children and young people and their parents and carers

You should usually be able to see a single professional or group of professionals throughout your care and treatment.

Some treatments described may not be suitable for you, depending on your exact circumstances. If you think that your treatment or care does not match this advice, talk to your health and social care professionals.

Considering your needs

Your health and social care professionals should take into account your religious, cultural and ethnic background when planning your care and treatment. If you have difficulty speaking or understanding English they should offer you an interpreter and a list of local education providers who can teach English. They should ask whether you would prefer to be contacted by letter, phone, email or text message.

Your health and social care professionals should discuss antisocial behaviour and conduct disorders with you and give you information about the help and support available in a language or format you can understand. They should also give you details of organisations that provide support and information, support groups and useful websites. You should be given the chance to ask questions – there are lists of possible questions below.

Your health and social care professionals should understand that you might feel nervous about going to CAMHS and should make you feel comfortable and put you at ease. They should work with you to build trusting relationships and support you to feel optimistic. You should be treated with respect and dignity, and your meetings with your health and social care professionals should take place in private.

Your health and social care professionals should explain that they may need to discuss your care with other professionals, or write to them. You should be sent a copy of the letter, if you would like this.

Involving your parents or carers

If you are able to make decisions about your care, your health and social care professionals should discuss with you how you would like your parents or carers to be involved. They should talk to you about this again from time to time in case you change your mind. There is a section for parents and carers [here](#).

How to get help

You should be able to get help for a conduct disorder by asking your GP or by contacting or visiting CAMHS or social care services. Your school or college may also be able to help. You may be able to talk to someone from health or social care services outside normal working hours and in places that are convenient for you, such as your home or a community or social centre. Depending on your circumstances, you may be offered help with travel to the service and the assistance of an [advocate](#).

Understanding your problem

If your parents or carers, your health and social care professionals or your school or college are worried about your behaviour you may be offered an appointment for an [assessment](#). During an assessment a health or social care professional will ask you questions about your behaviour problems, your relationships and your life at home, school, college or work. They will also want to know if you have any other problems. Your parents, carers or teachers may be asked to fill in a questionnaire about your behaviour and other aspects of your life, such as how you get on with your friends. After this assessment you may be offered help and support right away, but if you have additional problems you may

be offered a second assessment.

If you have additional problems

If you have additional problems such as [depression](#), [post-traumatic stress disorder](#), [attention deficit hyperactivity disorder \(ADHD\)](#), [autism](#) or a learning difficulty or disability you may be offered further assessment. A parent or carer, or another person you know well, should be involved, but you should also have the chance to meet with the health or social care professional on your own. There might be more than one professional at this assessment. The professional should tell you beforehand how you will get the results of the assessment. A parent, carer or advocate can help explain the results to you.

The professional should also check whether you are at risk of any harm, such as [self-harm](#), not looking after yourself properly, or being hurt or treated badly by others. They should make a plan to help protect you from these.

Your health or social care professional should also work with you and your parents or carers to make a [care plan](#) for you.

Questions to ask about conduct disorders and assessments

These questions may help you discuss conduct disorders and assessments with your health and social care professionals.

- Can you tell me more about conduct disorders?
- Are there any support organisations in my local area?
- Do you have any information for my parents/carers?
- What happens during an assessment?
- Will information about me remain private?

Help and support for a conduct disorder

Deciding what type of help to have

Your health and social care professionals should talk to you about the different types of treatment available. They should take account of your preferences and look at:

- how often you have problems with your behaviour and how long the problems usually last
- how the conduct disorder affects your everyday life and your education
- whether you have a long-term physical health problem or another mental health problem
- whether you have had treatment for a mental health problem before and how helpful it was.

Your health and social care professionals should explain the treatments to you, including what they consist of and how long they take, and whether they will affect any other treatment you may be having.

Psychological therapies

If you have a conduct disorder you may be offered a psychological therapy. You meet with a psychologist, psychiatrist or a therapist to talk about feelings and thoughts and how these affect behaviour and wellbeing.

Some psychological therapies involve your parents, carers and teachers. These are described in the [section for parents and carers](#). Other psychological therapies are just for children and young people aged from 9 to 14. You should have them in a group with other children or young people of a similar age and with problems that are similar to yours. The therapist should help you to understand your thoughts, feelings and behaviour, and the connections between them. This helps you to learn how to get along better with other people. You should usually meet with your group once a week for about 10 to 18 weeks. Each meeting should last for about 2 hours.

If you are aged between 11 and 17 you may be offered a type of psychological therapy that

involves looking at different aspects of your life and talking with a wider circle of people, including your family, people at your school or college and other people who are important in your life. This type of treatment should be provided by a specially trained professional called a case manager. Your case manager should visit you 3 or 4 times a week for 3 to 5 months.

Medication

Children and young people should not usually be offered medication for a conduct disorder, but if at any time a young person finds it especially difficult to control their anger, they may be offered medication called risperidone. Risperidone should only be offered by a healthcare professional with experience in treating children and young people with a conduct disorder.

If you are offered risperidone, the healthcare professional should talk to you and your parents or carers about the possible benefits and [side effects](#) before you start taking it. They should measure your weight, height, waist and hips, check your pulse and blood pressure and take a sample of blood to check your physical health. The healthcare professional should see you regularly while you are taking risperidone, especially when you first start taking it. They should check whether you are having any problems or side effects from taking it. They should also continue to check your physical health. The healthcare professional should check whether the risperidone is working after you have been taking it for 3 or 4 weeks. They should tell you to stop after 6 weeks if it is not helping you.

If you have ADHD, as well as a conduct disorder, you should be offered medication called methylphenidate or atomoxetine. See [Other NICE guidance](#) for details of NICE's advice on ADHD.

Questions to ask about help and support for a conduct disorder

These questions may help you discuss the treatments you have been offered with your health and social care professionals.

- Can you tell me why you have decided to offer me this particular type of treatment?
- What are the pros and cons of this treatment?
- What will it involve and how long will it last?
- How will it help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- How long will it take to have an effect?
- Where can I have treatment?
- What treatments are there other than the ones you have offered me?
- What will happen if I choose not to have the treatment you have offered?
- Where can I find other information (like a leaflet, DVD or a website I can go to) about the treatment that I can have?

Questions to ask about medication

- How long will I have to take the medication?
- Could you explain any problems I might have when I stop taking the medication?
- Could you explain any side effects associated with this medication?
- What should I do if I get any side effects? (For example, should I call my GP, or go to the emergency department at a hospital?)
- Could you explain any long-term effects of taking this medication?

When your care is coming to an end

Before your treatment ends or your care is transferred to another service (such as adult mental health services), the change should be discussed and planned with you, and your

parents or carers (if you agree), and should not happen without warning. You should agree with your health and social care professionals steps to help you cope with any crises. Advice should be offered about how to contact professionals if needed. If your care is being transferred to another service, you should be offered support during the transfer.

If you are offered care in adult mental health services because you still have problems with antisocial behaviour or a conduct disorder, you should be offered the treatment and care recommended by NICE for [antisocial personality disorder](#). See [Other NICE guidance](#) for details. If you have another mental health problem, you should be offered the treatment and care recommended by NICE.

Information for parents and carers

If the health and social care professionals who are assessing your child think he or she might have a conduct disorder, they should talk to you. They should ask you about your child's behaviour and your relationship with them, the situation at home, and your own life, including any mental health problems. You and your child's teachers may be asked to fill in a questionnaire about your child's behaviour and other aspects of their life, such as how they get on with their friends.

If your child is mature enough to make their own decisions, the health and social care professionals should ask them how they would like you to be involved. They should ask your child this again from time to time in case they change their mind.

Preventing conduct disorders

Recognising children who might go on to develop a conduct disorder at an early age can help to prevent more serious problems, such as [antisocial personality disorder](#), later on. If a health or social care professional or teacher thinks that a school has a large proportion of children (aged between 3 and 7) who could develop a conduct disorder, psychological help in the classroom should be offered. This can help children to be aware of their own and others' emotions, control their reactions and behaviour, and improve their relationships with others.

Help and support for a conduct disorder and your involvement

If your child is thought to be at high risk of, or has, a conduct disorder and is aged between 3 and 11, you should be offered a group parent training programme. The programme should consist of 10 to 16 meetings, each lasting from 1.5 to 2 hours, and include 10 to 12 parents.

Parent training programmes can help parents make the most of their parenting skills so that they can help improve their child's behaviour. The programmes are run by specially trained health or social care professionals. They cover communication skills, problem-solving techniques and how to encourage positive behaviour in children. It is best if both parents, foster carers or guardians attend the programme if this is possible and in the best interests of the child or young person. The health and social care professionals should talk to you about any concerns you have about the programme and explain why it has been offered and how it can help.

If you are not able to join a group, you should be offered an individual parent training programme. It should consist of between 8 and 10 meetings between you and the health or social care professional, each lasting 1 to 1.5 hours.

If you are a foster carer or guardian of a child aged between 3 and 11 with a conduct disorder, you should be offered training programmes similar to those offered to parents.

If you are a parent, foster carer or guardian of a child aged between 3 and 11 who is thought to be at high risk of or has a conduct disorder and who has severe and complicated problems, you should be offered an individual training programme for parents and children. This programme should consist of up to 10 meetings between you, your child and a health or social care professional, each lasting 1 hour.

If your child is aged between 11 and 17 they may be offered a type of psychological therapy that focuses on the family but also includes other people who are involved in your child's life. This type of treatment should be provided by a specially trained professional called a case manager. Your case manager should visit 3 or 4 times a week for 3 to 5 months.

Your needs

You may need help and support yourself. Your health and social care professionals should give you information about local family and carer support groups and other voluntary organisations, and help you to contact them. They should offer you support, including during any emergencies, and advice on practical matters such as childcare, housing and finances.

Questions to ask if you are the parent or carer of a child or young person with a conduct disorder

These questions may help you to support the child or young person with a conduct disorder.

- Can you give us some information about the conduct disorder and its treatments?
- What can we do to help and support our child?
- Can you give us any information about how to get help and support if our child has a crisis?
- Is there any additional support we might benefit from or be entitled to?

Terms explained

Advocate

Someone who helps put your views across.

Antisocial personality disorder

A personality disorder is a condition that leads to a person (usually over the age of 18) having unstable moods, thoughts, behaviour and self-image. When a person has an antisocial personality disorder they may behave unlawfully (and be repeatedly arrested

and convicted), deceive people, behave angrily and aggressively, feel agitated or depressed a lot of the time, be easily bored or impulsive, behave irresponsibly and exploit or manipulate other people, not care about the safety and feelings of other people and not feel remorse when causing harm to others.

Assessment

Meeting with a health or social care professional to discuss your mental and physical health, family background and everyday life, to find out what the problem is, how severe it is and the most suitable treatments.

Attention deficit hyperactivity disorder

ADHD for short. A common behavioural disorder in children and young people. The symptoms of ADHD include being inattentive, disorganised, easily distracted and forgetful, unable to listen when people are talking or concentrate on tasks, hyperactive (which means being fidgety, feeling unable to sit still or talking constantly) and impulsive.

Autism

A condition that affects brain development, which means that the brain develops in a different way from other people. The main symptoms are finding it hard to deal with social situations, having difficulties with speech and communicating with other people, having narrow interests or obsessions, and repeating routines or movements.

Care plan

A plan of your treatment and care, which also includes what you can do to keep well and how to manage your symptoms.

Depression

A common mental health problem, the main symptoms of which are losing pleasure in things that were once enjoyable and losing interest in everyday activities and other people.

Post-traumatic stress disorder

PTSD for short. Psychological and physical symptoms that can sometimes follow particular threatening or distressing events. One of the most common symptoms of PTSD is having repeated and intrusive distressing memories of the event. There may also be a feeling of reliving the event through flashbacks or nightmares. There can also be physical reactions, such as shaking and sweating.

Psychological therapy

A treatment that involves meeting with a therapist to talk about feelings and thoughts and how these affect behaviour and wellbeing.

Self-harm

An expression of personal distress by a person who hurts themselves. Common methods of self-harm include cutting oneself or taking too many tablets or recreational drugs.

Side effects

Unwanted symptoms caused by a medication or other treatment.

Sources of advice and support

- YoungMinds, 0808 8025544
www.youngminds.org.uk

You can also go to [NHS Choices](#) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Other NICE guidance

- Antisocial personality disorder. NICE clinical guideline 77 (2009). See <http://guidance.nice.org.uk/CG77>

- Attention deficit hyperactivity disorder. NICE clinical guideline 72 (2008). See <http://guidance.nice.org.uk/CG72>

Accreditation

