This paper is intended to provide professionals working with disturbed children and adolescents with an understanding of the children’s behaviour, and a guide to responding constructively.

It can also provide a useful basis to the supervision of workers in the field, as one of the purposes of supervision is to ensure that the relationships between the adults and the children remain professional and constructive, and that the needs of the children are the first consideration.
THE MEANING OF DISTURBED BEHAVIOUR

Emotionally disturbed children and adolescents have suffered emotional stress and damage. They may have had relationships with parents or other caregivers where they have been hurt (physically and emotionally), betrayed, disappointed or let down; their emotional needs as a child may have been unmet; their experiences may have been confusing or age-inappropriate; they may feel guilty about abuse they themselves have suffered, or believe themselves to be the source of their parents’ problems; they may be expected to meet unrealistic standards they can never achieve; they may have been in emotional conflict over parental separation, or have suffered painful losses and separations themselves, etc.

The behaviour of these children is an expression of their feelings of stress, or a defence against them, and should not be seen as merely naughty, or an indication that they are bad. Children may act out their feelings in disguised form, e.g. feelings of anxiety may be expressed as aggressive behaviour, or aggressive behaviour may be a defence against depression, while the depressed child may not necessarily appear sad, and the child who is distressed, e.g. over some event at home, may not be able to articulate his distress or discuss the event. They may have been taught that certain feelings are bad and unacceptable and should not be expressed.

The adult response to children’s disturbed behaviour needs to be understanding and constructive, and should take into account the meaning of the behaviour, otherwise the child’s emotional stress may be increased. Emotionally disturbed children commonly have low self esteem, poor peer relationships, low school attainments, and difficulty interacting with adults, asserting themselves appropriately, taking responsibility for their own behaviour, and owning their own feelings. Adult reactions to their behaviour, if not carefully considered, may serve to confirm the child’s belief in his own badness, satisfy his need of punishment which he has because of that belief, confirm the child’s view of the world as angry, unfair, uncaring, unpredictable or frightening, or add to his feelings of hate and anger. In short, unprofessional or ill-considered responses to the child’s behaviour can compound the emotional problems he has already, and worsen his prognosis, instead of improving it as should be the aim of special school placement - i.e. to help the child to feel better about himself, to relate better to others, to learn to own his own feelings and take responsibility for his own behaviour, and to develop his resources so that he can cope better with the demands of the world.

While it is important to understand the meaning of the behaviour of individual children or adolescents taking into account their particular background and circumstances, the following examples of disturbed behaviour are commonly seen, and the suggested responses are related to the likely meaning of such behaviour.

**Difficulty forming trust relationships**

The child has learned by experience that trusting another person leads to his being hurt. He may be hard to get close to, withdraw from physical contact, be suspicious even of an adult trying to help him, have poor eye contact, etc., though his symptoms may be far less visible. He may tell lies in order to deceive, or to avoid consequences.
Adults dealing with the child need to display logical, consistent, predictable responses, and follow a system of behaviour management which the child understands and can predict. Adults should never make empty threats or promises that they cannot or do not intend to carry out, as this confirms to the child that adults are not to be trusted. The child may test limits in order to ascertain whether the adults will do what they said they would do, and those limits should not be changed, though the logical nature of the consequence may need to be explained to the child. It is important that the adult display acceptance of the child, even when making clear to him that his behaviour is unacceptable.

As the child begins to develop trust in an adult, the child may resist the developing closeness by being aggressive or abusive to the adult who needs to persist with the relationship and not reject the child.

Being able to develop trust relationships with adults may be fundamental to the child’s progress during (and beyond) his period of special placement.

**Recreating the home environment**

It is very common for disturbed children to attempt to recreate their home environment at school, and try to force adults to adopt roles that confirm their self-fulfilling prophecies. For example, the child who is over-protected / overdependent at home will seek to provoke adults to protect him and do things for him at school; the one whose experience of adults is that they are hostile and aggressive will try to provoke adults to be aggressive to him at school (“he makes me feel like hitting him”); the child whose parents are in conflict and who can play one off against the other will attempt to split staff at school; the one who is treated with unreasonable anger for little reason at home will seek to provoke normally reasonable adults to unreasonable anger or responses.

These children have a particular view of the world that they are seeking to confirm, e.g. that the world is dangerous, neglectful and uncaring, unfair and unreasonable, etc., and the adults' responsibility is never to confirm that belief, despite the strong feelings the child’s behaviour may arouse. When an adult has strong feelings, positive or negative (“He shouldn’t be at this school!”; “I’d like to take him home”), about a disturbed child, it is an indication that an emotional response has been elicited that may not necessarily be constructive or helpful to that child, and is a warning to the adult to separate their response from their feelings, and respond logically, using the behaviour management system that is operating.

It is useful to acknowledge to other staff the strong feelings aroused by a particular child, in order to seek advice regarding management and to ensure that responses remain logical and constructive (“I feel like getting rid of him. What do other people think?”)

**Confirming his sense of his own worthlessness**

Disturbed children frequently believe they are bad, and seek to provoke adults into confirming this belief, e.g. by offensive behaviour that violates the adults’ personal values. It is important in responding to separate the child from the behaviour, and remain accepting of the child while dealing with the behaviour, i.e. let the child know that he is O.K., though what he has done is inappropriate / not helpful to him / needs to be talked about, etc. The development of a sense of worth should gradually occur during
the period of a child’s placement, through allowing him to experience success, treating him with respect, appreciating his good qualities and helping parents to change their view of him by giving them positive feedback about him, and helping them to share his successes, etc.

Children who believe in their own badness may initially have difficulty “owning” their good behaviour, as it is contrary to their belief, e.g. they will rip up a certificate they have been awarded, scribble over good work, reject compliments, etc. Others may need constant reassurance that they are O.K., e.g. by constantly seeking praise or awards, becoming upset or angry if given a less than perfect score, etc. Others cultivate a “tough image” to compensate for their lack of self esteem. As self esteem develops, these behaviours should decline.

**Testing for rejection**

The child provokes the adult to reject him, e.g. by objectionable behaviour, telling the adult he doesn’t like him or his school, etc. Many disturbed children have felt unwanted, either because of actual rejection, threats or abandonment (“I’ll put you in a home”, “Pack your bags and don’t come back!”, etc.), or neglect and lack of interest in his welfare, and may need to test out whether their teachers will reject them. The child may pre-empt possible rejection, e.g. by announcing he is leaving (before the adult can tell him to), as that gives him the feeling of being in control.

The child needs to be reassured that he is wanted and helped to feel safe and contained (“I really want you to stay, Matthew. The rule is, no one is to leave the school grounds”), and given as much positive feedback as possible, until he reaches the stage of feeling more secure.

**Adult-child role reversals**

Disturbed children may come from a home background where the child feels responsible for the parents’ well-being or their problems, rather than the reverse. This may include the adult’s physical safety, or it may mean responsibility for the adult’s emotional problems, perhaps because this is what the child has been told (“I’ll have a nervous breakdown because of you”, “You’ll be the death of me”, “You’ve made your father sick”, “You’re driving me crazy”).

It is very important that adults working with disturbed children not bring their own feelings into their dealings with a child in such a way as to make the child feel guilty or rejected (“What you did hurt my feelings!”, “I worried all night about you”, “I don’t want you in the group because you’ve upset me”). Such responses confirm the child’s belief that he emotionally damages those around him. It is more constructive to respond with less emotional involvement to the child’s behaviour, by pointing out likely consequences or the perception of his behaviour to others (“Everyone has the right to be safe so you’ll have to sit out if you hurt others”, “Other kids won’t think that’s friendly”, etc.), helping the child to think of a more helpful behaviour (“What’s another way you could do it?”) and reinforcing the child’s behaviour when it is more appropriate (“That was a friendly thing to do”).
Finding the adult’s “Achilles Heel”

Emotionally disturbed children are very adept at working out areas of sensitivity or anxiety in adults, and attacking them through this, not only verbally (“Hello, Fatso”, “You’ve got some grey hair!”) but through confronting behaviours. It is important that the adult not buy into this and respond to the provocation as the child would hope, but rather respond constructively according to the situation, i.e. ignore it, defuse the situation by agreeing or joking about it, or, if the behaviour warrants it, help the child work through what he has done wrong and what he can do about it, while letting him see his behaviour has not actually been hurtful, e.g. point out that such behaviour would cause him problems in the mainstream school, and discuss it with him. It is important to recognize this behaviour for what it is, and not feel hurt, angry or upset.

Some children show great skill in this area.

Splitting the staff

Disturbed children may be very effective manipulators of people, a skill they may have learned in order to survive in a more dysfunctional environment. They may attempt to split and separate staff members, sometimes obviously (“You’re a better teacher than Mr X”), sometimes much more subtly. The adults working with such children need to be aware of the need to limit the child’s opportunities for splitting, e.g. all use the same behaviour management system, and be aware if the child is attempting to set one adult up against another, to ensure he does not succeed. Good communication and consultation between staff members is essential, to prevent splitting from occurring.

These children commonly attempt to persuade one adult to agree to something another adult has forbidden, or may attempt to persuade one adult that another’s treatment of the child was unfair and that he should intercede on the child’s behalf. Children may also attempt to set up a parent against the school in defence of the child, and in such cases the parent needs to be well informed about the school’s programs, methods and intentions, and to understand the need to work with, rather than against, the school, in the interest of the child.

Passive-aggressive behaviour

Passive-aggressive children are fearful of expressing anger and aggression, because they believe the expression of such feelings is dangerous or unacceptable. They may come from families with an unpredictable, aggressive adult, or from families where anger is frowned upon and not permitted. These children cannot own their angry, aggressive feelings, and they express them in indirect, passive-aggressive ways, so that the adult may not recognize what is happening, but becomes increasingly angry. The goal of the child is to get the adult to express anger, further confirming to the child that anger is unacceptable. The child provokes adult anger indirectly, e.g. doesn’t “hear” what he has been told, uses delaying tactics, can’t manage to do what he has been told to do, expresses amazement when accused of delaying, etc. (“Far out! I was only sharpening my pencil!”), and derives secondary gratification.
In dealing with passive-aggressive children it is useful to verbalise the child’s behaviour (“Isn’t it interesting that Adam didn’t hear me”), and talk to the child about what he is doing (“There are times when you don’t seem to listen or hear or see - I’m going to give you a signal when that happens, and you’ll be accountable”). Sessions where anger is talked about as a normal, healthy, justifiable feeling are useful. (What makes people angry / How can people show that they’re angry, etc.) and can enable the child to own his feelings of anger and understand that it can feel good.

**Learned Helplessness**

Children or adolescents who are overly dependent may come from families who have a basic fear of others or the community, who over-value their child, or who are over-committed to the child because of guilt at what they see as some sort of failure on their part towards him.

Those dealing with the child need to recognize that the child is attempting to make demands on the adult in order to get the adult to take responsibility for him, and the adult needs to be able to resist the demands without feeling guilty, and not allow the dependent child to control him/her. Those dealing with children who display “learned helplessness” and attempt to control the adult and avoid taking responsibility for themselves must remain aware of the need to discourage dependency, and encourage self-help, independence and decision making (“You can do it”). “Rescue fantasies” need to be avoided, the adults need to define their role and limit their relationship to their professional involvement, e.g. not promote fantasy by supplying a home phone number, and avoid making decisions for the young person which take away any responsibility for his own life.

It is important to distinguish “learned helplessness” and over-dependence from the normal age-appropriate dependence of children and adolescents, which does not involve manipulating adults into taking responsibility for them. The child’s developmental stage needs to be taken into account in determining what sorts of decisions they can be expected to make, and there are times when a child lacks the maturity to make a major decision about his life, and may be overwhelmed if required to do so. In such cases, an *Adult Decision* needs to be made, and the child informed, rather than left to decide.

**Power Struggles**

Disturbed children are skilled at setting up power struggles with adults, and if they are allowed to do so, understanding is lost and the only acceptable outcome for the adult is “winning”. The adult needs to be consciously aware of how a student in conflict will attempt to provoke him to act in impulsive, rejecting or uncaring ways, and must accept responsibility for not being baited into a power struggle, but instead should make the child responsible for his behaviour. When an adult gets into a power struggle with a student, it may be useful to seek advice from other staff members regarding possible strategies for responding to the situation.

Generally, it may be helpful for the adult to express his own feelings to the child, e.g. using “I” messages, to open up communication and model verbal control of anger, and decode the child’s behaviour into feelings, i.e. read his non-verbal behaviour and reflect what he’s communicating in a clear, simple way. The consequences of the child’s behaviour should be interpreted to him as poor decision making on his part, i.e. as a
choice he made for himself, so as to overcome any idea he has that he is a victim, and help him realize that what happens to him in the classroom is a function of his own behaviour, which he can control.

**Anxiety**

Disturbed children may express anxiety in a number of ways which do not make it immediately obvious that they are anxious. They may appear restless and agitated, their behaviour may deteriorate markedly, or they may have aggressive outbursts. If there is a sudden, marked deterioration in a child’s behaviour, or if the child has an extreme aggressive outburst or violent tantrum and the reason for it is not apparent, anxiety may be the cause of it.

Rather than becoming anxious or over-reacting in response, the adults dealing with the child need to consider whether there is something happening in the child’s life which is causing him to be anxious, and to encourage the child to see the link between his emotion and his behaviour (“It seems that when you’re really worried about something, you lash out at everyone”), and to help him to handle his anxiety in other ways (“What's something you could do if you have something on your mind?”) e.g. by talking it through with a trusted adult.

**Projection**

It is not unusual for disturbed children to project onto others aspects of themselves or their behaviour that they have difficulty owning, i.e. that they are anxious or unhappy about. For example, the child anxious that there is something wrong in his head may address an adult (or another child) as “Bad Head”, the child with anxieties about his sanity may call another “crazy”, the sexually abused child may address others using derogatory sexual terms, etc. Such behaviour should not be considered a personal affront or simply bad manners. Instead, it should enable the adults working with the child to gain insight into the child’s anxieties, and so develop strategies to deal with them.

**Aggressive or threatening behaviour**

There are many causes of aggression in children, and the reason for a particular child’s aggression, and the planned response to it, needs to be understood given his individual situation. In general, where a child appears threatening or aggressive to a teacher, if possible his anxiety should be lowered, e.g. by a low key non-confronting response (“The scissors should be in the drawer, Jason”) or by distracting the child. The child should not be confronted, physically or verbally, as the behaviour will then escalate, but spoken to in a calm, quiet voice.

**Offensive Language**

Disturbed children frequently use language that violates the adult’s own values. If the adult responds with shock, horror, or hurt feelings, the child is made aware that he has a powerful (and easy) method of provocation. A more effective response is to deny the child that power, by not buying into the behaviour, responding in a low-key fashion, and using the existing behaviour management system in a non-judgmental way.

Adults need to be aware that some abusive language may have significance, e.g. at a particular stage in his placement, the child may become abusive to an adult as a
defence against personal closeness as trust begins to develop; sexual language in particular may be an indication of a child having had some sort of sexual experience about which he has feelings that are difficult for him to express. Judgmental responses to such language may ignore what the child is trying to express, and may confirm to such children that they are bad and dirty.

**Bizarre Behaviour**

On occasion, a child may begin to display bizarre behaviour. This may include inappropriate affect, e.g. laughing inappropriately, hearing voices, odd beliefs, e.g. that the television program is about him, persecutory ideas, bizarre preoccupations, thought disorder, strange or worrying thoughts expressed in his written work, etc.

If a child presents with such symptoms, a referral for psychiatric assessment is essential, as placement in a program without psychiatric support is likely to be inappropriate.

**Setbacks**

At times during their period of special placement, children may appear to be regressing, or reverting to behaviours that they seemed to have relinquished, and perhaps displaying a new difficult behaviour. The adults working with them need to be able to recognize that children progress through recognizable stages during placement, so that what sometimes appears to be a deterioration may in fact be a development, e.g. the child moves from the initial “honeymoon” stage where he is compliant and cooperative to a stage where he begins to test limits, because he is feeling more secure. In some cases, however, there may be a change in a child’s behaviour because he is reacting to a stress, which may or may not be known to the adults, e.g. an illness in the family, the child is being abused, parental conflict, etc. In all cases, the child should not be considered as failing, but rather the meaning of the behaviour should be considered, so that appropriate strategies or interventions can be used.

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