Serious behavioural difficulties and mental health

Many children’s behaviour can be disruptive and challenging at times. As part of learning how to behave appropriately, children may test adult rules at home, school or in the community. Often such behaviour is a reaction to stress or frustration.

For some children, serious behavioural difficulties develop into a pattern that can include acting impulsively, reacting with aggression, refusing to follow reasonable directions and defying adult authority. Children who behave in these ways usually have trouble with making and keeping friends. They may be the target of bullying because they overreact. Yet they may also bully others to try and get their own way. They are often in trouble with following the rules.

These patterns of behaviour interfere with children’s social and academic development. They often lead to disciplinary consequences, such as school suspension, that interrupt learning. Children with serious behavioural difficulties often do not feel connected at school. They are more likely to experience low self-esteem and depression.

Parents, carers and teaching staff who are interested to know about children’s disruptive behaviour in general will find many helpful ideas in other KidsMatter Primary information sheets, including those on managing anger, effective discipline, family relationships and Attention Deficit Hyperactivity Disorder (ADHD).

How do serious behavioural difficulties develop?

A combination of factors, including individual characteristics, social and environmental influences, may contribute to children developing serious behavioural difficulties. For example, some children may have reactive temperaments, which can mean that they are quicker to get frustrated and their anger may be more intense. This can sometimes prompt angry or harsh reactions from those who deal with them, which may unintentionally escalate the child’s reactive behaviour.

The table following lists some of the common factors that contribute to the development of serious behavioural difficulties. A single factor alone should not be taken as an indication of serious difficulties. However, when several factors are present, behavioural difficulties are much more likely.
Contributing factors in the development of serious behavioural difficulties

<table>
<thead>
<tr>
<th>Factor</th>
<th>What it means</th>
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<tbody>
<tr>
<td>Inherited factors</td>
<td>Some temperament characteristics contribute to behavioural difficulties. These include being easily irritated, having intense reactions and being difficult to soothe.</td>
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<tr>
<td>Ways of thinking</td>
<td>Children with serious behavioural difficulties often believe others are picking on them. The more they get into trouble, the more this negative bias is confirmed.</td>
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<tr>
<td>Neuro-psychological problems</td>
<td>Difficulties with the brain processes that organise memory and control attention may be similar to those of children with ADHD. There may also be difficulties with controlling emotions and understanding what other people are thinking and feeling.</td>
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<tr>
<td>Parenting practices</td>
<td>Over-reaction to the child’s behaviour, lack of supervision and inconsistent discipline may contribute to serious behaviour difficulties.</td>
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<tr>
<td>Adverse social circumstances</td>
<td>Parental unemployment, financial hardship, poor housing and deprivation are common patterns of hardship amongst families of children with serious problem behaviours.</td>
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<tr>
<td>Peer influences</td>
<td>Gang membership or having an older sibling with Conduct Disorder is associated with the development of serious behavioural difficulties.</td>
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<tr>
<td>School</td>
<td>Feeling rejected by peers at school, school failure and inflexible discipline practices from teaching staff can lead to worsening of serious behavioural difficulties.</td>
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How behavioural difficulties escalate

Over time, children develop particular patterns of thinking and behaving that further shape the ways they interact with others and how others respond to them. For example, they may believe that others are always picking on them and see even accidental mishaps (eg a peer accidentally bumping into them) as an indication that someone is out to get them. These patterns of thinking and behaving lead to distress, coping difficulties and/or difficulties in relationships with others.

Children with severe behavioural difficulties can often trigger hostile responses from others.

Once children come to expect critical or punitive responses, they are less likely to admit failures or difficulties. They may try to maintain a sense of power or control by distancing themselves from adults and using threat, coercion and aggression to manage social situations. They often try to avoid punishment by denial or lying. They may have strong feelings of anger and resentment. Anger gives a sense of power, but also drives others away, while resentment and mistrust tend to block and distort emotional communication. Many of these children hide feelings of helplessness, low self-esteem and a need for affection.

Children with serious behavioural difficulties can be challenging to parents. Parenting practices that are very effective with other children in the family may not work for these children. Parents may find it hard to provide the extra structure and support that these children need, especially if they are also experiencing a range of social or personal difficulties themselves. Schools find it difficult to manage repeated rule breaking and aggressive behaviour. As a result of disciplinary problems and failure to be successful at school, children may lose interest and become disengaged with school, which can add to the risks and lead to further negative outcomes if not responded to.

Serious behavioural difficulties and diagnosis of a mental disorder

When children show persistent and extreme patterns of disruptive behaviours, they may be diagnosed by mental health professionals as having a Disruptive Behaviour Disorder. There is debate amongst professionals as to the usefulness of diagnosing Disruptive Behaviour Disorders. Some experts are concerned that mental health labels can cause children to be stigmatised. They argue that the strategies for assisting children with serious behavioural difficulties are the same for those whose behavioural difficulties may be less severe. They feel that the diagnosis can lead others to see the child rather than the behaviour as the problem. Unfortunately these sorts of assumptions can get in the way of effective professional support of children with behavioural difficulties.

Other mental health professionals say that the diagnosis helps to recognise those children who are most in need of additional help. They argue that early recognition and specialist intervention for Disruptive Behaviour Disorders is necessary particularly because these disorders can have very serious long-term consequences if not addressed early.

The two main diagnostic categories for severe behaviour problems are Oppositional Defiant Disorder and Conduct Disorder. Attention Deficit Hyperactivity Disorder (ADHD) is also sometimes included as a third category (see KidsMatter Primary information sheets on ADHD for more information).
What would you notice in a child with Oppositional Defiant Disorder?

Oppositional Defiant Disorder is described as a pattern of thinking and behaving that is impulsive and reactive. Children given this label may:

- argue constantly with adults
- refuse to carry out requests or conform to rules
- blame others for their mistakes or misbehaviour
- have frequent temper tantrums and show resentment
- behave in a negative, hostile way towards authority figures
- deliberately annoy others
- be quick to react when others annoy them.

What would you notice in a child with Conduct Disorder?

Conduct Disorder is not usually diagnosed in primary school-aged children. It is more commonly seen in adolescence when behaviours that were of concern at a younger age have grown to a more serious level. Children and adolescents are diagnosed with Conduct Disorder when:

- they bully others, start fights, assault others using a weapon, or show cruelty to animals
- they deliberately destroy, vandalise or set fire to the property of others
- they use deceit – they may steal, shoplift, lie or cheat to manipulate others
- they break important rules – they may evade school, stay out late without permission, or run away from home, and are often in trouble with the law.

Diagnosis of these disorders is only made when the behaviours occur far more frequently and are at a more severe level than for other children of the same age, when they interfere seriously with relationships with other children of the same age, when they interfere seriously with relationships with others at home or at school, and when they cause ongoing disruption to learning and to the community around them. They are more common in boys than in girls. Conservative estimates suggest that approximately three per cent of young people in Australia aged between six and 17 years, or 95,000 young people, have Conduct Disorder.

Disruptive Behaviour Disorders and other mental health difficulties

When children have Oppositional Defiant Disorder or Conduct Disorder they often have Attention Deficit Hyperactivity Disorder (ADHD) as well. Being impulsive is a common feature in all three of these disorders. It has been estimated that around one third of young people with Conduct Disorder also have ADHD. One in five young people with Conduct Disorder is depressed. When plans to help are devised, it is important that these and other co-occurring problems are taken into account.

Without treatment about half of the children with serious behavioural difficulties will continue to show the same or more severe problems in adolescence. Over half of adolescents with Conduct Disorder develop ongoing personality problems and serious behaviours (eg self-harming, aggression and violence, substance use problems and delinquency).

What professional supports are effective?

Serious behavioural difficulties can be effectively managed before Conduct Disorder has developed. A combination of anger management, coping and problem-solving skills for children and education and support for parents and carers is likely to be needed. School staff have a significant role in ensuring that management of behaviours at school is consistent and effective. Early support is very important in ensuring that management of behaviours at school is consistent and effective. Early support is very important as behavioural difficulties are more difficult to change once they are well established. This can also help to reduce negative impacts on school learning and on self-esteem.

Relevant and specific social and emotional learning opportunities are needed for children with behavioural difficulties. These help them develop better ways of relating to others as well as strategies for managing difficult emotions (eg anger). Intensive learning of anger management, coping and social problem-solving skills in small groups has been shown to reduce behavioural difficulties.

Parents and carers are assisted by learning specific behaviour management skills for dealing with difficult behaviours. Meeting in small groups with other parents and carers whose children have similar difficulties helps to ensure that the parenting techniques learned are effective for their children’s needs. Parenting groups should be facilitated by a skilled parenting educator who has training and expertise in helping parents and carers manage behaviour difficulties.
**How to assist children with serious behavioural difficulties**

Children with serious behavioural difficulties need lots of assistance to learn more appropriate ways of dealing with social situations and relationships, negotiating ways to have their needs met, and managing their negative reactions. Usually parents and carers will need to fine tune their parenting practices. Schools need to establish specific and individualised strategies to engage students with serious behavioural difficulties. They also need to ensure that their approach to discipline balances support for positive behaviour with consistent, appropriate limit-setting and consistent application of consequences for inappropriate behaviour.

**General principles for assisting children with serious behavioural difficulties**

**Build cooperative relationships**

Maintaining positive relationships with children whose behaviour challenges adult authority can be difficult, however it is very important. It is best for discipline to be directed toward the behaviour, not the child. Cooperation is undermined by negative feelings in the adult-child relationship. When adults’ behaviour towards them is positive, children are usually more willing to cooperate.

**Be clear, consistent and fair**

Clear rules and consistent, reasonable consequences for misbehaviour are important. It helps when these rules are clear and fair to everyone. They should be discussed thoroughly and calmly in advance so that the child understands the rules and the reasons for them before any misbehaviour occurs. This is important to show these children that they are not being unfairly picked on.

**Build positive social skills**

Children who engage in disruptive or aggressive behaviour usually have few other strategies for coping with difficulties or getting what they want. Helping them build positive social skills provides other ways for them to respond.

**Help children to understand and manage their emotions**

Feelings like frustration and anger often trigger behavioural problems in children. Teaching children how to recognise and manage their emotions is very helpful for developing children’s self-awareness and self-control.

This resource is part of a range of KidsMatter Primary information sheets for families and school staff. View them all online at [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)