



PROBLEM KID PROBLEM- SOLVERS

Resource Library

Violence and Misbehavior

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Conduct Disordered, Oppositional, Defiant,

Violent, Disruptive Students:

Must-Know Safety Information You May Not Have

There are three types of kids who may be at the highest risk of extreme violence. Obviously, you must take seriously any threat or indication of danger from any kid, so if a dangerous child you know doesn't fit one of these categories, please don't just breathe a sigh of relief. Rather, the point of emphasizing these three top-risk youth, is to have you apportion your time wisely. You can't monitor each child equally. This information may guide you on who you monitor most closely, especially in the absence of other events or information to guide you.

The youth at highest risk of extreme violence may be the conduct disordered child. If you don't already know this term, visualize the fictional character, J.R. from the TV show "Dallas" because the hallmark of being a conduct disorder (c.d.), is having no heart, no conscience, no remorse. Only a mental health professional can diagnose a conduct disorder for sure, but being aware that you may have a conduct disordered child in your class or group, is important to ensuring your safety, along with the safety of your kids, because you work with conduct disorders completely differently than other kids. Since the c.d. child has little relationship capacity, you should not use relationship-based approaches with a diagnosed conduct disorder.

It would be insensitive to call a conduct disorder a "baby sociopath," but that is close to what the term means. It means that the child acts in ways that appear to be seriously anti-social, and the concern is that the child may grow up to be a sociopathic type of person. Since this child cares only about himself (c.d.'s are predominately male), there are little brakes on this child from serious or extreme violence. Not every conduct disordered child will engage in horrific behavior. There is a range of misbehavior C.D.s may get involved with, ranging from lying to setting fires or being a sexual predator. At the most serious end of the spectrum, lies the possibility of extreme violence, such as a school shooting.

In our Breakthrough Strategies to Teach and Counsel Troubled Youth Workshop, we spend hours helping you understand how to work with conduct

disorders. You can come to one of our classes, or get books like our All the Best Answers for the Worst Problems: Conduct Disorders, <http://www.youthchg.com/guide.html>, available as an ebook, that help teach you how to work with this most hard-to-manage kid. But do something to make sure you thoroughly understand how to work completely differently with this youth than any other child. The information in this article is a good starting point, but is not comprehensive.

METHODS FOR CONDUCT DISORDERED YOUTH

Here are some of the most important do's and don't's that you must know, but this list is not comprehensive:

DO'S:

*The main point we give in our classes is that these children operate on a cost-benefit system, and that to control your c.d. kids, you must keep the costs high, and benefits low.

*These children also especially need to pro-actively learn how to manage their fists, mouth, and actions.

*Your goal is to teach them that when they hurt others, it often hurts them too. All interventions must be in the context of "I-Me," because that is all this kid is capable of caring about.

DON'TS:

There are so many of them, it is hard to know where to start because so many of the techniques you use with other kids fall apart with this kid. Here are some of the most critical don't and do's when you work with a diagnosed-- that's the important word here-- conduct disorder. Without the diagnosis, use these guides especially carefully.

*Don't: have a heart-to-heart relationship.

*Don't work on building trust.

*Don't put an emphasis on compassion, caring, empathy, values, morals.

*Don't expect compassionate behavior.

*Don't trust.

*Don't give second chances.

*Don't believe they care or feel remorse.

Hopefully this brief guide to the hardest-to-manage, most potentially dangerous kid will help you avoid using everyday interventions that will be unproductive, even dangerous. Hopefully this information will steer you towards relying on non-relationship-based interventions that emphasize learning skills like anger control, managing the fist, etc. along with firm rules, boundaries and limits.

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Part 2 of 2

Recap: In the preceding section, we explained conduct disorders (C.D.s), the child at highest risk of extreme violence, and emphasized how you must work differently with C.D.s compared to any other kids. Hopefully, we successfully conveyed how critical it is to thoroughly understand what makes this kid "tick," and to work with them differently than everyone else, or you may find yourself or others in dangerous situations. Remember that these pointers are no substitute for thoroughly updating your skills on such a challenging kid.

**** Youth at 2nd and 3rd Risk of Extreme Violence:**

These youth are not nearly at as great a risk as the conduct disorder. We will cover each of these 2 types of youth separately, but must stress that the risk for both of these 2 groups drops off dramatically from that posed by conduct disorders. Remember that when any child appears to be potentially violent, you take that concern seriously, regardless of whether the child was on our list. This list is meant only to guide you when you lack any specific events or circumstances that show you how to apportion your time, supervision and other resources.

**** Thought Disorders:** The risk posed by thought disordered children is probably far less than that of the conduct disordered youth. Although #2 on this list, it is a rather distant second choice. Part of the explanation is that there are probably a lot more conduct disordered kids than thought disordered ones. The other reason that explains the somewhat distant #2 status is that the thought disordered child may be well-intentioned, kind, and loving at times. The conduct disorder child really never is able to care about anyone else. Another reason to explain the distant #2 status is that often the thought disordered child will act in rather than act out. They often will pose a harm to self rather than others.

Unless you work in a treatment setting, just a very small fraction of the children you work with, may have what mental health professionals call a thought disorder. While the thinking of the conduct disorder is clear and lucid, that assumption is not always true for the thought-disordered child. The child who has been diagnosed with this type of problem by a mental health worker, has very serious problems with their thinking. The child may hear voices or see visions that no one