

# **TREATING THE DIFFICULT CHILD/ADOLESCENT**

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## ***Difficult Child Treatment***

Each child has his or her own temperament or personality. These range from the "difficult child" at one end of the spectrum to the "easy child" at the other.

Approximately 10% of all children are considered difficult. Some characteristics of difficult children include a tendency to:

- react intensely to stimuli (ie. cry easily at loud noises);
- sleep poorly;
- eat at unpredictable times;
- be difficult to comfort.

In contrast, easy children, who make up 40% of all children, are described as:

- regular in eating, eliminating and sleeping;
- flexible;
- easily adapting to change and new situations;
- easily comforted when they cry.

The difficult child is harder to raise and places greater demands on his/her parents or foster parents. It is important to recognize the difficult child at an early stage. Parents of difficult children and adolescents often feel inadequate as parents and guilty that they are not doing a good job of parenting. In addition, many of these children develop emotional disturbances later in life. These difficulties can be made worse when there is a poorness of emotional fit, or personality clash, between parents/foster parent and child.

## ***Psychosocial Risk Factors***

- A landmark study on risks from the environment showed that several factors can endanger a child's mental health.
- Dysfunctional aspects of family life such as severe parental discord, a parent's psychopathology or criminality, overcrowding, or large family size can predispose to conduct disorders and antisocial personality disorders, especially if the child does not have a loving relationship with at least one of the parents.

- Economic hardship can indirectly increase a child's risk of developing a behavioral disorder because it may cause behavioral problems in the parents or increase the risk of child abuse.
- Exposure to acts of violence also is identified as a possible cause of stress-related mental health problems. Studies point to poor caregiving practices as being a risk factor for children of depressed parents.
- The quality of the relationship between children or adolescent and their primary caregiver, as manifested by the security of attachment, has long been felt to be of paramount importance to mental health across the life span. In this regard, the relationship between maternal problems and those factors in children that predispose them to form insecure attachments, particularly young infants' and toddlers' security of attachment and temperament style and their impact on the development of mood and conduct disorders, is of great interest to researchers.
- Many investigators have taken the view that the nature and the outcome of the attachment process are related to later depression, especially when the child is raised in an abusive environment, and to later conduct disorder. The relationship of attachment to mental disorders has been the subject of several important review articles.
- The relationship between a child's temperament and parenting style is complex; it may be either protective if it is good or a risk factor if it is poor. Thus, a difficult child's chances of developing mental health problems are much reduced if he or she grows up in a family in which there are clear rules and consistent enforcement, while a child exposed to inconsistent discipline is at greater risk for later behavior problems.

### ***Family and Genetic Risk Factors***

- As noted above in the relationships between temperament and attachment, in some instances the relative contributions of biologic influences and environmental influences are difficult to tease apart, a problem that particularly affects studies investigating the impact of family and genetic influences on risk for childhood mental disorder. For example, research has shown that between 20 and 50 percent of depressed children and adolescents have a family history of depression. The exact reasons for this increased risk have not been fully clarified, but experts tend to agree that both factors interact to result in this increased risk.
- Family research has found that children of depressed parents are more than three times as likely as children of nondepressed parents to experience a depressive disorder. Parental depression also increases the risk of anxiety disorders, conduct disorder, and alcohol dependence. The risk is greater if both parents have had a depressive illness, if the parents were depressed when they were young, or if a parent had several episodes of depression.

### ***Stressful Life Events***

- The relationship between stressful life events and risk for child mental disorders is well established, although this relationship in children and adolescents is complicated, perhaps reflecting the impact of individual differences and developmental changes. For example, there is a relationship between stressful life events, such as parental death or divorce, and the onset of major depression in young children, especially if they occur in early childhood and lead to a permanent and negative change in the child's circumstances. Yet findings are mixed as to whether the same relationship is true for depression in midchildhood or in adolescence.

### ***Childhood Maltreatment***

- Child abuse is a very widespread problem; it is estimated that over 3 million children are maltreated every year in the United States. Physical abuse is associated with insecure attachment, psychiatric disorders such as post-traumatic stress disorder, conduct disorder, ADHD, and impaired social functioning with peers.
- Psychological maltreatment is believed to occur more frequently than physical maltreatment it is associated with depression, conduct disorder, and delinquency and can impair social and cognitive functioning in children.

### ***Peer and Sibling Influences***

- The influence of maladaptive peers can be very damaging to a child and greatly increases the likelihood of adverse outcomes such as delinquency, particularly if the child comes from a family beset by many stressors. One way to reduce antisocial behavior in adolescents is to encourage such youths to interact with better adapted youths under the supervision of a mental health worker.
- Sibling rivalry is a common component of family life and, especially in the presence of other risk factors, may contribute to family stresses. Although almost universal, in the presence of other risk factors it may be the origin of aggressive behavior that eventually extends beyond the family.
- In stressed or large families, parents have many demands placed on their time and find it difficult to oversee, or place limits on, their young children's behavior. When parental attention is in short supply, young siblings squabbling with each other attract available attention. In such situations, parents rarely comment on good or neutral behavior but do pay attention, even if in a highly critical and negative way, when their children start to fight; as a result, the act of fighting may be inadvertently rewarded.
- Thus, any attention, whether it be praise or physical punishment, increases the likelihood that the behavior is repeated.

## Prevention

- Childhood is an important time to prevent mental disorders and to promote healthy development, because many adult mental disorders have related antecedent problems in childhood. Thus, it is logical to try to intervene early in children's lives before problems are established and become more refractory. The field of prevention has now developed to the point that reduction of risk, prevention of onset, and early intervention are realistic possibilities.
- Scientific methodologies in prevention are increasingly sophisticated, and the results from high-quality research trials are as credible as those in other areas of biomedical and psychosocial science.
- There is a growing recognition that prevention does work; for example, improving parenting skills through training can substantially reduce antisocial behavior in children.

There is no one right way to raise a child. Parenting styles vary. But it is important that all caregivers communicate clear and consistent expectations for each child.

In today's world, some parents are so busy and stressed that nurturing children may sometimes take a back seat to problems that seem more important. However, here are a few suggestions that can help parents provide for children's physical safety and emotional well-being.

- Do your best to provide a safe home and community for your child, as well as nutritious meals, regular health check-ups, immunizations, and exercise.
- Be aware of stages in child development so you don't expect too much or too little from your child.
- Encourage your child to express his or her feelings; respect those feelings. Let your child know that everyone experiences pain, fear, anger, and anxiety. Try to learn the source of these feelings. Help your child express anger positively, without resorting to violence.
- Promote mutual respect and trust. Keep your voice level down even when you don't agree. Keep communication channels open.
- Listen to your child. Use words and examples your child can understand. Encourage questions. Express your willingness to talk about any subject.
- Provide comfort and assurance. Be honest. Focus on the positives.
- Look at your own problem-solving and coping skills. Are you setting a good example? Seek help if you are overwhelmed by your child's feelings or behaviors or if you are unable to control your own frustration or anger.

- Encourage your child's talents and accept limitations. Set goals based on the child's abilities and interests, not someone else's expectations. Celebrate accomplishments.
- Don't compare your child's abilities to those of other children; appreciate the uniqueness of your child.
- Spend time regularly with your child.
- Foster your child's independence and self-worth. Help your child deal with life's ups and downs. Show confidence in your child's ability to handle problems and tackle new experiences.
- Discipline constructively, fairly, and consistently. (Discipline is a form of teaching, not physical punishment.) All children and families are different; learn what is effective for your child. Show approval for positive behaviors. Help your child learn from his or her mistakes.
- Love unconditionally. Teach the value of apologies, cooperation, patience, forgiveness, and consideration for others.
- Do not expect to be perfect; parenting is a difficult job.

### **Trust your intuition.**

- **If you have a gut feeling that something is not right, trust that feeling.**

Intuition is real. Find time to be very quiet and listen. Ask for guidance and don't be "attached" to one answer or outcome. Be open to all avenues and suggestions that come in the stillness. This requires courage and faith.

- **No one knows your child better than you do.**

Other people see your child in different settings under various conditions. You are the only one who sees everything. Watch other children and compare behavior.

- **If you feel that something is not right, take action.**

Read, investigate, find the answers. It would be nice if someone else would do this for you, but don't count on it. You will be your child's advocate for life. Worrying is useless, a waste of time and energy. Channel that energy into finding answers.

- **Don't blame anyone else.**

It's too easy to blame the teachers, your ex-spouse, siblings... but it won't do any good. This won't help your child. Another waste of time and energy.

- **Give up on excuses.**

Every child deals with something. Coping is a skill that normal kids can learn. If a child isn't learning to cope, there may be a real problem preventing that process. Being a "fall birthday," "a boy," an "only child," "adopted" ....such labels hide real problems. If the other parent or grandparents assure you that nothing is wrong, TRUST YOUR INTUITION. Their denial won't help your child.

- **Don't blame yourself.**

No matter what your spouse or your mother or your mother-in-law or your neighbor says, don't blame yourself unless you KNOW that you are a terrible, neglectful, abusive person. If you are, get help. **If you are doing the best that you can do and it still isn't enough, your child has a problem.** You may need help in learning to cope with the problem, but the only thing you can blame is GENETICS, maybe.

- **Find a support group.**

This can be a hard road and the support of other parents who have dealt with similar issues can save your sanity. You are not the first and you will not be the last one to face such things. Trying to do this alone or trying to be everything for a problem child can drain all the energy in the family.

- **Be relentless.** If your child's problem has a physical cause, find the right diagnosis, the right treatment, the right medication if appropriate, the right dosage.

Don't rule out a physical cause unless someone solves the problem completely. When working with professionals, don't accept a less-than-adequate explanation. Some conditions have many different facets and each facet will require a specific treatment.

- **Annoy the professionals.**

This is your child's life. Don't worry about annoying or offending doctors or therapists. Ask questions. Question answers. Don't stop until you are satisfied. When your child is enjoying life and you are enjoying your child, you've found the right path.

- **Become an expert.**

Read, investigate, search. Always question the source. Learn to differentiate between sound knowledge and quackery. Don't waste time listening to someone who knows someone whose cousin's neighbor had a child just like yours. DO expect connections and answers to come from "out of nowhere." Pursue these.

## Four A's of Parenting

Most of the conversation between parent and child concerns "Stop that!" and "Do this!." In the course of a day, it is easy for parents to spend more time giving "orders" than communicating "caring". As parents, we must of course guide our children as they learn the ways of social behavior. It is necessary to teach them what is acceptable (we do this) and unacceptable (we don't do this) behavior.

- It's time to get up, hurry or you'll be late for school.
- Don't talk with your mouth full.
- Wipe your hands on your napkin, not your shirt.
- Don't forget your lunch money.
- Comb your hair before you leave this house.
- Come straight home from school.
- Wash your hands before dinner.
- Don't talk with your mouth full.
- Wipe your hands on your napkin, not your shirt.
- Take your bath.
- Go to bed.
- Stop jumping on the bed.
- Go to sleep now!

Sometimes, we get so caught up in the "orders" that we forget to say other things to our children as well. We know that we take care of our children because we love them but that is not what they hear. We can make an effort to communicate our love to them in a way that kids will understand, "They love me!"

Everyday we need to give our children the "4 A's":

- attention
- acceptance
- approval
- and affection.

If we only notice the mistakes in behavior, we teach our children to get our attention by misbehaving. Children NEED attention and they will get it! The attention from an angry

parent is better than no attention at all. If the only time they are noticed is when they do something "wrong", they will continue to misbehave.

Any behavior that draws a great deal of attention, positive or negative responses, will be repeated. Obviously, the best way to direct our children to "good" behaviors is to notice them when they are doing what we want them to do -- catch them being good! To practice this technique, we simply describe the behavior we want repeated any time we see it. Instead of "praising" the child ("You are such a good boy!"), we should recognize the behavior and compliment the child.

- I like the way you put your things away. The room certainly looks neat.
- You settled that argument without anyone getting angry. That was real diplomacy.
- You were so patient waiting for your dinner. I appreciate that.
- Someone remembered to hang the towels up in the bathroom. That's great.
- You took all your dishes to the sink. You are a real helper.
- I like the way you take care of your books. That is being responsible.
- You let your friend have first choice, you are very considerate.

Regardless of their behaviors, all children are good. We can pay attention to their good behaviors and catch them "being good". We can communicate acceptance to our children every day. Kids, especially difficult kids, need to know that we love them all the time even when we do not approve of their behavior, "I love you. I do not like what you did. Do this instead." When a child makes mistakes, we must be very careful to disapprove of the behavior, not the child. Children should NEVER be told "You are a bad boy" or "You are a bad girl". We can condemn the behavior without damning the child. Children are not miniature adults with bad judgment. They are always learning and that means making mistakes.

Approval also needs to be communicated every day. We give our children approval when we accept them as individuals. "I like you just the way you are." Children need to hear compliments about their uniqueness. "I love you" is not enough. Children need to know how special we think they are.

The last A is affection. Words are terrific but hugs are better. Physically touching a child to convey affection builds a relationship. Everyone needs to be hugged and to give hugs. When children are small, touching is part of basic care. Those quick hugs, pats, and kisses are just part of the routine and do not require any extra effort. As children become more independent, they spend less time next to a parent. We have to think about close contact and make time for affection as our children get older. Hugging is one of the best habits; we are never too big or too old for a hug.

We can try to spend more time giving the 4 A's than on barking orders. The rewards are enormous.