The 3 Kids At Highest Risk Of Extreme Violence: How To Work With Bullies, Defiant, Oppositional, Violent And Unmanageable Students (Part 2)

By Ruth Wells   ** Recap: In the an earlier article entitled "Conduct Disordered, Oppositional Defiant, Violent, Disruptive Students: Must-Know Safety Information You May Not Have," 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. Our live and recorded workshops (http://www.youthchg.com/live.html) devote extensive time to teaching you "all" the in's and out's of working with this complex, potentially dangerous youth. Our web site has some information on conduct disorders if you need more info now. Visit http://www.youthchg.com/hottopic.html for a few of the tips excerpted from our workshop and books, and covered in Part 1 of this article. But, remember that these pointers will be 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 else can, for example. The child may believe demons or devils are governing them. If the voices, for instance, tell the child to hurt someone, then the child may feel compelled to do it. This is where potential danger could lie.

The thrust of working with a diagnosed thought disorder is often on proper medication, although focusing on skill building and structure are also very important. Perhaps the single most important concern will be that the child takes any prescribed medication regularly and properly, because when properly medicated, this child may function almost normally in many ways. When not correctly medicated, this child is at the mercy of any demons, visions, voices or upsetting thoughts that pop into their head.

** Severely Agitated, Depressed Kids:
The occurrence of extreme violence by severely depressed, agitated children probably also greatly lags behind the risk posed by conduct disorders. This term refers to a child who has experienced extremely severe problems with depression, and also struggles mightily at least once with agitation. Many kids, especially teens, struggle with depresson, but this group endures some of the most prolonged, profound, deep depression; this should not be confused with typical adolescent ups and downs. When the severely depressed and agitated child also abuses substances, the problem can be magnified greatly depending on the interplay of the substance and the existing emotional concerns. Crisis, sudden changes andthe usual adolescent successes and failures can quickly de-stabilize this child who is already seriously struggling;these events can have the effect of the straw that broke the camel's back.

Any emotion that a child has trouble managing may get acted out or acted in. Depression is generally acted in. Many view it as anger turned inward: the child withdraws, reduces their activities, may eat less, etc. But, depression can also be acted out. Feeling cornered, unable to endure any more pain, some children will act out, sometimes lashing out in very severe ways. All things in nature strive to come to a conclusion. Storms eventually dissipate, the rain ultimately gives way to sun, and even the snow will eventually end. Humans, as part of nature, also tend to move towards resolution. For some children, extreme violence can be the flash point that offers that resolution. When there appears to be no hope, perhaps the child believes that there is nothing left to lose. Depression can be tough on adults, but couple the depression with a child's lack of time concept, lack of perspective, their impulsiveness, immaturity,

and resistance to understanding the link of actions to final outcomes, extreme violence can be grabbed as perhaps a solution. If this vulnerable child becomes involved with a conduct disordered peer, you can see how under certain circumstances, that could become a deadly combination as the depressed, agitated child may join in the acting-out.

To help this child, alleviating some of the torment will be critical. Help to manage anger in socially acceptable ways, tempering the depression, and alleviating some of the agitation can keep this child from remaining at the level of extreme discomfort they currently experience. If this child receives useful aid to vent the agitation and give some light to the depression, any risk of extreme violence can be significantly impacted. Of the three risk categories, this group's concerns are potentially the most amenable to intervention by you, and is of the three, the most hopeful diagnosis. You can have much lasting impact on this child.

**Appraising the Risk:
Now you can look at your class or group and not just wonder where the where the potential, serious danger would come from. Now that you have more refined guesses about which youth potentially pose potential danger, here is a way to better rank that risk in your mind. A juvenile court judge in Springfield, Oregon, said after the shooting there, that so many kids are like "little match sticks waiting to be lit." To adapt that image a bit, here is how you can apply that thinking to the three at-risk groups listed here. You can imagine that the conduct disorder is already lit; a flame is burning. Whether that flame becomes smaller, flares larger, or creates an inferno, is anyone's guess, but the flame is burning always, the potential for disaster is always there.

The thought-disordered child may be like a pilot light, a tiny flame that is always lit, but is fairly unlikely to inexplicably get massively bigger or out of control. Properly shepherded and assisted, this light may stay forever just a benign flicker. Unshepherded or inadequately assisted, however, this flame can get bigger, even flare out of control.

The extremely agitated depressed child may be the unlit match stick that the judge visualized. Outside factors will likely come into play to incite any flare-up. Outside forces could include peer pressure, crises, substance abuse, family woes, or just mounting problems that fuel the agitation and create a profound, all-encompassing sense of desperation that leads the child to "spontaneously" combust. Like the thought-disordered child, the severely agitated depressed youth can often be so readily aided if the community can identify them, then consistently care and effectively intervene.

** In Summary:
If you work with kids, but you are not a mental health professional, maybe it's time to at least learn some of the basics about children's mental health. And, no matter what your role with children, please consider it your obligation to train your kids to be peaceful. That may be the most important contribution you could make in a world that so thoroughly ensures that every child knows so much about extreme violence, and so little about anything peaceful.

About the Author

Get much more information on this topic at http://www.youthchg.com. Author Ruth Herman Wells MS is the director of Youth Change, (http://www.youthchg.com.) Sign up for her free Problem-Kid Problem-Solver magazine at the site and see hundreds more of her innovative methods. Ruth is the author of dozens of books and provides workshops and training.

Source: http://www.edarticle.com