

N I N E

Frequently Asked Questions

*P*arents—and others who must deal with violent children (whether it is their own child who is violent, a student of theirs, or a bully who is making their child’s life miserable) on a daily basis—often feel at their wit’s end. This last chapter is for those people who need quick easy-to-read information on how to deal with violent kids. Following are some of the most frequently asked questions from parents and others who have e-mailed me, called or written me to ask for help and my responses:

What about medications for violent kids? What are the different medications and do they work?

Medication use with violent kids or kids who have emotional problems in general is a mixed bag. I personally believe it is important to first try psychotherapy with a qualified therapist who specializes in children and adolescents. But there are times when kids who have emotional problems need medica-

tion and the benefits of the medication (which can be real) outweigh the risks (which are also real). This is something parents and their child's doctor must evaluate on a case by case basis. Sometimes these medications can be lifesavers for kids like Devin (the teen in chapter four) who was treated with Luvox for Obsessive Compulsive Disorder. But I have seen cases where kids were placed on medications because teachers or parents did not want to deal with disruptive behavior or just felt at their wit's end. I had one boy who was agitated in class and constantly disturbed other children. His teacher was tired of it and told me she wanted him placed on Lithium because he must have Bipolar Disorder (this was the buzzword diagnosis of the moment). Many times when I refer a child for medication evaluation, they often come back with a diagnosis of manic depression and a prescription for Lithium. This particular boy did not want to take the medication after the doctor told his mother the side effects. He never took it, yet his behavior improved significantly. If he truly had Bipolar Disorder, he would not have been able to control his behavior so easily. It is very important to go to a psychiatrist who can take the time to make a proper diagnosis. This particular psychiatrist diagnosed this boy incorrectly in less than 45 minutes. Make sure that the doctor you see is patient and is willing to speak with teachers and school personnel in addition to parents and the child before putting the child on medication. Several sessions with a psychiatrist are recommended so that organic or medical problems can be ruled out before giving a child medication.

Researchers have reported in *The Journal of the American Medical Association* that the number of 2- to 4-year-old children on Ritalin, antidepressants, and other psychotropic drugs has increased dramatically from 1991-1995; the best estimate is that the use of these medications has doubled or tripled in this time period. One study shows that as many as 1.5 percent of children ages 2-4 were receiving stimulants, antidepressants or antipsychotic drugs. There are many different types of medications that are used with violent children and children with impulse control problems. The most common medication is

Methylphenidate or Ritalin which is used to treat hyperactivity in children. Amphetamines are also used in the treatment of hyperactivity and these drugs include Dexedrine, Biphedamine, and Desoxyn. Medications used to reduce depression are Prozac, Zoloft, and Paxil. Tegretol (an anticonvulsant) and Lithium (the gold standard for bipolar disorder) are medications used for Bipolar Disorder but some psychiatrists have found them to be useful in controlling angry violent behavior in some aggressive children. There are side effects to these medications. For example, Lithium can cause liver damage, nausea, blurry vision, and hallucinations. Tegretol's side effects include dizziness, drowsiness, unsteady gait, headaches and confusion. One of the main problems with these drugs is that many have not been tested on young children. (For more information on Bipolar disorder, visit the website bipolarchild.com by Dimitri and Janice Papolos). In an arena of managed care and quick diagnoses, we are now both over-medicating some children and under-medicating others. Many children with depression do not get any help at all. "Twenty per cent or less of kids with major depression get treatment," according to Neal Ryan, a professor of child psychiatry at the University of Pittsburgh.¹ Other kids are given medication after a few moments in the doctor's office and then given little in the way of a follow-up to see how the medication is working. The bottom line with medication is that it is a trial and error process. Parents must constantly monitor their child and report any troubling side effects immediately to their doctor. Liver damage is nothing to take lightly.

What about television, video games, and the Internet? My kids spend hours a day watching violent movies and surfing the Internet. Can this cause them to become violent?

There have been a number of studies looking at how television relates to aggression. Though many show evidence of increased aggression, there are many others that find no such correlation. For example, one study found that when intelli-

gence and the starting point for aggression were factored out, there was no evidence of increased aggression.² I do not believe that television causes a normal kid to become violent. But it can exacerbate aggression in a kid who is already mentally unstable. One study I found to be very interesting was conducted by the National Institute of Mental Health in the 1980's. Although their study concluded that violence on television can lead children to behave more aggressively, the research also suggested that television viewing can heighten a state of general arousal.³ This would mean that if a kid feels violent and aggressive and watches a violent show, it could increase the general level of feeling violent. Another study showed that TV programming per se does not create violence, but that violent programs may influence negatively viewers who are already violence-prone or children during vulnerable periods of their development. Another study found that attitude was the strongest predictor of aggression. The more adolescents reported liking TV violence, the more aggressive were their intentions.⁴ Still other studies showed that TV can desensitize kids to violence: one study found that kids tend to tolerate the aggressive behaviors of others more if they have first seen TV or film violence.⁵ I should note that as I sifted through various articles on TV violence, it seemed that many of those in American journals of psychology and social work took a negative view of television (it was generally linked with aggression) while other countries and articles in journals other than psychology or social work tended to view television in a more neutral light or have reservations about it causing aggression. I say this to point out that we must always use discretion and think critically when reviewing studies on children (or any studies that smack of political correctness of one sort or another).

The ambiguity of these studies is similar to the responses I received on the violence survey. Kids were mixed in their answers to the question, "Does TV make kids more violent?" For boys, the more violent kids said that TV was less likely to make kids violent: juvenile delinquents were the least likely to think

that television makes kids violent with 39% saying yes, in contrast to 46% of the violent survey boys and 54% of the nonviolent boys believing that TV makes kids violent. More girls thought TV makes kids violent: 59% of violent girls and 64% of nonviolent girls think TV makes kids violent. Responses from kids were interesting and showed deep insight into the indirect ways that television can add to a sense of isolation and loneliness. One boy from the violence survey states:

I do not think that television causes kids to be more violent directly. I think the reason kids tend towards violence is not because they see violent images and try to emulate them; the deeper reason behind youth violence is that television is often the only source of entertainment/pseudo-human interaction that a child has. In this world of wholesale unscrupulous consumerism, parents must work long hours and devote themselves to their careers in order to perpetuate their petty, ultra-materialistic lifestyles. Children are left alone with their televisions until their fatigued, uninterested parents come home from work and they, too, plop down in front of the TV and plug in their minds. This emptiness can only lead to a life driven by desires manufactured by the wanton advertising saturation of corporate America. This very emptiness no doubt causes the rage and frustration that leads many youth to violence.

Many of the kids from the survey (35% of the violent boys) feel that TV desensitizes kids to violence. So does Dave Grossman, author of *On Killing*, who believes that violent video games, movies etc. are turning our kids into killers by desensitizing them to violence. Personally, I think that television, violent movies and video games contribute to what I call the Hostile Environment Syndrome. One's image of the world as a "mean and scary place" can be increased if one watches a lot of violent TV or movies. Kids watch how other TV kids abuse

family members and friends with a barrage of verbal assaults. At the same time our society and the media send the message that we should not be victims. What happens is that some kids resort to talking in a belligerent manner to their peers (and adults) and the peers on the receiving end feel that they must retaliate, sometimes violently. It is not only the television and violent video games that send these messages, it is also our society that encourages hostility. TV doesn't help, but it's not the source of the problem. Perhaps it, too, is a symptom of a broader social irresponsibility and narcissism.

What about the Internet? A recent report from the National School Boards Association says that it is not so isolating after all. Parents whose children use the Web report that their children spend the same amount or more time with family and friends since they started using the Internet. Sixteen percent say their children spend more time, and only 6% say they spend less time.⁶ Of course, if you find that your child is putting up violent websites or sites with disturbing messages, find out what is going on. This is obviously a cry for some type of help. One suggestion for parents who are concerned about their child's Internet use would be to put the computer in an area of your home that is a common area such as the dining room (who uses their dining room for dining any more?). This way, it is easier to supervise what a child is doing.

The bottom line is that parents must be sensitive to their child's individual psychological make-up. If kids are depressed already, watching frightening shows and violent movies may not be in their best interest. They may become more scared and thus, more depressed. If their child has a predisposition to violent behavior, encouraging less violent shows or watching the show with the child and explaining what is real and what is fantasy can help. Use common sense and good judgment and most of all, fairness, in deciding what is acceptable for your child to watch.

I am debating the question of spanking. Can spanking cause a child to be violent? Is it a factor to worry about in my child's emotional well-being?

Much of the research in America in recent years links corporal punishment to later aggression or low self-esteem in kids. Studies that have looked at self-esteem and corporal punishment have found that *not* using corporal punishment was correlated to positive self-esteem and, vice-versa, that the use of corporal punishment could lead to low self-esteem.⁷ These studies conclude that corporal punishment is bad because it lowers kids' self-esteem. But remember from previous chapters that high self-esteem is not necessarily a good thing. Self-esteem is not strongly associated with socially valuable behavior. If by doing away with corporal punishment, we are raising a generation of kids with high self-esteem who believe that they are entitled to special privileges and rights, is this a good thing? And what about the mental health experts who tell us not to use corporal punishment, how do they discipline their own kids? One telling study examining psychologists' attitudes toward corporal punishment found that over 75% of them opposed or strongly opposed the use of corporal punishment. Fifty-five percent of the psychologists said that spanking is an abusive act; 8% said that spanking is "child abuse." Ironically, 48% of these "crusaders" reported using corporal punishment on their own kids.⁸ This "do as I say and not as I do" attitude should make parents wary of readily accepting "experts'" advice on how to discipline children. If the experts do not take their own advice, why should you? I am not saying that we should use *harsh* punishments with children; and parents should never spank when they are too angry to control themselves. But sometimes spanking is the only thing that gets a kid's attention, especially if they do not respond to anything else. It is up to parents to decide what is best for their child (but, obviously, not to the point of injury or abuse). However, the experts don't help things by blurring the line between reasonable punishment and abuse. Just as zero tolerance policies make it

hard for kids to distinguish between things that are really wrong and things that are not, an “all spanking is abuse” approach makes it hard to tell when abuse is really taking place.

I am writing to you in major concern for my friend and her daughter’s safety. She has an eight-year-old son who is out of control. He has been in therapy for a year and there is no progress. He has choked his sister and mother. He has told his therapist that if he wants to kill his mother and sister, he will do it while they are asleep. I have talked with my friend about a residential home for boys but none of them will take a child under eleven years old. I do not understand the way society is angry at the children who are committing violent acts or blaming parents but some parents are seeking help and there is no help out there. What can we do?

I agree that society does tend to blame parents when their children act out. And, of course there are parents who are not involved in their kids’ lives enough to know what they are doing. This is unfortunate (although not necessarily a crime). There are some kids who are aggressive who are in severe need of mental health facilities that can control their behavior. The public does not put a priority on mental health services for kids and adults who cannot make it in the outside world. There are some kids who need the structure of an inpatient or residential facility in order to control their aggressive impulses. We need to rethink all of the money that is being put into building prisons and reroute some of it to provide in-patient prevention programs for kids. Deinstitutionalization has been detrimental to many of our most mentally-disturbed citizens. (And to those of us who are confronted by people who really belong in institutions.) The government told us it was the right thing to do when they opened the doors to the public mental health institutes and let everyone go, or put them into residential facilities with very little in the way of real help or supervision. But this is not the case. Many of these disturbed people are now home-

less or living in houses or apartments with no treatment. We have incorporated these people into our American landscape by saying they are just “homeless” but many are emotionally disturbed. Since the mentally ill are not monitored much in any way, they serve as models to our young people on how to behave. Who is going to do anything to a schizophrenic homeless man yelling obscenities in the middle of the street? They are allowed to do as they please because they are “crazy.” Kids pick up on these ideas. They learn that to be “crazy” is to get away with things that others cannot.

Of course, this leaves people like your friend in a pickle. People often don’t take violent behavior by 8-year-olds seriously, but it can often be a sign of serious problems that will get worse if not treated. It is imperative that she get help for her son in the form of a good cognitive-behavioral therapist and some medication. It is also generally possible to have a child declared “unruly” and committed to state custody where he/she is truly beyond parental control, though many juvenile courts will be reluctant to make such a determination for an eight-year-old. A good lawyer who is familiar with the laws and practices in your area can help with this; if you don’t know how to find one, look up your local bar association’s referral service in the Yellow Pages. Finally, the CHAD Youth Enhancement Program, listed in the Resources section of this book, offers special residential mental health services for children under 11.

My child is being bullied at school and I’m afraid he will get hurt. I want to enlist the help of the school authorities but am not sure how to approach them. What can I do?

Try going to your child’s teacher to ask for help. Together, a teacher and parent can come up with a plan to share information. The teacher can alert other school personnel such as playground supervisors, cafeteria monitors, physical education teachers and the bus driver. These adults can keep a more watchful eye on your child and spare him or her from have to look

like a snitch. If this does not work, document all of the incidents and describe the duration and intensity of the bullying. Then go to the Principal or Vice-Principal and explain the situation. Stay as calm as possible and take notes of what the administrator is telling you. Tell him or her that you want to be as clear as possible and that you are taking notes, rather than trusting your memory. If the principal is not cooperative, go to the superintendent or school board. Make sure that you document all personnel that you have contacted as well as conversations with your child, the bully, the bully's parents and the teacher. Try to view the administrator as an ally who is there to help and do not become belligerent or antagonistic. Remember, you and the school staff are there to assist your child, not to add to his or her problems by fighting among yourselves. If your school has one, ask that the school counselor get involved. Usually, the counselors are good at diffusing potentially antagonistic situations.⁹

I'm often told that the real problem is guns. Do you think that gun control is a viable approach to youth violence?

Well, if you have a violent kid in your home you need to think seriously about whether you should have guns present. And, of course, nobody thinks that violent or troubled kids should own or carry guns. On the other hand, it's not at all clear that general gun control laws will make much of a difference. It is already illegal for minors to have handguns, and many of the troubled kids that I see say that they will commit their crimes no matter what, even if they have to switch from guns to bombs to do it. Based on my experience, I think they would. So things like trigger locks or limits on gun shows belong in the same file with "zero tolerance" and other feel-good solutions; they're more about making politicians look busy than about solving the problem.

The programs that have been most successful have been targeted on the people who actually cause the problem. Boston developed an approach called "pulling levers" as part of its

Operation Cease Fire program. Probation officers and prosecutors spoke directly to those whom they knew were sources of trouble, and explained to them that they would face severe sanctions if they were caught with weapons. Probation officers visited their charges regularly in the evening to ensure that they were keeping to their curfews. And those threats were followed through with vigorous enforcement when the individuals in question committed crimes anyway. The result was a drastic decline in homicides, especially among juveniles.

Just as with "zero tolerance" in schools, when authorities spread their efforts too widely, affecting large numbers of people who pose no threat, they alienate the law-abiding without having much of an effect on the wrongdoers. More focused approaches avoid this, in school and out.

Notes

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3. Rubenstein, E. A. "Television and Behavior, Research Conclusions of the 1982 NIMH Report and Their Policy Implications." *American Psychologist*, July 1983.
4. Walker, K. and Morley, D. "Attitudes and parental factors as intervening variables in the television violence-aggression relation" *Communication Research Reports*, Vol. 8 (1-2) June-Dec, 1991: pages 41-47.
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A Final Note

On a windy March day, I went to see sixteen-year-old Amelia who had been sitting in juvenile detention for months. Her court worker told me she was on a suicide watch; she would need an evaluation by a psychologist before she could be released. After going to the center, I sat in a visitors' room and waited for her. A guard went to rustle her up from a small enclosed room with cameras installed to watch her every move. When she came out, she was wearing a large blue restraint garment to keep her from harming herself. It did not fit her thin adolescent body well and looked almost comical but I did not say anything about it as she sat down. Amelia's strawberry blond hair was matted against her face and she looked as if she had been crying for days. Amelia looked at me and sobbed, "I have all these feelings inside me but nobody cares or listens. I don't know what to do with them. I feel so angry!"

Amelia had been diagnosed with Bipolar Disorder and was supposed to be on medication. She was refusing to take one of her medications and the other was not available because of some glitch with one of the mental health programs that was supposed to dispense it. Amelia's thoughts were jumbled and she mostly sat and cried about her sad plight. She was in juvenile

on runaway charges and for “auto theft” (she had taken a friend’s car without a license or permission). One of her parents was halfway around the world and she did not get along with the other for a number of reasons. But mainly she needed someone to talk to (and her medication) but she had neither. (I was there just to evaluate her suicide potential and not as a therapist). The juvenile center had little or no resources for mental health treatment while she was in their care. Amelia is waiting on a spot in a mental health facility across the state but so far there is no bed available. If she does not get in, she will probably go into state custody which means she must go wherever a bed is available. What she desperately needs is a quality mental health residential setting where she can have ongoing treatment. Meanwhile, across town, a building is going up. It is a multi-million dollar prison to warehouse more criminals. As Amelia waits for treatment (she may never get), taxpayers are footing the bill to provide adult criminals with services that Amelia can only dream about. In our country, the debates about our troubled youth continue. We want to try kids as young as eight or ten as adults in this country but we don’t want to focus on the preventive services that might keep us from having to make these decisions in the first place. We argue about whether the youth of our country are lost and their moral values shot to hell. But all this does is take us away from providing real help to troubled kids. We can spend our time trying to feel good about ourselves and watching politicians posture. But meanwhile, Amelia is waiting.