

## **TEAMING TOGETHER TO RESOLVE AGGRESSIVE BEHAVIOR**

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**ABSTRACT:** Children and youth in care often face a service delivery team which is divided about how to address violent behavior. Divisiveness can be overcome through accepting a common frame of understanding regarding the dynamics of aggressive acting out. A description to enhance the assessing and contexting of thoughts, feelings, and behaviors of a youth or child in crisis is offered to promote more successful intervention in aggressive situations.

### **Teaming Together to Resolve Aggressive Behavior**

Regardless of the child and youth care setting, be it shelter care, public school, or residential treatment, an issue that surfaces often is the debate about what role certain methods of managing aggressive behavior should play in the treatment or caring process. Practices such as use of physical force, seclusion, and restraints stir up strong feelings among most practitioners, challenging beliefs, values, and unresolved personal issues perhaps more than any other aspect of practice. If these conflicts are left unresolved, both the children and staff suffer.

For simplicity's sake, the main responses to this issue can be polarized into two categories: the "hardhats" and the "soft hearts" (Lincoln-Ebner, 1979). The "hardhats" gravitate toward a management and control program philosophy, emphasizing overt behavior, accountability, and concrete outcomes. The "soft hearts," in contrast, value subjective emotional experience and seek to establish long-range, qualitative results.

When this type of polarized thinking occurs, the treatment of children fails to thrive. The agency culture can become akin to a "sick" family, perpetuating its "pathology" (and those of its residents) through hidden agendas, crossed or indirect communications, ulterior transactions, power struggles or "turf wars," and destructive machinations, be they between individuals, shifts, or across lines of authority. At best, such lack of communication and understanding leads to a chaotic and inconsistent environment easily manipulated by the children or youth in care; at worst, it can totally paralyze effective treatment (regardless of one's definition of it), rendering an entire program too "burned out" to affect change, and confirming the maladapted learning history of its residents.

Successful resolution of this potential conflict is essential to the life of an agency. Moving out of a frame of “either/or” thinking into a neutral, willing self-examination of personal or professionally acquired bias is a crucial step in a resolution. A struggle between schools of thought can be side-stepped by moving to a different level of description. Such a transition in cognitive style and practice involves a “paradigm shift” from mechanistic models of humankind to models which describe people in terms of pattern and information. Gregory Bateson (1979) offers a description of human potential that introduces a “pattern which connects” people’s experiences of each other. Improved communication can be achieved through a type of “conversation,” which generates what Bateson termed a “double description” (multiple accounts of the same event, taken from the perspectives of both form and process). Such a dialogue is enhanced by tolerantly and respectfully accepting the value and contribution of each individual perspective as valid, although incomplete.

### **Aggressive or Impulsive?**

By focusing on one area of common disagreement, intervention in aggressive situations, the clash between opposing styles of practice can be demonstrated. Staff members working in a therapeutic milieu can benefit from mutually examining and understanding their own and each other’s psychological functioning. For example, a “hard-hat” orientation of beliefs might interpret the legitimate cry for help of a tantrumming child with rationalization or reductionism: “It’s just attention-getting behavior that needs to be ignored or isolated, not reinforced with acknowledgement.” Although in specific cases this may be true, generalizing toward all children can escalate into constant power struggles, endless role changes on the triangle of victim-persecutor-rescuer, and/or suppression of feelings among residents and staff. On the other hand, “soft-hearts” are equally prone to oversimplification when they overindulge in the process of intervention, for example, insisting that “all you need is love.” Inability to be matter-of-fact when necessary fosters dependency and inadvertently teaches children they can meet their nurturance needs by acting out aggressively — definitely not a viable learning or resolution.

Realistic intervention is a combination of teaching an ethic of personal responsibility, accepting the personal worth of each individual, and providing the skills and strategies to effectively achieve desired outcomes. Such a goal can be better reached through understanding aggressive or impulsive behavior as a series of events, each described from the multiple perspectives of feeling, thinking, and behaving (the

process of interaction). Thoughts and feelings set a context.

When deciding upon an intervention, it can be helpful to first assess the possible precipitating thoughts and feelings that may be unsettling the child. Before rushing to intervene, it helps to have a “ballpark estimate” of where the child or youth is coming from. The interaction one plans will vary as it attempts to address the underlying “present state” of the child. Interventions which stem from the most accurate assessment of the subjective meaning and the personal context of the child’s or youth’s experience are the most likely to have successful outcomes. Entering the other’s world, or “walking first in their moccasins”, is at the root of credibly anticipating what is likely to be another’s next response; it is also the active ingredient in the proverbial “ounce of prevention.”

Stress precipitating an episode of acting out may be accumulating due to a variety of interdependent affective factors, each calling for distinctly different tactics of intercession:

1. Fear can stem from a new environment, different expectations, unclear communication, the presence of strangers, a sense of losing self-control, preservation in delusional thinking, feelings of abandonment or engulfment, an intrusion of territory, or performance anxiety. Any of these situations can raise a person’s level of fear beyond his/her comfort zone.
2. Frustration or anger at being controlled or inhibited from acting impulsively may also provoke an outburst. If a youth is used to a permissive or neglectful environment, having limits or expectations set for him/her can be perceived as a challenge to self-worth.
3. Grief over a loss of significant others or separation from them can cause a regression to primitive or erratic problem-solving. Anger can be one of the stages of resolving sadness and must be understood as a healthy part of the process of grieving.
4. Guilt can be stimulated through actual or imagined rejections resulting in the subjective need to punish or sabotage oneself through acting out feelings of undeservedness or unlovability in destructive ways.
5. Boredom or apathy can stimulate the need or desire to allow impulses to run unrestrained.

Each of these “feeling states” indicates a corresponding thinking process, manifesting itself as an internal dialogue of “self-talk” which holds in place the eventual tantrum or aggressive action.

## **Behavior is a message**

What are the behavioral signs of frustration or impending tantrum? Change in affect, “crankiness” or irritability, sensitivity to directions or expectations, disengagement or disdain toward pleasurable activities, subtle defiance or insolence toward authorities can be construed as “messages” of a nonverbal attempt at communicating to the adult. At this state the source or cause of discomfort can be vague and outside the conscious thought of the child; efforts to talk with the child may lead to little more than an impatient or sulky “I dunno.” If adults in the environment cannot perceive the signal the child is sending, it will escalate to a more blatant activity, introducing increasing amounts of negativity into the environment. Perhaps the child senses its uncertainty, or that its methods at problem resolution are inadequate, and seeks (or expects) adult intervention to “shore up” its growing consternation. A child’s response to the adult can range from the extremes of resentment to dependence.

The trust issue is paramount at this point, for in the context of an appropriate level of rapport or a “therapeutic relationship,” new coping strategies, resourceful feelings regarding oneself, or effective skills can be learned at this “opportunity” point. Integration of these new assets can occur if the adult can look beyond a surface interpretation of the behavior. Re-decision learning through adult intervention (modeling, resource gathering, problem-solving, skill building, reframing, learning self-acceptance, etc.) at this sensitive yet promising crisis point is the aim of therapy.

The tantrum has in effect recreated an opportune learning environment for the child; by getting “stuck” in the feeling state and level of thinking and functioning where the coping strategies become ineffective or exhausted, the child is setting-up an opportunity to “re-learn” that event, and through an “emotionally instructive experience” with the practitioner, substitute a newly discovered strategy. The issue of when to engage in holding is a vital one, for not only is the disruption of the milieu or physical harm at stake, but so too is the potential loss of self-esteem for the child or youth. A poorly executed holding situation can unwittingly evoke memories of parental abuse or neglect, and unfortunately validate irrational beliefs, superstitious behaviors, of maladapted feelings from another instance. Due to these factors, prevention through “talking down” or changing the “feeling state,” isolation from provocative stimuli, or manipulation of environment may or may not be appropriate for the situation. If verbal interventions, isolation or exclusion from peer group, or attempts to “change state” do not redirect the feelings of the child, it may quickly become necessary

to engage in physical holding to prevent self-abuse, tissue damage, harm to self-concept, or destruction of the physical environment.

“OK! I’m holding the kid! Now what?”

Trieschman (1969) offers a “modified psychoanalytic version” (p. 173) of understanding the stages of a temper tantrum. Once physical engagement has begun, if the child perceives his/her body safely under control of an adult, he/she may redirect expressions of aggression to verbal threats of destruction, cursing, or insulting. More primitively arrested children may not have this capacity and will continue to struggle, nonverbally attempting to provoke the adult by trying to hurt or cause harm. These apparent acts of vengeance or acts of retribution, when taken into a proper context, can be interpreted as attempts to “save face” under the weight of guilt or shame for having lost control to such an extent. Typically the verbal content of this stage can sound demeaning or intended as a personal attack, yet it is only “button-pushing” or manipulation to assert emotional control over the adult engaged in the physical holding, thereby establishing the child as a separate and still powerful entity. If the adult can successfully ignore this phase, the child may capitulate to an even more primitive defense by employing negation or denial. It is pointless to attempt to converse or induce insight at this point; the best strategy is to allow the child gradually to reaccept control over him or herself as the energy of the tantrum is spent. Depression, withdrawal, sulkiness, or solitude may be the next step for the exhausted child. The child is processing the implications of the tantrum and may be dealing with residual guilt, anger, or shame. Support and recognition of this process can rebuild self-respect; returning a child or youth to an activity or among its peer group is not the priority in this instance. Debriefing by giving permission to release feelings and low-key exploration of appropriate alternatives, for example, through entries into a diary, journal writing, or a one-to-one with a trusted adult, is in order.

How to establish the consequences of a tantrum as a useful learning experience is an area where much friction exists between people with opposing philosophies. A child frequently believes in a “sin and punishment” system; he or she can easily place the adult in the role of exonerating its guilt through an act of atonement. Attempting to use punishment or control in place of establishing a coping skill in the child’s repertoire is unproductive, for the behavior is bound to be (eventually) repeated. In order to teach responsibility for personal choices, and to avoid power struggles or the recycling of guilt into future acting out, it is necessary to apply logical and natural consequences for aggressive behavior. Gathering “multiple descriptions” from the parties involved is a careful assessment method which can help prevent rep-

etitions of punishment-seeking episodes. The standards of the milieu can be upheld in a fair, firm, and feeling fashion. In this manner a child's right to be and to explore its environment is acknowledged, yet it is established that certain behaviors are inappropriate and that such expressions will not be accepted by the community.

## Conclusion

Both "hard-hat" (form) and "soft-heart" (process) orientations are necessary in shaping the successful growth of a child. It would be an ideal to have realistic, sensitive, and understanding parenting attitudes in all "on the line" practitioners, but effective milieu can adequately compensate by providing an "ensemble effect" of the various skills, attributes, and perspectives contributed by all members of the therapeutic milieu. Vorrath and Brendtro (1985) concur: "Although we certainly do not endorse negative, hostile or uncaring staff members, a heterogeneity of personalities is nevertheless desirable to allow the youth to confront the problems he will encounter in his broader life experience" (p. 62). Working in harmony, generating "multiple descriptions" of the children they serve, communicating their differences, such a composite group of adults can restore holistic "patterns that connect" people by introducing the benefits of a healthy extended family to the child's experience. With awareness, such inherent diversity and abundance of alternatives can lead to an effective pragmatic resolution in dealing with life's "slings and arrows" of fortune.

## REFERENCES

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George Maciejewski, a graduate of the Masters Program in Clinical Child and Youth Work, has spent sixteen years working in various residential treatment settings for emotionally disturbed children. He also is an instructor for the Child Care Treatment & Assessment Certificate Series Program of Oregon. Named "Citizen of the Year" by the Oregon Association of Child Care Workers, George has been recognized twice by the Albert E. Trieschman Foundation for his contributions to the literature of the field.

