

# FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: [www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form](http://www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form).

## Disruptive behaviour in children: What parents should know

### What is Disruptive behaviour?

Normal childhood behaviour includes a wide range of ways in which children act and conduct themselves. Behaviours can be instinctive or learned, and in childhood generally always serve a purpose, even if it is not easily clear what that purpose may be. Children's behaviour is motivated by meeting a combination of biological, psychological and social needs. Understanding what each child's needs are, helps to understand their behaviour.

Children's behaviour becomes more sophisticated and complex as they grow and their needs change. Children learn about what behaviours are expected of them from the people around them. As children develop, they become better at knowing how they feel and controlling their actions. Disruptive behaviour in children refers to behaviours that occur when a child has difficulty controlling their actions. This is often in social settings, and can happen for many different reasons. Examples of disruptive behaviours include temper tantrums, interrupting others, impulsiveness with little regard for safety or consequences, aggressiveness, or other socially inappropriate acts.

In younger children, some disruptive behaviours are considered developmentally normal if they occur some of the time. For instance, temper tantrums, seen as periods of intense emotional expression such as anger or sadness, along with crying or screaming, would be considered normal in toddlers. As the child develops and

learns to understand their emotions and behaviour, their ability to control behaviour improves.

### When does it become a problem?

Whether a particular behaviour can be considered abnormal depends on whether that behaviour is to be expected for each child's developmental stage. For instance, it would be unusual for a developmentally normal 10 year old child to have regular tantrums. Likewise, impulsiveness, often seen as distractibility or apparently thoughtless behaviour without regard for safety or consequences, is developmentally normal for a two year old, but highly unusual for a 12 year old.

A *disruptive behaviour disorder* may be present when the disruption caused by a child's difficulties with emotional and behaviour control, is more than what would be considered typical for a child of their age and developmental level.

### What Causes Disruptive Behaviour?

Disruptive behaviour can have a number of different causes. These causes may have biological, psychological, or social factors that help explain the behaviour.

Examples of *Biological* factors include:

- Difficulties with hearing: leaving a child unable to understand what is said to them or asked of them;

- Illness or injury that causes pain: meaning that their usual ability to control their own emotions and behaviour is affected;
- Learning impairment or delays in cognitive development: meaning that a child is less able to understand their world compared to other children;
- Difficulties with concentration or attention: meaning a child is unable to focus and sustain attention that is out of keeping with normal concentration for the child's age;

Examples of *Psychological* factors include:

- Being more prone to worry: resulting in the child behaving in a way that helps them to avoid doing something that is frightening or anxiety provoking;
- Children who have experienced significant trauma: avoiding or hiding from things that bring up their memories of their traumatic experiences;
- Children who are prone to worry, arising from traumatic experiences: always being on the lookout for danger, and possibly reacting to defend themselves in situations they believe are causing them threat.

Examples of *Social* factors include:

- Children who have had little opportunity to learn about social rules being placed in new environments and being expected to follow rules they do not know;
- Stress affecting other family members being felt by the children, who are aware of feelings of tension in the family, but are unable to put words to it.

## When do parents need to seek professional help?

Some disruptive behaviour will disappear without any intervention, and will not require any change to your parenting style. Help should be sought, however, if disruptive behaviours stay for more than a few weeks, or if the behaviours are causing harm to the child, or others around the child. Harm refers to not just physical injury, but psychological harm, or harm arising from missing usual activities such as school or other extracurricular activities.

## Who can offer professional help?

Your general practitioner or local community health centre should be the first points of contact for children experiencing difficulties with behaviour. Depending on the issue, your community health worker may recommend that you see your doctor, and your doctor may recommend tests to decide if there are biological causes, and offer treatment if a cause is found.

Sometimes, your doctor or community health worker will recommend therapy from a child and adolescent clinical psychologist, psychologist, social worker, or family therapist.

If a specialist medical assessment is needed, your doctor may refer your child and your family to consult a child, adolescent and family psychiatrist (a specialist doctor in child mental health) or paediatrician (a specialist doctor in child health). The type of specialist your doctor will refer you to, will depend on the type of disruptive behaviour that is present. After a complete assessment, the specialist will make a diagnosis, and provide a treatment plan that should address the biological, psychological and social factors that contribute to your child's disruptive behaviour. This could include individual or family based psychological therapy, recommendations for group programs to enhance parenting skills, group based programs to help with children's feelings of worry or sadness, treatment with medication, or referral to appropriate social assistance.

**In any emergency, you should contact emergency services on 000 without delay.**

## What disorders or illnesses can result in disruptive behaviour?

Disruptive behaviour can feature in a variety of childhood mental and behavioural disorders. Examples include intellectual disability, anxiety, depression, attention deficit hyperactivity disorder, post-traumatic stress disorder, and attachment disorders. A comprehensive assessment by a specialist or a child health service will consider all of the possible contributing factors, and make an appropriate diagnosis to assist with devising a treatment plan.

### For More Information

- Speak to your local doctor, child and family health service or community health service in the first instance.
- Your child's school counsellor could also offer additional advice.
- Call the Transcultural Mental Health Centre for advice in your language. Transcultural Mental Health Centre Tel: (02) 9840 3767 (during business hours). Freecall for rural and remote areas of NSW: 1800 64 8911
- Kids Help Line 1800 55 1800