

**Maryland School Mental Health Alliance**  
*For Mental Health Clinicians*  
*Strategies to Deal with Aggressive Children*

**Definition**

Aggression constitutes intended harm to another individual, even if the attempt to harm fails (such as a bullet fired from a gun that misses its human target). There is no single theory about the causes of aggressive behavior in humans. Some believe aggression is innate or instinctive. Social theorists suggest the breakdown in commonly shared values, changes in traditional family patterns of child-rearing, and social isolation lead to increasing aggression in children, adolescents, and adults. Aggression in children correlates with family unemployment, strife, criminality, and psychiatric disorders.

Aggressive behavior may be intentional or unintentional. Many hyperactive, clumsy children are accidentally aggressive, but their intentions are compassionate. Careful medical evaluation and diagnostic assessments distinguish between intentional behaviors and the unintentional behaviors of emotionally disturbed children. Children in all age groups learn that aggressive behavior is a powerful way to communicate their wishes or deal with their likes and dislikes.

(Excerpt from: <http://www.healthofchildren.com/A/Aggressive-Behavior.html>)

**Why Do We Care?**

- Aggression can be either intentional (instrumental aggression and hostile aggression) or unintentional. As a mental health professional it is our job to recognize the difference. If unintentional aggression is not acknowledged, it can lead to other types of aggression later in development. Children quickly learn that through aggression they can portray their wants and desires. The encouragement or discouragement of these acts has a great affect on the amount of aggression shown by a child (paraphrased from:  
<http://www.magellanassist.com/mem/library/default.asp?TopicId=189&CategoryId=0&ArticleId=9>)

**What Do We Do About It?**

- Verbal Intervention – Remain calm while a student has a burst of anger. Let them know you are listening and focusing on what they have to say. Set an example by keeping your temper.
- “Clearing the Smoke” – Give the child time to calm down after an outburst. During this time help him/her find new techniques to deal with their frustrations that will not harm others.
- LIFT -- Linking the Interests of Families and Teachers – Conduct Interventions between parents, teachers and clinician in each of the areas where children interact (ex: classroom, playground, etc.)

- Aggression Replacement Training (ART) – Skill building of skills such as pro-social behavior; anger control; and moral reasoning to replace unhealthy skills of fighting and teasing.

## **References**

**Health of Children**, Aggressive Behavior: Provide definitions, prevention strategies, and parent concerns.

<http://www.healthofchildren.com/A/Aggressive-Behavior.html>

**Magellan Health Services**, Aggression and Cooperation: Helping Young Children Develop Constructive Strategies

<http://www.magellanassist.com/mem/library/default.asp?url=%2E%5Cwpo%5Cwpo%5F00000100%5Cwpo%5F00000101%2Ehtml&title=Aggression+and+Cooperation%3A+Helping+Young+Children+Develop+Constructive+Strategies>

**American Academy of Adolescent and Child Psychiatry**, Understanding Violent Behavior in Children:

[http://www.aacap.org/cs/root/facts\\_for\\_families/understanding\\_violent\\_behavior\\_in\\_children\\_and\\_adolescents](http://www.aacap.org/cs/root/facts_for_families/understanding_violent_behavior_in_children_and_adolescents)

*\*Developed by the Center for School Mental Health (<http://csmh.umaryland.edu>) in collaboration with the Maryland School Mental Health Alliance.*