

# The Myth of Misbehavior

## *Behavior or Symptom?*

Understanding how to differentiate intentional behaviors from involuntary symptoms of mental health challenges in children and teens, and why that distinction changes everything.

When children live with mood disorders and other mental health conditions their symptoms are often misinterpreted as intentional behaviors. The adults around them often describe symptoms with words like "chose," "refused," "decided," "manipulated," or "controlled." This is a misrepresentation of involuntary mood disorder symptoms as purposeful acts. This misunderstanding harms children, parents, educators, and providers alike.

No one can control involuntary symptoms, let alone children who have yet to develop expected emotional regulation. When they are blamed or punished for symptoms they cannot control, they are left feeling misunderstood, helpless, isolated. Their short and long-term prognosis suffers, and the modifications adults hope to make do not improve.

**All behavior is communication. When a child cannot control a symptom, punishment will never resolve it.**

It's important to understand that consequences, punishments, and behavior modification strategies are ineffective in changing involuntary symptoms, just as they wouldn't work to change symptoms of asthma or diabetes.

**Children do well when they can. If they are not doing well, this is an indication that they need our help.**

## A Resource for Parents & *Clinicians*

Mood disorders cause children to experience involuntary symptoms over which they have no control. From the outside, however, we only see the associated actions, and it can be easy to label what we observe as intentional, willful, or manipulative even when that's not accurate.

This brochure offers practical guidance for recognizing the difference between behaviors and symptoms, and for understanding the biological foundations of mood disorders in children.

→ An emotionally dysregulated child who cannot function as expected is experiencing a medical crisis, not a "behavioral" crisis.

Two universal criteria in the DSM guide us in understanding what counts as symptoms rather than chosen behaviors.

1. Does the disturbance obstruct normal daily functioning?
2. Does it cause subjective distress for the child?

### **When both are present, we are looking at an involuntary symptom, not a purposeful behavior.**

Early identification and effective treatment create the best outcomes. The sooner we name a symptom for what it is, the sooner we can help. Modifying our expectations, demands, and interpretations changes how we as adults and authority figures interact with a dysregulated child. With compassionate understanding, and adjustments to our own reactions, we can help that child de-escalate and re-regulate.

**You cannot reward, punish, or bargain away symptoms of a mood disorder.**



### *Are all problem behaviors actually symptoms?*

**NO**

Not every difficult behavior is a symptom.

If consequences, rewards, or bargaining resolve a behavior, it likely was not a mood disorder symptom. But if the behavior persists despite consequences, you may be dealing with an involuntary symptom.

### *Can a child with a mood disorder learn to cope?*

**YES**

Children with mood disorders will be able to learn management skills, but symptom remission must come first. Once a child is stable, they can learn and use coping skills. Trying to teach skills during active dysregulation is not effective, because executive function is blocked by limbic system disruption. Learning and application only occur during periods of regulation.

### *Does giving a child a diagnosis as an excuse undermine their development?*

**NO**

Having a diagnosis isn't an excuse for poor behavior. Having a diagnosis is a reason for the presence of symptoms. Recognizing that symptoms are involuntary does not remove accountability. It shifts the focus from punishment to treatment, which produces far better long-term outcomes for the child and the family.

### *Rewards are positive! Can rewards work to change mood disorder symptoms?*

**NO**

Rewards will not stop an asthma attack, low blood sugar, or a seizure, and they will not stop the symptoms of a mood disorder. Trying to use a reward system to abolish involuntary symptoms sets the child up to feel hopeless, helpless, and misunderstood. They will experience disappointment and sadness that they can never live up to the expectation inherent in the reward.

### *So, can I ever give a reward for good behavior?*

**YES**

When there is a behavior (not a symptom) that is under your child's control, and they do well, you can definitely give a reward. But avoid "if/then" scenarios that cause anxiety. Give a reward spontaneously after the positive behavior occurs and it will be more likely to be reinforced and recur.

### *Is medication necessary for mood disorders?*

**YES**

For most people with biologically based mental health conditions, medication is a game changer. Careful, attentive titration of a proven medication may far outweigh the risks of not treating the disorder medicinally.

The limbic system influences temperature regulation, circadian rhythms, appetite, and the interpretation of auditory, tactile, and visual input. When these processes misfire, the results are not behavioral choices, they are involuntary biological responses.

#### THE LIMBIC SYSTEM CONNECTION

The amygdala, hypothalamus, and hippocampus regulate neurotransmitter release and coordinate how the brain and body respond to stimuli.

Dysfunction in the limbic system produces observable biological symptoms. These symptoms match the dysregulation that children with mood disorders experience. Using biologically based interventions that address limbic system disruption can resolve emotional dysregulation as well.

The fight-flight-freeze response is controlled by the limbic system. Often, when a child is perceived as "misbehaving" they are in a heightened state of fight-flight-freeze and feel high levels of anxiety and danger. Regardless of whether the adults around them agree with that perception of danger, it is real for the child and they must be supported to feel safe first and foremost.

*A defensive or reactive aggressive response to homework may not be opposition. It may be a misfiring of the fight, flight, freeze response, where the child experiences the task as overwhelming and impossible.*

#### ON REFRAMING BEHAVIOR AS SYMPTOM

## Behavior vs. *Symptom*

A symptom is a manifestation of disease experienced by the patient. A sign is what observers perceive from the outside. When we see a child's actions, we may very well be witnessing a sign of the symptom the child is experiencing. This needs to clue-in adults that the child's actions may not be a choice and that we must respond with support not criticism.

Children as young as five report the internal experience of these symptoms.

#### CHILDREN SHARE THE EXPERIENCE OF SYMPTOMS

*"I look like Avery on the outside, but on the inside, Avery is gone."*

**AVERY, AGE 5**

*"Whenever I would go into a rage, the person you see now, was trapped inside a cage inside a monster who ran around destroying things. I didn't like that old person who held me hostage inside."*

**ISAAC, AGE 11**

*"In the past, shame and self-hatred ruled my life."*

**CHLOE, AGE 17**

### Achieving Better Outcomes

1. Early identification is the best tool we have for accessing effective treatment and creating positive change throughout the lifespan.
2. Use a combination of medication, therapy, and at-home interventions to support a balanced treatment plan.
3. Meeting a dysregulated child with love and gentleness doesn't teach them that "misbehaving gets them what they want." It teaches them that they can trust the adults around them to help them when they are in need.
4. Provide support when the child is struggling. Remember, a child's actions may actually be communicating that they cannot manage something in their environment and that they need help.
5. Providers can use validated assessments and rigorous differential diagnosis to distinguish symptoms from developmentally expected behavior.

## Spotting Symptoms & Supporting *Re-Regulation*

When a child experiences emotional dysregulation, the goal is not to correct behavior, it is to help the child return to a regulated state. All behavior is communication.

#### FOR PARENTS & CAREGIVERS

##### Signs to watch for:

- Difficulty getting dressed, transitioning between activities, or leaving the house
- Irritability, withdrawal, or aggression that seems out of proportion
- Reports of not feeling like themselves, or observations that they look "absent behind the eyes"
- Sleep disruption, appetite changes, or extreme temperature sensitivity

##### How to support re-regulation:

- Lower your own voice and slow your pace; your nervous system can calm theirs
- Reduce demands immediately; do not add new instructions during a crisis
- Offer space without isolation; stay nearby without requiring interaction
- Avoid if/then bargaining; give comfort unconditionally
- Validate the experience: "I can see this is really hard right now."

#### FOR TEACHERS & EDUCATORS

##### Signs to watch for:

- Dysregulation in settings with high sensory input; music, gym, recess, or lunch
- Aggressive response to homework or tasks that have specific instructions/demands
- Withdrawal, refusal to engage, or appearing to "shut down"
- Periods of difficulty that appear with a daily pattern and across settings

##### How to support re-regulation:

- Support the child to leave the triggering environment without consequence language
- Reduce sensory input; lower lights, minimize noise, reduce crowding
- Do not attempt skill instruction or redirection during active dysregulation
- Reframe the behavior as a sign, not a choice: this child needs help, not correction
- Communicate observations to caregivers; consistent data across settings matters