A package of information for

Managing Challenging Behaviour

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Stage 1: Information Folder

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FOREWORD

This folder of information is a behaviour guidance 'first aid kit' to assist early childhood staff and families who are supporting children with challenging behaviour. The Special Needs Working Group (SNWG) knows that early childhood staff and families are busy, practical people who need information that is brief, easy to read and full of workable suggestions. For this reason the writers of the articles were asked to focus mainly on management strategies.

The folder is set up as a 'starter kit' for staff to update and expand. It contains a smorgasbord of ideas for both staff and families that are easy to locate. Information sheets for families are coloured for quick identification.

Various authors wrote the articles in this folder and so there is a range of perspectives on behaviour guidance. This mirrors the variation in views held by different experts in the field. Although this creates complexity for both early childhood staff and families, it reflects reality.

Behaviour guidance is a topic about which many people hold strong opinions, frequently based as much or more on personal experience as objective information. While early childhood staff may decide on a particular approach for their centre, families may receive guidance from professionals who suggest strategies seemingly at odds with staff opinions and approaches. In these situations it is helpful to keep in mind that sometimes an individualised program requires a strategy not typically needed for general good group management.

Ultimately, this folder will only be useful if it enables children who challenge to learn new, more appropriate skills. This will occur most effectively where staff and families work and learn together to make changes and carry through agreed actions. The challenge is to move the information in this resource from 'knowing' to 'doing'!

Here are some suggestions for using the folder to foster growth and change. Select an article to stimulate discussion about attitudes to children who challenge. Ask one of the staff to summarise a suggested management strategy and present it to a staff meeting. Use articles as a basis for review of centre policies, programs and forms. Generate a parent evening discussion around a relevant topic. Brainstorm ways to change the centre environment to prevent behaviour challenges. Collect behaviour guidance information and forms currently used and add them to this folder so that it becomes the team's key resource. Decide where to store the folder for quick reference when challenges occur.

The folder is the first stage of a package of resources to assist staff and families to manage challenging behaviour. The SNWG aims to provide further materials in the future. Please return the 'Feedback Form' to ensure that Stage Two resources are tailored to meet staff and family needs.

Working together with staff and families for the benefit of children who challenge.

The Special Needs Working Group, 2003.

INTRODUCTION

The behaviour of young children can be challenging to adults for a variety of reasons. Adults find it easier to be tolerant of behaviour if they can see a legitimate cause. When a child is challenging, look for simple answers first. For example, tiredness is a common cause of oppositional behaviour. Other straightforward causes of temporary challenges include changes in the child's world and routine. These may include moving house, parental absence, a new baby, death of a grandparent, a new person in the child's life, new environments with different rules, inconsistent expectations, food intolerance, problems in friendships.

Challenging behaviour that is linked to an obvious reason is best approached by promptly addressing the cause.   For example:

Hungry eg. doesn't eat breakfast, thirsty =	offer healthy drinks and snacks frequently.
Tired =	*increase sleep.*
Change, eg. moving house =	give adult support and special time.
New baby =	*emphasise special status as brother/sister; allocate 1:1 adult time.*
Death =	offer adult support; tolerate legitimate anger/sadness; provide a story the child can identify with.
New person, different roles =	*build relationships; identify and provide usual supports.*
Inconsistent expectations =	be consistent, work on 'parenting splits'.
Food intolerance, 'sugar high' =	*avoid or minimise intake and inform others.*
Friendship problems =	locate adult/child support.

Challenging behaviour with more complex or less obvious causes will require more in depth assessment and individualised management strategies that are agreed by all involved with the child. Remember it is the adults who are being challenged. The child is attempting to meet his/her needs. It is the responsibility of the adults to work out more appropriate ways to meet the needs.

The avenues most available to early childhood staff to promote positive behaviour and prevent challenging behaviour are modifications of the centre environment, the program, and the interactions of staff with the children. Look at the times that children find most challenging and make changes in the program to provide more support. Transitions, routines and group times can often be managed differently to prevent behaviour challenges.

Build supports into the environment that make it more comprehensible, predictable and consistent for all types of learners. Actively teach and model communication, social and play skills. Take an objective look at the quantity and quality of adult/child interactions, especially those with children who challenge.

Consider whether the program is geared more to meeting staff needs than the children's needs. Young children learn most when they are actively engaged in the learning. If group times are teacher centred and engaging only a limited number of children, think creatively how smaller, shorter groups could occur around activities in which children naturally engage.

Staff are encouraged to use the NSW Curriculum Framework to reflect upon their current practice. All children benefit from early childhood programs that provide environments, activities, routines, and interactions that are effective for children with challenging behaviour. We hope that the ideas in this folder will be helpful for your team as you work with families to provide positive learning experiences for all the children in your centre.

SECTION 1
Articles on general behaviour management issues

(Please add any related articles that are useful to your team)

CONTENTS

TALKING WITH FAMILIES ABOUT YOUR CONCERNS

Adapted by Maria Lupton and Simone Gerber from an article by Hillary Geers and Jackie Brien in *Diversity News*, Playworks Resource Unit, 1999, No.3.

It is imperative that we develop partnerships with families to share the care of their children.

Why?
- Families know their children best, therefore their involvement in any program for their children is essential.
- We talk to families every day.
- We often talk about their children's achievements, their friends, the things they particularly enjoyed doing. We talk about how their children are settling in, our program and the philosophy and goals of our service. We may discuss administration or fund-raising.
- Often, after parents have been using the service for a while, we may share other information about their families and ourselves.

But how do we handle situations where we have concerns about children? How do we tell families about our perception that their children may be experiencing difficulties with their behaviour?

Though breaking the news can be difficult, it is important that the issue is raised as soon as possible. This may allow for earlier intervention, which could provide the support necessary for their children to reach their potential.

Not all interactions with families have the desired outcome. It has a lot to do with perceptions. The perception of what is happening and what is being communicated can be very different for the two parties. It is essential that we recognise that the message that is received is not always the message that was sent.

Our background, our temperament and our emotions will all affect the way we 'hear' and 'understand' other people's actions and words. We need to check that our verbal and non-verbal communications are understood the way we intend.

Remember, what we see as a problem may not be viewed this way by the family. This has significant implications for:
- what concerns we raise;
- when we raise concerns;
- how we raise concerns with families.

Once a concern has been identified, it is important to consider both the needs of the families and the staff. Possibly neither party may be keen to talk about the concern. Both staff and families can be reluctant to discuss areas of difficulty.

Understanding families' reluctance to hear the message

- Families can react quite differently to information about their children.
- You may have observed your areas of concern for some time, while it may be the first time the family has considered these concerns. The family may not feel 'ready' to consider these issues about their child.
- Some families may also go into 'threat' mode when approached about their child. They may see it as a criticism of their parenting skills.

Understanding staff reluctance to deliver the message

Why is it difficult to move from discussing what the child ate and who they played with, to raising what staff perceive as areas of concern?

Staff can feel threatened too.

Possibly we don't feel comfortable about the information we are imparting... or we have not had time to build a good rapport with the family before we need to bring up concerns ... or we feel under-resourced and not sure where to refer the family to... or we are afraid of backlash from a defensive parent... or we are simply so concerned for a family's possible feelings that we avoid the issue.

If we really do have concerns about a child, we need to try talking to the family for the benefit of the child.

Establishing a shared-care approach

We also need to remember that both the family and staff need to develop and maintain an effective shared-care approach to benefit the child.

Remember that the family knows their child the best. Talk to them, listen to them and involve them.

At the time of enrolment:

- Ensure that families know from the start that you take observations of all the children - of their needs, abilities and interests - and that you will be happy to discuss what you have observed with them at any time.

- Ask families how they would like you to raise any possible concerns with them.

Try to make regular opportunities for informal discussions on how both staff and families perceive their child's progress. This opens the way for arranging meetings at a later date if you have a particular concern.

Raising Concerns

Before you raise concerns with families consider the following suggestions:

- Talk to colleagues about your concerns.

- Determine who is the appropriate person to talk with the family. Ensure that the person that will be talking to the family is experienced, confident and competent.

- Talk to the family as soon as possible. When there are two parents, try to see them together.

- Find a time to discuss your concerns with the family WITHOUT the child present.

- Demonstrate an attitude of respect towards the family's particular needs, such as culture, religion, socio-economic and linguistic background.

- Timing:
  - Tune into the family's feelings: choose your time well.
  - While the child is clinging to his/her mother's leg, not wanting her to leave, or as she is hurrying off to work, is not the best time to approach her about concerns.
  - Likewise, at the end of the day, a few words about how the day went is good, but it may not be the best time for cornering a parent with a lengthy discussion.
  - Allow appropriate time for the meeting and provide an appropriate space for privacy.

- When raising concerns be positive, supportive and honest about the child. Give the family examples of the child's strengths or areas that have shown improvement. Remember the importance of a positive approach when talking to families.

- Think about what you are going to say…what works for one person may not work for another.

- Begin by asking the family if they have noticed anything or have any concerns about their child's behaviour.

- Acknowledge that your concerns are based on your observations in only one setting and that there are many reasons for behaviour.

- Be prepared:
  - Have concrete examples of your concerns – make sure they are objective.
  - Have a list of different services to refer the family to, and appropriate support groups with the names of relevant people.
  - Develop an action plan with the family about what to do next. Have some ideas ready to suggest to the family.
  - Take on board what the family suggests, even if it is quite different from what you had in mind!

- Reassure the family that staff are happy to work with them to achieve the best outcome for their child.

Explaining to other families

Talk with the family of the child who is challenging about how they would like their child's behaviour to be discussed with other parents.

Have information on challenging behaviours available for parents to read/borrow.

Ensure that families are aware of the benefits of inclusion for ALL children.

Some families may be concerned that their children will miss out because too much time will be given to the child with challenging behaviours. Reassure them this will not occur and if you have access to support staff, discuss how you will teamwork to meet all the children's needs.

TALKING TO FAMILIES WHEN
THEIR CHILDREN HAVE BEEN HURT
Sue Cairns, 2003

Families feel concerned about the safety and wellbeing of their children when their child has been the target of a child who has hurt them by, for example, snatching a toy, pushing in, throwing objects, scribbling on others work. The role of centre staff is twofold:
1. Assist the child who is challenging to learn new behaviours.
2. Make sure that other children are safe and secure.
Talking and giving information to families whose children have been hurt or targeted is essential to maintain their trust and confidence.

What information to give families?

On enrolment, all families should have access to a copy of the centre's policy on handling children with challenging behaviour. The policy and general strategies used by the centre to support positive behaviour in all children could also be the topic of a parent meeting. In this way all families have a clear understanding of:
- The nature of behaviour, including age appropriate expectations.
- The expectations of the centre.
- The 'rules' as they are presented to children.
- The procedures used by the centre if any child acts in an inappropriate way.
- The ways in which the centre encourages appropriate and positive behaviours in all children.

How do we reinforce centre policies?

Reinforce the centre's policies and expectations through newsletter notes, posters at the centre and by displaying policies. This will help all families to talk to their children about the behaviours that are expected, rules and consequences. It will also reinforce a positive approach to teaching new behaviours.

What can we do for the child who has been hurt by another child?

Children come to an early childhood centre with a wide range of backgrounds, personalities and interaction skills. Often the centre is their first experience of relating to peers. Their first tentative steps in trying out ways to interact and be accepted play an important part in developing their self-esteem and social competence.

Children who are hurt by other children with challenging behaviour need to be given the opportunity to learn new skills such as assertiveness and asking for help. Staff need to be aware of the important role they play in helping not only the child with the challenging behaviour, but also any children who have been hurt.

The process for the child who has been hurt involves:
- Affirming the hurt child's feelings immediately after the incident.
- Problem solving with the child about what s/he could do to protect her/himself.
- Assisting the child to try these strategies with an adult present.
- Informing the child's family as fully as possible after every incident.
- Monitoring the child to ensure that new strategies are being tried and are effective.

Affirming the hurt child's feelings

Staff need to reflect the child's feelings of hurt, fear or anger as soon as possible after the incident. Take the child aside and restate the situation, verbalizing what the child may be feeling. Examples of affirming comments are:

"*You must have felt very sad when Judy took your doll*".

"*You must have felt angry when Jack pushed you to get on the swing*".

Affirming the child in this way gives them positive acknowledgment that this was not their 'fault' and that adults are supportive.

Problem solving

When children have been hurt and/or targeted, it provides an opportunity to give them some strategies to use if the challenging behaviour should happen again. These children need to see themselves as having some 'power' in the situation, they do not have to be passive recipients of another's behaviour.

Ask the child what s/he could do differently: "*Next time Judy tries to take your doll what could you do?*". Encourage the child to try phrases such as: "*Its my turn now, you can have a turn later*". Or "*Stop, it's my turn*". Using simple questions can also assist the child to practise some of the phrases and actions they could use next time. "*Next time you see Jack with a stick, what could you do?*" Suggestions could include: move away or ask a teacher for help.

Assisting the child to try these strategies with an adult present

Early childhood staff have an important role in coaching children to use the strategies discussed above. This can be done by:

- Helping the child verbally rehearse what they will say or do.
- Being beside the child as the strategies are used - providing support and encouragement.
- Giving the child positive feedback for the strategies used: " *You asked Jack to wait and he did - well done*".

Gradually the role of the adult can be faded out, as the child becomes more confident.

Informing the hurt child's family as fully as possible after every incident

Whenever a child has been involved in an incident where verbal or physical hurt has occurred, the family must be fully informed. A staff member needs to describe the incident, what was done as a result, and discuss with the family the strategies that will help their child if such an incident should occur again. For reasons of confidentiality, the identity of the child who has instigated the problem should not be disclosed.

Encourage the family to assist by discussion and rehearsal of the strategies at home, positive feedback and affirmation of the child's feelings and behaviours. By working in partnership in this way, families and staff facilitate the development of skills in children that will be useful well beyond the early childhood years.

Monitoring the child to ensure that new strategies are tried and are effective

Staff must monitor the strategies used by children who are hurt or targeted to ensure that they are effective. Group role plays and rehearsal of assertive behaviours can be practised periodically as part of the social curriculum of the centre, reminding all children of ways to solve problems and conflicts effectively.

Early childhood staff play as critical a role in assisting children who are challenged to feel safe as the role they play in assisting a child who challenges to learn positive behaviours. The strategies of problem solving and assertion building in targeted children will assist all children within the centre. Working in partnership with families to build vital social skills will ensure the generalisation of these skills well into the future.

'My Child Has Been Hurt': information for families.
Sue Cairns, 2003

Early childhood staff work hard to ensure that their centres are places of fun, learning and above all safety for all children. However there are occasions when children use inappropriate behaviours to meet their needs and this can result in another child being hurt.

What are challenging behaviours?
Challenging behaviours are those which are not appropriate in the setting, or for the child's age. For example, playing rough and tumble is fun at home with older brothers and sisters, but is not appropriate in a centre where younger children may be hurt. It may seem appropriate when a baby reaches up and grabs her sister's hair, but inappropriate when the two- year-old does the same to an age-mate in the centre. These challenging behaviours can seem 'aggressive' and result in hurt or injury to other children.

What will staff do if a child has challenging behaviour?
Staff will work as a team with the child's family to support the child to learn new behaviours. It may take some time to replace 'challenging' behaviours with positive ones. Staff will also closely monitor the situation to prevent other children from being hurt or injured.

The child who is hurt or injured
Sometimes your child may be hurt or upset by the behaviours of another child. This is distressing for you and your child, but it is important to remember that usually, the 'hurt' was not intended. There are strategies to teach children who have been hurt. Empowering your child to say: "*Stop*", "*It's mine*", or "*Wait your turn*", is a powerful tool that also helps the child who is using challenging behaviour to learn new skills.

What can families of children who are hurt expect from the centre?
- To be informed by the centre about their policy for working with children whose behaviours may be challenging. This will be a written document for families to access.
- To be informed if their child has been involved in an incident which involved any physical or verbal action from another child.
- To be given an outline of the centre's response to the child who was hurt.

For reasons of confidentiality, the centre is not permitted to name the child who has challenged. If this child's family gives permission, you may be told about the plan in place to support this child to develop new and positive behaviours.

What can families do to assist their child who has been hurt?
- Listen carefully to your child about any incident which has occurred.
- Ask your child to describe as carefully as possible what happened.
- Acknowledge your child's feelings. "*It must have made you feel sad that you did not get your turn on the swing. John needed to wait for a turn*". "*That must have hurt a lot when the puzzle hit you. Suzy needs to learn to ask for help*".
- Assist your child to find solutions to difficult situations. Use simple questions: "*Next time Suzy throws something, what could you do?*". (Suggestions include: tell a staff member, ask Suzy if she needs help, move away.)
- Help your child try the new strategies. For example, hold up your child's hand and prompt him/her to say: " *Stop*", "*It's my turn now*", or "*You need to wait*".

By working in partnership with centre staff, families can assist their children to learn to assert themselves, to engage adult help when needed, and most importantly, to practise problem- solving skills which will be of benefit beyond the early childhood setting.

MANAGING CHALLENGING BEHAVIOUR
Meredith Martin, 2002

Challenging behaviour is just that…Challenging!

But who for? Well, certainly for parents and carers and teachers.
For the child? Well no, not usually.

 What is 'challenging behaviour' and can we do anything about it?

What is challenging behaviour?

Challenging behaviour can be any behaviour, and is usually 'too much' of a particular behaviour, such as hitting, screaming, biting, tantrums, absconding, not attending, or not sharing, to name a few. However, a lack of behaviour can also be challenging. For example, withdrawn behaviour can also be challenging.

It is important to note that the behaviour is challenging to the people around the child. It is not necessarily a challenge for the child. In fact, the behaviour is usually rather 'effective' for the child.

 By this we mean the behaviour serves a purpose for the child and the behaviour has a 'function'. The challenge is on us, the carers, teachers or parents, to understand what is the function of the behaviour for the child.

Can we do anything about challenging behaviour?

We certainly can! And what's more, it can actually be fun, once you feel confident in knowing what to do.

The basis for managing challenging behaviour is following a process or steps in an organised way. The aim of this process is to understand the reason or reasons for the child's challenging behaviour and then to try to meet the needs of the child in ways that will be acceptable and allow the child to engage in more socially appropriate ways to get those needs met.

What about children with special needs?

When children have special needs, challenging behaviours often cause greater concern to parents and carers. Irrespective of the special needs the child may have it is important to note that the *process* of managing challenging behaviour is exactly the same as for those without special needs.

It is important to follow each step of the process diligently. The unique and special needs of a child serve to emphasise how careful we must be in designing and implementing a program to assist the child.

In this paper, the steps of the process to manage challenging behaviour will be briefly outlined.

Steps in the process

Step One: *Identify the targeted challenging behaviour or behaviours*.

Everyone must agree with the behaviours identified as a problem (for the carers that is, not necessarily the child). The behaviours must be able to be seen or heard and you must know when they start and end.

Objectively defining the challenging behaviours means everyone is clear about when they are occurring or not. It also enables you to identify and measure the extent of the problem and eliminates all the emotional judgements that often surround the management of challenging behaviour. It is surprising how often this very first step is over looked.

Step Two: *Gather information.*

The purpose of gathering information is to understand what the function of the challenging behaviour is for the child and how to meet those needs. Collect information about the 'whole' child, including:
- the child themselves, the environments, the activities and the people in the child's life. Examples include: Child (medical/medication, health, social networks, family, living situation, history, diagnoses/disability);
- lifestyle (activities and routines);
- skills (both strengths and deficits across all areas, including communication);
- behaviour (both challenging and appropriate), and
- interactions with people in a variety of situations.

The bigger the problem, the more information we need to collect. There are a range of tools or techniques that can be used. In many cases the initial information will simply be a discussion with other staff about the problem, and what needs the child has, and also a chat with the parents. Some simple structured observations of the child in different situations is a good place to start.

Step Three: *Analyse the information.*

The aim of the analysis is to work out why the child is using challenging behaviour and what needs they are expressing. The important point of analysis is to understand the 'whole child', not just the rather tiny part of challenging behaviour.

Analyse the child's lifestyle. Lifestyle means what the child does each day and the order in which it happens. That is, the daily routines for the child in each environment, and the quantity and quality of activities, from when they get up to when they go to bed.

Also consider any medical or child characteristics that are important and relevant to challenging behaviour, such as any disability and the implications of this disability for the child. Another consideration is the type and quality of any interactions to or from the child to other people. An analysis of the child's use of both challenging behaviour and appropriate behaviour is important as well as how people respond to the child when they are both challenging and not challenging.

There is usually more information to analyse when the child has special needs. However, the process of analysis is the same for all children.

Step Four: *Develop 'hypotheses' or reasons for the challenging behaviour.*

From the analysis a number of best guesses or 'hypotheses' are developed. An hypothesis is a guess as to why the child is doing the behaviour, but these 'guesses' **MUST** be based on the information and analysis of the information you collected.

Children with special needs may have no other effective way of getting their message across than to use challenging behaviour. They may have no understandable communication means. So form hypotheses from the information but think about the limitations of the person's disability and lifestyle and think how this might be different if there were no special needs.

Step Five: *Develop a plan for intervention.*

For each hypothesis appropriate strategies are then devised. Strategies should be considered under each of the following headings:
- prevention;
- environment;
- lifestyle;
- skill development and
- responding to behaviour.

Plans for intervention should address each of these areas and not just how to respond to challenging behaviour.

Options for responding to the challenging behaviour itself should be matched to the needs of the child and should NEVER be used without doing all the other positive strategies mentioned above. Regardless of which response strategy you use it may help to remember that staff should be praising or acknowledging the child in positive ways (even just eye contact or being near the child) at least FOUR times more than they are directing or reprimanding the child. This, and consistently applying the strategies, will make an enormous difference to behaviour.

Plans should be carefully documented in a written and systematic way that can be easily accessed and understood by everybody. The family must be included in the planning process and sign their agreement to the plan.

Six: *Develop program plans.*

A program plan is a written document to communicate each of the suggested strategies so that all staff or carers can know exactly what to do. The level of documentation will depend on the situation but written program plans ensure that everyone has a chance to clearly understand what is expected of them.

It will still be necessary to ensure that each person who interacts with the child understands what to do and how to do it.

Step Seven: *Implement the program plans.*

While this is the fun part of the process, it is only fun if all the first six steps have been carried out and the proper preparation to implement the program is completed. This includes ensuring that everyone knows what and how to do the programs, the schedule or routine has been adjusted to accommodate any changes, the materials are ready and systems to document any outcomes of the programs are developed (such as skill development, data recording, and behaviour recording).

It is essential that the program plans are always implemented consistently. This may include the place and the time as well as how a program is carried out. If carers change the implementation of a program (even in very subtle ways and often unintentionally) then the child can become confused, which may either slow the rate of learning or prevent it all together.

It is essential that the strategies to teach and implement behaviour management responses to both appropriate and challenging behaviour is done in the exactly the same way from introducing the task or step, waiting or guiding a response, to responding to the attempt.

Consistency at all stages cannot be overemphasised for all children including those with special needs.

Step Eight: *Review the program and make changes as required.*

Do not forget this step, especially if things are going well. It is also very common to stop the whole process when things are not going well. In both cases, keep going. All changes at the review should be documented as in step four (designing an intervention plan) and the process continued on from there. Ensure that the perspective of the family is included.

Although the process is the same for all children there should be more attention given to the skills development programs for children with special needs. When children are acquiring new skills or consolidating old skills they usually do not need to engage in challenging behaviour because they are 'stimulated', not bored, 'getting attention' and learning to do something new which makes most people 'feel good'. So really check the centre's skill development programs and put lots of emphasis and energy into making them successful, even if the gains are small at first.

Conclusion

Challenging behaviour **can definitely be managed**.

The **process** for managing challenging behaviour is the **same for all children**, regardless of special needs or not.

All behaviour occurs in a context and for a reason. The challenge is on 'us' to work out the meaning of the challenging behaviour for the child!

To do this we use a **systematic process to analyse** challenging behaviour.

Intervention strategies address the whole child in their context and aim to meet the child's needs.

The emphasis should be on understanding the reason or reasons for the challenging behaviour and then using a **positive 'educational' approach** to manage it so that each child's needs are met.

THE FUNCTIONAL APPROACH:
Looking For Reasons
Education Support Service Team, 2002 [1]

Does your centre have a behaviour management policy?
What principles underpin your management of challenging behaviour?

The 'functional approach' to challenging behaviour outlined in this paper offers early childhood services a research-based framework for developing policy and procedures that support the human and legal rights of children with a disability. This article aims to provide early childhood staff with:

- a means of reviewing their current practices;
- practical and positive options to consider when managing the behaviour challenges that inevitably arise when providing group programs for young children;
- a systematic approach to meeting the needs of children who exhibit very challenging behaviour.

What is 'challenging behaviour' in young children?

For the purpose of this article, the definition includes any behaviour that challenges families and early childhood staff and which puts the child's learning at risk. This would include behaviours such as tearing books, breaking toys, destroying others' work, pushing, hitting, biting, throwing, grabbing others' toys/food, swearing, shouting, refusal to participate, running away, tantrums and more.

What is a 'functional approach' to challenging behaviour?

The key to this approach is to **understand the reason/s** for the child's challenging behaviour. Adults get a better perspective about what the child is saying by his/her behaviour if they imagine themselves in the child's situation and identify what they would be thinking and feeling if they were that child.

This approach assumes that challenging behaviour **serves a purpose for the child**. The child is communicating that all is not well in his/her environment. The approach places the responsibility on service providers and carers to find the **reasons for the behaviour** and to work out ways for the child to have his/her needs met in socially acceptable ways.

Main features of this approach

The functional approach:
- focuses on **both the child** who is challenging **and the context/environment** in which the child is functioning;
- considers the **'whole' child** and aims to address the child's needs;
- examines the behaviour from **everyone's point of view**, especially the child's;
- asserts that **challenging behaviour can be changed** and that those changes will be maintained as long as the child's needs are being met.

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[1] ***Acknowledgment:*** *This article was compiled from workshop material presented by **Meredith Martin** for the Education Support Service, 1998, and a conference paper:* **'A functional approach to behaviour management',** *presented by Meredith Martin at the Australian Early Intervention Association Conference, 24th September, 1996.*

The five main steps in the functional approach

It is essential that **all** five steps be carried out for success. Work as a team with the family at each step. The attached chart demonstrates the application of steps 1 – 3 to identify examples of common reasons for challenging behaviour related to the child and the environment and suggests practical intervention strategies targeted to the reasons.

Step 1. Assess the problem and collect baseline data
- Collect family and early childhood staff observations about the child's behaviour and relevant issues to enable possible reasons for the behaviour to be developed.
- Systematically evaluate the environment (see tables).
- Systematically observe the child and collect baseline data about the behaviour to enable objective monitoring of change.

Step 2. Develop possible reasons for the behaviour
- Arrange a meeting of all the people involved with the child (including the family), to discuss the information collected from observations and assessments.
- 'Brainstorm' a number of 'best guesses' (hypotheses) about what the child is communicating by her/his behaviour:
    - What is the child telling us? Ask staff to take the child's perspective: "*I am*........".
    - What is the function of the behaviour for the child?
- Decide the most important reason to address first.

Step 3. Develop an intervention plan to deal with the reasons
- Develop an intervention plan (in consultation with the child's family) that identifies strategies to address each of the hypotheses. Remember that some strategies are more realistic than others, for example, it is easier to learn to notice when the child is behaving appropriately and to encourage or praise, than to get additional staff.
- An informal plan may be all that is required for simple problems. A written plan is essential where it is important that the strategies work (very challenging behaviour).
- The written plan needs to document procedures and clarify specifics such as:
    - staff involved   - materials needed
    - location/s of interventions   - how changes will be monitored
    - time of day   - frequency of review

    (See sample form at the end of this article).
- Obtain written permission from the family to implement the plan.

Step 4. Implement the intervention plan and continue to collect data
- The effectiveness of the plan needs to be monitored and reviewed regularly.
- Keep data on the outcomes to compare with baseline data as this is the only objective means to know whether the strategies are working.
- Check that the program is being implemented consistently.
- Reassure the staff that behaviour typically gets worse initially.

Step 5. Modify the plan according to the data
- Only three things can happen:
    1. The child stays the same.
    2. The child improves.
    3. The child gets worse.
- The team then has two choices:
    1. Do nothing.
    2. Change the intervention plan.

The Functional Approach in Action:

Step by step identification of common problems, reasons for behaviour and possible strategies.

Child and Environment Factors	STEP 1 Assess the problem *Observations of the child, the environment, and the challenging behaviour.*	STEP 2 Reasons for the behaviour *'Best guesses' as to why the behaviour is occurring.*	STEP3 Intervention plan *Strategies to deal with the reasons.*
Medical/ emotional issues	* How long has the problem been going on? * Is the child sick? * Is the child on medication? * Is the child tired? * Have there been recent changes in the child/family's life? * Is there a hearing loss? When was hearing checked and by whom? * Is the child reacting to certain foods?	* May give clue to reason/s * Consider sore throat, earache, toothache, constipation. * Medication effects. * Sleep difficulties/disorder, family routines, eating patterns. * Eg. marital discord, death, change in centre staff. * Hearing difficulties. * Food intolerances.	* May need to refer on for assessments. Consider: * Medical, dental, paediatric review. * When was medication last reviewed and by whom? * Counselling (Early childhood centre, Child & Family Health Centre). * Counselling as above, centre staff support. * Hearing/vision assessments. * Dietician/nutritionist advice.
Routines/ timetable	* Is there a centre timetable? * How do staff know about it? * How do children know about it? * Observe the day's routine. Does what actually happens during the day match the timetable? * If the timetable has to change, do staff tell the children and how?	* No timetable. *Timetable not accessible or not realistic or not communicated to new/relief staff, children & families. * Timetable not followed. * Routines not understood. * Changes in routine not communicated to children in a way they can understand.	* Provide timetable/ routines to follow. * Ensure staff, children and families know the timetable and routines. * Inform staff of changes. * Ensure routines are predictable. * Inform and children of timetable and staff changes in a format they can understand (eg. visuals).

Child and Environment Factors	STEP 1 **Assess the problem** *Observations of the child, the environment and the challenging behaviour.*	STEP 2 **Reasons for the behaviour** *'Best guesses' as to why the behaviour is occurring.*	STEP3 **Intervention plan** *Strategies to deal with the reasons.*
Activities/ curriculum	* How many different activities are available?	* Range of activities too limited (most too easy/hard).	* Provide choice, variety and balance in planned activities. * Check that tasks are not too hard or confusing. * Provide challenging extension activities.
	* Is there novelty?	* Activity choices and set up always the same. * Activities not motivating for that child.	* Link child's interests/strengths into less preferred activities. * Add less usual equipment to an activity to extend play.
	* What is the condition of toys/equipment?	* Toys and equipment broken, dirty, pieces missing.	* Clean, mend, paint, sort, discard, label, categorise, identify locations. * Make organised pack away a routine. * Teach care of equipment.
	* How do children choose activities?	* Child has no means of choice or control in selecting activities.	* Provide a means for the child to make a choice (eg. visuals).
	* Are the activity choices age appropriate? * Are the choices developmentally appropriate?	* Peers do not play with toys provided.	* Ensure activities are appropriate to both age and development.
	* Does the child have the skills to participate?	* Lacks skills to use materials provided or to extend play. * Lacks group entry skills. * Lacks skill in starting or following through activities.	* Teach new skills needed. * Consolidate existing skills for fluency and generalisation. * Ensure instructions are clear * Provide alternative ways for the child to participate without the skills.

Child and Environment Factors	STEP 1 Assess the problem *Observations of the child, the environment and the challenging behaviour.*	STEP 2 Reasons for the behaviour *'Best guesses' as to why the behaviour is occurring.*	STEP3 Intervention plan *Strategies to deal with the reasons.*
Interactions & communicat'n	**Interactions:** Collect data on the quantity and quality of interactions: Others → child, Child → others. Note: * frequency * appropriateness * follow through * responsiveness	* Adult communications to child mostly negative. * *Appropriate behaviour ignored.* * Adults repeat requests without following through. * *Adult directions too complex.* * Peer interactions not assisted. * *Child lacks social skills.*	* Increase positive interactions with child (4 positives to every negative). * *Notice and reward appropriate behaviour.* * Teach adults to only make requests they are prepared to follow through. * *Do not word requests as choices.* * *Simplify directions. Add gestures & visuals.* * Assist peers to interact successfully. * *Teach social skills, eg. waiting, sharing, turn-taking, group entry.*
	Communication: Consider: * How is the child communicating? * Is the child using mainly gestures or speech? * *What is the quantity and quality of the speech?* * *Is the child asking questions?* * *Does s/he know how to ask for help?*	* Child's communication is not understood. * Child's gestures not responded to. * Adults and peers not understood. * *Child lacks ability to sustain conversation.* * *Child does not know how to ask for help.*	* Develop effective communication systems both to and from the child, eg. adults use visuals/signs to assist child's comprehension of their words. * *Teach communication skills, eg. asking for help, listening, responding, commenting.*

Child and Environment Factors	STEP 1 Assess the problem *Observations of the child, the environment and the challenging behaviour.*	STEP 2 Reasons for the behaviour *'Best guesses' as to why the behaviour is occurring.*	STEP3 Intervention plan *Strategies to deal with the reasons.*
The challenging behaviour	* What are the difficult behaviours? Objectively **define** both appropriate and inappropriate (challenging) behaviour/s. * When do they occur? - time of day - who is present - what is happening at the time - what happened before - what happened after * When is the child behaving appropriately (ie. **not** challenging)? What happens? * Are the consequences different for appropriate and challenging behaviour? * Are the consequences consistently better (more powerful) when the right (appropriate) behaviour occurs?	* Staff do not anticipate over-stimulating situations or potential conflict, and therefore do not employ preventative measures. * There are no clearly stated, consistent rules. * Consequences for negative behaviour are more powerful than for appropriate behaviour. * Staff do not manage behaviour consistently. * Centre Policy does not equip staff to manage 'out of control' behaviour.	* Be alert to over-stimulation and signs of tension. * Teamwork preventative measures. * *Determine agreed* **rules** *which are stated clearly and positively, eg. 'walk inside", not "don't run".* * *Ensure all staff know and apply the rules consistently.* * *Teach the child the rules.* * **Teach** staff to notice when the child is behaving appropriately and positive ways to acknowledge. * Determine **different consequences** for appropriate and inappropriate behaviours. The consequences for appropriate behaviour must be consistently better (more powerful) than those for inappropriate behaviour. * *Decide how the challenging behaviour will be dealt with* **consistently.** * *Determine* **crisis management** *procedures if necessary.*

BEHAVIOUR INTERVENTION PLAN

CHILD'S NAME: **AGE:**   **DATE:**

DESIRED BEHAVIOUR:

STAFF INVOLVED:

RECORDING CHANGES: (who & how)

REVIEW DATE:

STRATEGIES

a) Medical

b) Timetable/routines

c) Activities/skills

d) Interactions

e) The challenging behaviour

Desired behaviour/s (define):

Consequences (more powerful than for inappropriate behaviour):

Inappropriate behaviour/s (define):

Consequences (consistent management):

Agreed rules (stated positively):

Rules communicated to all staff (how):

Teach child the rules (who):

Materials needed:

Crisis management procedures:

I/we have read and understood this plan and agree that staff carry it out.

Name: _____   _____

Relationship to child: _____   _____

Signature: _____   /   /   .   _____   /   /   .

CREATING A POSITIVE ENVIRONMENT:
Prevention in Action

This paper, prepared by Lyn Goudie, has drawn from materials prepared by the Education Support Service Team and Lifestart Cooperative, 2002.

Coping with challenging behaviour too often takes the joy out of working in early childhood settings. When staff motivation and energy is sapped, the typical coping response is reactionary: just trying to cope with each individual challenge and crisis. In this situation, a child's tantrum, for example, can make the whole day feel bad, a response in the adult that is out of proportion to the problem. It is tempting in these situations to feel that only an extra pair of hands or withdrawing the child will make a difference.

Becoming proactive

When early childhood staff work as a team, it is possible to become proactive and to implement preventative strategies that make a difference. This requires a shift of focus from factors that are not under staff control (for example, family difficulties or the child's disability), to managing the factors staff do have some control over. These can be referred to as environmental factors and include the early childhood program, activities and routines, as well as staff interactions, communications and behaviour.

Creating positive environments takes time, effort, diligence, consistency and motivation, but will ultimately be far less energy draining and far more satisfying than reactive crisis management. Preventative strategies benefit all children and can be implemented without extra funds or expensive resources. They may require staff to change their programs or teaching style or to learn new skills or to work in different roles.

Tools for teamwork

In this paper, some of the environmental factors that impact behaviour in early childhood settings are diagrammed. This tool could be used to brainstorm with your team how well routines, play, interactions and groups are being managed at your centre. Is there scope for modifying or extending these areas to help children behave more appropriately?

Following the diagram is a checklist of positive behaviour management strategies that identify possible changes to the environment, the program and staff behaviour. (See also the paper entitled 'Visual Strategies to Promote Positive Behaviour' in this folder.) The team could use the checklist to discuss which strategies are already being implemented effectively in the centre, aspects which could be improved or new techniques to try. This is also an opportunity for staff to identify their training or resource needs.

Creating positive environments requires teamwork. Staff need to work together in deciding:
* agreed rules and limits;
* agreed language to explain rules and comment on behaviour;
* agreed consequences.

Teamwork is also required to back each other up in taking preventative action, following through consistently, and being alert to 'parenting' splits between staff, where a child plays off one staff member against another. Problems need to be discussed openly to create a supportive and positive environment.

Environmental Factors that Influence Behaviour
(Adapted with permission from a diagram by S. Cairns and R. Treloar, Lifestart, 2002.)

This diagram highlights environmental factors that may impact behaviour.
Use the questions to assist staff to evaluate their environment and discuss changes that may help children behave more appropriately.

Routines

How do the staff and children
know about the day's timetable?

How are changes communicated
to staff & children?

Are routines predictable?

Interactions

How many people are involved with
the child and who are they?

Are there opportunities for positive
interactions with other people?

Do adults join the children in their play?
Do they get down to the child's level?
Do they follow the child's lead?

Are children's physical needs
considered (hungry, tired, unwell)?

Are positive behaviours
recognized and reinforced?

Play

Are there options for the child
to make choices?

Is there 'order' so that the child
knows where to find things?

Are available activities interesting to
the child and at the right skill level?

Are examples of children's work visible to
motivate, prompt and reward?

Environmental Factors

Group management

Are the expectations on the children
clear and consistent?

Is the space used effectively?

What is the level of noise and visual stimulation?

Checklist of Positive Behaviour Management Strategies

As a team, discuss which of the following strategies are presently being implemented effectively in your program. Are there any that could be used more effectively or extended or modified? Identify 1 or 2 to target as a team in the next 4 weeks.

The boxes may be used to identify which strategies are already in place.

■ **Yes** ☐ **No** ◪ **Partly**

☐ Display a **visual timetable** the children can refer to. Communicate changes visually as well as verbally.

☐ Set group **rules** and display them visually. State them positively: what you want the children to do, rather than what the children should not do. "*When you are inside you walk*". "*Keep the sand in the sandpit*". "*Inside we use quiet voices*". Communicate the rules clearly and frequently.

☐ Set **limits**, for example, the number of children who can be in specific play areas, especially where the amount of equipment and space is limited. For example, home corner, block corner, construction, train track.

☐ Define **boundaries**, for example, the space in which mobile toys can used, a sand-timer to define the end of a turn.

☐ Assist children who are not **settling to play**:
- give choices;
- assist to start and complete activities;
- invite another child to assist.

☐ Join play that is getting unruly or out of hand to **refocus or redirect** it.

☐ Be alert to **warning signs**, such as tensed muscles, statements such as "*I might knock that down*". Redirect a child before behaviour escalates.

☐ Use **visual cues**, for example, a 'fire gauge' or traffic lights: "*Stop*", "*Think*", "*Do*" to help children self monitor, that is, understand when their behaviour is getting out of control.

☐ Teach **conflict resolution** skills at the child's language level. Prompt children to use words rather than physical contact, for example, "*You need to tell Nathan: 'It's my turn'*".

☐ Establish **consistency** in behaviour management strategies between staff (and between the family and staff if possible).

☐ Acknowledge the child's feelings but be firm in **following through** with expected behaviour, for example, "*I know you're feeling cross, but I can't let you knock down Jane's building*".

☐ Only state a consequence you are prepared/able to follow through.

☐ Do not repeat requests that are not able to be followed through, for example, repeatedly calling a child back to the group when there is no adult available to bring the child back.

☐ Do not phrase requests as choices when you want the child to take a specific action, for example, do not say "*Would you like to come inside to play now?*" if continuing to play outside is not an option.

☐ Work with children's **strengths and interests** to promote and reinforce desired behaviour: build in success by providing activities that are motivating and achievable.

☐ Build children's **skills**, especially communication, social and play skills, for example, how to ask for help, request a turn, wait, take a turn, enter a group, join in play, use friendly talk.

☐ **Comment** frequently and specifically when children are behaving appropriately, eg. "*Thanks for putting away the tractor, Ben*". "*That will be a great painting to take home to mum, Nicole*".

☐ Use language that is geared to the **child's developmental level**. Reinforce a child's understanding by adding gestures, signs, pictures or symbols as needed.

☐ Get **staff agreement** on the language that will be consistently used to give children warnings and feedback on their behaviour, for example, "*That's not OK*", or "*That's not appropriate*", or "*Settle*".

☐ When behaviour is clearly non-compliant, give the child responsibility for their actions. Avoid a power struggle by stating that the child is making a choice, then calmly follow through the **logical consequence**:
- "*If you throw sand you are choosing to play somewhere else*".
- "*If you do not wear your hat you are choosing to stay inside*".

POSITIVE FEEDBACK
Louise Porter, 2002

Feedback to children serves two purposes:
1. It informs them about behaviours that adults value.
2. It highlights their achievements so that they develop a healthy self-esteem.
This second function requires us to consider the nature of self-esteem.

Self-esteem

Self-esteem compares our skills and qualities (termed the *self-concept*) with our beliefs about how we would like to be (our *ideal self*). This is illustrated in figure 1.
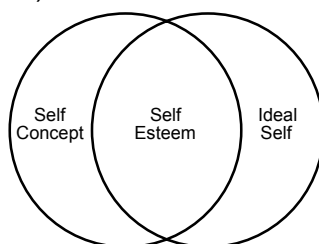
**Figure 1: Diagram of self-esteem as the overlap
between self-concept and ideal self.** (Porter 2001, p. 37)

Principles of delivering feedback

Children need coaches, not cheerleaders (Curry & Johnson, 1990). Adults trying to foster positive social behaviour or encourage children's achievements need to:
- **be authentic** or honest – feedback should not tell children that their actions are worthy if they are not;
- **be specific** – children need information that can help them to recognise what they have and have not achieved;
- **avoid patronising** children. If you thanked a waiter who brought your meal as ordered, you would find it condescending if the waiter responded, "*Good girl for using your manners*". So it is with children: they need information, but do not require manipulation to behave in prosocial ways.

This introduces the difference between two forms of feedback.

Two forms of feedback

1. *Praise*
   Although intended to have positive effects, praise is a judgment or an evaluation of the children or their performances. By telling them that they are 'good' when they do well, we are actually telling children about what is ideal behaviour: we are feeding their ideal self. As none of us ever attains our ideals, there is a risk that praise will lower children's self-esteem by inflating the standards they expect of themselves. *Visually, it might help to picture the circles in figure 1 separating further apart.*

2. *Information*
   Instead of praising children for achievements or behaviour of which we approve, we can simply **acknowledge** what they have achieved. When we give children information about the skills and qualities that they already possess and exercise, we are telling them about who they are: we are feeding their self-concept. Equipped with this information, they will realise that they already possess many of the standards that are in their ideal self and so their self-esteem will improve. *It might help to picture the circles in figure 1 moving closer together, so that they overlap more.*

Delivering Informative Feedback

To acknowledge rather than praise, we do not have to learn a new skill. We do not praise our adult friends when they do us a favour: we simply thank them. So we can do the same with children – except that we might add some information about how their actions affected us. (This is unnecessary for adults as they can usually infer why we appreciated their behaviour.)

Giving children feedback

- Start by asking children to **evaluate their own actions**: "*What do you think of that?*" ... "*Are you pleased with yourself?*"'… or, "*You seem disappointed*". Your tone of voice will give them clues that help them to form an opinion.

  Self-esteem is literally a self-evaluation and individuals themselves are the only constancy in their lives. Therefore, having an inbuilt ability to form judgments of their own performances will sustain children's self-esteem throughout their lives. It will also assist with their behaviour, as the children will have learned how to monitor their own actions. Asking children to evaluate their own performances is in contrast with praise, which approves of behaviour that meets *adult* standards such as "*That's great*"…"*That's terrific*"…"*Well done*".

- Another option can be to **give your opinion** of the children's achievements. An opinion **does not judge** children or their actions: for example, "*I appreciate that you tidied up*", replaces the judgment that a child is a good boy or girl for helping.

  Focus your feedback on the processes that children have used, rather than the end product. For example, rather than saying that you like the colours in a painting, first comment on the skills the child used to produce it. These include: engagement, persistence, independence, cooperativeness, curiosity, enthusiasm for learning, patience, exploration, planning, creativity, and self-control (Lambert & Clyde 2000; Perkins et al. 1993).

  The following comments focus on the child's attitude or application: "*I'm impressed that you tried so hard to figure that out*" (focus on persistence) … "*I respect that you took a chance and tried something new*'" (notes creativity and risk taking) … *"I admire that you planned that so carefully*"'… and so on. These skills or attitudes to learning empower children to achieve so are more important than what they produce.

- In group care or educational settings, commenting on processes rather than products means that **all children, whatever their abilities**, can receive constructive guidance about their efforts, even when the outcomes they produce differ considerably in quality. A child with a disability can display persistence just as can a gifted learner.

- Unlike praise, **acknowledgment is a private event** that does not show children up in public or try to manipulate others into copying another child. Acknowledgment simply describes, in private, what the adult appreciated: "*Thanks for sitting on your bottom at group time so the children behind you could see*" … or, "*I appreciate that you put the toys away*'".

  Personal conversation has more chance of securing a child's cooperation next time and avoids surrounding children becoming discouraged if they, too, displayed the praised behaviour but were given no recognition for doing so, or if they realise that they cannot perform a praised behaviour and so will never receive recognition. As discouragement can lead to disruptive behaviour, avoiding praise not only enhances children's self-esteem but also avoids provoking disruptive behaviour.

References

* Curry, N.E. & Johnson, C.N. (1990). *Beyond self-esteem: Developing a genuine sense of human value.* Washington, DC: National Association for the Education of Young Children.

* Kohn, A. (1999). *Punished by rewards: The trouble with gold stars, incentive plans, A's, praise and other bribes.* (2nd ed.) Boston, MA: Houghton Mifflin.

Lambert, E.B. & Clyde, M. (2000). *Re-thinking early childhood theory and practice.* Katoomba, NSW: Social Science Press.

Perkins, D.N., Jay, E. & Tishman, S. (1993). Beyond abilities: A dispositional theory of thinking. *Merrill Palmer Quarterly 39* (1), 1-21.

* Porter, L. (2001). *Children are people too: A parent's guide to young children's behaviour.* (3rd ed.) Adelaide: Small Poppies SA.

* Porter, L. (2003). *Young children's behaviour: Practical approaches for caregivers and teachers.* (2nd ed.) Sydney: MacLennan and Petty.

Recommended reading.

Positive Feedback: information for families
Louise Porter, 2002

Feedback to children serves two purposes:
1.   It informs them about behaviours that we value.
2.   It highlights their achievements so that they develop a healthy self-esteem.

Self-esteem compares our skills and qualities (*self-concept*) with our beliefs about how we would like to be (our *ideal self*). This is illustrated in figure 1.
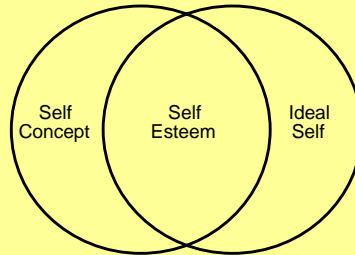

**Figure 1: Diagram of self-esteem as the overlap
between self-concept and ideal self.** (Porter, 2001, p. 37)

Praise. Most parenting manuals tell us to praise children to improve their self-esteem. But telling children that they are 'good' when they do well tells them about what is 'ideal behaviour'. We feed their ideal self. As none of us ever achieves our ideals, there is a risk that children's self-esteem will decrease when we inflate the standards they expect of themselves. Visually, it might help to picture the circles in figure 1 separating further apart.

Acknowledgement is a way of giving children feedback without the risk of decreasing self esteem (Porter, 2001). Acknowledgement is giving *information* rather than *judgment.* Acknowledging performance lets children know that they are using worthwhile skills and this enhances their self-concept. Returning to the circles in figure 1, picture these moving closer together and overlapping more as children recognise their personal skills and qualities. This awareness will improve their self-esteem.

Acknowledging children's behaviour does not involve learning anything new, as you do not praise a friend who helps you out but simply thank that person; and a restaurant waiter does not say that you're a good girl for using your manners when you thank him for bringing your meal.

Use these same **conversational skills** with children.
* Ask children what *they* think of what they have achieved. To help them form this judgment, use an excited or celebratory tone of voice as a cue.
* You could add your **opinion:** "*I agree with you. I think it's a great effort*'' or, in contradiction to the child's negative judgment: "*I disagree. I think you're being a bit tough on yourself. It's excellent for a person of your age*". (Occasionally you might agree with a negative evaluation: "*I agree with you. It didn't work out as you hoped, did it? Still, no one does her best all the time, so you don't have to fix it if you don't want to*".)
* Highlight the skills the child used rather than focusing on the final product, such as: "*I admire that you worked so hard at that*".

Give feedback in a **personal conversation** with a child.   Children looking on can feel that praise is an attempt to manipulate them into copying another child's behaviour. They might become discouraged if they believe that they cannot achieve to the same level, or resentful and uncooperative. A private conversation maintains the self-esteem of the child and other children.

PROMOTING POSITIVE BEHAVIOUR WITH VISUALS
Education Support Service Team, 2002

Does your early childhood setting provide an environment that helps children to behave appropriately?

Have you considered ways to prevent challenging behaviour?

Visuals are a realistic way of modifying your environment without great expense or special resources. Adding visual supports to your program will help children with a range of difficulties that frequently result in challenging behaviour.

This paper briefly describes visuals and their broad uses. The main focus is on visual strategies staff can implement to encourage positive behaviour during routines, play, interactions, and group times, including implementing rules, limits and consequences.

What are visuals?

Visuals are concrete, non-transient images that help an individual:
- to process information (understand and interpret information)
- to communicate (send and receive a message)
- to interact (behave and learn)

Visuals may be objects, remnants, replicas/miniatures, templates, coloured photos, drawings or words. It is crucial that the visual used is **meaningfu**l to the child/ren, otherwise it will **not** support their behaviour.

Who can benefit from visuals?

Children who fit the following categories will benefit from visual support:
- Autism Spectrum Disorder
- Attention Deficit Hyperactivity Disorder (ADHD/ADD)
- Language disorders and delays
- Hearing Impairment
- Developmental delay
- Oppositional Defiant Disorder
- English as a Second Language
- Learning Difficulties

What difficulties will be assisted by visuals?

Visuals will help children who have difficulties with:
- listening and attending
- understanding and responding
- processing sequenced information
- motivation and play
- following instructions and routines
- anxiety and resistance to change
- social isolation and shyness
- challenging behaviour

Visual Strategies that Encourage Positive Behaviour

The following visual strategies could be implemented in any early childhood setting and would be helpful to many children. Some more specific adaptations have been included which would assist children who have difficulty behaving appropriately because of disability or delayed development.

The visual support strategies have been grouped to cover four broad environmental factors in early childhood settings:
1. routines
2. play
3. interactions
4. group management

1. Visuals to support following routines

- ***Timetable of the day or part of the day***

    Make a simple visual timetable of the day to support children's understanding and anticipation of the routine. Use Velcro to attach photos or drawings that represent the main activities of the day so that changes can be made and communicated.

    Consider the needs of your children as you decide what to represent, for example, difficult transition times, when carers will return, etc.

- ***Changes in routine***

    To assist children who do not cope with change, show 'one-off' changes within a routine (such as a special visitor) by attaching a red cross with 'blutac' on to the usual activity and adding a representation of the new activity beneath.

- ***Changes in staff***

    Add photos of usual staff to the timetable. If a different person is working that day, indicate the change with a line drawing if you don't have a photo.

- ***Parts of routines***

    Parts of the day or steps within a routine may be pictured in more detail.

toilet ➔ wash hands ➔ dry hands   1   2

pack away   sit on mat
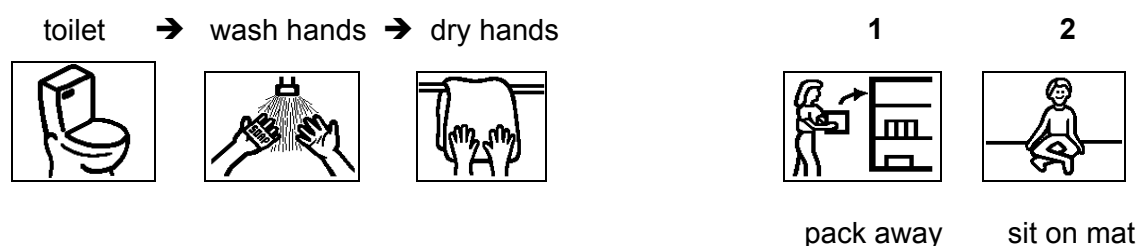
2. Visuals to support play

- ***Choice board***

  Make a felt board, or folder with 'velcro' dots, that displays activity options available. This board can be used for a range of purposes depending on the needs of the child/ren.
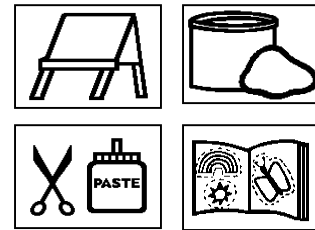
- ***Expressing preferences***

  A choice board enables children with limited language skills to express their preferences to another person.

- ***Initiation***

  Providing choices assists children who have difficulty initiating, deciding and settling into an activity. These children can be taught to take the selected visual to the activity, post it in a 'finished' box when the activity is complete, then make another selection.

- ***Increasing range of play***

  Children who have limited play preferences can be provided with adult selected options. A 'first/then' board can be set up so that the child completes a non-preferred activity before their preferred activity.
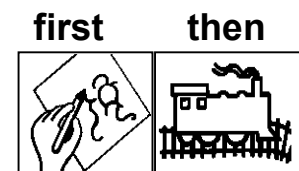
- ***Choices within activities***

  Provide visuals of choices *within* activities to give options to children who are reluctant participants and to enable children with limited expressive language skills the opportunity to express their preferences.

- ***Activity sequences***

  Children with limited play skills can be assisted to extend their play by providing visuals of steps to complete an activity or a sequence of play. For example, 'Play with doll':

  bath doll ➔ dress doll ➔ put to bed
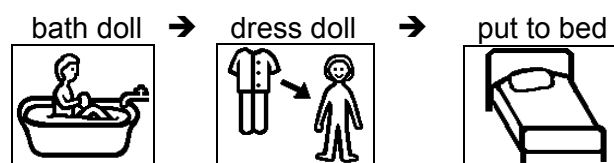
  If motivation is low, a reward can be given at each step (for example, a stamp or sticker). A child's 'obsessional' interest may be used as a motivator or reward.

- ***Display children's work***

  Display examples of children's work, for example, a construction or a book of photos, to motivate and give other children ideas. Sharing with others reinforces that their work is valued and rewards application.

3. Visuals to support interactions

- *Topic/chat boards*

  Provide a board with visuals on a particular topic or activity to assist the children's understanding and interactions. Use the board to assist children to communicate more effectively with others.
  Examples: expressing feelings, turn taking and meal time.
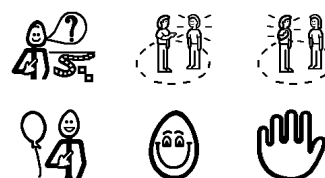
  turn taking
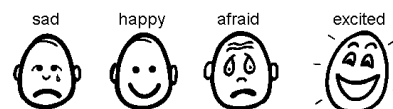
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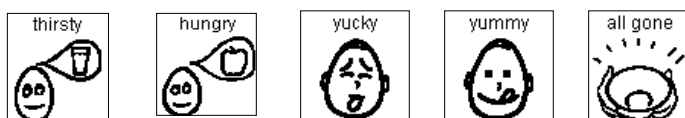
  meal time

- *Visual representations of songs, games and stories*

  Represent songs and group games visually so that children with difficulty communicating or initiating have a way of making a choice or taking a turn.

- *Turn-taking arrow*

  Use a split pin to attach a coloured cardboard arrow to the centre of a large paper plate or cardboard circle. Use for turn-taking games when children are seated in a circle or at a table. Spin or move the arrow to indicate the next person's turn. Attach photos if children are not in a circle, or are self-monitoring.

- *Turns to Talk*

  Turn indicators assist children in taking turns to talk and listen in group situations:
  - provide each child with a block to put on a tower when it is their turn to talk;
  - pass a talking stick or wand;
  - roll a ball to the child;
  - select a name out of a basket.

- *Teach requesting*

  Some children need to be taught to identify their wants/needs, to ask for a turn, to request help, to assert their rights. Provide visual supports to assist comprehension and to enable the child who has limited expressive language, for example, a key-ring of visuals.

- *Home - centre 'diary'*

  What I Did Today

  Use a small photo book with plastic sleeves or a laminated list of possible activities. Assist the child to identify the important events/activities to be represented in the diary. The purpose of the diary is to assist children with communication difficulties to 'show and 'tell' others what happened on the weekend and to share with their family what they did at preschool. It is important that the child (not the adults) owns/uses the 'diary'.
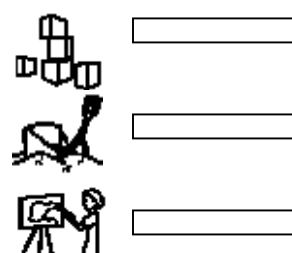
- *Social story*

  Write a story on a specific social skill children need to develop. Read the story to the children as a group; read it to specific children more frequently; put it on the bookshelf for browsing. An example: 'I say Hello To My Friends': "*I see someone I know. I use a friendly voice. I use a friendly look. I smile and say hello*". Write each sentence on a page and add pictures/photos. Collate into a book.

4. Visuals to support group management

- *Positive rules*

   Make rules in consultation with the children. State them
   simply and positively (what they **are** to do), for example:
   "*walk inside*", "*keep sand **in** sandpit*"', "*quiet voice inside*".
   Display the rules visually, adding the words to assist the
   adults to use consistent language.
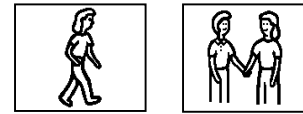
   walk inside   friendly play

- *Group listening rules*

   Make a set of rules for appropriate behaviour in teacher-led group times, for example:

   listen   look   legs   quiet

- *Positive behaviour chart*

   Display a chart that visually teaches prosocial skills. For example:
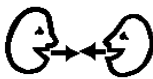
   I talk with a friendly voice   I share   I wait for my turn
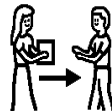
- *Set limits*

   - Specify the number of children who can be at an activity or in a specific play area.

   ☺   ☺   ☺   ☒

   - Set up a waiting spot such as a chair, hoop or carpet square to indicate where to wait
   and the number of children at a time to wait.
   - For very popular activities, set up a chart of children's photos, names, or locker
   symbols to indicate those children waiting and whose turn is next. Encourage children to
   self-monitor.
   - Use a timer (kitchen timer, sand timer, clock, beeping watch) to limit turns with limited
   or popular equipment.

- *Identify boundaries*

   - Mark the boundaries of play areas, for example, for mobile toys, balls.
   - Identify the boundary of a child's turn, for example, the half-way mark of a loop of brio
   track.

- *Sharing square*

   Define a small space (for example, a carpet or cardboard square) inside a larger play
   area. The small area is used as a 'sharing space'. Teach children to place toys in this
   space when they have finished their turn so that other children know that they are
   available.

- *Noise or behaviour monitor*
   Provide a 'temperature' gauge to assist children
   to monitor when the noise level is getting too high
   or behaviour is getting out of control.

   outside voice

   inside voice

- *Traffic lights*

  Use traffic light signals to teach all children: 'stop' (calm down), 'think' (think of a solution), 'do' (try your plan). This assists impulsive children to learn a strategy that will lead to self-monitoring. It also provides an assertive strategy for children who allow themselves to be victimized.
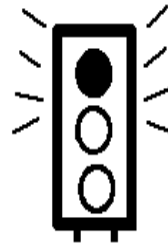
  stop (calm down)

  think (of a solution)

  do (try your plan)

- *Positive feedback*

  - On a sticky-back label, draw a smiley face and write the specific positive behaviour you observed, then stick it on to the child. Others can then praise and reinforce the specific behaviour.

I sat in group.	I stayed on my bed	I sat on the toilet	I said hello to Jack

  - For the adults in the environment, put up some speech bubbles of suggestions for giving specific, positive feedback to children.

  It helps me a lot when you do that.

  I noticed how you shared the dough with Peter.

  You can pour your own drink now!

- *Consequences*

  When children do not comply with positively stated rules, show the consequences visually. Avoid a power struggle by simply stating that the child is making a choice and calmly follow through with the consequence. For example: 'throw sand' → 'leave sandpit'; 'no hat' → 'no outside play'.

Resources for Making Visuals

Types of visuals

- real objects, pieces of real objects, miniatures
- pictures from toy and other catalogues
- photos (Polaroid, disposable camera, digital camera)
- hand drawings
- clipart
- photocopy of an object to form a template

- **Flash! Pro2**
  Designed to teach speech, language and communication.
  Over 10,000 colour photo images on a **CD-ROM.**
  For samples visit **website:** www.aba-materials.com (prices in US$).
  Compatible with: Windows 95/98/ME/2000/XP.
  Phone order: (03) 9310 4038   **Fax:** (03) 9324 4956.
  Mail: ABA Materials, 10 Burnleigh Drive, Gladstone Park, VIC 3043.

- **Boardmaker**
  A software program of picture communication symbols.
  Available from **Technology Supplies**, The Spastic Centre,
  PO Box 184, Brookvale, NSW 2100.
  Phone: 9451 9022.

Suggestions for containing/protecting visuals

- A4 plastic sleeves
- 'ziplock' sandwich bags
- contact
- lamination

Ways of displaying visuals

- **Carpet squares** – plead for out-of-date samples. Suitable for large displays, eg. supporting real objects.
- Contact or laminate a selection of **coloured cardboard strips.** Attach 'Velcro' dots/strips or use 'blutac'. These can be used for a range of purposes and located wherever you need them.
- **'Velcro' dots**: available by the metre from Lincraft, also in the stationery or haberdashery section of department stores.
- **Magnet board** and adhesive backed magnet tape available by the roll from stationery section of department stores.
- **Felt covered board.**
- **Whiteboard** with drawings, words, numbers.
- Plastic, free-standing **photo frame** covered in felt.
- **Photo albums**, business card holders.
- Display books, loose-leaf folders, clipboards.
- **Key ring** with spring attachment to clip onto clothing.
- **Concertina** pocketbook folders.
- **Plastic storage pockets,** eg. for storing CDs, photo slides, coins, business cards, etc.

LOOKING AFTER YOURSELF:
Guidelines for Staff in Early Childhood Settings
Vanna Lockwood and Patrice Thomas, 2003

"Stretching herself too thin, she breaks her connections
Staying too busy, she has no time.
Doing for others, she neglects herself.
Defining herself only through others, she loses her own definition.
<u>*The wise woman waters her own garden first.*</u>"

(Metz and Tobin, 1995)

In order for staff in children's services to effectively face the challenges of their job – and most importantly enjoy their work – they need to know how to look after themselves. Factors such as health, happiness, job satisfaction and interpersonal relationships are influenced by the way we react to stress. In turn, these factors impact on the way in which we approach our work.

As well as working towards reducing the stressors in our lives (see below), there are many simple strategies that we can implement on a daily basis to help manage stress at work and at home.

Early childhood staff from a range of services (long day care, preschool, school, before and after school care) frequently identify the following factors that cause them stress:

- heavy workload
- expectations of others
- lack of time
- lack of support
- money worries
- clutter
- inflexible routines
- impositions from others
- relationships
- noisy/disruptive behaviour of children in child care

- challenging behaviours of their own children/teenagers at home
- too many commitments
- studying as well as working
- lack of resources
- accidents
- lack of communication
- families/parents of children in care
- wider global issues (injustices, terrorism threats, war)

Staff are often left feeling depleted, frustrated and unappreciated at the end of a working week. When asked about how they feel when they are experiencing stress, early childhood staff identify the following:

- tired
- unmotivated
- out of control
- angry
- numb
- unable to concentrate

- impatient
- confused
- hopeless
- tense
- useless

- incompetent
- guilty
- tight
- unmotivated
- stretched in all directions

The term 'stress' has different meanings to different people. What is stressful for one person might not be stressful for the next. Current literature in the area of stress management (Greenberg, 1999; Thomas, 2002) indicates that it is our actions and responses to stressful situations in life that are important and not the stressful situation itself. We can take positive steps to change and modify our stress responses and play an active role in determining whether or not we will allow stress to affect us in negative ways.

Early childhood staff should become aware of early signs and symptoms of stress and begin to put positive strategies in place before the stress reactions become severe. Some symptoms and signs of stress commonly reported include:

- headaches
- tight neck and shoulders
- crying frequently
- breathing difficulties
- muscle tension

- palpitations
- shaking
- irritability
- poor judgement

- loss of appetite
- skin rashes
- indigestion
- insomnia

(This list in not exhaustive and these signs can also indicate symptoms of illness other than stress.)

Cannon (1932) was the first writer to propose the 'fight or flight' response, meaning that when a person is stressed, the body is rapidly aroused and motivated by the sympathetic nervous system. When learning to manage stress, the aim is to reach the 'relaxation response' (Benson, 1974) whereby the body brings itself back into a state of physical, mental and emotional balance. When we experience the 'relaxation response', our breathing rate slows, the sympathetic nervous system activity decreases, heart rate lessens, blood pressure is lowered and the body's metabolism slows down. This response brings a sense of ease, calm and wellbeing into play.

Stress Management Strategies

By including the following strategies in a daily routine, the ability to manage stress when it arises will increase. This will result in higher energy levels and a calmer, more positive response to the challenges faced in all areas of life. A relaxed approach also provides the freedom to focus on the satisfying and joyous aspects of working with children and families. Effective stress management strategies for early childhood staff come under four main categories: attitude, environment, exercise and relaxation.

1. Attitude

- Make a commitment to managing stress.
- Develop a personal and professional philosophy around self-awareness and stress management. Include a holistic approach and ensure that you don't sabotage your efforts by 'saying one thing and doing another'.
- Focus on the positive: be thankful for the gifts in your life.
- Set realistic goals and review your progress in achieving these.
- Make time for yourself.
- Call on positive and supportive people in difficult times.

2. Environment

- Remove clutter: an organised environment helps to create a calm, organised mind.
- Create a comfortable environment that is both child and adult friendly (for example, soft furnishings, places for privacy and retreat).
- Make the workspace aesthetically pleasing to help lift tired spirits: include flowers, soft flowing hangings and precious objects that are meaningful to staff and children.
- Include natural objects from the environment: for example, shells, nature posters, leaves, pine cones, etc. that remind us of the restful and healing power of nature.
- Use aromatherapy oils, hang wind chimes and mobiles.
- Play relaxing music (ambient, classical, nature) and find ways to reduce invasive or stress producing noise like the radio, appliances or overly loud voices.

3. Exercise

Incorporating breathing techniques and gentle exercise into our daily routine paves the way for holistic stress management. Remember that before the mind can relax, the body must learn to relax. Do this through one or more of the following:

- breathing
- Tai Chi or Qi Gong
- Yoga
- Pilates
- walking
- swimming
- gardening
- ensure regular breaks throughout the day for walking, stretching and moving around in a relaxed way.

4. Relaxation

Relaxation techniques involve making a conscious effort to use breathing to relax the body and the mind. Relaxation is much more than 'chilling out' in front of the television. Develop a relaxation programme in your centre. It will help the children to become calm and relaxed and will provide staff with welcome opportunities to manage their stress levels at work. Plan a daily relaxation session including breathing, gentle exercise and relaxation based on the following ideas:

- Progressive relaxation (relaxing each of the body parts using the breath).
- Tense/release relaxation (using the breath and tensing and releasing body parts in turn to let go of tension).
- Visualisation (imagining a peaceful scene from nature or the achievement of a goal – with or without music).
- Meditation, prayer or reflection (connecting to intuition and inner creativity through regular practises that still the mind).
- Positive affirmations (making positive statements to help achieve aspirations and goals).

The above ideas are expanded in Patrice's book '*The Magic of Relaxation*' (2002).

In addition to the above suggestions, early childhood staff benefit from time to enjoy pursuits that bring about feelings of happiness, contentment and wellbeing. These may include listening to music, dancing, journal writing, talking to friends, having a massage, taking a bath using candles and music, artistic or creative activities. Also it is important to ensure good nutrition, adequate intake of water, health and counselling support when needed, and sufficient amount of sleep.

When early childhood staff incorporate some of the above techniques into their daily working and home lives, they begin to feel more positive about themselves, their jobs and the everyday challenges and opportunities that life presents. When staff begin to make positive changes in their lives and experience the benefits of the above strategies, they report the following responses:

- calmness
- appreciation
- wonder
- lightness
- peaceful
- empowerment
- feeling 'elevated'
- worthy
- tranquil
- privileged
- whole

These words inspire energy, positivity and wellbeing. They make a marked contrast to the words used to describe stress responses experienced by early childhood staff. It makes good personal and professional sense to aim for healthy ways to manage stress – especially when the benefits can be gained quickly and easily.

Tips for crises and the unexpected in the early childhood day

More often than not, we tend to forget to use the above strategies when we most need them. When attempting to calm a child, diffuse disputes between children, redirecting violent or 'out of control' behaviour, extinguishing unacceptable responses like spitting/biting/ kicking, or dealing with upset and angry adults, remember the following:

- Calm yourself first by taking some deep breaths and visualise your way into a relaxed, calm and confident posture.
- Affirm to yourself that the tension and upset will soon pass – you can and will work through this situation positively.
- Use a calm and confident voice (achieve this through the breath and focus on remaining physically and emotionally balanced rather than taking on the negative energies of others). Use assertiveness skills like 'I' messages and active listening to clarify the issue and state your response clearly.
- Reward yourself after challenging incidents by taking some time out for yourself so that you return to a balanced and relaxed state of mind.
- Prepare yourself for future challenges by learning to use the technique of positive affirmations.

> *"It is important from time to time*
> *to slow down, go away by yourself*
> *and simply BE."*
>
> (Eileen Caddy, in Hayward:1984).

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*** Recommended reading**

SECTION TWO
Articles on managing types of challenging behaviour

(Please add related articles that are useful to your team)

CONTENTS

AGGRESSIVE BEHAVIOUR
Louise Porter, 2002

The verbal and non-verbal behaviours of children who are aggressive often disrupt the play of other children and, as a result, these youngsters will have problems developing friendships. Therefore, you need to respond to aggressive behaviour, both for the sake of children who are hurting others and to protect their peers.

Your aims when responding to aggression are:
- to comfort the hurt child;
- to teach aggressive children another way to meet their needs and solve problems;
- to reassure onlooking children about their ongoing safety – both from attacks on them and from being dealt with harshly by adults if they were to make a mistake and hurt another child.

Environmental Influences

Aggression in children is provoked by internal or external stress factors.

Internal stress includes:
- sensory integration difficulties such as touch or hearing sensitivities;
- lack of sleep or food intolerances that irritate the child's nervous system.

External stress can arise from:
- family circumstances such as chronic poverty or violence;
- aspects of the early childhood environment (such as a large group or unfamiliar playmates) which raise the child's anxiety levels.

Stressed children function at a heightened level of alertness and so respond aggressively to any further perceived threats.

Management

Internal stress factors:

Observe the child's skills and if there are any concerns, invite the parents to consult a relevant specialist. For example, speech pathologists assess and assist with development of language; some occupational therapists specialise in sensory integration skills; a dietician may assist with reactions to foods.

External stress factors:

1. The family

Although you may not be in a position to provide direct support to stressed parents, there are other ways to help.
- In conversation, suggest community agencies that could provide the support they need. Once the family becomes less stressed, the children will find it easier to learn positive behaviour.
- Support parents of aggressive children to improve their bond with their children by avoiding punitive discipline. As children experience empathy and nurture they learn how to be caring towards others.
- Encourage parents of the aggressive child to invite another child home, or to a park to play. This may provide the children with additional opportunities to develop affection and to practise appropriate play skills (Hartup & Moore, 1990).

2. The centre

Some features of the centre – such as group sizes – may be outside your control, but there are many aspects of the social environment that you can adjust to make it easier for children to act prosocially.

Prevention

Foster cohesion within the peer group, as aggression is less common within stable, cooperative groups (Farver, 1996).
- Ensure that children are not crowded and competing for too few toys.
- Shadow children who are habitually aggressive – that is, accompany them during their activities, or have them accompany you as you perform your usual duties – so that you can observe their behaviour, with the aim of identifying its triggers. Your presence can also support them to regain command of their emotions and thus avoid further outbursts.

Build a close relationship with children who are aggressive

The antisocial behaviour of children who are aggressive typically provokes rejection by their parents, teachers and peers. It is crucial that you do not allow their behaviour to provoke the same reaction in you (Kelly, 1996). Instead, take extra steps to build a close relationship with these children to compensate for their lack of attachments to peers and other adults. Your warm relationship with the children will give you a basis for guiding their behaviour during an aggressive outburst.

Teach prosocial skills

- Guide toddlers in how to use words to express what they want.
- Coach older children in how to enter a group without disrupting its ongoing activity (Kelly, 1996).
- Teach children to respond non-aggressively to the occasional social mistakes of playmates (Asher, 1983; Katsurada & Sugawara, 1998).

Teach children to manage their emotions

Some children know how to act appropriately but lack self-control. These children require support to learn self-control. To help them regain command of themselves, bring them close physically or emotionally:
- comment that they seem upset and ask how you can help; or
- cuddle them until they settle down (and thus are no longer a danger to their playmates).
- If bringing in close is not manageable in the circumstances, invite the child to move to a pleasant area to play alone with favourite activities.
When the children have calmed, help them to engage in a new activity (Slaby et al., 1995).

Teach children about the effects of aggression on others

With older children, bring the child who has been aggressive and the hurt child together. Address the victim, reflecting that child's feelings: "*That hurt your arm and your feelings, didn't it? ... Yes, Shelley forgot to use her words .... She might be feeling frustrated or angry, do you think?*".

As you are nursing the victim's injuries, invite (but do not force) the aggressor to help. Meanwhile, do not force an apology. Instead, you might apologise for the child. "*I know that when Shelley calms down, she will feel very sorry to have hurt you. I'm sure she will want to say sorry then, but I will say it for her now. I am sorry that she hurt your arm and your feelings*". This validates the victim's hurt feelings without confronting the other child with his or her mistake.

Note:

It is seldom necessary to explain the effect of the actions directly to children who have been aggressive, as they are likely to have heard it all before. Aggression usually results from a lack of self-control rather than a lack of information about prosocial behaviour, so giving more information is pointless.

Refer to specialists

If individual children do not respond to the above methods, you will need to suggest to their parents that they consult a specialist in children's behaviour. If the parents are unwilling to do this and your management strategies are unsuccessful, you might have to consider asking the parents to withdraw their child from the centre, in the interests of keeping the other children safe. The explanation can be that the child seems unable to cope within your setting and could be less stressed in a less demanding environment.

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* *Recommended reading.*

Responding to Aggression: information for families
Louise Porter, 2002

Aggression in children is provoked either by internal or external stress.

Internal stress includes lack of sleep and food intolerances that are irritating the children's nervous system.

External stress can arise from difficult family circumstances such as chronic poverty or violence within the family; or from aspects of the childcare or preschool environment – such as a large group, or unfamiliar playmates – which raise the children's anxiety levels. Faced with several internal and/or external stresses, children function at heightened levels of alertness and so respond aggressively to any further perceived threats.

Management at Home

Internal factors

If you recognise that your child appears to be 'simmering' most of the time and 'boils over' with what seems like the slightest provocation, it could be worth investigating illness, lack of sleep, food intolerances, or developmental difficulties that could be stressing your child and making it difficult for him or her to cope with additional challenges.

External factors: Family issues

Your family might be under chronic pressure or experiencing a temporary crisis. Although a solution might not be available to you immediately, you can help the children feel secure by letting them know that you are still in command of the family and will continue to protect them and keep them safe. You are looking for a solution, even if you don't yet know what it will be.

External factors: The centre environment

Check that your child can cope in the childcare setting. Some children cannot manage large groups; some need a stable peer group rather than an occasional care setting; some rebel against a controlling style of behaviour management that might be in use in a centre and so respond with the very aggressive behaviour that staff are trying to discourage.

Teach skills

Teach children how to use their words to solve disputes: demonstrate this daily in your interactions with them. Then, if after some coaching the children still use aggression, help them to calm down after an outburst. They already know how they should be acting but cannot do so, in which case telling them again will not help: they need to be cuddled until they feel calm again. If you cannot cuddle them, let them go to their room and do their favourite activity until they are settled. (This is how adults calm down: we talk to a friend, go for a walk, listen to music, watch TV…or whatever – until we are back in control of ourselves.)

Consult a specialist

If these responses do not work, ask for advice from your child's caregivers or teachers, or speak with a child psychologist. If aggression persists, your child will become unpopular and will be unhappy, so it is important to nip it in the bud.

ATTENTION SEEKING & DISRUPTIVE BEHAVIOUR
Jeannette Harrison, 2002

In understanding children, particularly those whose behaviour is negative and disruptive, it is necessary that we have some knowledge of the psychological principles behind their behaviour. Alfred Adler, the founder of Individual Psychology, has said that the basic motivation behind all social behaviour is the desire to belong; to be accepted and to contribute. Children have a need for recognition, a need to be noticed. Challenging and disruptive behaviour is often a subconscious attempt to meet this need.

Environmental Influences

Children do not grow up in isolation - all behaviour such as language, play, emotion, and skills are learnt and developed in social situations such as the home, childcare centre and school. Their behaviour is best understood from a **holistic approach within each social setting.**

Children perceive themselves as belonging according to the responses that they have gained from significant caregivers at home, day care, family day care, kindergarten or school. Disruptive behaviour can be attention seeking, or it may be a means for challenging you, or seeking to get back at you. Challenging behaviours may also be brought on through inappropriate planning or thoughtless room set up. Rather than simply blaming the misbehaving child, it is important to examine ourselves, our planning and our own responses to the behaviour.

Example : Jade

Jade, aged 3.4 years, is in the 3 – 4 year room at day care. Jade has developed a reputation as 'challenging' amongst caregivers, children and parents alike.

Shortly after her arrival each morning, Jade will find another child to 'pick on', possibly ruining that child's painting, or pushing over a carefully constructed block building. The caregivers have tried putting out a quiet activity just for Jade, but she simply throws it aside with an aggressive sweep of her arm (naturally – because Jade requires an activity that meets her need to let out some physical emotion)!

On this particular day, the group have moved to outdoor play, and a number of children are in the sandpit building a 'hut' with blankets on top and large blocks around the side. Jade is about a metre away, digging alone in the sand. All at once there is a loud "*Oh..Oh..*" as the building collapses, and the children look devastated.

The caregiver joins the group, and unfortunately asks: "*What happened?*" (rather than asking "*what happened*".. or "*who did it*", you will encourage more positive behaviours by simply acknowledging the event and the children's feelings, for example: "*How disappointing! It looks like your building has fallen down*").

In response to the question: "*What happened?*" the children all look across to where Jade has been playing, and say "*Jade pushed it over*!" Of course, as typically happens, Jade was then told to go away from the sandpit.

Associated problems

We can see how Jade has been labelled, and everyone expects her to misbehave. Consequently her behaviour has become more and more challenging, as she herself feels increasingly excluded and rejected. There is a direct correlation between self-esteem and behaviour. Children who consistently misbehave often feel *"I am not okay… I am not accepted … I do not belong "*

Anti-social behaviour and misbehaviour are children's expressions of their ways of seeking a place in the family or group. This is based on the **mistaken private logic**, or faulty belief, that they cannot belong through constructive, co-operative or acceptable means. It is **this mistaken belief that you will be attempting to change in order to deal with the challenging behaviour !**

With this understanding and by following this framework, the caregiver can learn to respond appropriately in order to guide children in a co-operative, respectful manner.

Step by step management of challenging behaviour

1. *Promote self esteem*

Plan for a relationship with Jade that gives her a feeling of being valued and being competent. Acknowledge her as soon as she comes into the room, make her feel welcome, find her a friend and encourage co-operative play together.

2. *Focus on positive behaviours*

Make sure you focus on Jade's positive behaviours and attitudes more than her inappropriate behaviours. This may require you to *redirect* Jade to another activity where she can legitimately let out angry or frustrated feelings.

3. *Set limits. Use choices and consequences*

Make sure all children, but particularly the challenging child, have the opportunity to be involved in decisions about limits, and as above you may redirect them as a consequence of inappropriate behaviour. When you redirect Jade you may say "*Jade, it looks like you're feeling mad. Max is really upset because you've knocked over his blocks*" (whilst acknowledging Max and giving him a cuddle). "*Remember we decided when you feel angry you could go hit the bean bag? Then if you want to throw things you can come outside and we'll find some balls to throw*".

4. *Be firm but fair*

As the adult, it is your responsibility to ensure a safe environment, so you need to make sure your limits are clear. Use a pleasant, but firm, voice and respect the child's needs whilst maintaining consequences as described above. Make sure you have planned for the challenging child's needs, particularly identifying their need to BELONG.

As you can see from the earlier example, it is likely that Jade sees herself as being a 'misbehaver'. Looking at the following chart, Jade fits either 'Power' or 'Revenge'. That is, her 'private logic' is "*I belong by being challenging*" or "*I belong by getting back because I feel hurt*".

You can use this chart to provide a framework for managing challenging behaviours across a range of ages, and behaviours, being also aware of developmentally appropriate misbehaviours such as two year olds biting from a need to have control and autonomy.

Managing Challenging Behaviour: Step-by-Step Chart

The mistaken goals of behaviour:

Child's mistaken or faulty belief	Child's goal	Adult's feeling & reaction	Alternative response for adult
I belong only when I am noticed or being served.	**Attention** (Demanding)	<u>* Feeling</u>: annoyed, frustrated. <u>Typical Reaction</u>: remind & coax.	• Ignore misbehaviour when possible. • Give attention & encouragement for positive behaviour. • Set and maintain limits without giving undue attention.
I belong only when I am in control or I am boss.	**Power** (Controlling)	<u>* Feeling</u>: angry, provoked, threatened. <u>Typical Reaction</u>: fight with child or give in.	• Withdraw from the conflict - set and maintain limits using consequences. • Help child use power in a constructive & co-operative way. • Fighting or giving in only increases child's goal.
I belong only by hurting others, as I feel hurt.	**Revenge** (Hurting)	<u>*Feeling</u>: deeply hurt, humiliation. <u>Typical Reaction</u>: retaliate and get even or use sarcasm.	• Avoid feeling hurt. • Accept encouragement from other adults to build up your self-esteem. • Build a trusting relationship and encourage the child. • Avoid punishment but use consequences.
I belong only by convincing others not to expect anything from me, as I am unable.	**Assumed Inadequacy** (Giving up)	<u>*Feeling</u>: despair, helplessness, giving up. <u>Typical Reaction</u>: go along with child's behaviour.	• Stop all criticism. • Encourage positive attempts - no matter how small. • Use encouragement, not praise. • Be careful to not pity the child and give up.

* Identify the child's goal by observing **your** feelings and **your** reaction to the child's misbehaviour.

Attention Seeking and Disruptive Behaviour: information for families
Jeannette Harrison, 2002

Being a parent is both rewarding and challenging, and at times we all have children displaying some inappropriate behaviours that we find hard to deal with.

All children will test out limits and try different behaviours to see what works and what doesn't work! The challenge for us as parents is to learn how to respond to these various behaviours to keep them at a minimum.

All children have a psychological need to BELONG. In other words children need to feel noticed and accepted. Children will often misbehave in order to be noticed, because they know that you will then pay attention to them. Even if the attention means they get into trouble!!

Focus on your child's positive behaviours and acknowledge them when they are behaving okay, or when they are co-operating or helping. You can learn to use the language of encouragement rather than praise, as encouragement has a more positive long-term effect.

For example, when Jamie has been playing quietly with his little brother, you might say: "*Jamie, it looks like you're enjoying showing Sam how to use the Lego. Thank you for being so gentle with him*", rather than simply: "*Good boy Jamie*", without giving a specific acknowledgement.

Step-by-step management

You may feel that your child is displaying consistent and challenging misbehaviour beyond the typical irritating behaviours. By following the steps below you will give yourself a framework to be applied across a number of different situations.

1. **Follow a 'SECRET' approach** in your home – the values of:
   Shared **R**esponsibility; **E**quality; **C**o-operation; **R**espect; **E**ncouragement; **T**rust.

And then **the 4 C's:**

2. **Choices:** allow your child to feel empowered. They are in control (within your limits shown as acceptable choices) and able to make a decision.

3. **Consequences:** a follow through from choices. Your child accepts the logical or natural consequence of their actions. This puts the responsibility on the child and again, leaves the child feeling empowered and valued.

4. **Consistency:** keeping a fair but even approach. Your children need to know that you mean what you say and you can be trusted to follow through.

5. **Clear limits:** knowing and understanding the boundaries. Even from a very young age your child can be expected to learn developmentally appropriate limits.

If, after following this framework, your child's behaviour is still consistently negative and difficult for you to handle, you may wish to seek assistance firstly from your child's caregivers/teachers, and then if necessary, from your doctor.

BITING
Liz Blyth, 2002

Occurrence

Biting is a common form of aggression, particularly for toddlers. To a young child, whether the biter or the victim, biting is no different from any other form of aggression such as hitting, pinching or hair pulling.

However, biting gives rise to more severe reactions from adults. So it is common for staff in early childhood settings to experience high levels of stress whenever there is an outbreak of this behaviour. Partly this is because the bite-mark has to be explained to the victim's irate parents; partly it is because some see biting as 'primitive and feral'. Paranoia about infections transmitted through blood and saliva further fuels adult reactions.

Age range

It is most common for biting to occur in the toddler age range, that is, between 18 months and 2½ years, and to decrease in children over 3 years. It is usually associated with developmental issues which are normal for this age group, including:

- **Toddler egocentricity.** Toddlers are generally only aware of their own emotional reactions and feelings and are oblivious to those of others. When conflict arises, they will take whatever action appears necessary to maintain their position, including biting.

- **Limited speech and language skills.** While developing a wide vocabulary of single words and some beginning two-word phrases, most toddlers do not have the language skills to negotiate social conflicts verbally. Action is therefore the preferred method to deal with difficult situations. This is further accentuated when groups of toddlers are together, because the chance of words being effective with their peers is diminished.

- **Poor impulse control.** The toddler does not typically think through the consequences of their actions. Most biting is impulsive rather than premeditated.

Associated problems

- Like most challenging behaviours, biting is liable to become worse when the child is under stress (either originating from home or from the child care experience), over-tired or unwell.
- Children who are experiencing difficulties or delays in speech and/or impulse control are also likely to bite more frequently and at a later age.

A child who bites

Jessica is 2 years old. She is the only child in a two-parent family. Her mother is pregnant with her second child and has been experiencing a lot of morning sickness. The family recently migrated to Australia and have no extended family support here; they have not yet established a network of friends with children.

To give her mother a break and increase Jessica's social contacts, the parents enrolled her in a childcare centre for two days a week. However Jessica is causing problems in the toddler room. She frequently bites other children, usually in the context of conflict over toys. The children she bites are often those she gets on best with. The incidents are more likely to occur just before lunch or towards the end of the day.

The staff have noticed that Jessica uses only ten to twelve single words. She often also appears tired on arrival at the centre but finds it difficult to settle at sleep time.

With the management outlined below, Jessica's biting is slowly diminishing. In addition, the parents have followed the staff's recommendation to have her speech assessed by a speech pathologist and have consulted the community health centre about her night waking.

Management of Biting

It should be noted that because the treatment of biting involves assisting the child to develop new skills, it cannot always be resolved quickly and patience on the part of all concerned is an important component.

1. ***Look for underlying reasons***
- It is useful to keep a simple behavioural chart for a week or two to record the time and circumstances when biting occurs, for example, time of day when the child may be tired.
- Discuss with parents any issues such as delayed speech, tiredness or excessive impulsivity.

2. ***Prevention***
- Provide equipment that is motivating and at a level where the child can succeed.
- Consider the possibility of changing routines if a clear pattern has emerged, for example, an earlier sleep time or changing outside play from a time when the child may be tired.
- Shadow the child unobtrusively at high-risk times.
- Move the child from activities when they show signs of being tired or stressed.

It is unlikely that you will be able to prevent all incidents using these strategies alone, due to the speed with which biting can occur.

3. ***Coaching***
- Intervene in difficult situations to give the child the skills to manage them constructively. This might mean giving them simple words or phrases to use such as "*My turn?*", "*No, mine*" or "*Stop*". For children who lack even this level of language, model non-verbal strategies such as finding something else or moving away.
- Teach the other children to also say "*Stop*" or seek adult help.

4. ***Reinforcing***
- Praise all successful social interactions, particularly those where children have used the strategies recommended. Be specific in your praise, for example, "*Good talking*", "*Great listening*".

5. ***Reprimand and remove***
- A firm instruction "*No biting*" and removing the child from the activity may be necessary once an incident has occurred.
- Work out how to be consistent in management across all staff.

6. ***Manage adult reactions***
- Educate parents in the centre about biting and about the strategies you use to manage it.

7. ***Seek help***
- If these strategies do not work, encourage the parents to seek assistance from their local Child and Adolescent Mental Health Service.

About Biting: information for families
Liz Blyth, 2002

Occurrence

Biting is a common form of aggression, particularly for toddlers, and most children who attend early childhood settings will either bite or be bitten during this time. To a young child, whether the biter or the victim, biting is not very different from hitting, pinching or hair pulling. However, biting gives rise to more severe reactions from adults due to the mark left behind. Paranoia about infections transmitted through blood and saliva further fuels adult reactions, though the risks are miniscule.

Age Range

It is most common for biting to occur in the toddler age range, that is, between 18 months and 2 ½ years and to decrease in children over 3 years. It is usually associated with developmental issues which are normal for this age group, including:

- **Toddler egocentricity:** they are generally only aware of their own emotions and viewpoints.
- **Limited speech and language skills** mean that toddlers cannot negotiate conflicts verbally.
- **Poor impulse control** means that toddlers bite first and think second.

Associated Problems

Like most challenging behaviours, biting becomes worse when the child is under stress, over-tired or unwell. A child whose speech or impulse control is developing more slowly may bite more often and at a later age.

Management of Biting

The main aim of the management of biting is to help the child gain skills in managing difficult social situations more constructively. It may therefore take some time to work.

1. **Looking for reasons**
- Keep a note of the time and situations when biting occurs and see if you can work out any patterns. Staff at the child's early childhood centre will be doing the same thing.

2. **Prevention**
- Avoid situations where your child may find it hard not to bite, for example, socialising when they are tired – but don't give up on socialising completely and just stay home.
- Stay close to your child at the times they often bite.

Because biting happens very fast, you probably won't be able to prevent it completely.

3. **Coaching**
- Model simple words and phrases for your child to use such as "*My turn?*" or "*Stop*".
- Teach them other strategies such as walking away or finding another toy.

4. **Praising**
- Praise your child when they get on well with others or use the ideas you have suggested.
- Be specific when you praise e.g. "*Good talking*", "*Nice listening*".
- You may want to do something special with your child on days when they have not bitten at their early childhood centre.

5. **Reprimand and remove**
- Firmly say: "*No biting*", and remove your child from the activity.

Getting help

- Talk to the staff at your early childhood centre. Many have years of experience in helping young children.
- Psychologists and social workers at your local Child and Adolescent Mental Health Centre are familiar with working with this type of problem.
- A general check up with your GP, Paediatrician or the Early Childhood Health Centre may rule out any contributing problems or provide you with other resources.

BULLYING
Maria Romano, 2002

What is bullying?

A useful definition of bullying is provided by Field (1999). She states that: "*bullying involves the psychological, emotional, social or physical harassment of one person by another. The crucial feature is that the victim feels powerless and perceives themselves as having been bullied*".

Types of bullying

Physical bullying: physical contact used deliberately to hurt or intimidate. Includes fighting, pinching, stalking, pushing, and tripping.

Verbal bullying: is very common and includes name-calling, teasing, malicious gossip, 'put downs' and 'talking in code' in front of the victim.

Gesture bullying: probably the most common type of gesture bullying is 'the look' used to intimidate victims. Also included here are 'bullying by charades' and other forms of sexual harassment.

Extortion bullying: is used by children to force their victims into giving up possessions, food or drink, to do their schoolwork or act as a go-between.

Exclusion bullying: is one of the most hurtful forms of bullying. Includes being 'left out', treated as a social outcast or being the victim of cruel rumours.

Telephone bullying: common among females, now includes internet abuse.

Characteristics of children who bully

- Both boys and girls can engage in bullying behaviours.
- Children who engage in bullying behaviour can be found in every type of school from pre-school to secondary, state and private.
- Children who engage in bullying behaviours can also be the target of another child's bullying behaviour.
- Children who bully do not necessarily have low self-esteem; some are popular and have good leadership skills.
- Children who bully try to justify what they are doing by emphasising the victim is different in some way.
- Children who bully often think that what they are doing is just a bit of fun.
- Children who bully tend to be bigger, stronger and more aggressive.
- Recent evidence shows that some children who bully are children whose aggressive tendencies begin as early as two years of age. As early childhood workers we are in an ideal situation to support these children and suggest (and model) alternative strategies to deal with difficult situations.

Characteristics of victims

- Anybody can be the victim of children who bully.
- Boys are victims more often than girls.
- Typically, victims of bullying have low self-esteem, lack social skills and see themselves in negative terms: as being troublesome, more anxious, less popular, happy and satisfied than children who have never been bullied.

- Victims are more likely to be very sensitive and easily hurt.
- Children who are bullied feel powerless to prevent it.

Children who bully like to target:

- Children who lack confidence and find it hard to make friends.
- Children who are smaller, weaker, or younger than they are.
- New students.
- Children who are clumsy or perform poorly at sports.
- Children who are in the wrong place at the wrong time.
- Children who have a different skin colour, cultural background, religion or have an accent or disability.

Strategies In The Early Childhood Setting

- **Practice inclusive care:**
  - address personal feelings about acceptance of all people;
  - develop a program that recognises and values difference;
  - plan for each child's individual needs within your program;
  - foster an environment that promotes and supports the acceptance of all children.

- **Modeling:** make sure that your own behaviour (towards colleagues and children) does not include anything that children could interpret as bullying.

- Encourage **parent education and support groups** in your settings. As early childhood workers you are in a great position to support parents' knowledge and understanding of child development and guiding children's behaviour.

- **Work together with parents** to develop strategies and work through issues of concern.

- **Teach social skills** and provide opportunities for children to build on and extend their social skills. You may need to teach group entry and exit skills so children know how to join in with a group of peers without disrupting the play.

- **Give children responsibilities** as this makes them feel valued and they have the chance to be seen by the other children in a positive role.

- Most importantly, involve staff, parents and children in developing a clear **Anti-Bullying and Behaviour Guidance policy.** Policies should include information on how to document incidents and strategies for dealing with bullying behaviours. (See Pam Linke's book '*Let's stop bullying*' for points to consider when developing such a policy).

Strategies to help children who bully

- Help children to recognise feelings/emotions –their own and those of others.

- Make sure children know that their feelings are understood and considered.

- Praise the positive and appropriate behaviours children demonstrate towards their peers.

- Practice problem solving with children.

- Help children to deal with their anger:
  - talk about other socially acceptable ways to deal with anger;
  - help children to learn about their physical cues;
  - have a quiet place set up for 'cooling off';
  - provide sensory experiences such as water or messy play daily;
  - encourage individual time with a caring adult.

- Seek additional/professional support if the situation does not improve.

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* Recommended reading

Useful websites

www.education.unisa.edu.au/bullying
www.nobully.org.nz
www.bullying.org
www.stopbullyingnow.com
www.bullying.co.uk

Bullying: information for families
Maria Romano, 2002

What is bullying?

"Bullying involves the psychological, emotional, social or physical harassment of one person by another. The crucial feature is that the victim feels powerless and perceives themselves as having been bullied" (Field, 1999).

Types of bullying

Bullying includes physical, verbal, gesture, extortion, exclusion and telephone/internet abuse

Research findings on bullying

- School communities typically underestimate the extent to which bullying occurs.
- Australian studies show an incidence of 1 in 6 children being bullied at least once a week
- by others at school.
- The most common form of bullying is teasing related to appearance.
- Bullying can occur anywhere that groups of children congregate.

Signs that your child may be the victim of bullying

- Can't explain bruises or scratches.
- Child begins to complain of aches and pains.
- Does not seem to have friends or want to play with them.
- Is reluctant to leave home and refuses to go to school or care.
- Lowered school performance or interaction.
- Possessions are suddenly damaged or lost.
- Not wanting to talk about day's events.
- Can't say why they are anxious or unhappy.
- Unable to sleep or has bad dreams.

Strategies to help children who are bullied

- Show the child that you take the problem seriously and help them to see that they are not to blame.
- Help children to understand why they have been bullied (for example, wrong place, wrong time, any one can be a victim).
- Listen with empathy so that the child feels heard and supported.
- Teach children about looking confident and being assertive.
- Teach children about self-talk – about telling themselves that they are capable, confident
- and worthwhile individuals.
- Peer support - link the child who lacks confidence with a confident child, actively encourage friendships.
- Think about ways that you could build the child's self esteem.
- Help children to use a variety of techniques to release any painful feelings.
- Inform staff of what is happening and work together to develop a plan to support all the
- children in the program.
- Seek professional support if your child continues to be unhappy – such as your family doctor, counsellor, or psychologist.

GIFTEDNESS
Louise Porter, 2002

Giftedness simply means that children are developing at a faster pace than usual – typically, at least one-third faster – such that a three-year-old is at least as able in one or more aspects of development as the typical four-year-old.

Signs

Approximately 3-5% of the population are significantly advanced in their development. Signs of giftedness vary depending on the developmental area in which the child excels.

- **Intellectually** gifted children learn quickly, with fewer repetitions, and recall information well. They understand concepts early and in depth, including abstract concepts such as time and death. Only the minority will read early. Most will be logical and have good planning skills so will be less impulsive than usual, resulting, for example, in fewer childhood injuries.

- **Verbally** advanced children comprehend language early, use advanced speech (vocabulary, grammar and clear articulation), enjoy humour and plays on words. From an early age they exchange information in conversation and might make up stories or songs spontaneously.

- Children gifted in **motor skills** develop early control of their bodies and awareness of their position in space. However, their hand control can be average, leading to frustration and avoidance of drawing and writing activities. Some are on the go constantly, searching for a challenge, sometimes leading to queries about ADHD.

- **Socially** gifted children are skilled at relationships and tuned into other people's feelings. They take an early interest in social issues involving injustices. They may form close friendships from a young age, developing deep attachments to their parents, other adults or gifted peers. Yet they may appear not to develop a breadth of attachments to averagely developing peers.

Children from disadvantaged backgrounds might not appear advanced compared to privileged children. However, if they excel compared with others who are similarly disadvantaged, they can be categorised as gifted. Similarly, children gifted in one area but with a disability in another – for example, a physical disability or learning difficulty such as dyslexia – are now recognised as gifted (*and* disabled).

Effects of giftedness

Socially, gifted children have a reputation for being misfits. But what appears to be a lack of social skills with peers is, in fact, a lack of peers: they cannot locate other children who share their interests. Age-mates are usually not ready to participate in the advanced play of gifted children. In the early childhood years, this can lead to isolation, loneliness, withdrawal to solitary play, or seeking adult company.

Emotionally, gifted children often experience frustration at their own uneven skill development. They can appear to be perfectionists: seeking to do things well because they know they can. Frustration at not meeting their own high standards can lead to emotional outbursts. However, mostly their behaviour is mature, given their early understanding of cause-and-effect.

In an educational program that is not intellectually challenging, gifted children might flit from one activity to another, never really becoming engrossed. This lack of social and active engagement can result in their development appearing to be delayed rather than advanced. So careful observation is necessary to recognise the signs of giftedness.

Management

Provide an individualised program, where required

If there are many children in your centre who are very able learners, cater for them as a group. If there are few advanced children, provide individualised programming.
Adjust:

- **the environment:** place them with older children, for example, so that they gain access to peers who can share their interests;
- **teaching and learning processes:** encourage higher-order thinking skills;
- **program content:** give exposure to skills usually taught at a later age.

Be aware that, like everyone else, gifted children need time to consolidate and practise the skills they already have. They do not need to be learning new things all the time.

Do not emphasise fine hand skills

Although advanced in other areas, gifted children's eye-hand skills are typically nearer the average (Tannenbaum, 1983). They have more ideas than usual for their age, and the discrepancy between what they can imagine and what they can put on paper can be demoralising. Encourage drawing and hand skills, but do not demand fine hand control.

Tell gifted children the truth

Developmentally advanced children may become aware very early that they are different from other children (Clark, 2002; Harrison, 1999). Explain that they feel different because their brains can learn more quickly than others. When age-mates make social errors, such as normal aggression, explain that their peers do not mean to hurt them, but that these children, although the same age, cannot learn as quickly as the gifted child.

Explain the frustration of uneven development

Some gifted children become frustrated that they are not equally good at everything. When irritated by their lack of proficiency at drawing, for example, explain that, while brains can grow up at various speeds, hands can grow up only at body speed and so sometimes they have an idea of what they want to do but their hands are not yet grown up enough to be able to do it. They will have to be patient while their hands grow up.

Understand perfectionism

Perfectionism is the engine that drives gifted children to achieve to high standards, and so it is usually not dysfunctional for them – except when outsiders become exasperated with the children's displays of frustration (Parker & Adkins, 1995). Even if children are harshly critical of their performance, do not to try to placate them with notions that their failure is not real or does not matter. Instead, reflect their disappointment. Next, give your opinion that they might be expecting too much of themselves, but that if they feel their performance needs to be improved, perhaps they could have another try – either immediately or after taking a break. The aim is not to get them to lower their standards, but to help them meet their goals.

Consider early entry

Some young gifted children are lonely because in their present setting they cannot locate friends at their intellectual level. Some are intellectually frustrated because they cannot receive the educational stimulation they require. Fifty years of international research confirms that these children are better placed early amongst older children (Porter, 1999). This so-called 'acceleration' is really providing a developmentally appropriate placement (Feldhusen, 1989). When considering early entry to a new setting, each child's academic, social and emotional readiness needs to be weighed up individually (see Porter, 1999). Worries about the effects of early exit should not determine decisions about early entry: we should not hold children back now on the off chance that problems might occur later.

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Giftedness: information for families
Louise Porter, 2002

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Signs of giftedness

Approximately 3-5% of the population are significantly advanced in their development. Signs of giftedness vary depending on the developmental area in which the child excels.

- **Intellectually** gifted children learn quickly and easily and remember well. They understand concepts early, including abstract concepts such as time and death. Only a few will read early. As most are logical and have good planning skills, they are less impulsive than usual. This results in fewer childhood injuries.

- **Verbally** advanced children understand language early, use advanced speech (vocabulary, grammar and clear articulation), enjoy humour and plays on words. They are conversational from an early age and might make up stories or songs spontaneously.

- Children gifted in **motor skills** develop early control of their bodies and awareness of their position in space. However, their hand control can be average, leading to frustration and avoidance of drawing and writing activities. Some are on the go constantly, searching for a challenge, sometimes leading to queries about ADHD (Attention Deficit Hyperactivity Disorder).

- **Socially** gifted children are skilled at relating and tuning into others' feelings. They take an early interest in social issues involving injustices. They may form close friendships from a young age, developing deep attachments to their parents, other adults or gifted peers. Yet they may appear not to develop attachments to their averagely developing peers.

Parents often worry that their gifted child might be a social misfit or emotionally disturbed. However, the very skills that lead to giftedness also help these children to solve social problems and to manage their own emotions – so gifted children are generally advantaged socially and emotionally.

Management at home

- Locate an early childhood setting where staff are open to the concept of giftedness and, if not already knowledgeable on the subject, are willing to read about it.
- Remember that gifted children are not equally able in all areas, so do not expect advanced performances in every skill and teach them to forgive their relative weaknesses.
- This also applies to behaviour. Gifted children will be more mature than their years, but lack of life experience means that their behaviour cannot be quite as advanced as their intellect.
- Explain to the child about being gifted. Explain that this is why other children cannot join in their more sophisticated games.
- Expect some dependence. Young gifted children can become dependent on their parents for stimulation and to help them with self-care tasks such as dressing because once an activity is mastered it holds no new intellectual challenge for them. Nevertheless, continue to expect age-appropriate independence, but give more support when needed.
- Locate at least one other child who is similarly gifted so that your child can find a 'soul mate' and is not lonely.
- Consider placement in the next group in their early childhood or school setting so that learning is enjoyably challenging, rather than a repetition of what the child already knows.

SHYNESS
Sue Cairns, 2003

Many children attending an early childhood setting for the first time display some attributes of 'shyness'.
These can include behaviours such as:
- Standing and observing other children and activities.
- Being reluctant to talk to other children and adults.
- Being more comfortable in a one-to-one situation with an adult or another child.
- Playing alone or alongside others for extended periods of time.
- Showing reluctance to initiate activities and interactions.

As children become more comfortable in their new setting they usually begin to explore the new world of relationships with other adults and peers. However, for some children, the earlier 'shy' behaviours persist and become a source of anxiety for families and centre staff.

Like all behaviours of concern, we need some indicators to help us determine whether a child's reticence is a natural part of his/her innate personality or whether the behaviours are significant enough to risk long-term affects on the child's relationships, development and learning. It is important to consult closely with the family to develop a full picture of the child across settings.

What behaviours does the child demonstrate regularly?

At home, eg: Talkative
Plays in constructive ways.
Talks to new people.
Plays with siblings, well known friends.

In a new setting with family, eg: Talkative around own family.
Quiet, staying close to parent/caregiver.
Reluctant to talk.

At the centre, eg: Stands and observes others playing.
Chooses quiet areas of the room to play.
Talks only to adults when others are not present.
Shows reluctance to participate in group and circle time.

Building a clear picture of the child's behaviours across environments will provide a perspective on the severity of the 'shyness'. In general terms, if the child's shyness interferes with:
- relationships with others at home;
- relationships with others at the centre; and/or
- learning;

then a plan to teach the child new skills should form a vital part of the centre's program.

Strategies and activities to assist the child gain confidence can be utilised by both the family and centre staff. Different patterns of 'shy' behaviour will need different approaches and examples of these follow.

Management strategies

1. The child who is 'shy' *only* in the early childhood setting.

This child shows confidence and outgoing behaviours in the family setting or with the family in new settings. Centre staff can assist this child to develop confidence to display outgoing behaviours in the early childhood setting.

- Engage the child in frequent individual and very small group activities.
- Have one or two key adults develop a trusting relationship with the child.
- Encourage the child to play non-verbal games with a small group of peers.
- Gradually encourage and reward more outgoing behaviour such as initiating an activity or initiating contact with an adult.

2. The child who is 'shy ' anywhere outside home, even with family present.

Family activities

The family can play a major role in helping this child to make small steps in gaining confidence in new settings and with new people.

- Prepare the child for new places, activities or people. For example, drive past a new place so the child has a clear picture of where s/he is going.
- Discuss the purpose of the visit or activity, who will be there, and who will be talking.
- Give a 'timeline' of anticipated activities and when the family will be going home.
- Reassure the child that there is no expectation that s/he has to talk or interact while there. Ask the child if there is one small interaction that s/he could participate in, for example, passing a plate, saying hello or goodbye.
- Reinforce the child's attempts after the event, encouraging confidence even if only a small step has occurred.

Centre activities

At the centre, similar strategies will help the child gain confidence around staff, children and activities.

- Give the child clear information about routines and procedures: a picture timetable can assist**.**
- Encourage the child to participate in small group games, such as lotto, where the child can take turns.
- Praise the child for each small step taken: "*Well done, you passed out all the fruit today*". "*It's great to see you take a turn in that game*".
- Choose one or two peers who can become play pals for the child. The peers model outgoing, confident behaviours, but should not be 'bossy'.
- Help the child practise phrases that will help her/him to participate: "*Can I have a turn?*", "*Can I sit there?*". (Cue peer playmates to say yes!).

As for all children, build the child's confidence and self-esteem, making a particular point of:
- displaying the child's artwork prominently;
- encouraging the child to bring in favourite toys and items to show at group time;
- making sure that activities in the room suit the interests and abilities of the child.

3. The child who is persistently 'shy' and *nonverbal* anywhere outside the home environment (sometimes referred to as 'selective mutism').

This extreme form of 'shyness' can be a major inhibitor to the child's long-term academic and social performance. Use the activities described above as well as the following additional strategies:

- Offer **choices** to ensure that the child is communicating his/her needs **non-verbally**, for example: "*Do you want red or blue paint?*", "*Do you want to sit with Sally or Michael today?*".
- Provide **small groups** rather than large circle times so that the child has a **turn** at games and activities.
- Use **high interest activities** to attract the child and one or two other children to promote **contact with peers**.
- Refer the family to a **Speech Pathologist** to ensure that there is no communication difficulty contributing to the child's reluctance to speak.
- Suggest that the family makes **'play dates'** with another child from the centre to provide opportunities to become comfortable with a peer in the 'shy' child's home setting.
- Use **picture books** which look at 'shyness' such as:
  'Buster the very shy dog' by Lisze Bechtold.
  'Chatterbox Jamie' by Nancy Evans Cooney.
  'Speak up Blanche!' by Emily Arnold McCully.

As with all behaviour, shy children will take time to learn new skills and gain confidence in their interactions. Early childhood staff need to consistently reinforce and support children and families to recognise small gains during this time. If the behaviours persist, encourage the family to contact their local Area Health Service for assistance from a Psychologist.

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'My Child is Shy': information for families
Sue Cairns, 2003

Many children attending an early childhood setting for the first time display some attributes of 'shyness' such as:

- Standing and observing other children and activities.
- Being reluctant to talk to other children and adults.
- Being more comfortable in a one-to-one situation with an adult or another child.
- Playing alone or alongside others for extended periods of time.
- Showing reluctance to initiate activities and interactions.

Children vary greatly in their personalities and behaviours around people. Children brought up in a quiet family may find their introduction into the busy world of an early childhood centre quite overwhelming. However, as they become more comfortable in their new setting they usually begin to explore the new world of relationships with other adults and peers. For a few children, 'shy' behaviours persist and cause families and centre staff concern.

It is important to observe your child in a variety of settings to consider his/her patterns of interaction. Discuss with staff whether your child's 'shyness' is affecting:

- relationships with others at home;
- relationships with others at the centre; and/or
- learning.

If so, then work together with staff to assist your child to learn to feel more comfortable around other adults and children; to participate fully; and to interact verbally and socially in a variety of ways.

Suggested Management

- Prepare your child for new places, activities or people. For example, drive past a new place so your child has a clear picture of where s/he is going; describe the number of people who will be present and whether s/he has met them before.
- Discuss the purpose of the visit or activity, who will be there, and who will be talking.
- Give a 'timeline' of anticipated activities and when the family will be going home.
- Reassure your child that there is no expectation that s/he has to talk or interact while there. Ask if there is one small interaction s/he could participate in, for example, passing a plate, saying hello or goodbye, etc.
- Reinforce your child's attempts after the event, encouraging confidence even if only a small step has occurred. For example, "*You smiled so beautifully at Mrs Smith when she said goodbye. That would make her happy*".
- Discuss with staff one or two peers who can become play pals for your child. Peers can model outgoing, confident behaviours, but should not be 'bossy'.
- Help your child practise phrases that will help participation: "*Can I have a turn?*", "*Can I sit there?*". (The peer playmates can already have been cued to say yes!)
- Make 'play dates' with a child from the centre so that your child learns to feel comfortable with another child in the home setting. Have some of your child's favourite activities available so that s/he is confident to play with the friend.
- Build confidence and self-esteem by displaying your child's paintings and activities so that everyone can comment.
- Discuss with staff particular activities your child enjoys so that these activities can be included in the centre program.

Sometimes extreme shyness may need the assistance of a Speech Pathologist or Psychologist. Ask the staff at your centre for information and the phone number of your local Area Health Service. Staff can also support any program developed by these specialists.

A shy child will take time to learn new skills and gain confidence in their interactions. Your family, in conjunction with centre staff, can play a crucial role in recognizing and rewarding small gains and working together for your child's long-term benefit.

SECTION THREE
Useful tools and checklists

(Please add any other forms or checklists that your team finds useful.)

CONTENTS

FLOW CHART OF BEHAVIOUR MANAGEMENT

Sample forms follow to assist documentation in each of these categories.

Collect background information
(Form: *Background Information*)

⬇

Observe behaviour
(Form: *Observation of Behaviour*)

⬇

Identify indicators of difficult behaviours
(Forms: *Indicators*
Behaviour Checklist
Summary: Aggressive Behaviours)

⬇

Summarise needs
(Form: *Summary of Needs*)

⬇

Develop an individualised plan
(Form: *Individual Behaviour Management Plan*)

⬇

Carry out ongoing evaluation
(Form: *Ongoing Evaluation*)

Produced by the Special Needs Working Group, Department of Community Services, Northern Sydney Network.

Background Information

(Attach any relevant material, e.g. drawing of self, example of cutting skill.)

Date:

Child's name:	
Date of birth:	
Description of concern:	
Family environment: (eg. siblings, members of household, lives in house/unit/other, home language, cultural practices, significant past or recent events).	
Health/medical history:	
Cognitive ability:	
Expressive and receptive language development:	
Gross motor skills:	
Fine motor skills:	
Social/emotional development:	
Self help skills:	
Previous intervention:	
Current intervention, if any:	

Produced by the Special Needs Working Group, Department of Community Services, Northern Sydney Network.

Summary: Observation of Behaviour

Child's Name: _____   **Date of Birth:** _____   **Date of Observation:** _____

Time	Activity time (Outside, Inside, Free Play, Structured Play, Group, Rest.)	Before incident (Describe)	During incident (Describe)	After incident (Describe)	Risk to self (Never, Some-times, Often)	Risk to others (Never, Some-times, Often)

Indicators

Child's Name: **Date of Birth:**   **Date:**

Area of difficulty	Yes (Make brief comment)	Verbal challenge (Tick or cross)	Physical challenge (Tick or cross)	Frequency (Never, Sometimes Often)	Severity* (Mild, Moderate Severe)
Arrival					
Departure					
Particular days					
Certain time(s) of day					
Transitions					
Meal Time(s)					
Group times					
Rest time					
Large groups					
Small groups					
Free play inside					
Free play outside					
Particular adult(s)					
Particular girl(s)					
Particular boy(s)					
Certain activities or sit'ns					
Activity too hard					
Activity too easy					
Completing activities					
Organised games					
Waiting for a turn					
Missing out on a turn					
Cooperating with adults					
Cooperating with peers					
Conforming to rules					
Sharing					
Losing in games					
Waiting for help					
Focus on others					
Excluded by peers					

* Mild: Impacts child's own learning/activity/participation but not others, eg. wanders, plays alone, limited play.
  Moderate: Disrupts the learning/activity/participation of others, eg. interrupts group activities/ play/ concentration.
  Severe: Directly affects safety and well-being of others, eg. hits, kicks, physically harms others.

Behaviour Checklist

When you have a child in your service who may be displaying challenging behaviours, the following factors may be useful to consider.

Factors	Yes	No	Comments
Observations of the child made by more than one person?			
Have you recorded what happens before, during and after the incident?			
Have you identified that the behaviour is occurring with a particular staff member?			
Have you made observations over a period of time (3-4 weeks?)			
Have you established patterns in the inappropriate behaviour?			
Have you identified that the behaviour is occurring when relief / casual staff are working?			
Have you identified any positive behaviours?			
Have you investigated what the child's behaviour is like at home?			
Are you aware of parent discipline and expectations at home? Does it differ largely from the centre?			
Have you considered cultural issues and factors?			
Have you examined your own attitude or value judgements?			
Once you identify your own bias, have you allowed a genuine length of time for your approach to change?			
Have you referred parents onto parenting skills courses?			

Factors	Yes	No	Comments
Is there a language barrier with the parents and /or child? Do you need an interpreter?			
Have any sudden changes occurred in the family, eg. moving house, new baby, parent's separation, a death?			
Is the child suffering from any health issues?			
Have you considered the number of hours the child is in care?			
Does the child have a well-balanced nutritional diet?			
Is the child sleeping an adequate number of hours?			
Are staff expectations age appropriate?			
Are staff expectations consistent within the team?			
Are the learning experiences based on children's interests?			
Have you examined the environment both indoor and outdoor? Do you need to make any changes?			
Do transition times allow for learning or do you see them as times of chaos?			
Are strategies used by staff consistent within the team?			
Have you focused on what you can do next rather than saying, "We have done everything with the child"?			
Are you evaluating strategies that have been developed?			
Do you encourage and praise each other on the team for your efforts?			

Adapted from: 'Challenging Behaviours – A guide for Children's Services, Staff and Parents', produced by the SUPS team of the Illawarra Children's Services.

Summary: Aggressive Behaviours

Child's Name: **Date of Birth:**   **Date of Summary:**

Date	Describe verbal aggression	Describe physical aggression	Triggers	Frequency (Never, Sometimes, Often)	Duration (Minutes)	Risk to self or others* (Mild, Mod., Severe)	Possible reinforcers	Contributing circumstances	Anyone hurt (Describe)

* Mild: Impacts child's own learning/activity/participation but not others, eg. wanders, plays alone, limited play choices.
Moderate: Disrupts the learning/activity/participation of others (and self), eg. interrupting group activities/ play/concentration.
Severe: Directly affects safety and well-being of others, eg. hits, kicks, physically harms others.

Produced by the Special Needs Working Group, Department of Community Services, Northern Sydney Network.

Summary of Needs

Child's Name: **Date of Birth:**   **Date:**

Area of difficulty	Child's additional needs	Resources available presently?	Additional resources required?	Resources located?	Action needed
Arrival					
Departure					
Particular days					
Certain time(s) of day					
Transitions					
Meal Time(s)					
Group times					
Rest time					
Large groups					
Small groups					
Free play inside					
Free play outside					
Particular adult(s)					
Particular girl(s)					
Particular boy(s)					
Certain activities or situations					
Activity too hard					
Activity too easy					
Completing activities					
Organised games					
Waiting for a turn					
Missing out on a turn					
Cooperating with adults					
Cooperating with peers					
Conforming to rules					
Sharing					
Losing in games					
Waiting for help					
Focus on others					
Excluded by peers					
Other					

Produced by the Special Needs Working Group, Department of Community Services, Northern Sydney Network.

Individual Behaviour Management Plan

(Parent or guardian must sign that they are in agreement with this plan.)

Child's name:

Long term Goal:

Start date of plan: **End date of plan:**

Date	Behaviour outcome (what you hope to achieve)	Resources (eg. equipment, environmental change, visual cues)

Date	Behaviour outcome (what you hope to achieve)	Resources (eg. equipment, environmental change, visual cues)

Date	Behaviour outcome (what you hope to achieve)	Resources (eg. equipment, environmental change, visual cues)

Parent/Guardian permission:

I have discussed this plan with staff and agree that they carry it out. _____ (Signature)   /   /   (Date)

_____ (Name) _____ (Relationship to child)

Ongoing Evaluation

All entries must be dated and signed. (Sign at the end of each entry.)

Child's name:		Date of birth:
Behaviour Outcome:		

Date	Evaluation	Follow-up (if needed)

SECTION FOUR
Resources

(Please add any related information that your team finds useful.)

CONTENTS

4.1   References

4.2   Websites

4.3   Videos

4.4   Training Agencies

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(See also references at the end of articles.)

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SECTION FIVE
Referral agencies

(Please add any related information that your team finds useful.)

CONTENTS

REFERRAL AGENCIES IN NORTHERN SYDNEY
FOR CHILDREN WITH CHALLENGING BEHAVIOUR

	Phone	Area Served
Department of Health:		
Lower North Shore Child and Family Health Service. *Referrals: parents only.*	9448 3155	Lane Cove, Mosman, North Sydney, Willoughby.
Queenscliffe Family and Child Health Team. *Referrals: parents and health workers.*	9466 2500	Manly, Pittwater, Warringah.
Ryde Child, Adolescent and Family Health Service. *Referrals: parents.*	94486877	Ryde, Hunters Hill, Gladesville.
Hornsby Ku-ring-gai Child Adolescent Family Team. *Referrals: families.*	9449 9144	Hornsby, Ku-ring-gai.
Dalwood Spilstead Centre: *Referral: parents and other agencies. Early intervention program for children with emotional and behavioural problems.*	9951 0365	Manly, Pittwater, Warringah.
Coral Tree House Family Support Service *Referral: by health professionals only.*	9887 5830	Northern Sydney.
Northern Sydney Child Protection Service. *Referral: anyone re children who have been abused or at risk. Counselling, education, family support and medical services.*	9926 6060 After Hours: 9926 7111	Northern Sydney.
Non Government Organisations:		
Early Education (Early Ed) *Referral: parents or professionals. Programs for children with mild to moderate emotional/behavioural disorders.*	9923 2727	Northern Sydney.
The Autism Association of NSW *Referral: families or professionals. Early intervention services for children with autistic characteristics.*	9452 5088	Statewide.
Centre for Developmental Disability Studies: Apex Program. *Referral: families. Child must have a moderate intellectual disability and behavioural difficulties.*	8878 0500	Statewide.
Intensive Family Support Options *Referral: family and professionals. Short term, intensive support for families of children with disability who are in crisis.*	9972 8177	Northern Sydney.

INFORMATION SERVICES

Information adapted from: 'Who to CONTACT', Sydney, May 2002. Contact Incorporated, Program for Isolated Children, Families and Communities. Contact Inc. 1979.

Service	Phone No.	Description
Aboriginal children: Aboriginal Children's Service	9698 2222 9699 9835	
Bereavement: The Compassionate Friends	9290 2355	Helps parents and relatives of deceased children. Telephone & face-to-face counselling, groups.
Child abuse: DoCS Child Protection Helpline	13 21 11	Deals with a wide range of concerns to do with children.
Child Abuse Prevention Service	9716 8000	Child and parent support services including phone-in centre.
Children's support: Kids Help Line	1800 551 800 **www.kidshelp.com.au**	Phone & internet counselling support for young people 5-18.
Early childhood interventions services: Early Childhood Intervention Info Line	1300 656 865	Advice on services for young children with disabilities or developmental delays.
Ethnic Childcare: Ethnic Child Care Family & Community Service Co-op.	9569 1288	Information, referral & advocacy services to children & their families from NESBs.
Family/ Parent support: Family Support Services Association of NSW	8512 9850	Support for families under stress and in crisis.
Good Beginnings Australia	9211 6767	National parenting program: ethnic & indigenous families; prisoners & families program.
Karitane Care Line	9794 1852	24 hour service.
Parent Line	13 20 55	Parenting advice, bilingual counsellors, telephone interpreter service.
Tresillian Family Care Centre (Willoughby)	8962 8300	Support to carers of children under 5 experiencing parenting difficulties. 24 hour service.
Tresillian Parenting Help Line	9787 0855	
Gifted and talented children: NSW Association for Gifted & Talented Children	9633 5399	Information; assistance to parents, teachers and carers; phone counselling, workshops, children's activities, resources.

SECTION SIX
Newsletters/ additional resources

(Please add any relevant information that your team finds useful.)

CONTENTS