

FOSTERING
DIFFERENCE

GUIDE TO BEHAVIOUR MANAGEMENT FOR SUPPORT WORKERS

Understanding the Meaning Of Children's Behaviour

Dr Sara McLean

‘The sign of great parenting is not the child’s behaviour...

The sign of truly great parenting is the parent’s behaviour’

Acknowledgment:

This resource is part of a series of resources for foster parents who are raising children living with developmental difference caused by early life adversity. The guides are intended to provide general educational information only, and are not a substitute for professional assessment and intervention.

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A Guide to Behaviour Management

Children's behaviour is meaningful even if it is sometimes perplexing. It can be helpful to reflect on what role a child's behaviour serves. Helpful questions include 'What happens as a result of this behaviour?' 'What does the child avoid because of this behaviour?' 'What does the child gain?' 'In what situations does this behaviour occur?' 'Is it because the child isn't willing, isn't able or doesn't understand?'

A child will not be likely to relinquish a behaviour until it is no longer needed; or because we have taught them another alternative behaviour that gets the same result for them. It is important to ask 'Why would this child relinquish this behaviour?' 'What other way can this child get their needs met?' 'Are they willing to give up this behaviour?' and 'Would they be willing to give up this behaviour if they knew for sure there was another way to signal their needs?'

Supporting children to change their behaviour involves:

1. understanding the purpose of the behaviour;
2. creating a safe environment to discuss behaviour that challenges; and
3. developing an alternative way for your child's need to be met.

These steps are best taken in *partnership with the child and the significant adults* in the child's life.

When thinking about which behaviours should be tackled and which are less important; we need to make a distinction between Safety Rules and Behavioural Expectations. While safety rules are non-negotiable, all other behavioural expectations are best viewed as behavioural aspirations that the child can work towards over time.

An example of a safety behaviour might be 'Always walk on the footpath'; whereas a behavioural expectation might be 'Always say please and thank-you'.

Registered Psychologists are skilled at determining the factors that drive and maintain challenging behaviours; and it can be useful to discuss your ideas with the Psychologist on your team before embarking on any plan to address behaviour that challenges, especially high risk behaviour.

The following guiding questions may be helpful in determining how to approach challenging behaviour:



Does this behaviour relate to an expectation or a rule?

If the behaviour you want changed relates to a safety rule... AND

- The child is able to comply but isn't willing..... Then restate the rule, and win the battle!!
- The child is not able to comply or doesn't know how..... Then teach the child how to comply; what to do and reward compliance
- The child is able to comply and complies or attempts to comply..... Then reinforce and reward this compliance.

If the behaviour you want changed relates to an expectation....AND

- The child is able to comply but isn't willing..... Then re-state your expectation and the steps you need the child to take
- The child is not able to comply or doesn't know how..... Then support child to learn what to do, teach the necessary skills and reward compliance
- The child is able to comply and complies or attempts to comply..... Then reinforce compliance and steps in the right direction

Rules generally relate to safety of the child and others, and should not be negotiable. Expectations relate to socially acceptable behaviours that we want the child to conform to. These are aspirational and should be addressed in small increments rather than expecting a child to achieve this quickly. Martha Holden was the first to make the important distinction between rules and expectations in her work with children in residential care (Holden 2009).

Is this behaviour related to specific reminders of trauma (places, smells, sounds, activities)?

Does this behaviour appear 'out of the blue' and relate consistently to certain visual, sound or tactile triggers? If so, then....

- Teach the child about the nature of trauma and hyper-arousal in response to reminders-normalise anxiety and his/her experience.
- Teach the child relaxation and calming strategies to use when affected by triggers.
- Understand and learn to predict what will trigger the child.
- Engage the child in trauma therapy and/or systematic desensitisation regarding trauma.



Does this behaviour happen mostly in response to strong emotions of physical stressors?

Does the behaviour appear related to times when the child is emotionally overwhelmed, or physically stressed (e.g., sick or sleep deprived), or in response to certain environments? If so, then.....

- Teach the child about bodily clues re emotions; how to name emotions; and about the link between emotions, bodily symptoms and external events.
- Teach the child about their cognitive, physical and sensory triggers.
- Teach the child emotional regulation strategies (coping self-talk, physical and sensory strategies).
- Plan for predictable times of emotional or physical stress (transitions, anniversaries and visitations).

Does this behaviour happen when the child feels inadequate or lacks ability?

Does the child engage in behaviour in order to escape or avoid situations or activities that make him/her feel inadequate, afraid or ashamed? If so, then...

- Teach the child the connection between feelings and avoidance behaviour; and about the powerful reinforcing effect of avoidance.
- Assess the child's developmental level and teach missing skills where this is needed; ensuring you meet the child at their current developmental level.
- Create a hierarchy of skill development needs; and address each one in turn. Do not underestimate the extent to which basic skills (language, spelling, reading and maths) may be missing. Teach these missing skills explicitly.
- Address children's shame and fear directly; link behaviour to avoidance of shame and humiliation; normalise and model appropriate responses to shame.



Does this behaviour happen more during times of change or transition?

Is this behaviour related to novelty; to transitions or unstructured time? Does the child have poor executive functioning, FASD or language problems? If so, then...

- Help the caregiver to create structure and predictability; teach how to give the child verbal and visual warnings of impending change.
- Help the caregiver to provide visual prompts to children and to rehearse coping responses with children.
- Help caregivers to make implicit assumptions and social conventions and social rules explicit; help them explain and teach these expectations to children.
- Help the caregiver to work out a plan for signalling upcoming change and transitions to their child. Help them to create and communicate a 'safety' plan/person for unstructured social interactions.

Is this behaviour related to emotional events?

Is this behaviour related to emotive occasions such as significant anniversaries, or visitation with biological family? Does the child have difficulty with self-regulation of strong emotions? If so, then.....

- Help the caregiver to establish a predictable routine and visual and verbal warnings in the lead up to emotionally significant occasions.
- Help the caregiver to provide the child information about expectations, upcoming activities, and time-lines.
- Help the caregiver to establish a 'plan B' for unexpected events, and to model and practice coping self-talk with the child.
- Help the caregiver to establish 'touching base' routine for post- event calming; encourage them to use sensory and whole body calming techniques.
- Help the caregiver to learn to expect difficulties and plan for child to be 'predictably unpredictable' during the lead up to and aftermath of emotional significant events.



Is this a behaviour that tends to occur only with this caregiver or does it occur with others?

Is this a behaviour that tends to occur only with this foster parent or their key caregivers? Or does it occur across a range of settings and people? If it only occurs in relation to the child's significant caregivers then it is likely to be related to the child's attempt to manage emotional boundaries. If so, then.....

- Help the caregiver to understand what function the child's behaviour serves in relationship. Is the behaviour related to keeping distance from the caregiver, to gaining proximity to the caregiver, or gaining caregivers' attention?
- Help the caregiver to explore other ways the child can signal these needs. Is the child able to meet this need another way? Is child willing to meet need another way? What does the child need in order to manage this need to control emotional 'proximity'? What other way can the child meet this need- (e.g., schedule time with carer, signal to allow personal space, alternate ways to get attention?).
- Teach the child to signal their need in a more appropriate way.
- Educate the caregiver about the function of this behaviour and brainstorm with carer alternate ways to meet this need.

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