

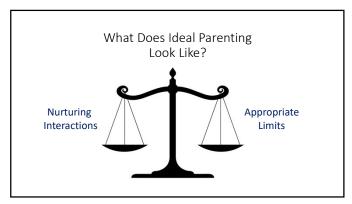


#### BEHAVIOR PROBLEMS AND CHILDREN

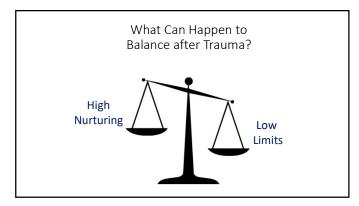
What are the most disruptive child behaviors?



1



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#### Clues That a Child is Stuck in Fight/Flight/Freeze

- Extreme emotions
- Behavior feels like its out of the blue
- Big response over very minor issue
- Happens quickly (0 to 60)
- Child is unable to calm down
- Doesn't respond to reasoning
- Distress may last a long time
- Apologetic later

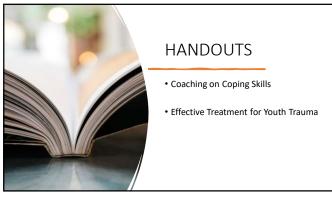


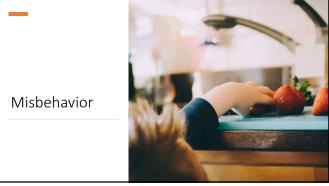
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## What is the function of this behavior?

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#### Applying Skills to Trauma Reactions Offer to do a Create a Briefly reflect Allow child sense of emotion favorite $time \ to \ calm$ Tell child you can see he/she/they is feeling upset and you are available if he/she/they needs you coping skill safety This means back This means back away and be quiet! Less language! Stay close by so child can come to you when he/she/they is ready together Stand a few feet away from child Speak in a calm and quiet voice May need to model skill if child is unable to join

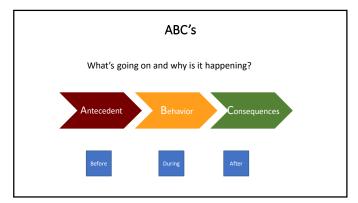




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## Typically involve active defiance or oppositionality Are maintained by rewards in the environment Are often created and/or reinforced through inconsistency, leniency, and/or unpredictability May occur with trauma symptoms Respond most effectively to child behavior management techniques





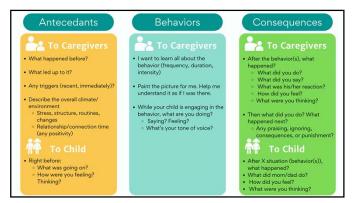
# Go to the A: Antecedents What precedes the behavior? • What happened before? • What led up to it, any triggers? What is the overall climate/environment • Stress, structure, routines, changes

#### ABC'S OF BEHAVIOR

#### Go to the C: Consequences - occurs after the behavior

What happened right after the behavior? What did you do/say? What was his/her reaction? Any praising, ignoring, consequences, or punishment?

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#### Collaborating with Caregivers

- Create space for caregiver to share concerns
- Align with the caregiver
- Am I communicating a message of hope?

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#### Buy-In for Behavior Management



The first thing we want to do is check their assumptions and provide accurate information



Caregivers need an accurate, trauma-informed understanding of a child's behaviors to engage in recommendations

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#### Common 'Misunderstanding' of Child Behavior

Developmentally Inappropriate Expectations

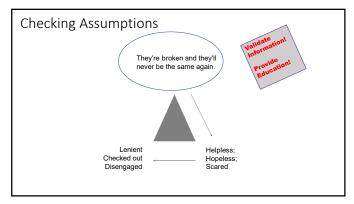
- Pathological liar
- Not upset unless caught. No remorse.

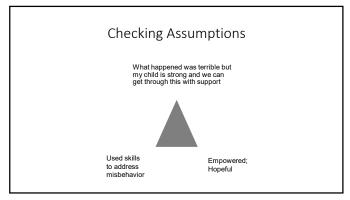
Over-personalizes Misbehavior

- Child's doing this to 'get at' me.
- Child is disrespecting me.

Pathologizing Child Behavior

- Attachment issues
- Manipulative





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#### Collaborating with Caregivers

- Ask permission
   Ex: "Would it be alright if I told you some things that have worked for other parents?"
- Clarify information needs and gaps
  Ex: "What do you know about coping skills?"
  Ex: "Is there any information that would be more helpful right now for you?"
- Explore Prior Knowledge and Current Interest
   Ex: "What skills did you learn or tried in the past?"



#### Collaborating with Caregivers

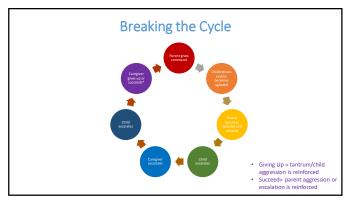
Clarifying language:

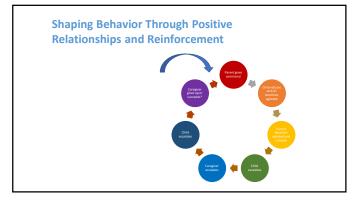
- "Does that make any sense?"
   "What else would you like to know?"
- "How does that apply to you?"
- "So what do you make of that?"
- "What do you think is a good next step for you?"

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Ways To Praise	Praisable Behaviors
You are doing a nice job of_	playing gently with the toys.
Thank you for	helping clean up.
I like it when you	use an indoor voice.
You are so smart to	finish your homework.
It's nice when you	say thank you.
What a wonderful idea to	fix it all by yourself.
Super job	putting your clothes away.
It's so cool that you are	doing your chores.
You are so polite to	use your manners.
Nice job of	sitting still.
That is a great way to	share with your sister.
I am so happy with you for	waiting patiently.

-	
2	/1

#### Special Time

#### School Age

- 5-7 days a week, 5 minutes a day
- Choose several toys that the child can choose (crayons, legos, blocks, play dough).
- Avoid toys that limit conversation, encourage aggression, or toys that have rules.

#### Teen

- 3-4 days a week for 15 minutes
- Activity that is enjoyable that the teen chooses or join them in an already engaged activity.

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#### **HANDOUTS**

• Labeled Praise Handout

Shaping Behavior Through Appropriate Commands

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## be good.

But Why Won't She Listen When I Tell Her To...

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### Giving Effective Commands

- Direct
- Specific
- One at a time
- Positively stated
- Polite/Normal toneOnly when necessary



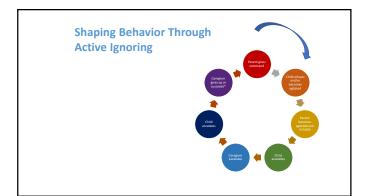
POOR	BETTER
Pick up your toys	"Pick up your toys and put them in the toybox"
Be good, don't fool around	"When you're on the school bus, remember to keep your hands to yourself"
Carlos, go tell your brother to hurry up with his shoes	"Max, please put your shoes on in the next minute or so I can help you with your coat"
How many times do I have to tell you	"Sam, please turn off the TV"
Is it a good idea to play so rough with your toys?	"Roll the car more slowly on the ground or it will break"

## Setting Rules

- Positively stated
- SpecificNot too many
- Fair



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#### Active Ignoring / Selective Attention

- No reaction to certain (non-harmful) negative behaviors
  - Defiant or angry verbalizations to parent
  - Nasty faces, rolling eyes, smirking
  - Mocking, mimicking
- Ignoring means 100%
  - No consoling; no last minute warning; No nonverbals
  - Remain calm, dispassionate

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#### Active Ignoring / Selective Attention

- Walk away, busy oneself with an activity
- Initially there will be a 'burst' in the negative behavior...This will be short lived IF you are consistent.
- Immediately praise "the opposite" (wanted) behavior

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#### Consequences / Behavioral Rewards

#### Removal of Privileges

- Should be done immediately/short-term
- Avoid banning prosocial activities
- Combat removing everything
- Ensure child can earn back privilege
- Keep the length of removal reasonable

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#### Consequences / Behavioral Rewards

#### **Behavioral Rewards**

- 1. Create Behavioral Goal
- Create a Behavior Schedule
   When in the day does the problem behavior occur
- 3. Create a Reward Menu

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	Mon	Tue	Wed.	Thurs	Friday
Make bed before school	Y N	ΥN	ΥN	ΥN	ΥN
Get dressed before 8:00 am	Y N	Y N	Y N	Y N	Y N
Keep hands to yourself	Y N	Y N	Y N	Y N	Y N
Rewards Pick out movie Choose game Stay up 10 min Have a friend o Sundae night	utes late			Stickers 8 4 15 10 8	



Examples of Rewards: Get Creative!

- √Time Alone
- √ Time with Friends
- √ Have Friends Overnigh
- ✓ Stay Overnight with Friend
- ✓ Night off Regular Chores
- Time with Parent
- ✓Extra time on Internet
- ✓ Buy a song
- ✓ Renting video

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Consequences /	Behavioral	Rewards
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#### Time Out

- Every time \_\_\_\_\_ happens, child goes to time out.
- Caregivers often need support in implementing Time Out

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#### Consequences / Behavioral Rewards

#### 1. Setting Up Time Out

Find a boring, unstimulating place
Determine how long time out will be
Explain the procedure to the children
Show the Time Out area
Show the Timer, Explain the Rules of Time Out
Make sure you are calm and in control
Make sure you can follow through

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#### Consequences / Behavioral Rewards

#### 2 . Give a clear Time Out Command

"Malik, you hit your sister which is not keeping your hands to yourself, you now have a time out"

#### 3. Use guided compliance if they won't go to TO

- Light physical guidance for younger children only
- Time Out does not start unless you are in the TO area
- Create a rule that youth can earn time off if they go to the TO area immediately

#### Consequences / Behavioral Rewards

#### 4. During Time Out..

- Do not say anything else until the TO is over
- Do not respond to anything the child says
- $\bullet$  Do not provide or allow the child to have anything reinforcing during TO
- If the child leaves the time-out chair or designated area:
  - ODo not say anything
  - $_{\odot}\mbox{\sc Physically}$  guide the child back to the chair/area
  - o For older children: Additional consequences or Program Restrictions

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#### Consequences / Behavioral Rewards

#### 5. At the End of Time Out..

- Not the best time to lecture about the child's behavior
- Emotions may still be high
- Make sure to praise child as soon as you can catch them being good

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#### Parent-Teen Problem Solving

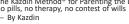
Defining	Listing	Picking
Defining the Problem  • Stating what the other person is doing or saying that bothers you in a way that is	Listing Solutions  Be creative  Don't evaluate the solutions just yet	Picking the Best Idea  • Write down the good and bad points of each idea then rate a final + or -  • Go over parent and teens results and evaluate the top solutions



#### Reading Recommendations

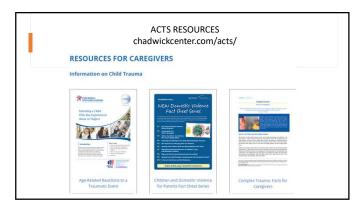
- Parent-Child Interaction Therapy
   By McNeil and Hembree-Kigin
- Defiant Children, Third Edition: A Clinician's Manual for Assessment and Parent Training By Barkley
- Your Defiant Teen  $(2^{nd} Ed):10$  Steps to Resolve Conflict and Rebuild Your Relationship
  - By Barkley and Robin
- The Kazdin Method® for Parenting the Defiant Child with no pills, no therapy, no contest of wills

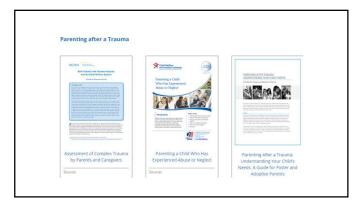
   By Kazdin

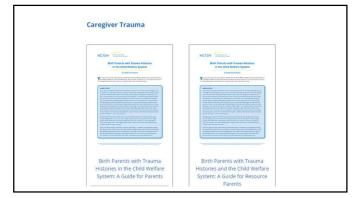




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### Coaching on Coping Skills

After a trauma, children may be stuck in Fight-Flight-Freeze responding. This can look like:

- Extreme emotions ('meltdown' or 'rage')
- Out of the blue or over very minor issue
- Happens quickly (zero to sixty)

- Unable to calm down
- Doesn't respond to reasoning
- Distress may last a long time
- Apologetic later

#### Ways to Help Your Child:

- 1. Create a sense of safety
  - Stand a few feet away from child
  - Speak in a calm and quiet voice
- 2. Tell child you can see he/she is feeling upset and you are available if he/she needs you
- 3. Offer to do a favorite coping skill together. (Or just start doing the coping skill yourself for child to join)
- 4. Allow your child time to calm
  - This means back away & be quiet! ☺
  - Stay in close distance so child can come to you with he/she is ready
- 5. Avoid Reasoning, Arguing, Questioning

Responding calmly to someone in the Fight-Flight-Freeze mode can be difficult, it is OK to take a moment to calm yourself before interacting with your child.



#### **Effective Treatments for Youth Trauma**

Dealing with a child's traumatic experience is confusing and stressful for parents as well as for the child. They wisely seek help, but the search for help can itself be confusing. How do parents know whether a proposed treatment has a good chance of working? Does their child really need to talk about the traumatic experience as much as some experts say?

We now know that there are clinically sound treatments for trauma that are indeed helpful for children and adolescents.

For several years, clinicians have been helping children with treatments that have been practiced widely and accepted among mental health professionals, but only recently have some of these been tested scientifically to document how well they work. We now know that there are clinically sound treatments for trauma that are indeed helpful for children and adolescents.

#### **Cognitive-Behavioral Therapies**

Several studies have shown the effectiveness of treatments for traumatic stress that are based on what psychologists call *cognitive-behavioral* approaches. These approaches include:

- Teaching children stress management and relaxation skills to help them cope with unpleasant feelings and physical sensations about the trauma.
- Using what therapists call "exposure strategies," or talking about the traumatic event and feelings about it at a speed that doesn't distress the child.
- Creating a coherent "narrative" or story of what happened. It is often a difficult process for
  children to reach the point where they are able to tell the story of a traumatic event, but
  when they are ready, the telling enables them to master painful feelings about the event and
  to resolve the impact the event has on their life.
- Correcting untrue or distorted ideas about what happened and why. Children sometimes
  think something they did or didn't do may have caused the trauma, or that if only they had
  acted a certain way a traumatic experience might have turned out differently. This is rarely
  true, and getting the story right helps a child stop prolonging the traumatic stress by
  punishing him- or herself.

- Changing unhealthy and wrong views that have resulted from the trauma. Children often need help to overcome such ideas as "if he did that bad thing to me it must be because I'm bad" or "children like me can never have a normal life again."
- Involving parents. No one has more influence in a child's life than a parent. Parents can play an important role in treatment, sometimes by participating in interventions with the therapist and by helping the child "practice" new therapeutic strategies at home. Parents have key information about their child that therapists need in developing and implementing treatment. Most importantly, parents can create the stable, consistent, and caring environment in which the child can learn that a traumatic experience doesn't have to dominate life.

#### **Does Medication Help?**

Because people respond to stress biologically as well as psychologically, medications are sometimes prescribed to help dampen down symptoms such as nightmares, difficulty sleeping, and anxiety. But it's important for parents to understand that the research on using these medications with young people lags behind the research on adults. Medications may be helpful for treating specific symptoms, but there is no definitive medication treatment to "cure" children's traumatic stress.

#### Does It Help to Talk?

While many parents seeking help for their child say, "My child needs someone to talk to about what happened," others have asked, "How necessary is it to talk about the experience? Shouldn't you help the child move past this, stay away from stirring it up?"

Each child's treatment depends on the nature, timing, and amount of exposure to a trauma. Each child's treatment depends on the nature, timing, and amount of exposure to a trauma. Some children may not be ready immediately to talk about their trauma, and therapists must move at a speed that a child can tolerate. But talking about the trauma with a skilled therapist has been a critical ingredient in treatments that have been studied scientifically and shown to be effective. In fact, studies with adult rape victims have noted that not only is learning to tell the story of

the trauma a critical piece to treatment, but that how well the story is organized and how emotionally engaged the client is when telling the story often predict the success of a treatment.

### When Trauma Is Combined with Other, Ongoing Challenges

For some children, the experience of a specific traumatic event such as an act of community violence, domestic violence, or abuse and neglect are, sadly, combined with other ongoing psychological or social adversity. A therapist and community agencies involved in the child's life must take into account conditions like depression, grief, behavior problems, poverty, academic problems, or substance use when treating the trauma.

Many children and youth living with ongoing adversity, especially adolescents, have trouble regulating their emotions, which makes it difficult to begin trauma therapy. Many of these youth benefit from individual or group therapy that psychologists call *dialectic behavior therapy* designed to

help youth learn how to deal with their feelings effectively and make wiser choices about their behaviors. Numerous studies have shown it to be effective, and it can be a useful precursor to the cognitive-behavioral treatment described earlier.

Interventions that are tailored to individuals, that involve families, and that take place in communities rather than separate settings have also been shown to be effective with children and families who suffer from ongoing exposure to trauma and life stress. These interventions might include case management and intensive in-home services, components of a system-of-care or wraparound approach used by local mental health centers and others to coordinate community services for children.

#### References and Further Reading

AACAP. (1998). Summary of the practice parameters for the assessment and treatment of children and adolescents with posttraumatic stress disorder. American Academy of Child and Adolescent Psychiatry. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(9), 997-1001.

Deblinger, E & Heflin, AH. (1996). Treatment for sexually abused children and their non-offending parents: A cognitive-behavioral approach. Thousand Oaks, CA; Sage.

Donnelly, C, Amaya-Jackson, L, March, J. (1999) Psychopharmacology of pediatric posttraumatic stress disorder. *Journal of Child Adolescent Psychopharmacology* 9:203-220.

Saunders, BE, Hanson, RF (Eds). (2002) Child Physical and Sexual Abuse: Guidelines for Treatment. Charleston, SC: Authors.

To learn more about child traumatic stress, please visit the National Child Traumatic Stress Network website at <a href="https://www.NCTSNet.org">www.NCTSNet.org</a>.

This article first appeared in the fall 2003 issue of Claiming Children, the newsletter of the Federation of Families for Children's Mental Health, <a href="https://www.ffcmh.org">www.ffcmh.org</a>, which was co-produced by the Federation and the NCTSN.

#### **Working More Effectively with Caregivers**

#### **Self-Reflection**

- o What feelings are coming up for me?
- o What am I saying about myself? About the caregiver?
- o Breathe (or any other calming strategy). What is a more helpful message for myself?

#### **Engagement Strategy Review**

- o Am I providing praise to the caregiver?
- o Have I asked their biggest problems, needs, goals?
- o Am I validating their feelings and needs?
- Have I asked for feedback
  - o On understanding of the problem?
  - o On therapy in general?
  - On specific strategies I have introduced?

#### **Teaching Strategies Check-In**

- Asked caregiver to tell me what they heard/took away
- Asked willingness to try it this week
- o Role modeled an example of skill
- o Had caregiver practice in roleplay with me
- o Had parent practice in session using skill with child
- Set goal for the week
- o Given handout (or other method) for tracking use
- o Followed up on tracking previous week in this week's session
- o Problem solved how to make it more effective

#### LABELED PRAISE

- The general rule is that **any behavior that is rewarded will increase**. For example, if you tell your child, "I love how you're sharing with your brother," your child will share more often with his/her brother.
- As a parent, your job is to "catch your child being good." This can be difficult when your child's negative behavior is taking all of your attention. You may need to take time to sit down and come up with the opposite of the negative behaviors that you can praise. For example, if your child is always yelling in the house, provide a reward for the opposite talking in a calm, inside voice.
- **Praise is often the best reward**. "Labeled praise" is verbally letting the child know exactly what they did that you liked, such as "I am so proud of you for staying in your seat at the dinner table" or "You did a great job staying calm when your sister got to play the videogame first."
- **Labeled praise** tells the child specifically what you like about what they are doing or saying. We use labeled praise with children because:
  - o It causes good, desirable behaviors to increase.
  - o It lets the child know very clearly what you like.
  - o It increases the child's self-esteem.
  - o It adds warmth to the parent-child relationship.
  - o It makes both parent and child feel good.
- For many children, behavior problems are related to emotional distress (uncertainty, sadness, anger, confusion). Praising and attending to positive behaviors has the added benefit of reducing their emotional distress, which in turn reduces their acting out behaviors.
- Examples of labeled praise:
  - o Terrific counting!
  - o I like the way you're using your indoor voice.
  - o Thank you for waiting while I talk on the phone.
  - o I am proud of you for using your manners and saying "Thank you."
  - o I really like how you're playing so gently with your toys.
  - Wow, you're doing a great job staying by my side in the store.
  - o I am so happy that you are staying in your seat at the dinner table.

#### **BEHAVIOR CHARTS**

#### Start with only one behavior and goal.

 Select one target behavior that is most distressing to the caregiver (e.g., if a child is arguing often and hitting others, hitting would be chosen as a target behavior as it is more harmful).

#### Be specific and descript!!

 Clearly identify the target behavior and goal. "Be good this week and you'll get a prize" is too vague for a child.

#### Set a realistic goal -- Start low and raise the bar.

- o The first week's goal should be either where the child is at currently or slightly improved. We want them to learn the system and see success early on. Don't set the child up for failure by setting the goal to high.
- For a child who is hitting almost every day, set the first week's goal as 1-2 days with no hitting.

#### Explain the behavior chart plan to child.

- o This can be done in session with the family.
- Keep a positive focus: "We want to work as a family to help you (<u>not hit</u>). We know there are lots of times when you play nicely and don't hit others, so we want to reward you for those times. You'll get a sticker for each day you go without hitting. When you earn 7 stickers, you get (<u>to pick a movie to rent on Friday</u>). We are so excited because we know you can do this!"

#### Let the child help choose rewards.

- o Rewards should have minimal cost. Examples:
  - Extra TV/computer/video game time
  - Choosing what's for dinner
  - Book/game time with a parent
  - Staying up 20 extra minutes
  - Helping cook dinner

#### Change rewards frequently.

 One way to do this is to come up with several rewards and place them in a 'grab bag' from which the child gets to choose.

#### Add stars daily and give rewards weekly.

- o Give attention throughout the week for the child's progress. Post the chart where the child can see it. Make a big deal of awarding the stickers each day.
- o For times that a child does NOT earn a sticker, refocus on earning the next one. "I'm sad that you chose to hit and didn't earn a sticker, but I bet this afternoon you can earn a sticker. You need 3 more this week to get the prize!"

	's REWARD CHART
Date:	

Morning

Fvening

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1							

Reward: \_\_\_\_\_

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Date:	

Morning

Fvening

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1							

Reward: \_\_\_\_\_

#### **Behavior Management Planning Worksheet**

1.	What is the problem behavior?	
2.	What is the opposite of the problem behavior?	
3.	Write the rule positively using the answer from #2	_
4.	What reward will the child get if the rule is followe	d?
5. What consequence will the child get if the rule is not followed?		
ls t	the rule enforceable 100% of the time?	☐ Yes ☐ No
Is what you want the child to do stated very clearly? $\ \square$ Yes $\ \square$ No		
Is the rule specific?		
Are	e there any loopholes?	☐ Yes ☐ No
If you answered "no" to any of the above questions, then rewrite the rule so you can answer "ves" to these questions.		