The Association for Child and Adolescent Mental Health, in collaboration with Child and Family Training (C&FT) and Improved Futures (IF)

Briefing Seminars

Trauma and Looked After Children

*Dealing with distress, restoring well-being, and promoting resilience of Looked After Children and young people who have suffered extensive trauma*
Seminar 3 – Addressing the traumatic responses of Looked After Children

- **Key learning points**
  - Catch up on Dealing with Distress
  - An introduction to the Modular Multi-Focal Approaches to address the overlapping mental health responses associated with Adversity, Trauma
  - Addressing emotional states, anxiety and low moods
  - Problem solving, and conflict management
  - Modules Addressing Angry, disruptive behaviour
ACEs – Biological Changes and Life Course Health

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<th>ACEs</th>
<th>Biological Changes</th>
<th>Life Course Health</th>
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<td>Biological changes may be potentially adaptive for short-term survival in adverse environments — but have long-term impact on health through a variety of pathways, e.g. latent vulnerabilities — Threat fight and flight response — Flattened affect responses to rewards — Limited memory — Social thinning</td>
<td>• Developing brain changes in volume in key region of the brain • Epigenetic changes in the expressions of genes - telomere shortening • Stress regulation changes in stress reactivity • Immune system altered immune regulation leading to increased reactivity or inflammation • Endocrine / metabolic systems dysfunction of endocrine system and metabolic processes</td>
<td>• Biological changes become embedded in behaviours e.g. alcohol substance abuse, • Increased risk of chronic disease and mental ill health</td>
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Dissecting early life stress-induced adolescent depression through epigenomic approach
Risks of psychopathology in Trauma Exposed Individuals

- **Subset of the E-Risk Study sample** exposed to any type of severe victimization during childhood
- **Exposure to victimization** was assessed at 5, 7, 10, and 12 years of age.
- **Cumulative information** exposure to domestic violence; frequent bullying by peers; physical abuse sexual abuse; emotional abuse and neglect; and physical neglect
- **Psychiatric Assessment aged 18**
Catch up on the 4D approach
Dealing with distress

**Mindfulness** gives you control over your experience your racing or ruminating thoughts.

**Applied Tension** gives you control over feelings of fainting & light headedness by increasing your blood pressure.

**Grounding** (stress balls; ‘butterfly’ technique) gives you control of how you sense your outside environment, meaning you feel less ‘cut off’ from things around you.

**Slow Breathing** gives you control of the feelings you get when hyperventilating (breathing fast).

**Progressive Muscle Relaxation** gives you control of the feelings of tension in your muscles.

You notice stress when your bodily systems get out of control because you are not able to meet your basic needs - for safety, self worth, connectedness to others, for example -

In the **short term**, Distraction helps you to try to meet these needs in other ways. Dilute strategies help you regain control over these systems.

In the **long term**, you’ll need the other 4Ds – to Develop ways to Discover what’s at the root of the problem.
Bilateral Movements are a form of Eye Movement Desensitization and Reprocessing (EMDR) to relieve Stress and Trauma – a highly effective way of dealing with distress!!

- **The goal of EMDR** is to access unintegrated fragmented perceptions of stressors - inadequately processed information, then use alternating bilateral stimulation to re-stimulate the ability to process distressing events. integrated into the individual’s memory system which enables reduction of the tendency to trigger distress reactions

- **Identify a target memory** - a distressing image, situation, visualise what you would like to achieve, focus on the target memory continue 20 - 40 times until distress reduces, new insights emerge

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The Butterfly Technique
(Jarred and Artiga 2010, Mansell, Urmson and Mansell 2020)

The Butterfly Hug is a grounding technique people can practice to self-soothe when under stress. The Butterfly Hug was developed by two practitioners, Lucina Artigas and Ignacio Jarero, adapted by Mansell et al, 2020 and Luber 2022

1. Cross your arms over your chest, and interlock your thumbs to form the butterfly’s body and the extension of your other fingers outward will form the Butterfly’s wings.

2. Your eyes can be closed, or partially closed, looking toward the tip of your nose.

3. Next, you alternate the movement of your hands, like the flapping wings of a butterfly. Let your hands move freely.

4. You can breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body such as thoughts, images, sounds, feelings, and physical sensation without changing or pushing your thoughts away. You can pretend as though what you are observing is like clouds passing by.

5. In your imagination go to a safe place, what are the images, colours, and scenes—you see—repeat the movements 6 -8 times – until you feel calm – try to draw your safe place – return to it when you need to

Use when:
• Feeling anxious or emotional distress
• Feeling overwhelmed with thoughts, flashbacks, re-experiencing
• Use to help you share your distressing thoughts and feelings
• Feeling disconnected
• To help you sleep

Common experiences:
• Gives you control of how you sense your outside environment, meaning you feel less ‘cut off’ from things around you
• Feeling more relaxed and balanced
• Feeling more heart-centered
• Feeling more resourced and re-connected
Interventions for complex impact of trauma
Interventions for adversity and trauma-Maltreatment

There is extensive research on interventions for maltreatment – core forms of adversity - across the age-range. Macdonald et al., (2016) identified 198 studies including 62 trials, the majority for single forms of maltreatment.

They noted many children had multiple forms of maltreatment, Trauma Focused CBT reduced traumatic symptomology and was also helpful in reducing associated anxiety and depression. Parallel work treating parents and children effective.

However, there was limited availability of interventions to deal with the complex difficulties associated with common multiple ACEs. (Bentovim, Vizard & Gray, 2018).
A modular multi-focal common practice element treatment approach is a trans-diagnostic treatment design based on the selection of therapeutic strategies to address specific presenting problems from an empirically derived bank. (Chorpita & Daleiden, 2009)

Common practice elements are therapeutic procedures derived from single-focal treatment manuals from more than 1,000 randomized control trials). including approaches which may be theoretically very different (Chorpita & Daleiden, 2009).
The Modular Approach To Children – Anxiety, Depression, Trauma and Conduct – MATCH-ADTC (Chorpita and Weisz 2009) transdiagnostic paradigm was adapted to develop the modular ‘Hope for Children and Families Intervention Resources’, HfCF.

47 common practice elements to prevent the harmful effects of child maltreatment were added, and categorized as focusing on children, parents and the family as a whole, and organised around the assessment framework into modules, and guides.

They can be selected to fit the needs of particular child or young person.
Assessment Framework
A map of relevant data to be collected

CHILD
Safeguarding & promoting welfare

FAMILY & ENVIRONMENTAL FACTORS

CHILD’S DEVELOPMENTAL NEEDS

Health
Education
Emotional & Behavioural Development
Identity
Family & Social Relationships
Social Presentation
Self-Care Skills

PARENTING CAPACITY

Basic Care
Ensuring Safety
Emotional Warmth
Stimulation
Guidance & Boundaries
Stability

Community Resources
Family’s Social Integration
Income
Employment
Housing
Wider Family
Family History & Functioning

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Working with child sexual abuse

Safety and care for children and young people abused in the family

Parents/carers support work with children responsible for harmful sexual behaviours

Working with younger and older children displaying harmful sexual behaviours
School referred Michael concerns about a recent, marked change in his appearance and behaviour.

- **Anxious, distracted** and has difficulty concentrating
- **Persistently late, a neglected appearance**, often hungry when he gets to school
- **Last term he was bright**, cheerful and smartly turned out
- **Lives with Mother**, sister Laura and Step-Father Ian
- **Initial Assessment** – confirms neglect and raises concerns about exposure to violence – family assessment arranged
Family assessment
# Child’s Developmental Needs – Michael

## Health
- Recent evidence of neglect, poor growth, poor care
- Exposure to domestic violence and alcohol misuse
- History of better care

## Education
- Recent Limited support of education
- Poor school attendance and progress

## Emotional & Behavioural Development
- Withdrawn, fearful, anxious and depressed, sense of loss

## Identity
- Alienated, isolated and confused

## Family and Social Relationships
- Subject of criticism, disqualification and excessive punishment
- Sister supportive, but attachments with Mother undermined, fearful and intimidated by Ian
- Not seen as acceptable to Step-father

## Social Presentation
- Withdrawn, friendless

## Self Care Skills
- Expected to care for self
- Limited self-care skills
The Goals of work

• The focus is on working collaboratively with the child, addressing obstacles. to establish a partnership with children to communicate what they think, feel, express their views on the directions which their lives might take.

• Generic modules provide children with a toolkit of skills to manage feelings, thoughts and behaviour and to build relationships.

• Problem specific modules of anxiety, mood and trauma should be selected on the basis of the type of problem the child is experiencing.

• Resilience is built from security, the capacity to regulate emotion, have self-esteem, autonomy, self-efficacy, reflective function, identity and a sense of belonging.
Adapting material for children and young people with special needs

Music - Music is understood by all people across the world

Touch - Touch can help children build concepts as they link objects to experiences

Art - With art, there is no way to fail. There is no right or wrong way to create pieces of art

Movement - Movement increases focus, attention, and impulse control in children

Social Stories - Visual or written guides to describe different situations

Technology - In My Shoes

Gestures - A way to communicate beneficial for children with auditory challenges

Motivators - encouragement praise. Small rewards

Sign Language - for deaf and hard of hearing children and for nonverbal children

Talk to Children - with Special Needs
The Same As Typically Developing Children

Transition Time - Ample time to transition into a new activity
Learning outcomes

- **Recognising attachment behaviours** secure and insecure over the different developmental stages

- **To appreciate the nature of disorganised insecure attachments** which characterise children placed later for care, and the associated clinging, avoidant or controlling behaviour

- **Approaches to create secure attachments** in school age, and adolescence and to appreciate

- the **attachment needs expressed through challenging behaviour** seeking emotional support,

- **Understand sources of stress** in caring for vulnerable children,
Attachment Styles

Attachment Styles are Usually Organised ways of relating to the world based on experience

Continuum from autonomy to closeness

Insecure avoidant

Secure

Insecure ambivalent
Attachment categories

- **Securely attached children** experienced their caregiver as available and themselves positively.

- **Ambivalently attached children** experience the caregiver as being inconsistently responsive and themselves as dependent and poorly valued.

- **Avoidantly attached children** experience their caregiver as consistently rejecting and themselves as insecure but compulsively self-reliant.

- **Disorganisedly attached children** experience the caregiver as frightening or frightened, and themselves as helpless, angry, and unworthy.
“Adults are reliable and helpful. I know that I can trust them to look out for my needs. I find it easy to trust you and others. I am OK if you are with me or busy doing other things. You find me relatively easy to related to.”

“I enjoy school. There is so much to learn. It’s really interesting. My teacher is good. She’s taking us to visit a museum soon so that we can try out researching techniques. I have lots of friends. We have just started to get homework to do to prepare us for secondary school.”
“Adults are either frightening by being abusive towards me or frightening because they seem so scared and helpless most of the time.

I don’t know whether to approach you or run away from you. I feel confused by you and others. I’m bad. What is going on? Why should I trust you? But then I need you sometimes. I need to stay in control - ready. Who knows what will happen next?”

“No one likes me at school. All the staff are awful. Well there’s one that’s OK but only sometimes. I get really mad sometimes and have thrown a chair once. I think they get scared and don’t know what to do with me.”
Establishing one-on-one time

**To get started**, you can either make a regular time together each day or try to find a time when, for example, a younger child seems to be enjoying a play activity alone. Always ask the child what they would like to do together, or if it is not arranged, wait until they are playing in a positive way.

Join in the child’s play. Do not try to do it when you are upset or busy or planning to rush off to do something because you will be preoccupied and you will not really be able to give it your full attention.

No other child should be involved. Get the other children looked after or choose a time when the other children are not likely to disturb you.

Relax. Watch what your child is doing for a few minutes, then start some positive interactions when the child seems to be open to attention. The main idea is to have fun.
One on one time – do’s and don’t’s

- These guidelines from the guide gives carers some ways of building up positive relationships

This is what to do. After watching, begin to describe out loud what your child is doing. In other words, narrate your child’s play in a way that shows your child that you find their play interesting. You can think of yourself almost like a sports reporter describing a game on the radio or television. Try to make your tone of voice exciting and action orientated, not dull or flat.

Now and then provide positive statements of praise, approval, positive feedback of what you like about their play. Do not be excessively flattering, but try to be specific about what you like.

Try to be immediate with your approval when you notice something good.

If your child begins to misbehave, simply turn away, look elsewhere for a few minutes. Calmly tell the child that one-on-one time is over and leave the room if the misbehaviour continues. Say you will play later when they can behave nicely. If behaviour becomes very disruptive or difficult then you will have to manage it in the way that you do currently. You will be discussing this when we do the modules on helping your children’s behaviour.

This is what you shouldn’t do. Don’t ask questions, don’t give instructions, don’t criticise. This is not the time to teach your child anything new, like how to build or draw something better. Just provide lots of description and praise and that will reinforce any learning for your child. It is never a good idea to give critical comments such as ‘I see you coloured inside the lines. Why can’t you do that more often?’ If you are playing a game with a child, let them construct the rules, let them cheat, let them win. It does not matter on this occasion. It’s a question of having fun, not trying to teach.

With older children and young people your commentary needs to be rather less, but the principle is similar: having an occasion, even briefly, when the child can dictate, when they can lead, when they are in control and you are there just to ensure that it is enjoyable.
Addressing feeling states – anxiety, low mood, disruptive behaviour
Identifying feeling states

- **Ways of coping with distress** are reinforced if feelings can be identified and how they can be affected by different events in both positive and negative directions.

- **This work sheet** helps parents and children to identify the typical feeling states they are feeling.

- **Feelings** associated with fear and anxiety, sadness and low mood, anger and disruptive behaviour.

- **Happy feelings expressed** – and parents and children can have good conversations about when they are felt, how to feel better – and how to begin the process of dealing with fear, sadness and anger.

- **It’s creating a library** to cope at times of distress – calm, neutral and happy feelings can be evoked as part of rapid calming.
Managing anxiety and fears
Managing anxiety

- **A little anxiety** can be a good thing, helps an athlete get ready for the big game, an actor to perform, ensures we are on time.

- **Situations** will which are associated with threat to life and which have been escaped, are associated with *Realistic Anxieties*.

- **The response to continuous threat and danger is fear, panic, “fight or flight” response.** Increased heartbeat, faster breathing, changes in blood pressure, a rush of chemicals, which help the body increase strength, speed, and alertness – helps deal with a real threat.

- **Subject to continuing intense realistic threats** the individual adopts an intense *‘Fight or Flight Response - Even in safety’* some individuals are in a highly anxious state, children and young people in a perpetual state of fear, suffering persistent sleeping difficulties.
Steps to coping with anxiety

Steps

1. **Understanding situations which give rise to anxiety** understand which are true alarms, needing avoidant action, or which are false.

2. **Understanding the process of threat**, the way anxious thoughts are built up, and need to be confronted.

3. **STOP - Countering anxious thoughts** Work out first steps to identify scared situations, worrying thoughts, and generate other thoughts.

4. **The Fear - Ladder Controlling anxiety** — the least to the most worrying, practice being in situations which caused fear overcome, by being confronted.
3. S_T_O_P is a way of countering anxious feelings and thoughts

S stands for scared feelings: Help your scared feelings, e.g., ‘I feel stupid and I am frightened to speak out in class.’, ‘I need to be thinner.’

T stands for thoughts: Help the child to see that thoughts are sometimes guesses or predictions about the future and may not always be right, e.g., ‘Everyone will laugh at me if I get the answer wrong.’, ‘I’ll never find anyone who will think I’m attractive.’

O stands for other thoughts: Generate other thoughts, e.g., ‘Other children make mistakes and others don’t laugh.’ or ‘I could get the answer right.’ ‘If I starve myself to make myself thin and attractive, I’m going to make myself ill.’

P stands for praise: Praise yourself for challenging their own thoughts. Give yourself a ‘pat on the back’.

Work out first steps that could be taken in as much detail as possible to identify a scared situation, worrying thoughts, and generate other thoughts and alternative thoughts, practise three or four times a week and use the feelings thermometer to rate how anxious you feel before, during and after the assignment. The readings on the feelings thermometer should gradually reduce.

- There is a tendency to see the world more negatively.
- We get very good at imagining what can go wrong – Catastrophising
- We imagine the worst possible explanations for an unfamiliar noise – must be a burglar
- We tend to be negative in what we tell ourselves “I don’t know what I’m doing, worried self-talk”, “misinterpretations” about ourselves and our environment—negative and harmful beliefs
- Anxious thoughts lead to anxious feelings — racing heart, sweaty palms, fast breathing— by creating “false alarms” when there is no real danger.
- We avoid the things we are afraid limit our opportunities for those practice experiences

-S_T_O_P is a helpful approach to share with parents and children to counter anxious thoughts - reinforces 4D Distress approach
Controlling Anxiety – Fear Ladder

- A worksheet for parents and children to manage situations make them anxious either now or in the past. This is a way of dealing with multiple fears.

- Rate how worried they make or made you feel - on a scale of 1 to 10 (10 being the most scary). Put them in order on the fear ladder with the highest (most fearful situation) at the top.

- The idea is to check and find out in order to discover if an alarm is true or false. You need to put yourselves into situations you are scared of to see if the bad thing that is feared happens or not.

- Only by practising in situations that make you nervous will you learn to control excessive anxiety.

- Overcome worries by confronting them. It involves doing something new in small steps, often accompanied by initial anxious feelings until the skill becomes part of your repertoire – e.g. fear of dogs.
Managing Low Mood
Managing low mood

- Individuals who have sustained many losses experiencing multiple stressors, a sense of loss of control of events is experienced, feelings of helplessness, hopelessness, depression is pervasive, low mood, pessimism, poor sleep, physical symptoms, loss of appetite, suicidal ideation, in a state of mourning.

- Despite being safe parents and children can react strongly to difficult situations or to information that seems threatening, and can feel negative emotions, losing a sense of control, low mood, withdrawal.

- Children and young people are described as dark moods, being sulky, cranky, losing interest in activities once enjoyed, changes in sleeping or eating habits, feeling negative things about themselves, appearance, work or sporting activities, or expect bad things to happen, seeming tired and unmotivated, or restlessness, preoccupied with unhappy events.
1. **Use the feelings thermometer** to think of times when they have been most happy or sad what contributed to those feelings

2. **What are you like when you are down,** different ways of reacting and responding to stressful situations?

3. **Changing feelings** changing what we feel, what we think and what we do.

4. **Changing our thinking** when there are ‘BLUE’ Catastrophic thoughts, is to substitute ‘TRUE’ more realistic thoughts, feelings and behaviour – e.g. young people were alive, they could rebuild their lives, could help their countries

5. **Changing behaviour** - Presenting a positive optimistic self can improve mood and have a positive effect on relationships

6. **Exploring difficult situations. ’Hot spots’** difficult situations, which are upsetting you, and made you feel low, e.g., Home Office Interviews

7. **Restoring the past - Capturing memories**, photographs drawings of their homes and parents rather than being overwhelmed with the sense of loss
Steps to cope with depression and low mood

1. Use the feelings thermometer to think of times when you have been most happy or sad - What ratings would you give yourself at those times, and what contributed to those feelings?
2. What are you like when you are down, we all have different ways of reacting and responding to stressful situations?

- What triggers positive or sad feelings?
- How does your body respond to such feelings, e.g., increased or decreased energy?
- What is the outward appearance that accompanies the feeling, e.g., downcast eyes, slumping body?
- The thoughts that go along with the feelings, e.g., ‘I’m no good.’
3. Changing feelings

- So when we are low we need to change what we feel, what we think and what we do.
- Modules on activity selection and problem solving are all ways of changing mood in a positive direction.
- ‘Thinking-feeling-doing’ which helps illustrate how our thoughts and actions can change our feelings and mood.

What Do YOU Think, Feel, and Do?
What about YOU? Think of a time recently when you got stuck in a bad mood. What did you think, feel, and do? If you had different thoughts or took different actions, would you have felt differently?

What was happening?

What could you have thought instead?

You thought...

You felt...

You did...

How might you have felt instead?

What could you have done instead?
Changing our thinking

A helpful variation when in a low mood, and there are ‘BLUE’ catastrophic thoughts, is to substitute ‘TRUE’ more realistic thoughts, feelings and behaviour.

Double bubbles on my own

Think of a situation from your own life when you had a BLUE thought. Examine the evidence to see if the thought is realistic. Try to come up with a more realistic TRUE thought, and see whether it changes your feelings thermometer. Remember to ask yourself the following questions:

- What’s the evidence?
- Is there another way to look at the situation?
- What would you tell a friend who had this thought?
- What if it is true—would that really be so bad?

What was the situation? ________________________________________

Your B-L-U-E thought:

This thought made me feel ...

very good
sort of good
so-so
sort of bad
very bad

A more realistic TRUE thought:

This thought made me feel ...

very good
sort of good
so-so
sort of bad
very bad
Presenting a positive self

- Being positive and optimistic can improve mood and have a positive effect on relationships with others – that is, other people enjoy being with us more. Can you think of a time when you managed to be positive? How did it feel, what was the effect on the people you were with, and how they treated you?

- Who do you know who is really good at being positive, someone they know who is good at doing this? How did they do it, how did they look, what they say?

- Could you practice being positive?
Managing Conflicts
Introduce the idea of problem solving

We all have problems, which can feel challenging, and we feel better when we have solved them. Think of ordinary problems that you have had in the last week or so and how you dealt with them.

For example, you may have had a computer crash when you were about to start a zoom conference, which can be very distressing. What are the different solutions?

Could you share examples of other problems you have experienced and how they were solved?
Problem Solving

Problem-solving S-T-E-P-S

An approach to the more complex problems that cause us distress, and sleepless nights is problem-solving S-T-E-P-S. As you go through the S-T-E-P-S think of problems which did cause – or is causing significant distress, and think about how you might use the framework to work out a different solution.

S: Say what the problem is: Describe it specifically and concretely.

T: Think of solutions: Brainstorm at least three solutions.

E: Examine the solutions: Identify the pros and cons of each, including the likely consequences.

P: Pick one and try it out: Use the ‘pros and cons’ to choose the best solution.

S: See if it worked: What was the outcome? If it didn’t work, choose another solution to try.
Managing angry
irritable moods
Managing angry irritable moods

- Exposure to the events of stressful events can lead to distress responses being expressed as anger and frustration, and serious sulking behaviour, irritability, argumentativeness, defiance, touchiness, easily annoyed, angry, resentful, non-compliant.

- There may be phases of defiance, boundary breaching, not respecting space, shouting on phones, turning music up, slamming doors day and night.
Factors associated with challenging behaviours -

Temperament of the child - Each child is different, they include how active the child is, their attention span, whether they are irritable, sociable, get along well with others, their enjoyment of routine.

Attachment Patterns - Children can be described as ‘secure’, ‘insecure’ or ‘disorganised’ in their attachment patterns. Some children can go on being clingy and controlling, others very avoidant, a combination of both, which can be very difficult - joined together they can make some children very challenging at home and at school.

Physical Development - Particular capacities, appearance, how well coordinated they are, their strength, how good they are with language and their responsiveness can all play a part, a child with good language can put their point of view well. A child without these skills might be explosive and angry instead, when frustrated.

Parents/Carers personalities and styles - can help them to work effectively with difficult behaviours, manage frustration well or cope with difficulties. Sometimes, a child’s style of behaviour is not very compatible with a parent or carer. Some children seem to do much better with quiet parenting; others need more boundaried approaches.

Consequences - Behaviour which is difficult often happens and then goes on happening for a reason. Part of that reason has to do with the consequences, or what follows the child’s behaviour children will do things that are rewarding or get them out of activities that they do not want to do Sometimes, these can be good behaviours and sometimes they can be bad, but the motivation is the same.
The Health Visitor reports that Gina Bradshaw is:

- caring well for Annie who is thriving
- making over frequent visits to GP with Annie
- finding Ben’s behaviour increasingly difficult to manage

The Health Visitor is concerned about:

- Ben’s aggression towards Annie
- Gina’s hostility and high level of verbal aggression towards Ben

Information from School:

- Ben hit teacher and is aggressive to other children
Steps to manage anger and irritable moods

Positive Parenting to manage disruptive behaviour. Understand factors associated with the development and maintenance of negative behaviour, and to introduce a number of different approaches to improve the behaviour through positive approaches.

Analysing incidents when young people find themselves getting angry and losing their tempers - pathways - thoughts, feelings, behaviour and consequences. Finding an alternative, Justifications blaming others, assuming the worst, minimising the impact.

Identifying the whole picture using behavioural analysis

- To improve or change difficult behaviour its helpful try to understand what might be driving the behaviour and how the consequences or what happened afterwards may be helping that behaviour to be maintained.

The ABC of behaviour

A  is for Antecedents (triggers) – what was happening before the behaviour occurred?
B  is for Behaviour – what did you notice happening?
C  is for consequences – what happened afterwards?
Most triggers are immediate but on occasions distance triggers exert influence.

Memories (or thoughts) may give rise to particular behaviour. For example, a child may unexpectedly respond with anxiety or aggression if he sees his parents arguing as he is reminded of times when people were upset or hurt.

In a similar way, a child’s thoughts about themselves may affect their behaviour. If a child
Parent–child interactions in coercive family cycles

1. Parent makes a request or denies a child's request.

2. The child refuses or ignores.

3. The parent becomes angry or demanding.

4. The child refuses and begins a tantrum.

5. The parent shouts or may respond physically.

6. The child refuses and carries on tantrumming.

7. Parent gives up and child ‘wins’ and child aggression is reinforced OR parent wins and aggressive behaviour is modelled.
Managing Challenging Behaviour – Positive Parenting
The importance of praise

Research and experience shows that praise tends to increase appropriate behaviour and decrease inappropriate behaviour.

Praise works far better over the longer term than punishment.

Punishment makes children feel more negative whereas praise improves children's self image and motivates the child to persevere.

Most parents/carers realise that children engage in disruptive behaviour as a way of gaining attention.

“What you pay attention to you see more of”.

Tips for parents: How to praise

Do

- Be specific. Attach praise to a specific behaviour so children learn which behaviours are valued – e.g., “I like the way you put your toys away”; “I like the way you were helpful to your sister”.
- Notice positive behaviour and praise as soon as you see it.
- Use positive voice tone and body language, smile and be enthusiastic.
- Praise steps in the right direction. Don’t wait for perfection. Praise the effort: “You’re nearly there”; “You’ve really tried. Well done.”
- Praise what you see more than what you hear – e.g., if Jack picks his coat up off the floor when you ask him, complimenting and meaning all the way, praise him for doing as you ask and ignore the protesting.

Avoid

- adding a criticism. For example, don’t say, “Good job putting your shoes away. Why can’t you always do that?”
- minimising. For example, if a child is anxious, don’t respond when they succeed by saying, “See, it wasn’t that scary” as it minimises their achievement.
- missing opportunities to praise. For example, when you make a request, stay around and pay close attention to whether or not it’s followed through. Don’t issue instructions and go on to something else.
Active ignoring

Why might we want to encourage parents to ignore their children’s behaviour? Whining, complaining

The attention rule

- Behaviours can be lessened in strength or frequency by ignoring them. If children continue to engage in behaviour but receive no reinforcement or attention the behaviour will begin to decrease.

Ignore the behaviour not the child

- **Actively look for opportunities to reward positive attention as soon as possible**
- Don’t get drawn into arguing, scolding or even talking - that is giving attention
- Don’t get angry or involved in any way. Don’t make eye contact or even glance at the child other than briefly.
- Be occupied but alert
Giving effective instructions

- They need to be used sparingly and to be enforced for something that is really important
- Parents/caregivers are willing to see the request through to completion.
- Minimize distractions, e.g. turn off TV
- Get the child’s attention by saying their name, making eye contact and standing near them
- Providing a transition warning when appropriate, e.g. “in 5 minutes it will be time to do put the toys away”.
- Use a firm but calm tone of voice; a critical tone or one that conveys frustration will only increase the likelihood of non-compliance
Rewards are an important tool for encouraging positive behaviour.

Different kinds of rewards:

- **Tangible rewards**, for example, money, sweets, comics
- **Social rewards**, for example, smiles, hugs, praise
- **Self-reinforcers**, for example, when we learn to feel proud or pleased with ourselves

**Social rewards** should always be given alongside tangible rewards as this helps children feel good about what they have earned and in the longer term the good feelings act as a reward in themselves.

Rewards are given after a positive behaviour - this is not the same as a bribe which is usually given before expected behaviours.

Charts can be used younger children with stickers, tickers or stars. Older children can have points charts. They should be kept simple and clearly focussed on one target behaviour at a time.
Managing challenging behaviour

Using logical consequences

- Adults cannot “make” children do anything but can help children make good choices.
- “either agree which TV programme you’re both going to watch or it will be turned off – it’s your choice”
- Goal is to make it more rewarding to take choice parent suggests than otherwise.
- Wait for compliance – if comply, praise, if not follow through with consequence.
- Stress they have been stronger than Mr Temper in the past, and could defeat him now –rewards !!

When-then commands

- Helps child to make positive choices and has built in consequence “when you’ve finished your homework then you can go on the computer”.

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Managing challenging behaviour

**Time Out**

- Method of discipline that involves the removal of positive attention for a short period of time
  - Provide a break from interaction which is negative and damaging for up to 10 minutes, at which stage positive attention should be returned to the child.
  - Offers the opportunity for both parent and child to calm down and re-regulate emotions.
  - Gives parents a technique that allows them to feel in control, respects the child and is preferable shouting, screaming or hitting.

- It is important to go through what time out is and is not and determine whether parents are in a position to use the procedure correctly.
Direct work with children and young people
Analysis of incidents of anger and aggressive behaviour, and thinking which justifies angry behaviour – work sheets – finding alternatives
Thinking which justifies angry behaviour, Blaming others, Believing others have harmful intentions, Minimizing and praising one’s behaviour, Excessive focusing on self

Thinking which justifies angry behaviour: Exploring the thinking part of the incident analysis

Now let’s look at the thinking part of the functional analysis.

We think there are four types of thinking which seem to really lead people to feel it’s justified to hit out – Temper tells you that it’s justified to lose it.

Let’s look at each in turn and see if we can work out what it is for each that could get under your skin, and what you could tell yourself that could stop you losing your temper – or doing something that will lead to you being the loser:

- **Blaming:** blaming others for bad things happening or attributing one’s actions as the fault of another individual regardless of innocence
- **Assuming the worst:** assuming that others’ intentions are hostile or overestimating the probability of the worst-case scenario
- **Minimising:** minimising the impact of one’s disruptive behaviour or perceiving it as acceptable or even worthy of esteem
- **Self-focus:** focusing solely on one’s own needs, desires, feelings, rights, etc. without consideration or regard for others.
Turning a new leaf
— old me and new me over

• The model of supporting competence, education and the ‘Good Life’ is a well supported approach in motivating young people to move forward in their lives.

• It is particularly important in a context where young people are having to adapt to a very different context – learning a new language, making peer relationships in a different society, and trying to make a future for themselves.

• The idea of ‘Old Me’ and ‘New Me’ ‘New Lives and Old Lives’ is important to orientate young people and their families.
Solution-focused approaches

- The idea of a **solution focused approach** is to think about problematic situations and look for the exceptions to the usual pattern.

- For example, if you always have an argument about whose turn it is to do a task at home, **think of even one occasion when the problem didn’t happen.**

- Then, think about **factors that may have contributed to a different outcome**, and how these **factors could be increased.**
Externalising techniques are approaches which sees worries, temper, unhappy feelings as ‘other’ and separate from a coping self.

Defeating ‘Temper’ or ‘Worry’ looks at times when the person’s core self was stronger, managed to control and finds other ways of coping with a provocative situations.

Points can be awarded for temper or worry not being in control, and to one’s ‘core self’ for ‘defeating Temper’ or ‘being stronger than Worries, for example.
The Miracle Question
Allowing preferred solutions to emerge

- Suppose you woke up tomorrow and the problem(s) [name it/them] that we are all concerned about is/are resolved. Since you will have been asleep, you will not know that the change (or miracle) has happened. When you wake up tomorrow, how will you find out that the change (or miracle) has occurred?

  - What will be the first difference you will notice?
    - What will you be doing differently?
    - After you, who will be the first person to notice? And the next? What differences will they see and hear?
    - What will others be doing differently? (List the others.)
    - When they do that, what will you then do?

- Then think of instances when the change or miracle is already happening, even in a very small way. Think in detail what was happening, who was involved, and what was seen and heard.

- Think of possible ways of getting bits of the change or miracle to happen again. Begin a plan to move towards change.
Review

• Surprises?
• Something new?
• Some tools you already use?
• Some tools you might use
• What was Helpful/unhelpful?