

5. Behaviour: Contents

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About the second edition...

This booklet is one of a series of “Fact Packs” that were developed by The Kids’ Team at South West Brain Injury Rehabilitation Service (SWBIRS) in Albury over many years. The creation of the second edition of Fact Packs is intended to provide updated content designed to enhance the clinical usefulness of these resources.

Our aim was to collate some practical, user friendly material that has been found to assist families and educators in our work and in the research literature. We hope that we have developed a set of resource booklets containing a range of referenced, user friendly strategies and ideas relating to common issues that arise after an acquired brain injury (ABI). Introducing any new ideas or strategies will take time, patience and persistence. The advice from countless parents would be “hang in there.”

It is intended that the Fact Packs will be used in conjunction with service provision by The Kids’ Team or other ABI health professionals.

Some of the material included has been adapted from textbooks. Some has been developed by team members and much has been developed by the educators, rehabilitation workers and families supporting the children we see. Wherever possible, we have obtained permission to use the resources included in the book.

Please advise us if we have left something out!

To keep our material clear, we have used “he” to refer to the child with ABI throughout the Fact Packs. This reflects real life for us, too, as the majority of the children with whom we work are boys!

We extend thanks to the NSW Department of Health who provided the initial funding for this project. Without this funding, the development of the Fact Packs would have been an idea that remained trapped in the minds of several enthusiastic but busy ABI workers. Finally, we are very grateful to all the Kids’ Team members past and present, in addition to all the parents, teachers, school counsellors, students, therapists and ABI workers whose wisdom, energy, creativity and support has contributed to the development of these resources.

The eight Fact Packs in this series include:

- ◆ Achieving Goals
- ◆ Behaviour
- ◆ Especially for Parents
- ◆ Heads Up on Brain Injury
- ◆ Choosing a School
- ◆ Siblings
- ◆ Study Skills
- ◆ Teachers and Aides

We hope you find the Fact Packs useful. If you have ideas, resources, or material that could be included in future editions, please let us know!

The Kids Team
SWBIRS

Dear parents,

Does your child seem to ignore rules? Destroy things? Talk back? Struggle with changes in routine? Do strategies that have worked with other kids seem to make no difference?

You are not alone. Lots of parents say this about their kids. The purpose of this booklet is to provide you with some information that might help you and your children get your messages across better, thereby minimising the difficult behaviour.

Much of the information in this Fact Pack is taken from a textbook called **Traumatic brain injury rehabilitation: Children and adolescents** by Dr Mark Ylvisaker, a speech pathologist who specialised in work with children and adolescents with ABI.

Throughout this booklet we have included some explanations of key concepts as well as some practical examples that you can try. At the end of the booklet there is a list of further reading if you are interested in getting more information.

Unfortunately, when it comes to behaviour, there are no magic wands. Change takes time, and persisting with behaviour management can be tough. Make sure you have someone to support

you; someone you can talk to. This may be a family member, friend, your Case Manager / Rehabilitation Coordinator or the Neuropsychologist or Psychologist on the brain injury team working with your child.

If you have questions, contact your local brain injury rehabilitation service.

Good luck!

The kids' team

South West Brain Injury Rehabilitation Service

Children and behaviour

Before we begin, it is important to recognise that not all behaviour displayed by children is necessarily a sign of a more serious underlying disorder or clinically significant issue. For example, common behavioural difficulties frequently reported by parents include:

- ◆ Whining
- ◆ Tantrums
- ◆ Bedtime resistance
- ◆ Fighting (with parents, other children or siblings)
- ◆ Biting
- ◆ Kicking
- ◆ Swearing

When is behaviour a concern?

In contrast to these typical behaviours displayed by children, behaviours of concern are those that are a significant problem for the child themselves, or for others around them. They are sometimes referred to as 'challenging behaviours'. We have used these terms interchangeably throughout this Fact Pack (although it appears 'behaviour

of concern' is the preferred term in more recent publications on the subject).

It is important to remember that these labels refer to a BEHAVIOUR that is the problem, rather than labelling the person as the problem.

Examples of some common behaviours of concern include:

- ◆ Hurting themselves (e.g. hurt, hit, or scratch themselves)
- ◆ Hurting others (e.g. hit, punch, bite someone else)
- ◆ Breaking things
- ◆ Refusing to do things (e.g. may not eat, or take their medicine, or do activities they used to enjoy).
- ◆ Doing the same thing over and over (e.g. may say the same thing again and again)
- ◆ Doing things others don't like (e.g. yelling, screaming or swearing)

Remember: many people behave these ways at times. But behaviours of concern are not just 'annoying' behaviours – they are significant enough that they are interfering with an individual's daily life by stopping them from doing what other people do, and/or by significantly impacting those around them. They may be placing the child or others in danger, or they may be preventing the child from engaging in age-appropriate activities, such as learning at school, or interacting appropriately with family/peers.

Positive behaviour support

Positive behaviour support is an approach to behaviour management that focuses primarily on maximising a person's quality of life through appropriate lifestyle changes, with a secondary focus on minimising the frequency and/or severity of specific behaviours. The general premise underlying the approach is that improving a child's quality of life (e.g. assisting them to participate in things they want to do with people they like) is likely to reduce the need for challenging behaviour in the first place!

The approach involves gathering information in a systematic way. This includes completing an assessment of behaviour, designing and implementing a behaviour support plan, as well as ongoing monitoring and evaluation.

Benefits of the positive behaviour support approach

- It enables a holistic approach to behaviour support by allowing consideration of all the factors that might be impacting on the child and their behaviour.

- It is an evidence-based approach which means it has been proven by scientific research to be successful.
- It is particularly useful when working with children with an ABI who may not be able to regulate their behaviour like other children their age (e.g. the brain injury has resulted in increased impulsivity, or they have cognitive difficulties as a result of their injury which means they do not understand the link between a behaviour and its consequences).
- It is a collaborative, person-centred, strength-based approach, which means it allows all team members (including the parents/ family, teachers, aides, therapists, health workers, and where possible, the child) to work together to achieve the best outcomes for the child.
- It focuses on striving for consistency across different settings (e.g. home and school) in order to increase the effectiveness of the behaviour support. Consistency also helps the child to learn and consolidate new skills and generalise/apply them across different settings.

Key message:

Positive behaviour support focuses on making positive changes to the child's environment and quality of life in order to address their needs, which ultimately improves their behaviour.

The ABC approach

The ABC approach to behaviour is a simple way of thinking about and better understanding difficult behaviour. The beauty of this approach is that it helps to remove the emotional stress response that is so common when dealing with behaviour issues! This helps us to take a step back, look at the situation more objectively, and then generate more effective responses.

The ABC approach involves considering the following three parts in relation to any behaviour:

Antecedents: What happens before

These are the things that come before the behaviour. They include factors such as time of day, settings, people, and activities.

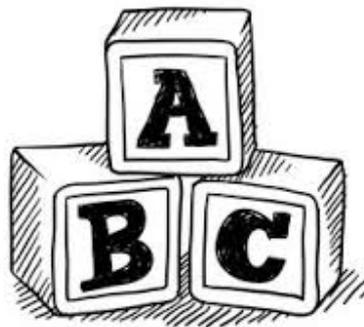
Behaviour: What happens during

What is the child actually doing? Try and be as specific as possible here – what does the behaviour look like? (e.g. how would you describe it to

someone who hadn't witnessed it?), how often does it occur? (e.g. once a day, multiple times per week), how long does it last? (e.g. a few seconds, 10-15 minutes).

Consequences: What happens after

These are the things that come immediately after the behaviour. They include factors such as what you/other people did in response to the behaviour (e.g. ignored vs provided attention, whether the child accessed or escaped activities/tasks/objects as a result of the behaviour).



Behaviour assessment:

Consider the message behind the behaviour

Although you may sometimes feel that your child is deliberately trying to annoy/ upset you, behaviours usually serve a more specific purpose for the child and make perfect sense to them. Some children have learned to use behaviours to make things happen.

All behaviour serves a purpose. Most behaviour is a way of communicating a need or the lack of fulfilment of needs. The key to managing behaviour is to look for the message behind the behaviour, understand and respond to it. For example:

- ◆ Your child may be using the behaviour to gain something positive, such as your attention. If your child wants you to come to him straightaway, he might figure he will get a faster response through screaming and punching you than he will through asking quietly and waiting patiently! Your child could also be thinking “It just feels good to do this behaviour, it is entertaining, and I can get a reaction from mum and the other kids as well”.
- ◆ Your child might want to escape an activity because he is bored, or finds it too difficult. This could be due to cognitive problems he has relating to his brain injury. For

example, sometimes it is easier to argue about doing piano practice, putting the garbage out or washing the dishes.

If you can identify what the child is trying to communicate you can teach them alternative positive skills in order to achieve the same goal. For example, would putting out the garbage be more fun for your child if you and your child did it together? Would piano practice be more fun if the child could choose a favourite song to learn?

Common messages underlying behaviour include:

- ◆ Boredom
- ◆ Unmet needs (e.g. hungry, thirsty, toileting)
- ◆ Excessive demands (e.g. “This is too hard”)
- ◆ Sensory overload (e.g. too much light/noise/stimulation)
- ◆ Fatigue (e.g. “I’m tired”)
- ◆ Distress caused by unfamiliar environment/activity (e.g. sudden change in routine)

Key message:

All behaviour serves a purpose. Understanding the reason behind the behaviour allows you to address the underlying need, which can have a positive impact on future behaviour.

Look beyond “what’s happening now?”

When considering why behaviour might be occurring, it is important that we consider both immediate factors (triggers) as well as longer term (background) factors influencing the behaviour.

Real Life

Mary began her day well. She woke just before her alarm, had clothes that were ironed and she had her favourite breakfast cereal. The traffic on the way to work was great and they played her all-time favourite song on the radio. She looked in her diary when she arrived and felt good about getting everything done. When her boss came and said, “There’s been a change in plan. You’ll need to use Janet’s office,” Mary said, “Fine. No problem!” Later that week, Mary woke up late. She had no clean shirts and she had run out of Special K. It was that idiot John Lewis on the radio and the traffic was the pits! Her desk was a mess and when her boss asked if she could use his computer for the day, she told him where he could shove it!

Like Mary, children are not just affected by the events that occur immediately before their behaviour but by a range of factors, both specific to them (personal factors) and external (environmental factors). The following diagram highlights some of the factors that might affect a child’s behaviour:

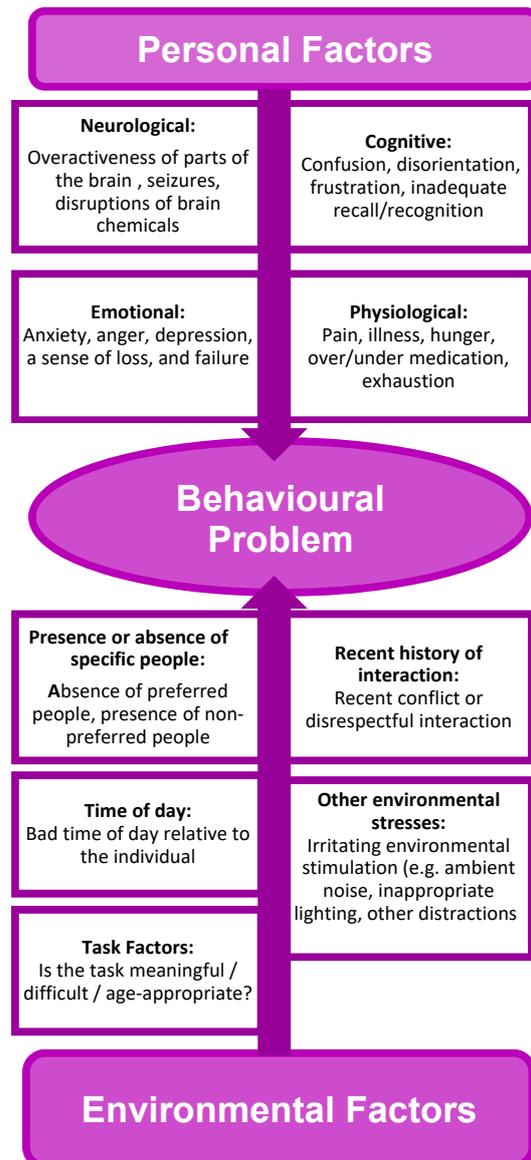


Diagram modified from: Ylvisaker, M. (1998). *Traumatic brain injury rehabilitation: Children and adolescents (2nd ed)*.

Knowing about the impact of these things can make a big difference. For example, Mary could have said to her boss, “Look, I’m a bit hassled right now. Can you give me half an hour?” Also, knowing that she was tired and hassled, her boss could have said, “Mary, you may need to use a different computer today but I’ll let you know for sure. Just keep it in mind.”

Key message:

In understanding the reason behind the behaviour, we need to consider a whole host of personal and environmental factors which may be contributing. These include both immediate triggers and background factors.

Real Life

Tegan is five and had an ABI when she was four. Even before the accident, Tegan was a “strong-willed child”. When she started school, she would often scream and swear at her teachers and aides when they asked her to do something. Because of this, her teachers increased the amount of help they gave Tegan and were constantly prompting, cueing and reminding her of what she had to do. This resulted in increased screaming and swearing and she began to hit out at those around her. When everyone used the Personal / Environmental states diagram to help understand what was happening for Tegan, they wondered whether Tegan was resisting because she felt she had no choices about what she did at school. To test this idea, they decided to give Tegan more choices. She was able to choose activities at various times of the day, while at other times, set activities were required. At the beginning of the day, Tegan was told which were “choice activities” and which were “no choice activities.” Giving Tegan choices did not mean she was able to do whatever she wanted. She was not allowed to dictate the activities of the class but was given choices about what her role was. For example, Tegan was asked to choose where she sat during story time.

But there is no underlying function!

This is a common thing we hear from parents and teachers alike – because sometimes it really isn’t obvious what the underlying reason for a child’s behaviour might be. The following questions can be helpful to prompt a greater understanding of what’s going on in regards to the behaviour:

- When does the behaviour NOT occur? What is different about these times?
- Who is the behaviour a problem for?
- Is the behaviour normal for the child’s age (i.e., what would you expect others his age to do when faced with the same situation)?
- What would make the behaviour of concern stop?
- Is there something you can provide or allow the child to access?
- Is there something that can be removed?
- Can you allow the child to leave the situation?

Remember that there may be more than one possible function of a behaviour!

Finding out more information

Therapy (OT) assessment may provide information about a child's sensory profile; a Neuropsychological assessment may provide information about cognitive (thinking) skills and mood, and a Speech Pathology assessment may provide information about a child's language abilities.

Self-report rating scales can also be useful for some children who have a certain degree of insight into their internal state, such as their feelings and emotions.

In contrast, information about external and environmental factors can be gained from using behaviour monitoring charts.

The following sections look at some of these rating scales and behaviour monitoring mechanisms in more detail.

Behaviour monitoring charts

Behaviour monitoring charts can help us to understand patterns of the child's challenging behaviour by systematically recording the events or context surrounding the occurrence of the behaviour, the triggers or antecedents of the behaviour (i.e., what took place before the behaviour occurred), what the behaviour itself looks like, and the

consequences (i.e., what happens after the behaviour occurs). As monitoring is completed over time, the information can be analysed to help reveal the specific function or purpose of the challenging behaviour, and therefore help to develop hypotheses as to what conditions reliably predict the occurrence of the child's challenging behaviour.

On the following two pages you will find examples of behaviour monitoring charts that could be completed by parents and teachers to assist in identifying and interpreting behaviour. It is helpful if all the teachers involved with the student use the chart to record information.

Behaviour monitoring chart: Example 1

What happened? (before and during)	Where did it happen?	Who was involved?	What time of day was it?	What did you try?	What was the end result?
<i>Example: Johnny yelled out in class, and repeatedly said he can't do the work</i>	<i>In the classroom during maths</i>	<i>Johnny</i>	<i>2.30pm (after lunch)</i>	<i>Sat next to him and went through what he was required to do</i>	<i>Johnny stopped yelling out and was able to complete the work</i>

Behaviour monitoring chart: Example 2

Describe the behaviour (What did the child do?)	What happened first? (What happened before the child behaved inappropriately?)	What was the consequence? (What happened as a result of the behaviour? How did people respond?)	What do you think could be done differently next time? What do you think could be contributing to the behaviour?

Self-report rating scales

Another way to gather more information is to work with the child to help them gain more insight into their own behaviour and feelings. There is an abundance of resources that have helped children (with or without an ABI!) in relation to a variety of issues.

We have provided some examples and templates on the following pages which you may find useful in gathering more information about the child's underlying feelings and emotions which may be contributing to their behaviour. For example, getting the child to rate their feelings on a numerical scale (e.g. from 1-10), or helping them identify when they're feeling angry, how angry they're feeling, and strategies that might help reduce their anger.

Using the anger scale

Tell the child that he will usually know where he is on the scale. Tell him his body will give him clues, for example:

- ◆ Tense muscles - shoulders, fists, stomach, lips, jaw
- ◆ Flushed face
- ◆ Feeling a bit sick
- ◆ Twitching
- ◆ High pulse
- ◆ Tight breathing

Suggest that at levels of 5 to 7 he could:

- ◆ Close his eyes
- ◆ Concentrate on breathing
- ◆ Count to 10

From 8 to 10 a child may need to:

- ◆ Walk away

It's good to help the child to develop other strategies to use though, because walking away isn't always OK!

The child needs to think about what will bring him down to 2 or 3 on the scale. People who get down to 1 or 2 often, are a lot less likely to get angry and calm down more quickly.

Tell the child that it is quicker to move up the scale than down! Some people get to 8 or 9 often and spend a lot of time at 6. This is not healthy!!

Encourage the child to think about:

- ◆ What happened just before he went up on the scale?
- ◆ What did he say to himself about it?
- ◆ What pictures were in his head?
- ◆ How did he feel?

It could be useful to have weekly review meetings with a child using an anger scale.

How have I felt this week?



This is a form a child can complete on their own or with support from a parent/teacher to help them develop a greater understanding about their feelings and mood. Encourage the child to circle the number representing how they have felt over the past week.

How have I felt this week?	Not at all		A bit			Very much so!	
	0	1	2	3	4	5	6
Happy	0	1	2	3	4	5	6
Friendly	0	1	2	3	4	5	6
Worried	0	1	2	3	4	5	6
Full of energy	0	1	2	3	4	5	6
Bad tempered	0	1	2	3	4	5	6
Frightened	0	1	2	3	4	5	6
Upset	0	1	2	3	4	5	6
Lazy	0	1	2	3	4	5	6
Different from others	0	1	2	3	4	5	6
Confident	0	1	2	3	4	5	6

Keeping my cool



Here is another form to help a child identify when they are getting angry, and what strategies work to help calm them down.

How am I feeling?	What am I doing? (e.g. am I clenching my fists or yelling more?)	What calms me down or keeps me happy?

Anger scale



This form helps children understand that there are different levels of anger. It can help them identify when they need to “escape” from a situation or “access” support. This scale was developed by a local Psychologist, Les Langmead, and is used with permission.



Sample goals using the anger scale

- ◆ I will try to stay between 1 and 6
- ◆ I will never get to 10; never hurt anyone
- ◆ I have two or three good ways to get back to 5 or 6 if I ever reach 8 or above
- ◆ I have to learn to get to 1 without assistance
- ◆ I will get away from people if I reach 8 or above and come back when I am at 5 or 6

Anger scale



This form also helps children understand that there are different levels of anger. Giving children a list of options to choose from about how they might feel at each stage may be easier than asking them to come up with descriptions themselves. It can help them identify what they may feel like at different levels, and also, what they can do.

Level	What can I feel	What others may see	What can I do to go down a level
Level 1 Calm	Okay, I'm not bothered by anyone	I'm talking nicely to others. I'm concentrating on my work	Nothing! I'm at level one and doing a good job of being friendly
Level 2 Slightly annoyed	Knots in my stomach	Frowning	Take 3 slow deep breaths, stop and think, remind myself to be friendly
Level 3 Irritated	Heavy sighs, shoulder muscles tense	Talking in a high pitched voice, giving others a "greasy" look	Take 3 more slow deep breaths, let the other person know why I am irritated
Level 4 Mad	Palms feel sweaty, face feels hot,	Voice starts to get louder, not listening to others	Take time out – ask the teacher if I can go outside for a drink
Level 5 Really Angry	Heavy breathing, fast pulse	Yelling at others, Stomping	The teacher may suggest I go outside for a drink of water.

TIP: Personalise this form to suit the child. For example, instead of five numbered levels you may want to use a three-level traffic light system.

What to do with all this information

Developing a hypothesis

Once you've gathered adequate information through your behaviour assessment, it's time to pull all that information together and summarise what you know about triggers, behaviours, and consequences, and offer an informed guess (hypothesis) about the purpose of the behaviour.

One tool we find particularly handy for this is using the collaborative hypothesis testing approach.

Collaborative hypothesis testing

Collaborative hypothesis testing is a very useful tool, particularly when trying to manage behaviour. This is a tool for thinking about what is working well, what doesn't work well and what would help things work better. It has also been referred to as OCCHTA. This stands for Ongoing, Contextualised, Collaborative, Hypothesis Testing Assessment. It was developed by Dr. Mark Ylvisaker and is described in a number of his books including **Collaborative brain injury intervention: Positive everyday routines**.

The OCCHTA is really a common sense approach to observing and identifying a problem, coming up with some ideas (hypotheses) about why the problem is occurring, choosing a

hypothesis to test, testing it and developing a plan based on that. It is an approach that can be applied to a wide range of issues and encourages the participation of all involved (especially the child with the ABI) in coming up with possible solutions and working towards them. In our experience, it has meant the child feels more involved in the whole "recovery" process and really taps into the collective wisdom of those working with him rather than the supposed "expertise" of any one person!

We have found it a very useful tool to:

- ◆ Find where the problem is occurring in the completion of a test or real world task
- ◆ Work out what could be modified to help a child perform better on this task

In other words, what doesn't work well and what would help things work better?

The OCCHTA takes a number of important things into account including:

- ◆ The child's situation constantly changes, as do the demands on him
- ◆ Real-life variables impact on a child's performance (e.g. time of day, who's around, cues provided).
- ◆ All the people who are involved with the child may notice different behaviours and have different but valid perspectives

It usually requires a degree of "experimentation" to work out what will help and what will not!

Ongoing collaborative hypothesis testing: The steps

1. Identify the problem

In some cases, a bit of hypothesis testing is required to work out the problem. For example, a case of “social withdrawal” may in fact have its basis in a child’s difficulties with initiating (starting) conversations.

2. Formulate some hypotheses

This is a creative process and there are no firm rules. Encourage team members to brainstorm about all the possible factors that may be contributing to a particular problem. Try to be flexible and consider alternative possibilities even when you think you would reject the idea without extensive assessment.

3. Choose a hypothesis to test

It would be impossible, unnecessary and exhausting to test all hypotheses. Select the hypothesis to test on the basis of child and family priorities, how plausible the hypothesis is, how easy it is to test and how it fits with long term planning goals. Agree in

advance on what changes are being looked for and how long will be needed to test any one hypothesis.

4. Test the hypothesis

Sometimes several hypotheses can be tested quickly and efficiently by one person. In the example of Jack on the following page it was decided that the easiest hypothesis to test was that of fatigue. His teacher observed the levels of fidgeting over a week and reported back that there did not seem to be any difference across different times. The next easiest hypothesis to test, and the one most acceptable to Jack, was to introduce a story writing template to the whole class and see if this helped Jack to understand task requirements. This was effective and no further hypotheses needed to be tested.

5. Make the intervention plan

Following hypothesis testing, often the plan then becomes obvious (as in the case of the examples of Jack and Rachel on the following pages). This is basically when the team modifies the environment to allow the child to be successful in the activity. Sometimes, a series of plans may emerge with a criterion for when the child moves from one plan to the next. Jack, for example, was able to do story writing independently of his aide, when he demonstrated for a week that he could remain seated and write stories containing three sentences using his template.

On the following pages are some real life examples of OCCHTA in action.

A quick note on Goal-Plan-Predict-Do-Review (GPPDR)

Goal-Plan-Predict-Do-Review (GPPDR) is a method for goal setting which can be used to assist with behaviour (e.g. when aiming to increase positive behaviours and decrease negative behaviours). Here is an example:

John has recently begun Grade 4 at a new school and his teacher has noticed that John tends to become angry at others quickly (yells frequently at other kids). As a result, John doesn't make many new friends. After class one day the teacher chats with John about how he is going with making new friends. In the discussion John stated that he would like to make some new friends as he has been feeling lonely since the move to the new school.

This was the goal!

The teacher asked John about what type of behaviour friends would expect from each other. John described a friend as someone you could talk and sit next to in class, and play together at recess and lunch. They discussed John's behaviour towards others in the classroom and agreed that his yelling might be sometimes getting in the way of making new friends. Together they decided it might help John to make friends if he was nicer to others in the classroom and didn't yell at them.

This was the plan!

Together they worked out the steps of the plan. When talking about John's anger they both realised that John had a hard time identifying when he was becoming frustrated. Additionally, John did not have any ideas of what he could do to reduce his frustration to stop himself from reaching the "yelling" point. They decided to create an anger scale which identified the stages of what John may feel in the classroom, what John and the teacher may notice about John's behaviour, and actions John could take to reduce any rising frustration (refer to Anger Scale example on page 17).

The teacher asked John how he thought he would go using his plan. John thought it might be a bit tricky for the first week, but felt with practice he would get better. The teacher asked John if there was anything he could do to help John if it did become tricky. They decided that if the teacher saw John becoming frustrated but not following his plan, then the teacher could discreetly remind John to do so.

They were making predictions and problem solving here!

John and his teacher decided to review John's plan at the end of each day in the first week, and then possibly change it to twice a week, then weekly if everything was okay.

The GPPDR method can be incorporated into your hypothesis testing around behaviour by providing a framework through which you can create a plan of change.

Collaborative hypothesis testing: Case Study (Jack)

The first step is to identify the problem and formulate some hypotheses:

PROBLEM IDENTIFICATION:

Jack is unable to sit still and concentrate during story writing.

HYPOTHESIS NUMBER 1:

Jack is unable to concentrate and pay attention because he is tired.

TEST NUMBER 1:

Compare Jack's performance in the morning, mid-morning and after lunch. Note differences.

HYPOTHESIS NUMBER 2:

Jack doesn't concentrate because he hasn't understood what he has to do.

TEST NUMBER 2:

Compare Jack's concentration in story writing activities with and without the provision of a story writing template.

HYPOTHESES NUMBER 3:

Jack's arousal level is too high

TEST NUMBER 3:

Compare performance in a morning session when interspersed with "heavy" work activities with a standard morning session.

The next step is to choose a hypothesis to test:

Jack's team decided to test Hypothesis 2: Jack loses concentration because he doesn't know what to do. As demonstrated below, they went about testing this hypothesis using the Goal-Plan-Predict-Do-Review (GPPDR) routine.

For more information about the GPPDR process, please refer to the Achieving Goals Fact Pack.

The last step is to test the hypothesis and make a plan for change (see over the page):

Goal setting for Jack

JACK'S GOAL

Complete a story without talking to other children or leaving my seat.

JACK'S PLAN

- ◆ *Watch Mrs Rogers go through story plan on the whiteboard*
- ◆ *Use story writing template to plan my story*
- ◆ *Sit in front of Mrs Rogers desk when I write my story*
- ◆ *Put up my hand if I get stuck*

JACK'S PREDICTION:

What might go wrong?

- ◆ *I might forget to use story template*
- ◆ *I may not have my story template*
- ◆ *Someone else will talk to me*
- ◆ *I might not know how to start my story*

What can I do about it?

Mrs Rogers could remind me

Always put my story template in the back of my writing book

I could say "I want to talk to you later but I am writing my story now."

Draw a picture about the topic first. Put up my hand and ask for help.

DO IT!

REVIEW: HOW DID I GO?

Did I write a story before Mrs Rogers said to pack up?

Arrow scale

Did not concentrate Good try ✓ I concentrated well

What worked?

e.g. using my story writing template

What did not work?

e.g. using my class plan template didn't help

Case study (Rachel)

ASSESSMENT QUESTION:

Why is Rachel following me around the classroom and not staying in her seat?

HYPOTHESIS NUMBER 1:

Rachel is seeking reassurance.

TEST NUMBER 1:

Does Rachel stay in her seat when the teacher says "You're doing well Rachel", "That's right Rachel" every ten minutes.

HYPOTHESIS NUMBER 2:

Rachel wants attention.

TESTNUMBER 2:

Provide rewards and reinforcement (sticker chart) for staying in her seat for negotiated periods of time.

HYPOTHESIS NUMBER 3:

Rachel does not know the appropriate way of seeking assistance.

TEST NUMBER 3:

Provide Rachel with strategies for finding out what to do.

RACHEL'S GOAL

Stay in my seat.

RACHEL'S PLAN

- ◆ *Make a sign to remind me to stay in my seat.*
- ◆ *Look at other students and see what they are doing.*
- ◆ *Put my hand up if I still don't know what to do.*

RACHEL'S PREDICTION

What might go wrong?

- ◆ *I might forget*
- ◆ *I might get bored waiting for my teacher*

What can I do about it?

Read my sign
I will draw a picture while I wait

DO IT!

REVIEW: HOW DID RACHEL GO? (Monitor each session)

Did I stay in my seat? yes / no

Did Rachel stay in her seat? yes / no

What worked?

Reminder card on desk

What did not work?

Watching other children

Collaborative hypothesis testing

PROBLEM IDENTIFICATION:
HYPOTHESIS NUMBER 1: TEST NUMBER 1:
HYPOTHESIS NUMBER 2: TEST NUMBER 2:
HYPOTHESIS NUMBER 3: TEST NUMBER 3:
HYPOTHESIS NUMBER 4: TEST NUMBER 4:
HYPOTHESIS NUMBER 5: TEST NUMBER 5:

Develop the plan (Goal-Plan-Do) based on the hypothesis you decide (as a team) to test.

Developing a behaviour support plan

Helping a child to develop more effective and socially acceptable skills and behaviours can be challenging! Once a thorough assessment of behaviour has been completed, and you have some hypotheses about what is causing the behaviour, we can use all this information to attempt to change or modify the behaviour more effectively.

A behaviour support plan is essentially an action plan that represents the findings of the assessment process. It outlines a range of positive behavioural interventions, practical strategies and supports in order to promote success and participation in daily activities and routines, thereby helping to reduce specific behaviours of concern.

To be most effective, the behaviour support plan should be developed in collaboration with all members of the child's care team, including the child where possible. It should be written using plain language, and the individual strategies that are included should be easy to use and easy to remember.

Steps to modify behaviour

Dr Mark Ylvisaker, a leading expert in the field of behaviour, recommends the following steps to modifying behaviour:

- ◆ Most negative behaviours communicate a desire to **escape something undesirable** (e.g. a person, place, activity, or demand) or to **gain access to something desirable** (e.g. a person, place, activity, thing, attention, or approval). It is important to have a clear understanding of when escape and/or access are acceptable. For example, if the child is aware he needs to remove himself from a situation before he responds aggressively, is that an acceptable response in the current situation?
- ◆ Choose a positive alternative (i.e. one that is easy to produce, satisfying for the child, effective and easy to interpret!)
- ◆ Make sure the child is reinforced many times for successful positive behaviour routines each day
- ◆ Gradually reintroduce normal demands
- ◆ Monitor and modify behaviour

Tools to help improve social skills and behaviour

The following section includes things to consider when developing a behaviour support plan.

1. Teach the appropriate behaviour

Sometimes children with ABI don't know the right way to do something, or do not learn positive behaviours by watching other children. It is sometimes helpful to show a child how to do something. Give them examples of how to communicate their needs. For example, you can guide the child through an activity and then gradually decrease the amount of guiding that you give them.

Real Life

Stewart would yell and scream to try and get his mother's attention when she was on the phone. One afternoon when Stewart and his mother were talking about a good day that he had at school, his mother asked how he got his teacher's attention. Stewart replied that he put up his hand. Stewart and his mother discussed this as a way of getting her attention when she was on the phone. He promised that he would not yell and scream and she promised that she would stop and listen to Stewart to decide whether she needed to finish her call.

2. Use instructions and signs to prompt the appropriate behaviour

In the "real life" situation above, Stewart's mother reminded Stewart of their plan by quietly raising her own hand when he started whingeing. As soon as he did, she excused herself and gave Stewart a brief amount of time to say what he wanted. Interestingly Stewart began to interrupt her less and less while she was on the phone.

Another prompt would be the use of charts, visual aides or social stories to provide instructions for the child on how to respond. For example, use a visual checklist to help a child remember all the things they need to do to get ready for school every morning (i.e., get out of bed; eat breakfast; get dressed; clean teeth; etc). Charts, visuals and social stories are more effective if you and the child develop them together. They are even more effective if used by the whole family.

3. Create a "positive behavioural momentum"

This is the tool to keep right at the top of the toolbox. Basically, "success breeds success". Likewise, failing or having lots of negative experiences decreases the chances of a child having a go, particularly at something they think is challenging. So, the idea is to try to create lots of situations where the child can succeed.

How do you do this? Well, hopefully you can use some of the tools introduced previously such as OCCHTA

or the monitoring forms to identify possible factors that you can change to make it more likely that a child will succeed on the tasks at hand. This might initially mean giving them lots of help. For example, rather than allowing them to perform alone and risk failure, you could work with the child to allow them to complete the tasks successfully.

Once a child has experienced lots of success, it will make it easier for him to face a challenging or hard task, because he already feels good about himself. Introduce tasks that are hard or triggers for challenging behaviour after some successful tasks.

Real Life

Lucas hated reading! He was rude and angry when his aide took him to reading recovery or when asked to read in class. During silent reading he was distractible and tried to draw attention to himself by fiddling with things on his desk. His parents, teacher and aide tried to work out how Lucas could obtain success in a reading activity. They decided to ask him to read books to his younger sister and one day a week to the kindergarten class. Reading these "younger" books to himself would have been discouraging and insulting to Lucas. However, because he was reading to younger children, Lucas was happy to read and enjoyed the additional benefits of interaction and respect from these children. His reading recovery sessions became opportunities to practice his kindergarten reading and he was soon initiating ideas about books he could read to the younger children. Because of this success experience Lucas improved his reading and silent reading was no longer a battle.

Sometimes the message of behaviour may be that the child would like more attention. Every parent knows how difficult it is to provide one-on-one time with your child. However, we all know the value of making the effort to do this. Try to set aside time each week with your child where you can attend to their problems, progress and interests. This should not be a time that occurs after a behaviour crisis, but a regular time that becomes part of the family routine.

Often your child wants to chat the minute that you walk in the door. In order to give yourself space it may be useful to set up a routine that involves some down time at the end of the day where you have a chance to wind down prior to having this one-on-one time.

Real Life

Anna's mother, Ruth, read about meditation for young children. She thought that this would be a really good way to spend time with Anna. Each night before Anna went to sleep Ruth would sit down with her and review the day and then go through the steps outlined in her book on meditation. After she had done this more often she and Anna made up their own meditations. Some weekends Anna even asked if she could do meditations for Ruth. Ruth observed that Anna started looking forward to going to bed and the evening became a more peaceful time for the family.

The "Especially for Parents" Fact Pack has information about this. Talk to your Case Manager / Rehabilitation Coordinator if you would like more information about meditation.

5. Don't force help on the child

Often when children have ABI, people around them overcompensate and try to help them all the time on every task. This can lead to lots of frustration. Check out if they need help, rather than providing it. Say *“That looks hard. Can I help?”* or *“If you need some help with that, come and ask me.”*

The hardest lesson to learn when a child has an ABI is that you can do too much. Not only does this wear you out, but often distresses the child with the ABI who can end up feeling inadequate and overwhelmed.

6. Have realistic expectations

Although it would be great to live with angels, the reality is problem behaviours are rarely eliminated altogether. Let's look at ourselves! The goal of a program is to bring the behaviour to a manageable level.

It is probably helpful to know that the behaviour often gets worse when you start to try and deal with it. It especially happens when the child is not provided with another way to communicate their message. At this stage people often give up. It is important to keep going. The behaviour took a while to develop so change will not happen overnight. Remember that there is no magic wand – change can be slow but it is possible with a positive, consistent approach.

7. Choice and control

Children need choice in their life so that they can learn about making decisions

and solving problems. Children may “act up” if they feel that they have no choice. They will be more likely to participate willingly if they choose a task or some aspect of a task. There are times when choice isn't possible; however, often choice can be built into an activity.

Real Life

Recall Tegan (page 9)? More choice was incorporated into her life. This was done using a photo board. Photographs were taken of Tegan engaged in all of the activities that she might engage in at school (required or what she might choose). Every day people started most activities by giving Tegan a set of choices. At some times set activities were required; she was not allowed to dictate the class activities. Activities were preceded by the words “choice” and “no choice.” This made it clear to Tegan that she did sometimes have choice, and that she did have a great deal of control. In practice, she accepted that she had no choice in some activities. When Tegan resisted an activity she was reminded that this was what she had chosen to do and asked if she wanted to change her plan. When starting this intervention, Tegan's teacher was concerned that she might be seen as “caving in” to Tegan but realised that teaching was not about winning or losing “battles.”

8. Make tasks interesting, meaningful, and do-able

This is obvious. We are all much better at doing something we enjoy and see the point of! Lucas was much happier to read simple material to younger children because he could understand why! He was insulted when he had to read it himself and refused to do so.

9. Positive roles and scripts

We have all seen how even “tough” kids like to be helpful. Look at the bikies who deliver toys for Santa every Christmas. Most children love to be given the opportunity to be a “helper” rather than a pain. It is so different to be asked to help rather than told to do a job! It is also very important for developing appropriate social behaviour and self-esteem.

Some examples of giving children a role may include assisting another child in a class activity, feeding pets, being a “buddy” for others, reading to Kindergarten children or being the lunch room monitor.

10. Daily routine

Having a predictable, consistent routine is itself a behaviour management procedure. Most children with ABI need structure, predicability and certainty to get through the day. Children typically find it much easier to get through the day when a routine is established. It is particularly effective if the child is involved in developing their own routine, so that they understand it and it is meaningful for them.

Key message

A behaviour support plan is an action plan that incorporates a range of positive behavioural interventions, practical strategies and supports to help minimise behaviours of concern

Let's talk 'strategies'

As was mentioned previously, the behaviour support plan is a culmination of the findings of the behaviour assessment process. This is important, as essentially the strategies that are likely to be the most effective are the ones that address the underlying need the behaviour is trying to communicate. As such, there's no point just jumping straight into using 'random' strategies without first considering all the factors contributing to the behaviour and why it's happening in the first place.

Some important things to consider:

- ◆ **Consistency** is the key to effective behaviour change – i.e., everyone involved needs to be consistent in the way they respond to the behaviour.
- ◆ Be sure to separate the child from the behaviour – it is the behaviour that is unacceptable, not the child, and the child should be aware of this distinction!
- ◆ When you're trying to modify behaviour, sometimes behaviour can actually get worse before it starts to get better.
- ◆ Be **realistic** – consider factors such as the child's cognitive ability, the resources and time available, and the current resilience and capacity of all involved for adopting new methods of managing behaviour or

meeting the child's needs appropriately.

- ◆ Start with an easy, achievable goal (it won't necessarily be the most important) – this allows everyone involved (including the child) to better understand the process for changing behaviour, including how reinforcements will be utilised or accessed, thereby supporting success.
- ◆ Prioritise the areas to be addressed and focus on only one area at a time (e.g. communication skills) – it can be draining and difficult to sustain motivation if you try to spread intervention and support too widely.
- ◆ To enable success and maintain engagement, break larger goals into smaller ones – e.g. if a child is having trouble sitting during group floor time, then a goal might be for the child to sit for one minute or one task and then leave, rather than for the child to sit for the whole group floor session.
- ◆ Always follow through with your requests – e.g. if you ask the child to do something, ensure you persist (firmly and calmly!), and offer support and encouragement as required.

With those important considerations in mind, let's look now at some specific, practical strategies. Please remember that the strategies that follow are certainly not an exhaustive list, but can certainly be a good starting point to address the underlying need the behaviour is trying to communicate.

Proactive strategies

Proactive strategies aim to address the underlying function of the behaviour by facilitating behaviour change when the behaviour is not occurring. Their emphasis is on the use of logical and natural rewards for successful behaviour. These include:

- ◆ Environmental changes
- ◆ Individual skill-building (teaching skills)
- ◆ Education & training
- ◆ Utilising the child's support network

Environmental changes

Often the context in which the behaviour occurs is problematic, whereby the environment is not a 'good fit' for the child. Learn to recognise counter-productive and unfair environmental contexts and strive to increase the goodness of fit between the child and their environment. For example:

- ◆ Modify physical factors, such as reducing noise levels
- ◆ Empower the child through increased opportunities for allowing choices
- ◆ Be aware of individuals' attitudes towards the child (e.g. 'naughty' vs has a brain injury)

Consider what changes might need to be made to ensure the activity / environment / interaction / routine is more predictable and easier for the child to understand?

For example, you might need to:

- ◆ Modify instructions (e.g. simplify and use language the child understands).
- ◆ Increase the use of (concrete) examples, models and visual cues. Use external aids, such as calendars, visual timetables, checklists.
- ◆ Help the child break down tasks into smaller components.
- ◆ Link new information to information the child already knows.
- ◆ Model appropriate behaviour.
- ◆ Adopt a consistent approach and clear expectations.
- ◆ Set clear boundaries/limits regarding appropriate behaviour – feedback should be clear, immediate and repeated.
- ◆ Take breaks as required.
- ◆ Reduce known triggers (e.g. too much noise) where possible.

Consider motivation and reinforcements – remember, we all respond to rewards!
For example:

- ◆ Notice when behaviour is appropriate – offer praise and encouragement, ensuring this is given immediately and consistently.

- ◆ Build on small successes. Celebrate accomplishments, no matter how small, every session/day/week to give the child a reason to change.
- ◆ Use the child's strengths and interests to encourage motivation and help the child experience success.

Individual skill-building (teaching skills)

Be aware of the child's current ability level and what skills they possess. Work from where the child is at, not where you want them to be. Aim to build the child's skill set as much as possible, and teach the child new skills that allow them to meet their needs in a more behaviourally appropriate way (e.g. develop more appropriate ways to communicate their needs).

Identify the child's strengths and skill requirements by observing the child and completing an inventory of skills. Use their strengths as a starting point and explicitly teach behaviours in required areas, which may include:

- ◆ General coping / resilience skills
- ◆ Relaxation training
- ◆ Social skills training (e.g. practise appropriate social communication skills)
- ◆ Anger management
- ◆ Problem-solving (e.g. GPPDR)
- ◆ Conflict resolution

Education and training

Have you ever heard the saying "Knowledge is power"? Knowledge is a powerful factor that empowers people to achieve success. By improving the knowledge and upskilling the key people around the child (including teachers, support staff, parents and families, and other key players), they will have a better understanding of the individual child and their circumstances. This could be done in a number of ways, for example:

- ◆ A general education session about brain injury and behaviour
- ◆ A specific discussion around the particular child, to provide some background understanding of why he might be acting the way he does (i.e., it's not necessarily because he is a 'naughty' kid)

Utilising the child's support network

Engage the everyday key people around the child. This might include parents and families, friends, teachers, support staff, and even therapists. Making sure all these people are on the same page and working together will foster effective team work and consistency amongst team members.

- ◆ Model appropriate pro-social behaviour (i.e., demonstrate the kind of behaviour you want the child to display).
- ◆ Encourage a positive, caring and supportive environment.

Reactive strategies

Reactive strategies are designed to minimise the behaviour once it has already started. For this reason, they are sometimes also referred to as de-escalation or defusion strategies.

These include:

- ◆ Redirection (e.g. engage the child in another task).
- ◆ Distraction (e.g. shift attention to something else; use humour).
- ◆ Removing the child from the immediate environment (where possible).
- ◆ Reducing the perceived threat.

Recognising early warning signs of escalation

It is important to recognise and respond effectively to early warning signs that may suggest behaviour may be escalating. The conflict escalation curve (on the following page) demonstrates how the intensity of emotional reactions can vary over time. The aim is to get in as early as possible, as the more behaviour escalates, the harder it becomes to defuse the situation.

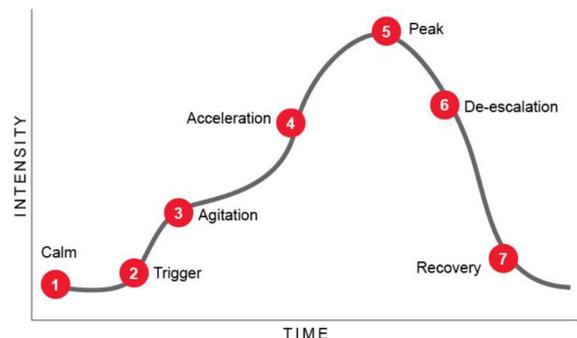


Image reproduced from the *Managing Challenging Behaviours* presentation by the University of Tasmania.

Common early warning signs include:

- ◆ Rapid breathing
- ◆ Clenched fists
- ◆ Flushed face
- ◆ Pacing
- ◆ Repetitive movements
- ◆ Raised voice, increased swearing, verbal threats
- ◆ Aggressive gestures
- ◆ Panic, restlessness, clinging to an adult

Try to defuse escalating agitation immediately. For example, gently ask “*Julia, are you ok, would you like to go somewhere and have some quiet time/have a chat?*” Use redirection, distraction, and diversion to shift behaviour.

Managing your own behaviour

To reduce the likelihood of behaviour escalating, it is important to be aware of and manage your own behaviour. Some things to consider include:

- ◆ Avoid engaging in a battle/conflict.
- ◆ Listen without disputing or challenging (e.g. *“Thank you for telling me you’re angry”*).
- ◆ Focus on the child’s needs.
- ◆ Remain calm and non-confrontational.
- ◆ Be aware of your own body language (e.g. arms crossed versus open stance).
- ◆ Use the child’s first name.
- ◆ Talk with a calm, reassuring confident voice (*“Yes I can see you’re upset about that”*, not *“Calm down, it’s okay”*).

Registered Psychologist Dr Vanessa Lapointe (2016) suggests:

“When a situation is getting heated with your child, a script that has been spoken many times before may threaten to come out of your mouth. “That’s ENOUGH!”; “I am taking away your toys. You are being so disrespectful.”; “Time out for you, mister!” These phrases only add chaos to the situation. What might have been a moment of impulse or challenging behaviour can now threaten to become a full-on meltdown.”

Instead of escalating the situation, Dr Lapointe suggests creating a new script in your head in order to manage these meltdowns and cultivate a better connection between you and your child. See over the page for some ideas about alternative scripts you could use for diffusing tough situations.

Key message

Positive behaviour support relies strongly on proactive strategies to address the underlying needs, but also recognises that reactive strategies are important in helping to minimise behaviour that’s already occurring.

Instead of that, Say this.



Simple phrases and ideas for diffusing tough situations with your child.

 <p>What were you thinking?!?!</p> <p><i>Instead say:</i> I'm going to help you with this.</p>	<p>How many times do I have to tell you?</p> <p><i>Instead say:</i> I'm going to do () so that it will be easier for you.</p>	<p>Stop it! You are embarrassing me!</p> <p><i>Instead say:</i> Let's go to a quieter place to get this sorted out.</p> 
<p>If you don't stop that, no Xbox for a week!</p> <p><i>Instead say:</i> I can see this is tricky for you. We are going to solve this later. Let's get a drink of water.</p>	<p>Go to your room!</p> <p><i>Instead say:</i> Come here. I've got you.</p> 	<p>No stars on the star chart for you!</p> <p><i>Instead say:</i> Let's figure out a better way for next time.</p> 
<p>Stop. That. Right. NOW!</p> <p><i>Instead say:</i> If you need to get your mad out - then go ahead. It's okay. I've got you.</p>	<p>*Silent eye-roll and frustrated sigh*</p> <p><i>Instead do:</i> *Kindness in your eyes and a compassionate hair tousle*</p> 	<p>You are IMPOSSIBLE!</p> <p><i>Instead say:</i> We will get this figured out. I can handle ALL of you. It's all good.</p> 



DR. VANESSA LAPOINTE

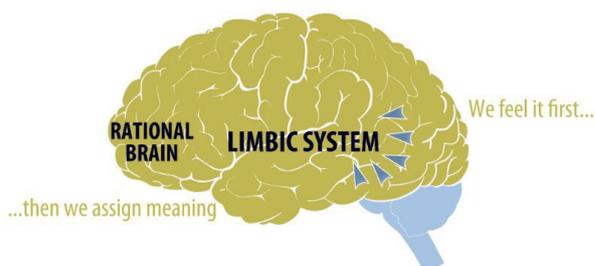
Image source: <http://www.drvanessalapointe.com/the-discipline-cheat-sheet-an-infographic/>

What's actually happening in the brain when behaviour is escalating?

In simple terms, we can think of our brain as having two centres: the 'emotional' brain, and the more rational 'thinking' brain.

The 'emotional' brain is the part of your brain that acts on emotions, feelings, and instinct. As humans, our brains have evolved to allow us to make decisions based on our 'thinking' brain – this is the part of the brain that involves rational thinking (e.g. using of logic, problem solving, and weighing up pros and cons of certain actions).

In order to effectively manage our own behaviour, we need to have effective communication between the rational and emotional centres of our brain. According to Dr Travis Bradberry, an expert on the subject of emotional intelligence, all of our primary senses



enter at the base of our brain (the light blue shaded area below).

Image taken from an article written by Dr Travis Bradberry entitled 'How to Exceed Your Goals in 2016' published via www.talentsmart.com

Before we can think rationally about what we're experiencing, these signals must travel through the 'emotional' brain (i.e., the limbic system – the place where emotions are generated). This means that we always have an emotional reaction to events first.

For the most part, our thinking brain quickly takes over and is in control, helping us respond to situations appropriately. However, there are times when our emotional brain takes over, and we are no longer capable of rational thinking, and in these situations, we might get anxious or angry and lash out.

Respond to the affect first – acknowledge and provide support

As soon as you feel the child is getting agitated, guide the interaction by responding to how the child is feeling first (e.g. reflect the feeling back to the child: "Yes I can see you're angry about that"). When someone (be it a child or an adult!) is wound up and angry/upset, there is no point trying to provide a rational or logical explanation at this point (i.e., you're talking to the emotional brain, not the thinking brain!). You need to respond to the affect / emotion first, and when things are calmer, you can start rationalising and entering a more detailed discussion of what happened and why (i.e., move on to addressing the need).

Dealing with full-blown behaviour

Crisis management

When you're dealing with full blown behaviour, the emotional parts of the child's brain have completely taken over and there is no rational thought associated with their behaviour.

As much as the focus is on proactive strategies, and getting in as early as possible by using defusing strategies to minimise the escalation of behaviour, the reality is that problem behaviours are rarely eliminated altogether and there will be times when behaviour escalates. It is at this point when reactive strategies are important in order to ensure the safety of the child and the people around them.

This is when the "do's" and "don'ts" of crisis management come to the rescue (see following pages). Trying to change behaviour when it is happening is rarely successful. Think about times when you have been angry and how likely you were you to listen and learn. The main principle is to minimise the impact of the behaviour, and maintain the safety of the child and others around them. We can then attempt to modify behaviour at a later time with proper planning!

Crisis management “do’s”

The rule	What are you doing?	What are you saying?
<p>Remain calm</p> <p>It is better to do nothing rather than act impulsively or in anger</p>	Breathe slowly and wait before you speak	<p>(To yourself) <i>“This will pass. I am calm”</i>.</p> <p>If you say anything to the child, speak quietly, slowly and calmly.</p>
<p>Keep everybody safe</p>	Get everyone else out of the room. This reduces the audience effect!	<i>“Just wait in the other room until we are ready”</i> .
<p>Present yourself as a helper</p>	Kneel down or sit back in a relaxed way.	Speak quietly and calmly. <i>“What can I do to help?”</i>
<p>Acknowledge their concerns/emotions</p>	Provide validation and reassurance.	<i>“I can see you’re feeling angry right now”</i> .
<p>Help identify feelings</p> <p>Children with cognitive difficulties sometimes can’t identify or understand their feelings (e.g. they may react angrily when they are really scared).</p>	Try and help them identify the emotion they are feeling.	If they are starting to get physically aggressive (often a fear response), you could say, <i>“This is scary. You’re a little scared, but it’s going to be okay”</i> .
<p>Speak clearly and simply</p>	Only one person should speak with the child. Keep things brief and simple.	Speak quietly, slowly and calmly. e.g. <i>“I will sit here until you stop yelling. That’s how I will know you are ready to leave”</i> .
<p>Use positive rather than negative language</p> <p>This will increase the likelihood of compliance and decrease the chances of a power struggle.</p>	Use a positive ‘spin’ when you’re requesting something.	Avoid using negative phrasing (e.g. <i>“Billy stop taking the toys from Jenna”</i>). Instead, restate requests in positive terms (e.g. <i>“Billy I’d like you to share the toys with Jenna”</i>).
<p>Re-direct (distract)</p>	Draw your child’s attention to something else.	<i>“We will think about that later. What’s happening over there?”</i>
<p>Choose battles wisely</p> <p>Challenging behaviours can often result from battles of control.</p>	If you do engage in the battle, make sure that the issue is worth fighting over and you can win.	(To yourself) <i>“Is this a battle I need to fight now?”</i>
<p>Reset to zero</p> <p>Sometimes the behaviour Plan is not working.</p>	After the crisis is over, consider whether you need to review and modify the behaviour plan.	(To yourself) <i>“Okay, let’s start fresh.”</i>

Crisis management

“don’ts”

The rule	What are you doing?	What are you saying?
<p>Avoid attempting to “teach lessons”</p> <p>Discussing or addressing the behaviour while everyone is frustrated and exhausted is usually not the best solution.</p>	Calm both yourself and your child down and move on to a more positive alternative (for both of you!)	(To yourself) <i>“I will deal with this later when we are all calm. I will not preach!”</i>
<p>Avoid planting the suggestion of a problem behaviour</p> <p>Saying things like “Do not hit me” plants a suggestion in the mind of the child.</p>	Keep calm and know you can handle it.	Don’t say anything, or suggest something positive e.g. <i>“What about five minutes cool down time in the backyard?”</i>
<p>Avoid making threats</p> <p>Threats are rarely effective</p>	Bite your tongue (when you feel like making threats).	Don’t say anything that involves a threat eg. <i>“Just wait until your dad gets home!”</i>
<p>Avoid climbing ladders</p> <p>When you meet confrontation with confrontation the control battle escalates.</p>	Don’t meet confrontation with confrontation. Remain calm.	Rather than say, <i>“There will be no swearing in this house”</i> , ignore the swearing. After the crisis you might say, <i>“It makes me sad/upset when you swear at me.”</i>
<p>Avoid pleading</p> <p>The classic supermarket scenario!</p>	Don’t beg or bribe them to stop. Use the “do’s”!	Stand close to your child and say jokingly, <i>“Does anyone know this boy’s parents?!”</i> (Ha, ha). Don’t say anything that is a bribe.
<p>Avoid confusion</p> <p>The number one mistake made by most parents is doing too much talking when the behaviour is occurring.</p>	Don’t go into lengthy explanations or justifications. Children are not amenable to reasoning when they are upset.	Don’t say too much and use simple language.

These tables have been modified from: Ylvisaker, M. & Feeney, T. (1998). *Collaborative brain injury intervention: Positive everyday routines*. San Diego, CA: Singular Publishing Group.

Traditional tools

Before positive behaviour support emerged as an effective, evidence-based approach for behaviour management, traditional methods for managing behaviours were at the forefront of intervention. These traditional techniques are less concerned with identifying the reasons behind behaviour and more focussed on managing behaviour by deliberately manipulating the consequences of behaviour (e.g. rewarding positive behaviour and ignoring or punishing unwanted behaviour). It relies on the theory that the way people behave is based on the consequences of their behaviour. For example, if an action is followed by a positive outcome, the action is likely to be repeated; similarly, if an action is followed by a negative outcome, the action is less likely to be repeated. However, this approach is not always successful in modifying behaviour in children with an ABI due to their difficulties in learning from consequences and because they may not be aware of alternative ways of

behaving. Based on this, we recommend that you first begin with the positive behaviour support tools discussed previously (OCCHTA, teach alternatives, provide structure etc). However it would be remiss of us not to include information about traditional methods because they are commonly used and because they can be effective in some circumstances, especially when used in combination with the positive behaviour approaches discussed previously.

Some key terms used in the traditional approach include:

- ◆ **Reinforcement** – refers to any action/response that results in an increase in a behaviour
- ◆ **Punishment** – refers to any action/response that decreases the likelihood of a behaviour occurring
- ◆ **Positive** – refers to the giving or addition of something after an event
- ◆ **Negative** – refers to removing something after an event

The table below summarises this information:

	Increases Behaviour (Reinforcement)	Decreases Behaviour (Punishment)
Add Something After Behaviour (Positive)	Positive Reinforcement A behaviour is followed by a rewarding stimulus (star-chart, money)	Positive Punishment A behaviour is followed by an aversive stimulus (scolding; giving a smack)
Remove Something After Behaviour (Negative)	Negative Reinforcement A behaviour is followed by taking an aversive stimulus away (turn off annoying music; allowing child to skip a queue)	Negative Punishment A behaviour is followed by taking away a rewarding stimulus (time out; loss of privileges)

Positive reinforcement

Of the four behavioural techniques in the table above, positive reinforcement has proven to be the most effective in modifying behaviour and is the recommended strategy for children with an ABI.

Positive reinforcement can be as simple as giving praise after your child does something you like or performs well. It can get more complex when you use something like a token system (e.g. when they earn a star every time they wash the dishes and get a reward when they get enough stars).

There are a few rules to make positive reinforcement more effective:

- ◆ Be specific about what the praise is for (e.g. *“You put your clothes in the laundry without being asked - that’s great”* rather than *“You’re a good boy”* or *“Thanks”*).
- ◆ Reinforce immediately after the desired behaviour occurs when possible.
- ◆ Reinforce the behaviour every time it occurs at first, and then once they are doing that behaviour regularly, vary how often they receive reinforcement (remember positive behavioural momentum).
- ◆ Try to make the reinforcers natural and appropriate for your child. For example, don’t use food all the time. Use a variety of reinforcers. Maybe your child can identify something that would be reinforcing for him.

- ◆ Reward the behaviour, not the child (e.g. *“Thank you for helping me wash the dishes Glenn. I feel really good when you help me”* rather than *“You are a good boy Glenn”*).

Token economy

A token economy is a structured behavioural program that relies on positive reinforcement techniques. In a token economy, the child receives a “token” or “chip” for desirable behaviour. The child can then trade these “tokens” in for something more meaningful (e.g. an outing or money).

The idea is that positive behaviours are rewarded immediately with small rewards (e.g. ticks, stars, tokens, praise given out hourly) that can then be traded for a bigger, more meaningful activity or object at a later time (e.g. a prize or present given out daily, weekly). A set of rules needs to be established outlining how the tokens are to be earned and how and when they can be exchanged for the more meaningful reward.

This approach provides structured and concrete feedback about the child’s behaviour and can be used in a variety of settings. However, the child should be involved in developing the program so that their co-operation and agreement is gained and so that it is meaningful for them.

Token economy: Example

HENRY'S STAR CHART

I'm working for ...

*Insert a description/picture of
what the child is working for
(e.g. free time; computer; etc.)*

Negative reinforcement

This generally refers to removing an aversive stimulus. An example would be asking one child to stop playing their drums if the other child asks them nicely to stop playing. This is still reinforcement because it encourages the child to report how they are feeling rather than hitting their brother or screaming at them.

Punishment

The “if you don’t...” threat. We all know this one, “*Megan, if you don’t eat all your vegetables, you will not get dessert.*” We all know, deep down inside, that unless it is a life-threatening situation, threats of punishment and actual punishment don’t work. Did you ever eat all your vegetables?

When a behaviour program only uses consequences, it is rarely effective. Some children, particularly those with an ABI, have difficulty learning from consequences. Children learn in an environment where success is positively encouraged. They are helped to succeed in response to failure. It will be more effective if your response to the child’s negative behaviour is to think about how to help them to succeed. Simply punishing them only helps to breed more failure.

Time out

A time out is a form of negative punishment because it involves taking away something in order to decrease the likelihood of the behaviour occurring in the future. Time outs can

be particularly useful in the management of attention seeking, aggression or otherwise disruptive behaviour. When you are implementing time out, it is important to stay calm – try taking a few deep breaths to help you stay relaxed if you feel yourself getting stressed. Start off with time out on the spot before moving on to the other forms.

◆ Time out on the spot

Involves withdrawing attention from the child while remaining in his presence. For example, averting your gaze or moving away for a few seconds without saying anything, then continuing as if nothing happened.

◆ Situational time out

Involves removing the child from the situation, either by sitting them in a chair against the wall, putting them outside the door or in another room for a few minutes. This should be done without verbal interaction.

◆ Time out room

Should be used if other forms of time-out fail, or if the behaviour is particularly aggressive. It involves removal of the child to a previously arranged time out area with minimum fuss (e.g. involving as few people as possible, making no eye contact, or verbal interaction). They should remain in the area for no more than five minutes and a constant watch should be kept (remain outside the room). Remove them from the area after the five minutes and if they have not calmed down, place them in the time out area again. Keep in mind it is best to work on one behaviour at

a time, so try to ignore any secondary behaviours that occur within the time out space and instead remain focused on the behaviour you are trying to modify.

Contracting

A contract is a written agreement between the child and another person that helps to monitor and change a child's behaviour. It needs to be agreed to by all and written in language that the child can understand. The contract should include a definition of the behaviour, how the behaviour will be monitored, rewards for following the contract and the signatures of both parties.

Using a contract where the child is part of the decision process can shift focus from one person's demands to cooperative problem solving. Including the child in the creation of the contract also increases the likelihood that they will be more invested in sticking to it! In addition, it is better to allow the child to build on success: that is, start with contracts that are relatively easy for the child to complete successfully, rather than tackling the most difficult behaviours first-off.

A sample behaviour contract can be found on the following page.

Key message

Traditional tools, such as positive reinforcement, are commonly used and can be particularly effective when used in combination with positive behaviour support approaches.

Behaviour contract: Example

<p>Description of goals/behaviour: <i>e.g. I will not yell out during class</i></p> <hr/> <hr/>
<p>Plan for behaviour change: <i>e.g. I will change my behaviour by ...</i></p> <hr/> <hr/>
<p>Consequences of not meeting my goals: <i>e.g. what will happen if I don't meet my behaviour goals?</i></p> <hr/> <hr/>
<p>Rewards for meeting my goals: <i>e.g. what will happen if I do meet my behaviour goals?</i></p> <hr/> <hr/>
<p>Monitoring and evaluation of the contract: <i>e.g. These goals will be achieved when ...; This contract will be reviewed on ...</i></p> <hr/> <hr/>
<p>Additional comments:</p> <hr/> <hr/>
<p>Signed: _____ Date: _____ <i>(child)</i></p>
<p>Signed: _____ Date: _____ <i>(parent/teacher)</i></p>

Monitoring and evaluation

Once a behaviour support plan has been implemented, it is important to decide on a monitoring and review process in order to evaluate the success of the plan. Establishing regular reviews is highly recommended to ensure the plan stays relevant. Consider that the child's behaviour may not necessarily improve steadily and consistently overtime. Fluctuations and 'ups and downs' can be expected dependent upon the child's previous learning patterns, motivation, health issues and other factors such as managing current changes. As we've said previously, it's not uncommon for behaviour to actually get worse before it gets better! It is best to consider improvements over a set period of time not day-by-day or session-by-session.

Questions to consider in the monitoring and evaluation process include:

- ◆ Who is involved in the review process?
 - ◆ Is the plan working? If not, why?
 - ◆ Is everyone following the plan?
 - ◆ Are any modifications to the plan required?
-
- ◆ How will the plan be monitored (e.g. parent/teacher observation; self-reflection; behaviour monitoring chart; etc.)?
 - ◆ When will the behaviour support plan be reviewed?

Key message

Regularly review the behaviour support plan and update as required to ensure the strategies stay relevant.

Coping with change

As important as everyday routines are, there will be times when plans don't work out quite right or there are changes in routine. Some changes can be predicted (e.g. moving to a new school, or a new house), but others are more unpredictable and unavoidable (e.g. change in health, or the cancellation of an event). The following things can help a child deal better with changes in routine.

Identify that everyone has plans and routines

Classrooms have a routine. Your day has routines. Point out routines whenever you can. Involve your child when you are planning anything e.g. point out the "Soccer Plan." For example, "Soccer is always on Tuesday afternoon and you always go straight from school to the soccer field. You always start with warm-ups and then some skill training before you have a bit of a game. Then you always go straight to Nanna's afterwards. That's the Tuesday routine!"

Talk about changes in general and ways people handle change

Point out stories on the news or in the paper or in books when people are facing changes and plan and handle it well. You can also talk about changes that you and/or your child have successfully handled in the past (e.g.

"Remember when it began raining in the middle of that BBQ? We all ran around and had to quickly decide on another place to have it. It was good finding the shelter in the park!").

Deal positively with the change as it occurs

- ◆ Identify exactly what your child thinks will be challenging about doing something unplanned. Make a script for finding this out. Use language that will set the scene for success (see the Pilot story, page 49).
- ◆ Talk about changes as they occur and when they happen to you (e.g. "I can't do the shopping tomorrow because I have that talk with Wendy. I'll have to plan my week so I can go shopping another day.")
- ◆ Talk about changes as they happen to your child (e.g. "Oh, Mrs. Brown just rang and said she can't take you to soccer training. Let's think of another way to get there.")
- ◆ Anticipate changes when you can (e.g. "It might be hard to get to soccer next week. If you don't get to training, how can you get some practice in?")
- ◆ Talk about the change in plan (e.g. "This looks like a time to use the "Change in Plan" form. What is the first question we have to answer?") (see page 52).

How to pro-actively deal with change

You will have lots of opportunities to do this in everyday life. The following are two examples of helping your child to be pro-active in dealing with change.

Real Life

Robyn realised that her daughter Sarah handled change better if she had some warning. She got into the habit of talking about events well before they happened. For example, going to Mary's house for afternoon tea was a new thing for Sarah. So over the couple of days before, Robyn would ask questions like, "If we go the Mary's for afternoon tea, what are the things you think will be different; what good things might happen there; what would you be worried about missing out on?"



Real Life

Margie was worried about how her son would welcome a relief teacher. Occasionally she would ask, "What do you think might happen at school if you had a different teacher for the day? What would be different?" She and her son came up with the idea of making a one page note to give a new teacher about things the new teacher did not know about him, that he would like them to know.



Key message

Prepare your child for change where possible. Be explicit and positive in talking about change that happens to you and your child. Utilise scripts to help your child problem solve the situation in a step-by-step process.

Talking to your child about change: The pilot's story

Telling stories about “change” may help your child to handle change better! Here is one story you could tell:



“Once upon a time, the pilot was flying his plane to Sydney. The weather was beautiful, and the pilot was going the way he always did and everyone landed safely. The next time the pilot was flying to Sydney, he got a message on his radio in the plane: “There are terrible, horrible, nasty storms over the mountains on the way to Sydney!”

The pilot was really scared but before he panicked, he asked himself some questions:

- ◆ **What has changed?**
The weather has turned really bad
- ◆ **Is it a problem?**
Yes, I might not be able to land the plane
- ◆ **If it is a problem, what can I do?**
I can turn around and go back, or I can ask the co-pilot to help, or I can use the radar (ask your child to come up with ideas about what the pilot could do).
- ◆ **Who can help me?**
The co-pilot and the radar person (again, ask your child to come up with ideas about who can help the pilot).
- ◆ **How do I want them to help me?**
The pilot decided he wanted the radar person to tell him where to go to get around the storms
- ◆ **What is my new plan?**
The pilot decided he would:
 1. Ask the radar person to tell him where to go
 2. Ask the co-pilot to write down the steps so they would both remember
 3. Do exactly what the radar person said so he wouldn't make any mistakes

Whenever the pilot had to change his path to Sydney, he always asked himself the questions. Sometimes, it was just a little storm and he decided he could fly through it. Sometimes it was such a big storm, he had to turn around and go home and other times, the co-pilot did some of the flying if the pilot got tired.

Talk with your child about how he can be a pilot

You could explain that the pilot's questions are really good for anyone to use when the plan changes. Talk with your child about times when the plan may change (e.g. a new teacher because the usual one is sick; therapy at a different time because there is an excursion; not being able to tell "news" because there is a class visitor, etc). We are sure you'll come up with heaps of examples from your own life!

Work through some of those situations with the pilot's questions. For example, you could say: "One day when the pilot was a little boy, his mum had promised him she would take him down to the park for a big play. He was so excited and was all dressed and ready to go when there was a knock on the door. His mum's friend was there with a big cake and ready for a big talk. The pilot was so angry and because he was just a little boy pilot at the time, he breathed in and was ready to yell and scream like his mum had never heard before."

Then he remembered the Pilot's questions.

◆ What has changed?

Mum's friend has arrived

◆ Is this a problem?

You bet. Now we can't go to the park. Mind you she has bought a big cake.

◆ What can I do?

The pilot thought of a few things he could do:

1. Scream until mum took him (but she probably wouldn't if he screamed)
2. Ask his mum if they would still go later and eat the cake while his mum and her friend were talking
3. Ask his mum's friend if she wanted to come to the park with him and his mother. This is what the pilot decided to do
4. How do I want them to help?
By listening to my questions

◆ What is my new plan?

Ask mum and her friend if we could all go to the park. His mum's friend thought this was a marvellous idea and called the pilot a gorgeous little boy and gave him a big kiss but at least he got to go to the park. It was even better than before because mum didn't get bored and he could stay for hours!

Then, whenever you and your child are facing a "change", practice the Pilot's Questions (or whatever you decide to call them). It may help to have them written up but eventually (and it may be a long time before this happens!) your child will think of those questions. Young children especially are helped by stories like this and by using "metaphors" or images. If they have memory problems, it is going to be easier for them to remember "The Pilot's Questions" than "your card outlining the steps for dealing with changes in routine!"

Use a “hero” for your child

Here are some other ideas for stories:

- ◆ Barbie going on a drive but finding out the tyre is flat (there's no way that Barbie will be able to change that tyre on her own. She's going to have to ask for help or read the manual -whatever you want your child to do!)
- ◆ An Australian Olympian wants to go for a swim but then hears that the pool is closed for cleaning
- ◆ The character from one of your child's favourite stories or movies. Think of one who is good at planning!

Is there a change in the plan? Use the pilot's questions:

- ◆ What is the change?
- ◆ Is there a problem?
- ◆ If it is, what can I do?
- ◆ Who can help me?
- ◆ How do I want them to help?
- ◆ What is my new plan?

Review

- ◆ What worked, what did not?
- ◆ What could I do differently next time?

Summary

Behaviours of concern are communicating a child's unmet needs. Rather than engaging in a battle of control when it comes to a behaviour, monitor the behaviour and focus on addressing the underlying need. Remember: if we can meet the need appropriately, then the behaviour may not occur.

In this booklet are a number of ideas that might be useful if you are faced with challenging behaviour. We hope that these will be tools that you can add to your behaviour "tool kit".

It is important to remember that all children (even a lot of adults) can sometimes present with challenging behaviours. Take a deep breath and sort through your tool kit and see if you can come up with a plan of how to approach the situation. It is also important to remember that behaviours sometimes get worse before they get better!

If you feel stuck and need some help or ideas, please talk to your Case Manager/Rehabilitation Coordinator, or contact SWBIRS on (02) 6041 9902 or email MLHD-Albury-SWBIRS@health.nsw.gov.au.



Useful references



GENERAL WEBSITES

Kidsmatter. <http://www.kidsmatter.edu.au>

An Australian initiative developed by mental health professionals and education and childcare staff to support mental health and well-being of children in early childhood and primary school.

Raising Children Network. <http://raisingchildren.net.au/>

The Australian parenting website that provides evidence-based content on hundreds of topics about raising children and looking after yourself as a parent. The information is not specific to children with ABI.

BRAIN INJURY WEBSITES AND FACT SHEETS

Brain Injury Association of New York State. (2008). *LEARNet Problem-Solving System and Resource website*. Available from: www.projectlearnet.org

A resource for teachers, clinicians, parents, and students which contains useful resources for helping children with brain injury in school and at home.

NSW Agency for Clinical Innovation. (n.d.). *Working with people with traumatic brain injury – Module 5: Understanding and managing behaviour changes following TBI*. Available from: http://www.tbistafftraining.info/SelfStudy/Module_5/5.0.htm

Synapse. (2017). *Fact sheets: Behaviour*. Available from: <http://synapse.org.au/information-services.aspx?category=Behaviour>

Synapse (formerly Brain Injury Association of Queensland Inc.) is a nation-wide association that aims to reconnect the lives of those affected by brain disorders.

BEHAVIOUR WEBSITES AND FACT SHEETS

Centre for Rural Health, University of Tasmania. (2014). *Distributed simulation project: Managing challenging behaviours* (presentation). Available from:

http://www.utas.edu.au/_data/assets/pdf_file/0006/528045/Managing-Challenging-Behaviours-slides.pdf

US Department of Education: Technical Assistance Center on Social Emotional Intervention for Young Children. (2017). *Positive behaviour intervention and support*. Available from: <http://www.pbis.org/default.aspx>

Government of Western Australia. (2012). *Positive Behaviour Support Information for Disability Sector Organisations*.

<http://www.disability.wa.gov.au/Global/Publications/For%20disability%20service%20providers/Guidelines%20and%20policies/Behaviour%20Support/Positive%20Behaviour%20Support%20Information%20Sheet%20for%20Disability%20Sector%20Organisations.pdf>

Strawhun, J., Oconnor, A., & Peterson, R. L. (2013, December). *Behavior contracting: Strategy brief*. Lincoln, NE: University of Nebraska-Lincoln and the Nebraska Department of Education. Available from: <http://k12engagement.unl.edu/behavior-contracting>

BOOKS / ARTICLES

Ylvisaker, M. (1998). *Traumatic brain injury rehabilitation: Children and adolescents (2nd edition)*. Boston, MA: Butterworth-Heinemann.

Ylvisaker, M. & Feeney, T. (1998). *Collaborative brain injury intervention: Positive everyday routines*. San Diego, CA: Singular Publishing Group.

Paediatric brain injury services in NSW

Inpatient Services	Phone	Address
Sydney Children's Hospital Network - Westmead	(02) 9845 2132	Cnr Hawkesbury Road & Hainsworth Street Westmead NSW 2145
Rehab2Kids, Sydney Children's Hospital (Randwick)	(02) 9382 1590	High Street Randwick NSW 2031
Kaleidoscope Paediatric Brain Injury Rehabilitation Team (John Hunter Hospital)	(02) 4925 7963	Kookaburra Circuit New Lambton Heights NSW 2305
Community Services	Phone	Address
South West Brain Injury Rehabilitation Service (Albury)	(02) 6041 9902	335 Reservoir Road Lavington NSW 2641
Southern Area Brain Injury Service (Goulburn)	(02) 4823 7911	PO Box 274 Goulburn NSW 2580
Illawarra Brain Injury Service	(02) 42238470	8 Eyre Place Warrawong NSW 2502
Mid Western Brain Injury Rehabilitation Program (Bathurst)	(02) 6330 5114	Heritage Building Bathurst Health Service Howick Street Bathurst NSW 2795
New England Brain Injury Rehabilitation Service (Tamworth)	(02) 6767 8350	Dean Street Tamworth NSW 2340
Mid North Coast Brain Injury Rehabilitation Service (Coffs Harbour)	(02) 6652 2856	39 Victoria Street Coffs Harbour NSW 2450

Paediatric brain injury services in Victoria

Other nearby services (based in Victoria)	Phone	Address
<p>Victorian Paediatric Rehabilitation Service (VPRS) <i>Provide interdisciplinary rehabilitation for children with congenital, developmental, or acquired conditions that require rehabilitation. There are 8 sites across Victoria, the two covering North Victoria are:</i></p>		
<p>Goulburn Valley (Hume region)</p>	<p>(03) 5832 2322</p>	<p>Goulburn Valley Health Graham Street Shepparton VIC 3630</p>
<p>Bendigo (Loddon Malle region)</p>	<p>(03) 5454 6001</p>	<p>Bendigo Health John Lindell Mercy Street Bendigo VIC 3550</p>
<p>Melbourne City Mission Statewide Paediatric ABI Service</p> <p><i>Assist those working or living with children and young people (aged 0-18 years) with an ABI.</i></p>	<p>1800 343 287 (Disability Services Intake)</p>	<p>Head Office: 164-180 Kings Way South Melbourne VIC 3205</p>