



## **I need your AID!**

*If my world was your world,  
If my thoughts were your thoughts,  
If my experiences were your experiences,  
Would you think and act any differently?*

When we are required to respond to child's behaviour of concern we are challenged to make assumptions in order to decide how to act.

The assumptions we make will determine the nature of our response. If we think of the behaviours of concern under 3 broad headings we can begin to plan clear and supportive strategies;

**Anxious**  
"I can't cope!"

**Impulsive**  
"It's all just too much!"

**Defiant**  
"I ain't doing it!"

### **HOW DO YOU RESPOND?**

For each of these headings we need to respond in different ways through different approaches. If we begin to think of the categories as representing states of mind, then our aim should be to address the need of the child in ways that directly meet the behaviour we see. The response in each category has to be with the aim of giving the child the means to manage their own thoughts and feelings. This will vary from child to child but through a graded and gradual approach we can begin to build the necessary skills for the child to learn to maintain a level of control over their behaviour that broadens their world rather than diminishes it.

Under the broad categories we also need to identify the nature of the behaviours that are presenting a level of risk that we have to reduce. Each requires a structure to be applied that builds in stages from the least obtrusive and most supportive to a level of full control of the situation by staff supporting the child, in order to minimise risk.

### **ANXIOUS**

When a child is anxious their behaviour is focussed upon not being in their current surroundings. They are not able to meet the current expectations and as a result of their life experiences they are starting to become overwhelmed by their own thoughts and feelings. As their anxiety builds they associate the context they are in with fearful and frightening experiences they have previously been in and begin to prepare for fight, flight or freeze – 'I can't cope!'

### **IMPULSIVE**

The use of the word impulsive has a specific meaning in this context. It is when a child's behaviour is not focussed in their current surroundings. They may, for example be experiencing sensory overload and find it hard to co-ordinate/orientate their thoughts, feelings and movement. This reduces a child's capacity to meaningfully attend, remain focussed or take in new information. They may wish to remove themselves or be removed

from the situation, as they experience this as a fight, flight or freeze situation. Due to the sensory overload, it is increasingly difficult for a child to orientate in space and therefore hard to attend to anything presented to them – ‘it’s all just too much!’

## **DEFIANT**

When children are defiant they have decided not to remain in their current surroundings. For whatever reasons of their own, they have decided they do not want to do this and are not going to do this! It may be because they do not understand, or it may be too challenging to be in this type of structured setting with expectations being set by others. Whatever the reason, their behaviour is saying ‘I ain’t doing it!’

Therefore, any situation requires a measured and considered response that draws upon our knowledge, skills and experience - but the nature of that response will be determined most by the initial assumption of what is driving that behaviour. It is possible to imagine a combination of 2 or all 3 categories operating simultaneously, within quick succession or moving from one to another. However, the response should always be based upon knowledge of the child and the context in which the response is taking place.

Knowledge and understanding will build over time and through a period of observation and monitoring (of when and where things are the most difficult), a picture will emerge, as no child will remain within all 3 states of mind all the time; though at times it may feel that way.

## **WHERE TO BEGIN**

If there appears to be a recognisable pattern, then a plan can be put in place. If not, then there should be a period of observation based upon the knowledge already known to the class team.

The first question is: *how often is the child’s behaviour a cause for concern?*

At the most extreme, if the answer is ‘all the time’ the first assumption should be that the child is anxious or impulsive or both. A plan should then be in place from the moment the child arrives in school based upon your knowledge of the child. This may change over time and aspects of defiant behaviour become apparent, but the initial response will need to be one of offering emotional support. For example, the day may start best if they spend time alone with a member of staff when they first arrive; it may be an activity in a large free space – such as the playground, joining the sensory circuit, etc. The observation should then begin by looking at the effect of the planned start to the day in order to understand the dominant state of mind for the child.

If there are flashpoints across the course of the day, there must be a level of structure to the day that clearly sets out the routine of the day and how staff must respond to the particular flashpoints; these flashpoints will be the behaviours that are of concern. If it is not clear how often these occur, the process can begin by recording the frequency of incidents across the day over a period of up to two weeks. This should give a pattern or strong indications of where to begin to build in particular structured responses.

Whilst the period of observation is taking place, class teams need to be sharing information and ideas under one or more of the three broad headings of Anxious – Impulsive – Defiant in establishing how to respond and the level of support the child needs. Whatever the concern is, it requires a response; it is therefore important that the members of the team balance the need for observation and the need to support the child during the flashpoints.

After recording the frequency, a decision needs to be made as to the first flashpoint to be addressed. This may be the most commonly occurring or, it may be the one the class team feel they may have the most success with. It is important for staff that they choose to address a flashpoint that does not set the child or staff up to fail.

The next stage will be to begin observing the behaviour more closely. One method is an A-B-C chart - noting the situation, the behaviours at the time and the consequences. This can happen over a sufficient period of time as to be informative to staff (which can be up to two weeks if appropriate). There are three areas that should be recorded:

- When the child's behaviour is presenting a significant risk
- When a child is most engaged
- The types of responses that are most successful and when

When it is felt that there is sufficient information to act, a strategy needs to be developed under one or more of the 3 broad headings of the child's state of mind.

### **BUILDING A STRATEGY**

The strategy being developed will depend upon the situation and circumstances, however, in establishing the strategy particular attention should be paid to the learning outcome for the child. The underlying aim of any strategy should be for the child to be responded to in ways that enable them to internalise ways to manage their own thoughts, feelings and behaviour; this enables them to build internal resilience and the capacity to manage change throughout their day, whether that is people, places or things that happen. Therefore, whilst creating the strategy it is important to reflect upon the question 'how is this helping the child to build internal resilience?'

As a strategy is developed, particular attention should be given to the beginnings, endings and transitions, as these are vulnerable points that require the most thought and planning. The information gathered during the period of observation will help inform the class team how things need to be done 'differently'.

This must be realistic within the situation and circumstances. It has to take account of the:

- people involved, staff and children,
- context within which the flashpoint occurs and
- range of responses that are possible within that situation.

Whatever the strategy, it is important that the initial response of staff does not heighten the emotional response of the child or others in the situation. Therefore, the response of a staff member should be to contain the emotional response of the child or calm that response. It

is not about control - it is about opportunities for the child to learn to manage their own responses.

### **AFTER THE OBSERVATION**

When the observation period is complete, the class team need to identify a pattern under the categories they wish to respond to, single category or a combination, and the strategies they have identified as being most successful. The categories chosen will determine the ways in which staff will respond.

### **ANXIOUS**

If it is identified that a child is anxious then the priority within the strategy is to reduce their levels of anxiety by increasing their trust in staff to contain their feelings at the times of crisis through the adult's relationship with the child. This will be achieved by staff acknowledging to the child that they are becoming anxious.

They should use key phrases, e.g. begin with '(name the child) I can see you are not happy' then offer alternatives:

- 'would you like?'.....(the person, place or object that help to contain or calm them)
- 'shall we stand/stay/sit here for a short time?'
- 'Shall we go for a walk?'
- 'Would you like to go to ?' ...the quiet room/corner, etc.

The positive response from a member of staff is the beginning not only of the process of containing or calming the child but also enables the child to have experience of a way of responding they can internalise. Using a **5 to Thrive** approach will help to begin to build emotional resilience, from which staff can help to start the calming process for the child. The process will be one of trial and error: some things will work, some will not and some may be partly successful. Using the 5 to Thrive key components, staff can take that which is successful and build in success for both the child and the class team.

Over time, staff can then identify the cues and triggers to intervene that will prevent a child's anxiety from presenting a high level of risk. The class team will begin the process, making decisions, forming a strategy and breaking it down for both the child and all staff into steps and stages. At each step and stage where a decision needs to be made, it should form part of the planning to enable the child to make that decision, thus moving from a situation of staff control to one of shared decision-making. The benchmark for the member of staff is if they have to make a decision for a child as to how the child can be supported to make that decision ,e.g. if staff have to decide which is the best transitional object to help smooth transition from the classroom, let the child choose between two objects that are known to be important to them.

## **FIVE to THRIVE**

The Five to Thrive key components can become integral as to how a member of staff approaches the child and manages situations:

**RESPOND** –The response to the child is one that helps them to know that you are aware they are there and the way they are feeling. It begins with noticing the child, getting their attention, giving eye contact, moving towards them or remaining at a distance, etc.; giving recognition that this child wants or needs something from you - Mind to Mind. They have your attention. You are beginning the process of containing the situation.

**CUDDLE** – This is more a ‘physiological’ cuddle or engagement. The adult is then aware of the level of emotion within the child and begins to act in ways that start to reduce that heightened state. This may require that they move away from the situation, something new is introduced e.g. a transitional object, the use of a symbol or object to re-focus the child on what is happening now, etc. how and when to do this will emerge from what was identified during the previous observations.

**RELAX** - As a result of the balance being achieved, you are both able to enjoy the experience and share the connection between you, they are not distracted by other actions/thoughts there is a recognition of:

*‘FEELING WITH v FEELING ABOUT’*

**PLAY** - As a result of the calm and reduced emotions being achieved, there is a positive connection between the adult and child, one which the child begins to trust and value. In time, the child will begin to see the connection as one offering safety and security.

**TALK** - This is then supported through the use of narrative, symbol, tone of voice, music or songs. This creates a dialogue that reflects back what is said or what is important to the child and how they themselves can begin to do things differently. It keeps and maintains the attention of another.

This process has been identified within modern neuroscience where ‘mirror’ neurons have been discovered within the structures of the brain and the gut. The ‘mirror’ neurons allow us to be able to physiologically recognise the neurological responses of others and as the name suggests ‘mirror’ them. This creates neural pathways which, when repeated over time, become established and eventually, over a long period of time, become hardwired into the brain making the pathways more sensitive and reactive to stimuli that will cascade into an expressed behaviour. That is, by using the five stage process of the model above regularly as a response to a child in a given situation, it will establish a pattern of responding that can be internalised by a child as a way of ‘organising’ their thoughts and feelings in dealing with this type of situation.

As a result of this process, in time the child comes to recognise that no matter how they are behaving, the adult with them can help make sense of their thoughts and feelings to help

manage their emotional state; the child can then learn how to internalise this process for themselves and validate their existence as someone worth engaging with.

## **IMPULSIVE**

The response to this kind of behaviour may be similar to that of the anxious child but for different reasons. The focus is to help the child self-regulate their sensory and physiological state rather than their emotional state. The child will already have their own responses to overwhelming sensations that take them out of that situation but do not regulate the sensations e.g. they may hit out at others, they may throw equipment, etc. This may affect the behaviour of others which in turn will cause a change in the environment, alleviating the situation or becoming a simple distraction with the underlying cause remaining the same.

The aim is to help the child begin to recognise and regulate these impulses. Each child will be different and their capacity to integrate these sensations will lie on a continuum.

The intervention of staff is based upon the assumptions they make and the strategies they develop. Though there are three distinct areas, there is a degree of uncertainty as to which applies to which child, in which circumstances; therefore, the observation at this stage is important. For example, compare the behaviour of a child finding it difficult to self-regulate due to impulsivity when they are hitting out, throwing, screaming, etc. as opposed to sitting with their fingers pressed into their ears and rocking.

Rarely will two children react the same way; therefore the strategies to support them will need to be very individual. The response can be one that helps the child to:

- remain in the activity or situation
- remain in the vicinity of the activity or situation
- be removed from the situation or activity

Each needs to be considered in the context of the immediate response to the child and then planning how to support the child to regulate the input for themselves.

Staff need to identify what type of engagement will help the child to regulate their impulses in that situation. For example, to remain as part of the activity they may need:

- a physio ball to bounce on rather than sitting on a chair
- a particular favoured object or toy to hold or manipulate
- to sit with a staff member to maintain physical closeness

If they cannot remain as part of the activity but do want to be in the vicinity, they may need to:

- have a movement break within the classroom (or in an outdoor area)
- have time in the quiet room
- engage in a large sensory activity e.g. bounce on a trampoline

They may then be able to go back to the activity, however this would need to be carefully planned by staff to ensure the child or staff are not being set up to fail.

If none of these initial strategies seem to be effective the child may need to have time out of the situation to:

- have a movement break
- engage in a different activity

These can all be introduced using some of the key phrases used when dealing with an anxious child, e.g. begin with '(name the child) I can see you are not happy' then offer alternatives:

- 'would you like?'.....(the object that gives sensory feedback)
- 'Would you like to go to ...the quiet room/corner?', etc.
- Shall we go for a walk?

Whatever strategy is chosen, it should always be with a view to first reducing the risk of escalation of negative behaviours from a child being overwhelmed by the sensory input they are experiencing. There should then be a medium to longer term plan for supporting the child to manage these impulses themselves within their ability to do so balanced against the reduction of sensory input from the environment generally.

## **DEFIANT**

In many situations the immediate assumption, when dealing with unexpected or negative behaviours, is that of a child being defiant. However, what appears to be defiant behaviour may simply be masking anxiety or impulsivity, therefore it is very important that staff take the time to observe and discuss not only probable causes and responses in the present, but into the future.

Though the three areas are being described as separate there are overlaps, where all three can have an impact on each other. Class teams need to focus initially on the area they feel is dominant and plan to meet that need. Using the Five to Thrive approach will help to better understand the underlying motivation of a child's behaviour as the relationship between the adult and the child becomes more important as the trust is being built.

The supportive response to defiant behaviour is through clear routines and boundaries that are communicated to the individual child in ways they can understand. In establishing the routines and boundaries there needs to be a clear plan at the:

- Individual level
- Class level

## **INDIVIDUAL LEVEL**

The key is the nature of the relationship between the adult and the child. Each member of staff has a responsibility to be able to respond to a child positively and sensitively applying agreed strategies that provide learning opportunities for a child to better manage their own behaviour.



Any strategy will be drawn from clear observation and be part of a medium to longer term plan to promote change. They must be clearly set out in ways the child can understand and structured in ways that enable the child to take more responsibility for the outcome.

For example, using the 3 strike rule:

1. Bring the child's attention to what is acceptable behaviour in the situation.
2. Again remind the child what the acceptable behaviour is and the consequence of their current behaviour.
3. Apply the consequence whilst explaining why you are doing so.

Each stage offers the opportunity for the child to moderate their behaviour and prevent the consequence being applied. This structure can be applied and adapted in many ways and to different situations, e.g. it can be represented as a traffic light system, to visually represent it to a child in more concrete ways.

The key is building in a structure that allows the child to be able to anticipate the next step and have the opportunity to moderate their own behaviour to prevent an unwanted consequence.

Depending on the learning needs of the child, the consequence needs to be timely and relevant. If the consequence is too far ahead it loses relevance and no link is established between the behaviour and the consequence.

The strategy being applied needs to meet the needs of the individual child:

- Communicated at a level they can understand
- Be relevant to their understanding and experience
- The expected change to be achievable

### **CLASS LEVEL**

It is not only the responsibility of the member of staff dealing with the child at the time of applying a strategy, it is a class team responsibility. In addition, class teams need to discuss how they will support one another to build in success for the child and staff member when applying the strategy.

For example, if a child is being prevented from having or doing something not appropriate at the time but their response is to try to throw specific objects or equipment. Knowing this, other members of the team can position themselves to intervene and prevent this from happening, thus reducing risk of injury in the classroom. Awareness of positioning in a classroom is important as it can very quickly and easily calm a situation. It can be used in conjunction with distraction or an offer of help to the child which helps to contain the child's feelings as well as the behaviour.

Each class should have ways of reflecting a level of expectation that identifies the class as a single group of which every member is important and staff should avoid any child becoming isolated as a result of their behaviour.



- How the strategy is applied
- How the rest of the class team will support

## **CONCLUSION**

If behaviours of concern are being understood in terms of the three broad categories of ANXIOUS – IMPULSIVE – DEFIANT we begin to focus on the types of support that help to build internal resilience in children.

The 5 to Thrive approach is one such method; it acknowledges the presence of the child as a person at a deep emotional level, offers a structured response at a physiological level which can then create neurological links that become part of how a child interacts with and views the world, i.e. is it a hostile place that I need to control, or a supportive one, where I can rely upon others to keep me safe.

From there we can plan strategies that do not simply seek to control a child's behaviour but build the kind of internal emotional resilience that enables a child to maximise their capacity to cope positively with expected and unexpected change. This capacity to achieve will lie on a continuum, whereby some children will eventually learn to cope independently whilst others will continue to need supportive structures that continue to encourage them to achieve greater resilience in the context of meaningful, rewarding and trusting relationships.