

UNDERSTANDING CHALLENGING BEHAVIOURS

A FREE GUIDE FROM KIDS MATTERS
OCCUPATIONAL THERAPY



THE BEHAVIOURS WE SEE ARE JUST THE 'TIP OF THE ICEBERG'

The behaviours we see in a child (or adult) are only the tip of the iceberg. There can be many things contributing to challenging behaviour. Most often this is seen with some version of the "Fright, Fight, Flight" response.

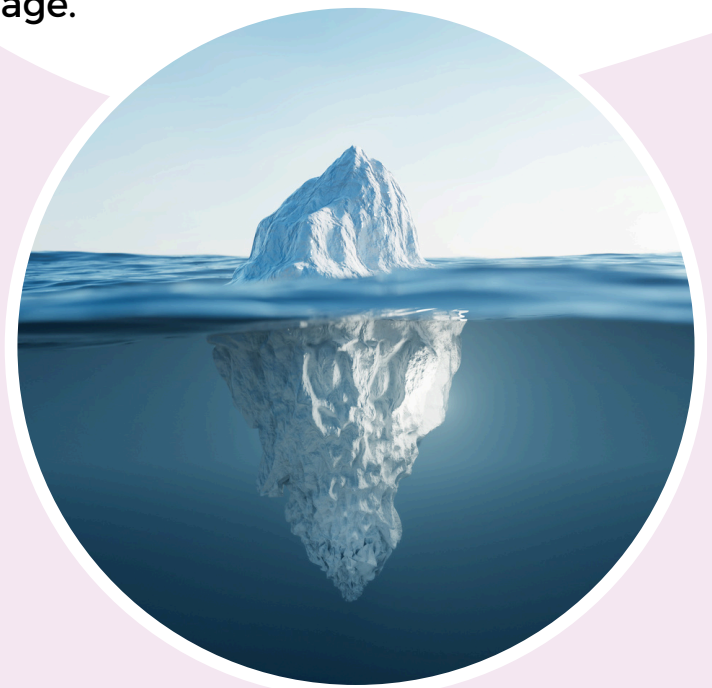
Fright - where a child seems frozen and you don't seem to be able to reach them or get cooperation.

Fight - where a child becomes physically aggressive with kicking, punching, scratching, biting, and/ or screaming.

Flight - where a child either physically runs away or refuses to cooperate and do what is asked.

Implosion - where a child has a meltdown and may pick at own skin or hurt themselves in other ways (internal version of fight response).

Children with these behaviours may show a combination of the "Fright, Fight, Flight" response. For example, they may try to run and if stopped may start aggressive behaviour. They may be more obvious in children with ADHD where neurologically their impulse and emotional control can be 2-3 years below their physical age.



No child or person sets out to have willful, challenging behaviours in order to make adult's lives difficult.

There are a myriad of possible contributing factors including:

- **The sensory system** is overloaded. Things and people in the environment may be too loud, too busy and/ or with unpredictable touch (people bumping into them).
- The **cognitive demands** or expectations are too high. They feel unable to do the work so become overwhelmed and lash out.
- The **social demands** are too high. They don't understand the social world and struggle with friendships. Teasing or bullying can exacerbate this.
- They are **tired, hungry or sick**. Their reserves are down, and tolerance of demands are low.

[HOW DO I KNOW WHAT'S CAUSING THE BEHAVIOUR?
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- They are **working hard to appear “normal” at school** or when out (masking) so when they are in the safe relationships at home, they let out tension in meltdowns or uncooperative behaviour.
- There are **relationship challenges** in the primary carer relationships such as attachment issues where caregivers are unable (don't know how) to meet the child's needs on the Circle of Security.
- There are struggles within families to set **routines and boundaries**, including with screen time, bedtime and mealtimes.
- There is **trauma**
- **Neurodivergent brain patterns** such as Attention Deficit Hyperactivity Disorder (ADHD), Autism, various syndromes, and Pathological Demand Avoidance (PDA). These make a child more prone to emotional and behavioural regulation challenges.

Remember, if your child is having challenging behaviours, it is worth exploring what the possible contributing factors could be.



WHAT ARE THE COMMON MISTAKES IN MANAGING CHALLENGING BEHAVIOUR?

Common mistakes in managing challenging behaviour centre around trying to achieve compliance when a child is not able to reason or cooperate. This may look like:

- Putting the child down and saying hurtful things about them such as, “if you don’t learn to cooperate, you’ll end up with no job and no friends”.
- Giving into the child’s shouting and demands or campaigning and tantrums. This removes the firm but fair boundaries and gives the child the sense that they are in charge. (This is a scary situation for a child and can make them feel more insecure).
- Becoming the louder voice. Yelling louder, moving the child where you want them to be and trying to force them to cooperate. (With some children this may work in the short term but can disrupt the relationship).



- Punishing a child for a meltdown. Meltdowns are out of the child's control (unlike a tantrum).
- Trying to reason and negotiate with a child in the height of their anger, hyperactivity, or distress. The frontal lobe which is needed for logical thinking does not work when a child is heightened.
- Waiting for a child to be in a full-blown meltdown before intervening and seeking to help them calm down. Instead, see if you can pick the early signs that a child is starting to escalate and intervene then.
- Trying to distract a child from their heightened emotions. Instead seek to validate or show that you understand and wait with the emotion till it passes.
- Trying to bargain with a child to calm down and cooperate. For example, offering to buy them a toy if they come to the car quietly, or that they won't go to see Grandma if they are not good.



- Telling the child what they should think and feel. Not seeking to understand when a child is trying to explain their position.
- Having unrealistic expectations of what a child can do in terms of their developmental level and/or disability. E.g., the child may not be developmentally ready to toilet, write a sentence, use cutlery etc. In the case of Pathological Demand Avoidance (PDA), a child may not be able to cooperate with anything they see as a demand. In the case of ADHD a child is 2-3 years behind their peers in executive functions and is unlikely to be able to consistently do some basic tasks by themselves.
- Not having clear expectations, rules or boundaries. Therefore, a child does not know what is expected and is likely to push to find the boundaries.

Remember your child is not trying making your life difficult. There is always a reason for a behaviour.



KEY TIPS FOR MANAGING BEHAVIOUR

Relationship is fundamental to preventing and managing challenging behaviours. A child must be able to feel safe, even in the height of an emotional outburst, in order to learn to manage their emotions and behaviour. **So how do we build in a responsive relationship?**

- Building a child's secure attachment through a parent training program such as Circle of Security (or equivalent) will enable a caregiver to learn to read a child's cues and overcome their own barriers.

[LEARN MORE ABOUT CIRCLE OF SECURITY PARENTING™](#)

- Prioritising time together in child-led play for 30-60 minutes/ week for each child helps cement the relationship. Behaviour improves significantly as the child feels connected.
- Do your best to get good sleep for yourself and your child.
- Make sure you have healthy snacks and drink and can offer food if your child is hungry. Often a snack in the car after school can divert some meltdowns.



- Be aware of the sensory environment and modify if you can. You could carry a backpack (sensory tool kit) with you and include items such as headphones, something to chew/ snack on, essential oils, hand fidgets, visual timer, drawing/ colouring, weighted lap cushion.

CHECK OUT SOME OT APPROVED EQUIPMENT

- If you're out and your child is showing the first signs of becoming dysregulated, acknowledge this and take a break outside/ somewhere quiet.
- If your child likes swinging, let them swing before school, after school and even before bed. This is a very regulating tool for some and can calm the nervous system. 10 minutes of swinging (slow rhythmic movement) can have an effect up to 6 hours.
- If your child likes hugs, seek opportunities to hug them, massage them or roll them up in a mat or cushions (like a hot-dog).
- If your child likes wrestling, try this on your hands and knees with them. Finish with some breathing - candle breaths (hold up fingers and blow each one down like a candle) or a bubble tub (squirt of detergent in half a cup of water and using a straw, blow a “volcano”).



- Have a visual schedule so your child can see the plan for the day. Write or draw a list of activities that your child will be doing so they know what to expect. If transitioning, include the steps of the transition on the schedule e.g. OT, car, Grandmas, treat.
- Collaborate with your child. Listen to their concerns before you raise your own. Think up at least 10 options (including some fun or silly ones) and then choose a couple of solutions together.
- Avoid going head-to-head in a power struggle because this does not work. Even if you “win”, it will be at the cost of your relationship.
- Set up a calming space in your house/ classroom where a child can go to calm at the first signs of escalation. You may need to go with them to support this process.
- If your child is in a meltdown, it is too late to intervene. Try to get them somewhere safe where they cannot do too much damage to themselves, others or property, and wait it out. When they’re ready, they may need a cuddle and reassurance. Don’t analyse the meltdown too much with them but you could reflect on things such as: the sensory environment was too much; the expectations were too much, and/ or they were tired from school.



If your child has ADHD, many other executive function strategies will be needed including:

Get ready

- Teach your child how to set up their environment for success e.g. clear the desk and get out books and stationery before doing homework.
- Use an analogue clock or timer to show your child how long they have to do a task for. If using a clock, draw the hands that will be when they have finished.
- Have clear expectations of what is expected using a visual word or picture list.
- Get sensory tools ready such as gum, essential oils, movement tools/ place to be (e.g. spelling words jumping on trampoline).

Do

- Set the timer and work for set/ agreed time (5, 10, 25 minutes).

Done

- Check whether tasks are completed and celebrate what was done.
- Have a break for 5 mins (ready to come back for more).
- Finish and pack up.

If your child has Pathological Demand Avoidance, a whole range of other strategies are needed.

SEE HERE



NEXT STEPS

1. Download this [visual schedule template](#) and personalise it for your child. Print it out and stick it on the fridge or somewhere easily visible.
2. Attend one of our super practical and empowering webinars to boost your confidence and knowledge.

SEE WEBINARS

3. Keep on doing your best and look after yourself.
4. If needed, seek support from an Occupational Therapist who can help your child achieve their goals and put in place strategies for everyday life.

Vivienne Williams, Principal OT

Vivienne has been working for over 20 years with children who have sensory processing challenges, anxiety and developmental delays of every kind. She shares her extensive knowledge and practical experience in an engaging way.





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