



practice

Responding to
behaviours that challenge



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● Purpose of this guide

Much has been written about understanding and managing the challenging pain-based behaviours of children and young people who have experienced trauma and live in therapeutic or out of home care. Anglin (2002) coined the phrase 'pain-based behaviour' to denote behaviours arising from traumatised reactions of children and young people in out of home care. This concept emphasises the importance of care and support for staff and carers in making sense of children and young people's behaviour in order to respond in an effective and meaningful way.



THIS PRACTICE GUIDE WILL SEEK TO EXPLORE:

- **What is meant by the term 'behaviours that challenge'**
- **Why children and young people display behaviours that challenge**
- **The damaging effects of labelling**
- **How to make meaning of the behaviours**
- **What happens when we only focus on the behaviours, we can see**
- **Practical interventions**

● Key Messages

- This guide intentionally uses the term 'behaviours that challenge' rather than 'challenging behaviours' to broaden the focus of interest from what the child or young person is 'doing' to understanding that these behaviours both hold meaning as well as have an impact not just for those affected by the behaviours but for the child or young person themselves.
- Children and young people are doing their best to survive.
- Traumatized children and young people have little control over their feelings and behaviours. They cannot easily calm themselves down. Under stress the thinking part of their brain goes offline and their emotions rule behaviour.
- The outward expression of some feelings can hide the real picture of what is going on for a child or young person. For example, because of its intensity, anger can mask many other feelings in children and young people such as frustration, confusion, sadness, fear and distress.



- Trauma-based behaviours are those strategies that a child or young person has relied on to survive and will use over and over in their daily lives, even when the abuse or violence is no longer present.
- A fundamental question to be posed in response to behaviours that challenge is WHO is challenged by the behaviours?
- Children and young people are more than the sum of their behaviours.
- Many of the behaviours that challenge shown to us by children and young people are often their best attempt at coping, connecting, and communicating.
- In order to make meaning of behaviours that challenge we need to look below the surface of the behaviour to what the function of the behaviour is, or what need it is communicating or meeting.
- The most important thing to have is a plan for responding to a child or young person's pain. All children and young people in therapeutic out of home care should have an individually designed developmentally appropriate trauma informed plan drawn from all available reports and assessments from child protection (history), education, health, mental health, family, and community. A thorough understanding of this plan and the responses planned for each child or young person are paramount.
- The intentional use of relationships is a fundamental approach in addressing behaviours that challenge. A therapeutic relationship is an essential ingredient for facilitating positive change with behaviours that challenge.
- When responding to behaviours that challenge, we must always act to minimise harm. When children and young people behave in ways that are dangerous for themselves and/or others, it is necessary to work proactively to minimise harm until we are able to create the space and understanding to help them to be able to make changes.
- Specific techniques are relatively unimportant in responding to behaviours that challenge compared to the power of therapeutic relationships, which are the result of a pattern of interaction over time.
- Every child and young person has something special about them when a carer or support worker makes the effort to get to know and understand who they are. Perhaps the best approach of all is to find that special something about them and enjoy and celebrate it at every opportunity.

● Introduction

Invariably, decisions to place children and young people in therapeutic care or residential care are made because they are described as having complex needs. Most often, the complexity is defined by children and young people engaging in behaviours that challenge.

This guide intentionally uses the term '**behaviours that challenge**' rather than 'challenging behaviours' to broaden the focus of interest from what the child or young person is 'doing' to understanding that these behaviours both hold **meaning** as well as have an **impact** not just for those affected by the behaviours but for the child or young person themselves.

The types of behaviour most often referred to as challenging include:

Externalising behaviour (directed outward toward others and external environment): This can include verbal abuse, threatening and instrumental aggression, sexual assaults, exposure, sexual exploitation, sexualised language, bullying, stealing, intentionally damaging the unit, community, cars, or other people's possessions, graffiti and arson.

Internalising behaviour (behaviours that are focused internally): This can include depression, anxiety, self-harming behaviour, suicidal ideation, and social withdrawal.

● Definitions of Behaviour that Challenge

A helpful place to start is by defining what we mean when we say behaviours that challenge.

Emerson (1995) defines behaviours that challenge in this way:



Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person access to, ordinary community facilities.

The Royal College of Psychiatrists (2007) puts it this way:



Behaviour of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.



Children and young people are doing their best to survive.

Behaviours that challenge have historically been described as ‘inappropriate’, ‘attention-seeking’, ‘disordered’, ‘dysfunctional’, ‘problematic’ or ‘maladaptive’. However, research now indicates exposure to extreme or chronic danger as a result of abuse, neglect and violence affects brain development such that the person may learn to over or under-identify threat. In these situations, children and young people are in survival mode. They perceive threat or experience a lack of safety when others may not and react accordingly with ‘fight, flight or freeze’ behaviours developed over a long period in order to survive. What appears to be an unhelpful strategy for the child or young person now, may at one time in their life been the only strategy they had to survive the trauma, abuse and/or neglect.



CHILDREN AND YOUNG PEOPLE REFERRED TO THERAPEUTIC CARE PROGRAMS HAVE MAY DEMONSTRATE ALL OR ANY OF THE FOLLOWING:

- Push you away or invent all sorts of amazing strategies designed to keep you from getting close to them
- Seek to control situations: staff and other children or young people
- Engage in power struggles and feel they have to win them
- Say No – act with defiance or disregard you
- Go missing on a regular basis
- Assault children or young people and workers emotionally and physically
- Maintain a negative self-concept
- Demonstrate little ability or knowledge of self-regulation/ impulse control
- Avoids situations where reciprocal fun, laughter, and engagement may happen
- Avoid relationships - being loved and feeling special to someone



Trauma causes behaviours that challenge

Trauma is the emotional, psychological and physiological reactions caused by the prolonged and overwhelming stress that accompanies experiences of abuse, neglect and family violence.

The trauma that results from experiences of abuse, neglect or family violence is often called complex trauma or developmental trauma. This type of trauma occurs in the context of relationships and is different to the trauma that may be caused by a one-off event such as a car accident or bush fire.

Children and young people are very vulnerable to the effects of trauma because of their brains' developmental immaturity. How trauma impacts children and young people can vary depending on their age and developmental stage at the time the trauma started, how severe the abuse or neglect was and how long it lasted.

Trauma is experienced in children and young people's thoughts, feelings and bodies. It impacts their relationships with family and friends, their ability to feel good about themselves, their ability to concentrate at school, and their ability to make safe decisions for themselves. It significantly impacts their behaviour.

Children and young people's development can slow down or be impaired following trauma. Trauma can often lead to them developing in some areas and not in others.

Even after the risks or danger is no longer present, children and young people cannot move on and forget what has happened to them. Their brains and bodies continue to react as if the stress or trauma is still continuing. They can experience the consequences of this in all aspects of their lives on a daily basis.

The emotional world of traumatised children and young people is often in constant flux. They find it difficult to understand their own feelings. They can feel disconnected and separate from their emotions - like their feelings do not belong to them.

The outward expression of some feelings can hide the real picture of what is going on for the child or young person. For example, because of its intensity, anger can mask many other feelings in children and young people such as frustration, confusion, sadness, fear and distress.

Trauma reduces the capacity of the thinking part of children and young people's brains to shape the way they feel and react to challenges. Feelings can be experienced as overwhelming and scary. They cannot think their way through their feelings or calm themselves down before they act. They react to their feelings often without awareness of what they are doing. They cannot name or use words to describe their feelings.



AS A RESULT, TRAUMATISED CHILDREN AND YOUNG PEOPLE CAN:

- Behave instinctively and sometimes inappropriately, without knowing why
- Have difficulty regulating their feelings or calming themselves down
- Show signs of anxiety, confusion, withdrawal or depression
- Show aggression, act out, and appear out of control
- Engage in high risk behaviour such as self-harm and substance abuse
- Have limited ability to tell you how they are feeling or why they did something

A state of alarm

Many traumatised children and young people never feel truly safe. They live in a constant state of vigilance and heightened alarm. They spend a lot of their energy scanning their environment for threat.

As a result, traumatised children and young people are easily triggered by seemingly minor or invisible issues. Their responses are often seen as 'out of the blue' or 'over reactions' to situations. They can seem to 'go off' for no apparent reason. These are known as trauma triggers.

Trauma triggers can be a sound, tone of voice, a smell, a taste, people, or places that remind the child or young person of past traumatic experiences. These triggers can keep happening for years after the original traumatic experiences occurred. At these times, the child or young person will experience strong emotional and physical reactions that are often overwhelming. It is most likely they are not consciously aware of what they are reacting to. They don't understand that what they are feeling is really related to something that happened in the past, rather than something that is happening in the present.

The body remembers

Trauma is also experienced in the body. Traumatized children and young people can often complain of feeling tired and lacking in energy. They can experience aches and pains in the stomach, head and other parts of their bodies as a result of trauma. They can also experience eating and sleeping difficulties, such as nightmares, or intrusive thoughts about the trauma when they are trying to fall asleep.

Flexibility is hard

Trauma locks down children and young people's capacity to adapt and change in response to their environment, or the people in it. They lack the adaptability and flexibility necessary to respond differentially to varying situations and contexts.

They have a limited range of coping strategies, often referred to as trauma-based behaviours. In lots of ways they are 'stuck' using old ways of reacting and behaving, even when the situation doesn't require it of them anymore.

Change can also be experienced as threatening and be very stressful for traumatised children and young people.



Trauma drives behaviour

Trauma-based behaviours are those strategies that the child or young person has relied on to survive and will use over and over in their daily lives, even when the abuse or violence is no longer present. Common trauma-based behaviours are described below.

Under threat or heightened stress, children and young people will respond with what has been typically described as Fight/Flight/Freeze behaviour.

In **fight mode** children and young people can react aggressively in order to frighten off the threat. Examples include fighting, swearing, intimidating and shouting.

In **flight mode** children and young people may react by attempting to put distance between the threat and themselves by using strategies to escape. Examples include running away, hiding, or screening themselves from the view of the source of threat.

In **freeze mode** children and young people can become immobilised and become very still. Examples include pretending to not listen, joining a group of others who are experiencing similar threat and distracting strategies to take attention away from themselves.

Children and young people can also 'shutdown' in the face of threat and stress. At these times they can appear emotionally unavailable, unmotivated, and disinterested.

Children and young people can also develop a range of self-soothing behaviours to help them cope with the trauma or find a calmer state. This can include rocking, self-stimulation, sleeping, playing computer games, listening to music and eating. However, if these behaviours become a source of pre-occupation, they stop being helpful to them.

Behaviours that challenge cause trauma

Behaviours that challenge may also result in children and young people being exposed to dangerous situations and it may result in defensive or aggressive reactions from others. For example, these young people are at greater risk of being involved in criminal and antisocial activities, which are, in turn, associated with a higher risk of trauma (Bernhard et al., 2018). They may turn to other risky behaviours in an effort to find relief (for example substance abuse, self-harming).

For more information on care criminalisation read Research Brief: Care Criminalisation (<https://cetc.org.au/app/uploads/2019/12/Research-Briefing-Care-Criminalisation-final-December-2019.pdf>)



Practice Reflections

Look at the following list and consider what might be happening in each case:

Behaviour	What might be happening?
Distant, disengaged, shut-off	
Defiant, angry, aggressive	
Looking for attention	
Withdrawn	
Rude	
Not engaging	
Self-harm	

Review your answers against the suggestions in the table below:

Behaviour	What might be happening?
Distant, disengaged, shut-off	'freeze' survival mode
Defiant, angry, aggressive	Fight' survival mode experiencing threat
Looking for attention	Wanting to be connected
Withdrawn	Fearful cautious
Rude	Self-protective, rejecting before being rejected
Not engaging	Not feeling safe yet
Self-harm	Coping strategy for emotional pain



Behaviours that challenge and trauma can be related to other vulnerabilities

Certain environments, experiences and diagnoses can increase a child or young person's vulnerability to experience trauma and/or engage in behaviours that challenge. For example, intellectual disability is associated with a higher risk of experiencing trauma (Hatton & Emerson, 2004; Mevissen et al., 2014; Byrne, 2018) and, for reasons other than trauma exposure, with a higher likelihood of showing behaviours that challenge (Lowe et al., 2007; Poppes, Van Der Putten, Post & Vlaskamp, 2016).

A therapeutic care approach recognises that therapeutic interventions should not be limited to counselling sessions but must form part of an integrated approach to the everyday care and management of the children and young people who engage in behaviours that challenge. This means those involved in the day-to-day care of these children and young people must provide a repetitive, patterned and predictable responses. In doing so, you begin to build the experience of an environment and people in it who are known, predictable and safe. In doing so, children and young people experience less perceived threat and as a result are less likely to rely on survival strategies to navigate their day. We will explore this later in the guide. For more information about creating social and physical environments that are therapeutic read [Practice Guide: Creating a Positive Social Climate and Home-like environment](#).

Who is challenged by these behaviours?

A fundamental question to be posed when responding to behaviours that challenge is WHO is challenged by the behaviours:

- Is it the child or young person?
- Is it the organisation?
- Is it other children or young people?
- Is it the system?
- Is it the carers or staff?



Whilst it goes without saying that some behaviours are unsafe and risky for all involved, it is also true that other behaviours may pose a challenge for some people and not others. In these situations we need to reflect on WHY?

- **Does the behaviour challenge our values and beliefs?**
- **Does it challenge our cultural or religious beliefs?**
- **Does it frighten us?**
- **Does it challenge us ethically?**
- **Does it challenge us because we feel ill-equipped to respond to it?**
- **Does it challenge us because we are risk averse?**
- **Does it challenge us because of the prevailing 'political' climate around at risk children and young people?**





● ● Practice Reflections

- What behaviours challenge you as a worker? (We all have our buttons)
- Does the same behaviour challenge other workers in your team? Or are there different behaviours that challenge different people? How do you use your team to work with behaviours that challenge?
- Do you know each other's buttons? Think about a child or young person you have worked with or cared for who engaged in behaviours that challenge.
- Did everyone share the same perspective about their behaviours?
- If there were differences, what may have led to the differences of opinion?
- How were these differences negotiated between these people?
- What was the outcome for the child or young person?
- What, if anything, might have improved the outcome for the child or young person?

● ● The Impact of Language

The language ascribed to behaviour powerfully shapes and influences both the way a problem or a child or young person is defined as well as the support and or responses to them (Mitchell, 2000). Labels position the child or young person in relation to how they and their behaviour will be understood and responded to. Labels tend to be concerned with the behaviour only and not why the behaviour exists, and thus can be totalising and stigmatising for the child or young person (Mitchell, 2000).

The labelling of children and young people has seen descriptions such as '*he is unmanageable*', '*she is dangerous*', '*he is manipulative*' or '*she is crazy*'. This type of labelling of children and young people indicates the problem is the person – not what has happened to them. Using language that separates the child or young person from their behaviour (for example 'he is displaying behaviour that is dangerous') does not mean the behaviour is minimised but may open a way of understanding the child or young person that positions them as more than the sum of their behaviours (what they are doing), provides the potential and motivation for change and allows the child or young person and others to see them differently (Mitchell, 2000).



Children and young people are more than the sum of their behaviours.

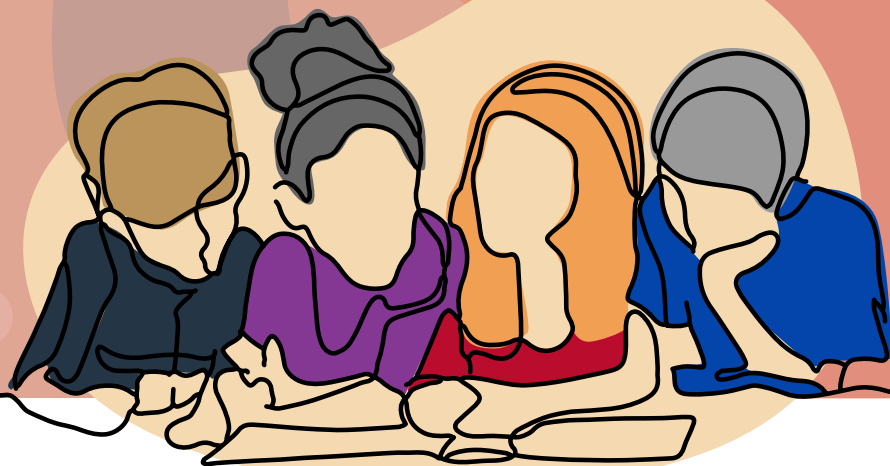
The descriptions of children and young people who have experienced trauma at the point of referral to therapeutic or out of home care and during their placement are consistently described more by their challenging at-risk/high risk behaviours than their positive characteristics and strengths.

As powerfully demonstrated by McLean (2011, p.6) in the AIFS paper on Australian Therapeutic Residential Care – *Taking Stock and Looking Forward*, descriptions of children and young people with behaviours that challenge often omit their strengths, qualities, interests and hopes. Their review across Australia found there was:



...elapses consistency in the way in which target groups for therapeutic residential care were described across jurisdictions. Many of the children and young people in therapeutic residential care had a history of abuse and neglect, and trauma caused by these repeated events was a pervasive backdrop to current challenges. Such children and young people exhibit a range of social, emotional, and educational difficulties and complex/extreme behaviours, some examples of which are:

- ***recurring and often severe self-harming behaviours, including suicide attempts;***
- ***a history of running away and prolonged absences;***
- ***multiple placement disruptions due to behaviour;***
- ***sexually inappropriate behaviours;***
- ***mental health problems;***
- ***antisocial behaviours, including violence and aggression towards others;***
- ***alcohol and substance abuse;***
- ***cruelty to animals; and***
- ***developmental delays or disabilities.” (p.6)***



These deficit and problem saturated narratives serve to reinforce a view that children and young people are the sum of what they do, rather than orient care and other support staff to what has happened to them and what they need.



Descriptions of children and young people with behaviours that challenge often omit their strengths, qualities, interests and hopes.

The Spiral of Negativity



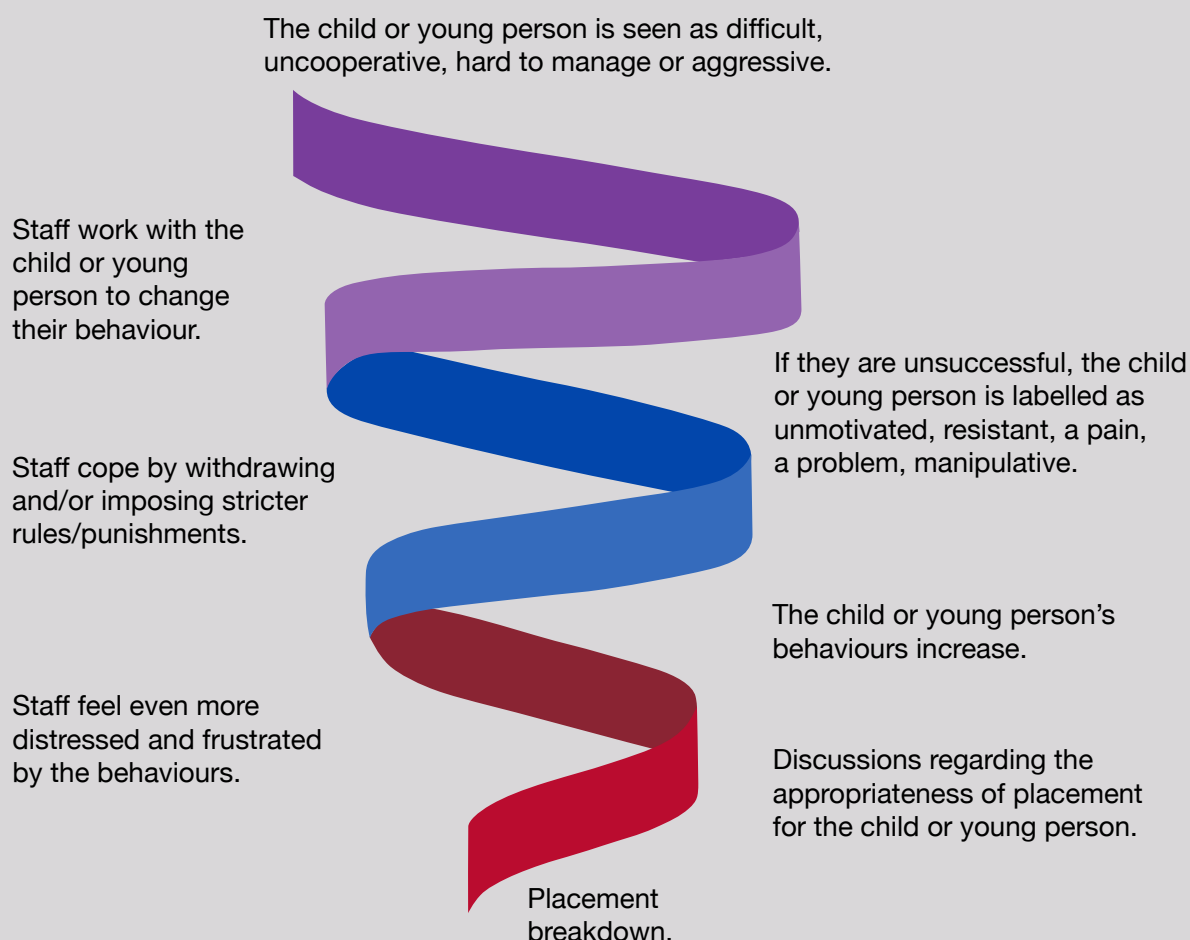
Behaviour is a form of communication. What is the behaviour telling us about what the child or young person needs?

A trauma-informed approach positions behaviour as a form of communication. It is the task of care staff and others to decipher the meaning behind the behaviour – what is the behaviour telling us about what the child or young person needs? If we assume that behaviour serves a function and is linked to an unmet need, then it is not realistic to expect that the child or young person can cease a behaviour without having other strategies or resources to draw upon to meet the need they have at the time. To do so is to set the child or young person up to fail.

The failure to properly recognise the impact that trauma has had on the child or young person can result in a ‘spiral of negativity’ (Smith, Larsen, Chartrand, Cacioppo, Katafiasz, & Moran, 2006). A ‘spiral of negativity’ refers to the impact of negative perceptions, views and labelling of challenging behaviours when viewed without a trauma lens – that is the focus of the response is at the level of the behaviour only.

If care staff or other professionals view the child or young person as the problem (‘what is wrong with them?’) rather than focus on what has happened to them and what they need, this can result in a downward negative spiral.

Figure 1. The following diagram is an example of the spiral of negativity process:



People appear to devote more attention to negative information than to positive information (Smith et al., 2006). Negative perceptions, views, and labelling of children and young people contributes to a cycle of mutual distress (the child or young person continues to have unmet needs that cause the underlying stress impacting on their healing and recovery, and the staff also suffer from anger, resentment, ineffectiveness, and frustration). In order to change this spiral, carers and staff must become attuned to how their perceptions and reactions can impact the care of a child or young person.



Practice Reflections

- Think about the children and young people you are currently working with. What are some of the ways they are described – what ‘labels’ are attached to them?
- Do you think these labels are useful or have a purpose? Are the labels helpful to the child or young person? Are they helpful to your care of or work with them?
- After thinking about labelling and the children and young people you work with, how else might you describe them?

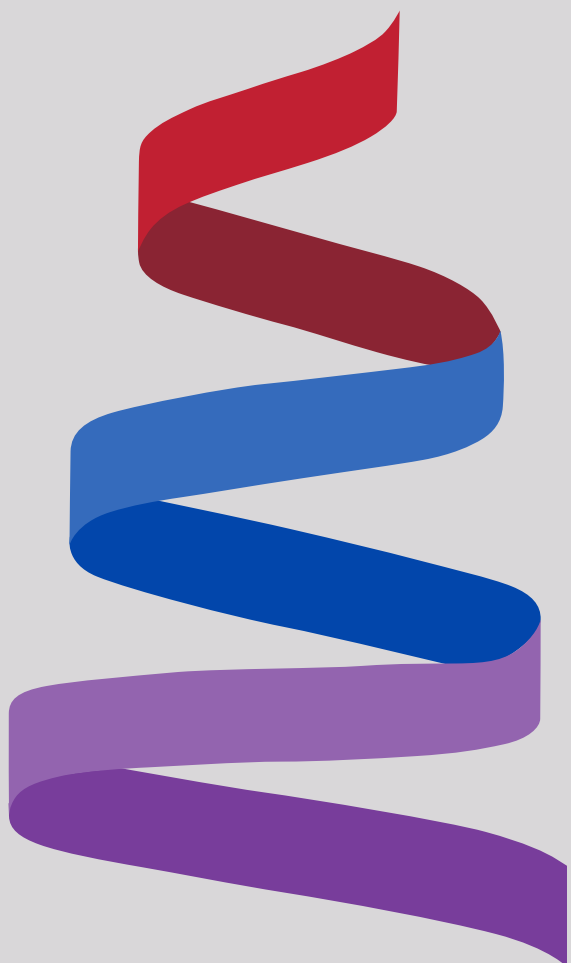
Let's reverse the spiral – now we have an upward positive spiral

Tasmin is 15 years old. She moved into the therapeutic care unit 3 months ago. Tasmin is enrolled in school but care staff have struggled to get Tasmin up, ready and out to school. Tasmin refuses to undress at night and the care staff regularly find her under her bed in the mornings. She also regularly refuses to shower, and this means that she often smells. The staff team are frustrated because they can see that Tasmin actually wants to go to school but this ambition is being undermined by her behaviour.





Figure 2. Read this spiral from the bottom to the top.



- 8 Young person settled and attends 2 hours of school two days a week working towards four days.
- 7 Young person also beginning to build trusting relationships with three staff members – 2 females and 1 male. She has returned to school two days a week.
- 6 After 6 months young person is showering each night and sleeping in pyjamas in the bed under the doona. Uses silk on doona to put self to sleep by rubbing against face.
- 5 Staff heartened by young person asking them to read a story sitting on a chair next to them and if they would stand outside the bathroom door talking to them while they have a shower.
- 4 After 6 weeks of working the plan the young person slept in bed for the first time instead of under it- still fully clothed but big improvement.
- 3 The team developed a number of ideas on what might work. They also identified who was the is the best person to introduce them. The Therapeutic Specialist counselled the staff about remaining patient, persistent, and consistent.
- 2 During the Reflective Practice session the team were able to see Tasmin's behaviour was helping her to be safe and that they needed to help her experience safety in other ways.
- 1 The staff team are struggling to work out how best to help Tasmin address her current behaviour. They organise a reflective practices session with the Therapeutic Specialist.



● ● Practice Reflections

Reflect on the following scenarios and consider your responses to the questions after each one:

1. "The behaviour just came out of nowhere – one minute we were all watching television and the next minute Sarah starts trashing the lounge room - she just went from calm to out of control in 5 seconds flat and then afterwards she tries to tell us she can't remember screaming, swearing and throwing things around."

Did Sarah's behaviour seemingly 'come out of nowhere'? Why couldn't she remember what happened? What do you think she was trying to tell us? Do you believe she couldn't remember what she had done?

2. "We had a fabulous day – we all went on a picnic to the beach. The staff worked hard to make it a great day for the four kids. Two of the staff came who were not even being paid. When we got home, I suggested we all help bring things in from the car – three of the kids helped while Billy just escalated and ended up kicking the doors of the van in. I was shattered – after all we had done to make it a great day and they just didn't appreciate it."

Why after a fabulous day out did Billy melt down and kick the car doors in? What was happening for him? Was Billy's behaviour a sign of a lack of appreciation towards staff?

3. "Ruby's Mum and three sisters – one of whom she hadn't seen for six years - were coming to the house for a meal. Ruby was really excited, planned the menu and helped cook. Ruby was glad to see them when they arrived. We sat down to the meal and all of a sudden Ruby started screaming at her mother and threw the bowls of food on the floor – nothing awful had been said, it seemed to be going so well and then we had a kitchen floor and walls covered in food." Ruby's Mother and sisters left after much screaming at Ruby who said she was glad she made them go.

Why did Ruby behave in this way? Why did she seem to be trying to sabotage their visit and meal she had worked so hard for? What might happen if Ruby hadn't behaved in this way? What was happening for Ruby?

4. The House Manager received a phone call from the secondary school. 14 year old James was allegedly hurling chairs at the relief teacher. When the worker arrived at the school James was standing on the table with his hoodie completely covering his head refusing all requests to get off the table. The teacher was extremely upset, and the other kids were all standing around the walls watching it all unfold, occasionally edging James on. James was standing very still.

Why was James hurling chairs at the teacher in the classroom? Why was James standing on the table with his hoodie over his head when the care staff arrived?

● Making meaning of behaviours that challenge

Many of the behaviours that challenge shown to us by children and young people are often their best attempt at **coping**, **connecting**, and **communicating** (Filson, 2013).



A way of Coping

Risk-taking, aggression or self-destructive behaviours (e.g. substance misuse, extreme self-harm) can be an unconscious way of coping with internal suffering such as shame and low self-esteem and of managing emotional dysregulation and fight, flight or freeze.



A way of Connecting

Children and young people who have experienced trauma have often missed out on relationships that modelled how to seek and receive connection, support or a sense of belonging. As a result, they can often engage in a range of unhelpful behaviours in an effort to gain attention or connection with others. It is important that care staff understand both the distress and fears that may underpin these ways the child or young person uses to get their needs met and their difficulties in expressing their needs and find ways to connect with acceptance rather than judgement.



A way of Communicating

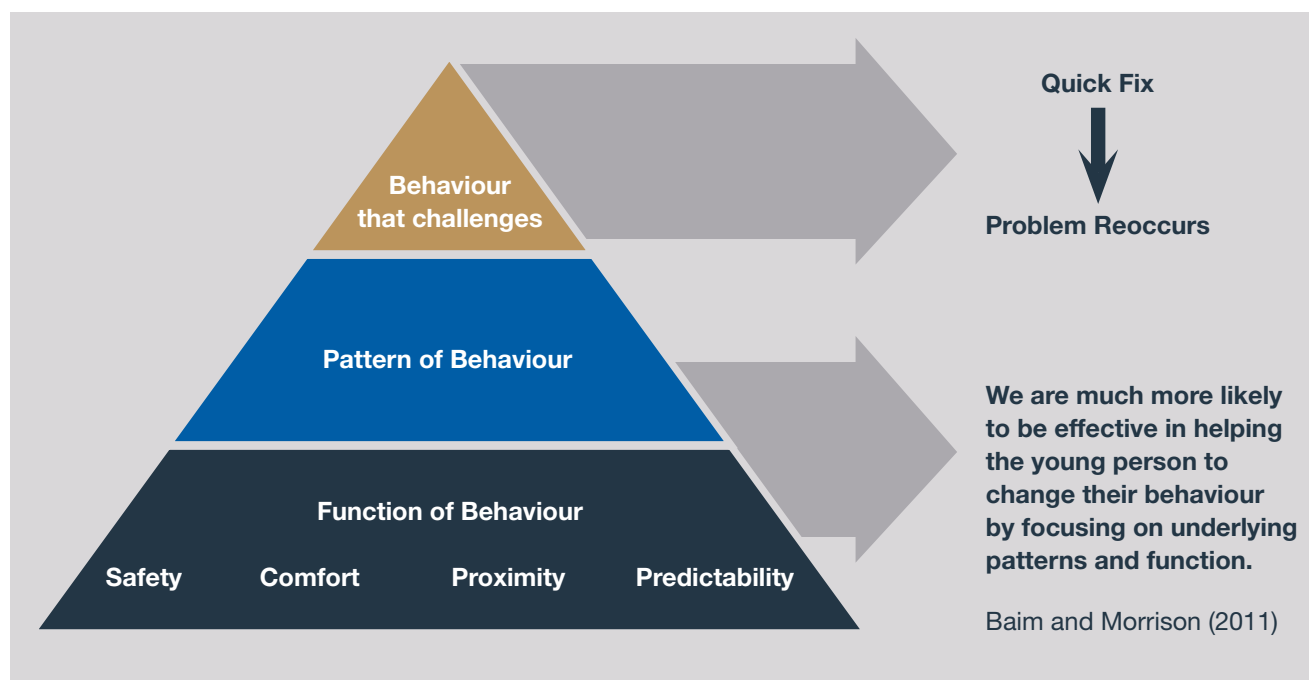
Children and young people who have experienced trauma often have limited strategies for talking about how they are feeling or what they are thinking. They often have limited ability to self-soothe or use relationships to support or assist them to regulate strong feelings or thoughts. They are more likely to show us what is going on for them through their behaviour. This is often the only means they have to express or communicate the extreme distress and lack of control they are experiencing.

● What happens when we just focus on fixing the behaviour we see?



Behavioural change is possible, but lasting change will only be achieved when we look below the surface of the behaviour to what lies beneath.

In order to make meaning of behaviours that challenge we need to look below the surface of the behaviour to what the function of the behaviour is, or what need it is communicating or meeting. If we seek to change a behaviour without first understanding the function or need it serves, we will set the child or young person up to fail. Changing behaviours is not easy for children and young people with trauma. They don't have a flexible range of strategies at their disposal. They are relying on a few strategies that have helped them survive to this point. Before we can expect one behaviour to stop, we need to resource the child or young person with relationships and strategies that they can begin to rely on and use instead to meet the need that the behaviour serves. This takes time, understanding, persistence and patience. The diagram below helps to illustrate this point.



This model suggests that needs or functions of behaviour fall into four categories safety, comfort, proximity, and predictability. Understanding how a child or young person's behaviour has meaning for them is essential in identifying the drivers, pay-offs, and risks of their behaviour. We also need to understand the pattern of the behaviour, requiring us to pay attention to when the behaviour happens, the context within which it occurs, what preceded or triggered it and what assists in resolving the behaviour.

For more information on exploring the meaning behind behaviour read [Practice Tool: Exploring Meaning Behind Behaviour](#)



Quick fix and simple solutions means dealing with punishing or pushing down the behaviour you see. Whilst it may initially stop the behaviour it soon re-emerges as we haven't looked at and worked with the function of the behaviour – what is the child or young person trying to tell us they need with this behaviour?



● ● Responding to behaviours that challenge

When a child or young person's need for safety within their environment and relationships is met, they are more able to work with care and support staff to develop a range of strategies for responding to stress and feeling overwhelmed beyond those that they have used to survive earlier abuse, neglect or violence.

1. Know the child or young person and have a plan

Taking the time to get to know and understand the child or young person is the most important first step in addressing behaviours that challenge. From this you are able to set up an environment, relationships and responses that will address their needs, understand the patterns to their behaviour (identifying when they struggle the most) and be more able to effectively address them.

Possibly the most important thing to do is have a plan for responding to a child or young person's pain. All children and young people in therapeutic care should have an individually designed, developmentally appropriate, and trauma informed plan drawn from all available reports and assessments from child protection (history), education, health, mental health, family, and community. A thorough understanding of this plan and the responses planned for each child or young person are paramount.

Getting in early and planning with the Therapeutic Specialist, when you know a situation is going to be upsetting for the young person is paramount, such as

- Visits, phone calls from family or the lack thereof
- Celebratory days – birthdays, Mother's and Father's Day, Christmas, specific cultural days of celebration
- Anniversary dates you may not be aware of like deaths, coming into care, parents' divorce, injuries, hospitalisation
- Special relationships and break ups
- Unexpected changes



Try to understand the child or young person's behaviour before responding.

Why is this behaviour happening?

What need is being met through this behaviour?

Strive to always have empathy in understanding what they are trying to tell you.

Over time you will develop a knowledge of each child or young people and how they behave when something has upset them. You may see them presenting with some or quite a number of the following

- Rapid breathing
- Panic, restlessness and clinging to staff
- Withdrawing quietly
- Becoming flushed across cheeks, tightening of muscles, clenched fists, and teeth
- Pacing on the balls of their feet
- Jerky repetitive movements
- Normal voice getting louder – 'shorter bit off phrases,' more swearing than usual

If you then start hearing threats, either veiled or aggressive or sudden spurts of anger, you have possibly left it too long before intervening and then need to manage the immediate presenting behaviour to keep the child or young person and others safe.



Practice Reflections

- Think about of the children and young people you are working with. What are some of the early signs you see in them that they are may escalate into behaviours that challenge?
- How do you currently plan for responding to behaviours that challenge?



2. Create a safe environment

A safe environment is created by providing as much structure, routine and predictability as possible. A known routine is incredibly important for each child or young person. They should know what they are doing each part of the day.

Being clear about expectations of each child/young person and the group overall is important.

Ensure communication is clear, direct and frequent. Talk about issues, including the behaviours that challenge and what to do about it.

Be clear about which behaviours are acceptable or not. Have clear limits and boundaries about what is expected and what is appropriate. Give children and young people feedback and information about their behaviour. Be positive ensuring that you notice and encourage appropriate behaviour frequently.

For more information on empowerment and limiting setting read [Practice Guide: Empowerment and Limit Setting](#)

Be consistent in how you and the team manage behaviour. Inconsistent responses to behaviour cause confusion and undermine the experience of safety that you are trying to create. Children and young people need to know what to expect and come to rely on the responses from the adults responsible for their care.

Consider the role of physical environment as a tool for managing behaviour. All aspects of the physical environment have an effect on the behaviour, not least because the physical environment mediates the interactions between children and young people and care staff. The physical environment also has a powerful effect on the sensory stimulation and stress regulation.

In a therapeutic environment, the physical structure plays an important role in helping young people to feel safe, contained and supported to develop control of their behaviour, emotions, and lives rather than be controlled. Thus, the physical environment must be developmentally and culturally sensitive and support meeting developmental and cultural needs.

Consider the role of the social climate in the house. A positive social climate plays a central role in contributing to improved behaviour and adjustment among children and young people and the creation of an atmosphere that allows higher levels of safety, improved relational dynamics and lower levels of aggression and violence between young people in the home.

For more information about the physical environment and social climate read [Practice Guide: Creating positive social climates and home-like environments in therapeutic care](#).

3. The intentional use of relationships

If relationships have been the site of harm and trauma, as is the case for most children and young people in care, then relationships must also be the site of healing and change for children and young people.

The [intentional use of relationships](#) is a fundamental approach in addressing behaviours that challenge. We are all wired for connection and belonging. Many children and young people in care have not experienced the safety and support that can be offered through nurturing, consistent and predictable relationships. This is the key task of therapeutic care. It is as much about how we are with children and young people as what we do for them. Relationships offer important opportunities for the meeting of needs, addressing the developmental gaps caused by trauma and abuse, and providing opportunities for teaching and learning. Relationships are a primary vehicle for change.



Remember to provide everyday opportunities for just being with children and young people and enjoying them – provide enjoyment, laughter and fun every day.



Use your relationship to help children and young people calm down. Trauma has often disrupted their ability to calm themselves down. They need your help.

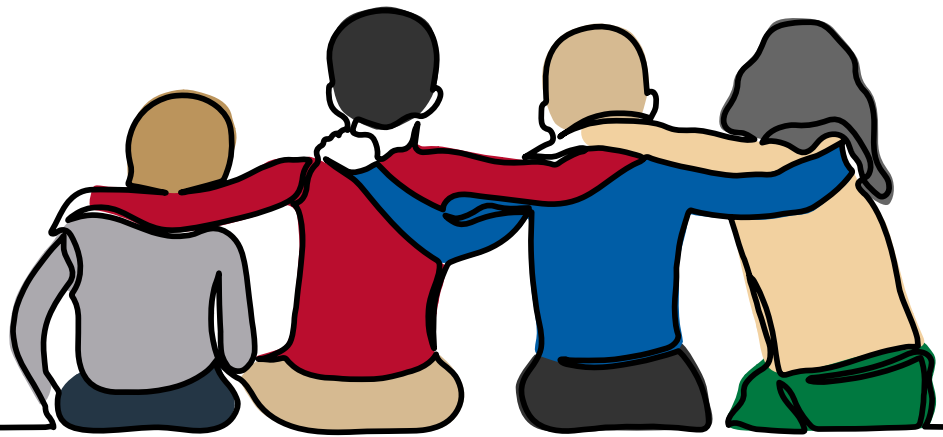
When adults are rocking a baby, they intuitively rock at the same rate as a heartbeat – approx. 80 beats a minute. This replicates experience in the womb. Think about any repetitive and rhythmic actions you can provide such as, music, and movements, dancing, djembe drums, singing and safe and nurturing touch to help assist in the child or young person's development.

This may be sharing and gently rocking on a porch swing, bouncing a ball yourself in time to the heartbeat, gently tapping the table without seeming to notice may slow a child or young person's response. Even as they stand next to you shoulder to shoulder you can gently move sideways and back within the same rhythm. It can also be just going for a drive – the motion of the car – not looking directly at each other. This can provide further safety for the child or young person at night when they need to talk or not talk at all. This is the important 'being with' aspect of the relationship.



Audibly slowing your own breathing while spending time with children and young people will help to provide calmness as will being aware of:

- Eye contact, tone of voice, gestures and touch are used to communicate safety and empathy
- Your voice, gestures, and body language
- Not standing in front of doorways or windows or light sources that may hide who you are and the child or young person may feel trapped
- Sit and listen rather than hovering making sure you are in a safe place with few potential missiles
- Slowing your speech and voice tone when a child or young person is confronting you - you will find it slows them as well, providing your body language, eyes and face matches your calmness



As a carer or support person, your own ability to control your emotions will be observed by the child or young person. For example, if you deal with stress by getting angry and yelling at people you are sending very mixed and confusing messages. Children and young people who challenge with their behaviours are far better at getting angry and yelling than you will ever be. So why would you do it? This work is difficult and relies on you feeling in control of your own feelings. Have a look at this practice guide on self-care and secondary traumatic stress that this work can create.



Use humour, re-direction, distraction, and diversion to shift behaviour, defuse things and reduce tension and stress. Humour is fabulous when working with children and young people. It needs to be based on a trusting relationship and shouldn't include sarcasm, put downs or insults.



When a child or young person states something like “*I am a terrible person*” your first instinct will be to comfort and say, “*no you're not*”. If you do this you may be cutting off the conversation. They are possibly trying to tell you something really important. Just ask them why they think that – keep questions open and take it from there.



Find opportunities to build connection and understanding:

- Purchase an exercise book or journal and spend time with the child or young person in personalising it for them. This will be a shared journal where each of you (and/or other carers) can contribute. Have the child or young person write/ draw a daily reflection about something that happened and how they felt or just a paragraph describing their day. The carer will then respond to the child or young person. It could be “I know you had a really difficult day. I loved it when you helped me with dinner” or “when you were kind to another young person even though I know it wasn't easy for you”. You could also write about something that you and the child or young person did together. “I know you were angry and didn't want to come for a walk with me, but I was really glad you did.” Even when the child or young person doesn't write or draw anything, what you write will be important. The child or young person will check it, even if they tell you it's a stupid idea. It is also important to ensure privacy and confidentiality – meaning a safe place to keep book in the room. If they tear it up buy another.
- Write the child or young person a letter, card or short note. It might be a letter telling them they did a great job in a meeting. Our kids don't get cards and letters and we need to keep them in mind. It's great if you go on holiday to send individual postcards to all the kids if your agency allows this.



What can you add here? Great idea to have a list of strategies that work.



How do you let relieving or agency staff know about what works with children and young people?

For more information on applying polyvagal theory to relationship-based therapeutic care read: [Practice Tool: Relationship Based Practice Using Polyvagal Theory](#)

4. Responding to risky behaviours that challenge



When responding to behaviours that challenge, we must always act to minimise harm. When children and young people behave in ways that are dangerous for themselves and/or others, it is necessary to work proactively to minimise harm until we are able to create the space and understanding to help them to be able to make changes.

To do this it is important to address safety planning for the child or young person. Key considerations include:

- Keep communication open with all those who support the child or young person (internally and externally). Discuss your concerns with the child or young person and other helping professionals. Put in place a mechanism for quick communication which keeps everyone with a 'need to know' informed.
- Negotiate plans for timely responses by members of the child or young person's Care Team, as relevant to their roles, with contingency plans for the known possible scenarios. Ensure that each member of the Care Team is clear about their role and knows to keep each other informed of any new information suggesting heightened risk.
- Discuss 'bottom lines' with the child or young person, that is, any activity on their part which will trigger a non-negotiable response, possibly involving medical professionals or police. Never deliberately leave the child or young person uninformed about crisis-response plans unless it has clearly been assessed as unsafe to tell them.
- For Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) children and young people, consult with the recognised entity or appropriate community member who is part of the Care Team. There may be current cultural or community impacts on the child or young person that you need to be aware of.



- Organise some capacity for flexible responses – for example, availability of key persons out of hours, pre-approved ‘standby’ resources, emergency respite and out-of-hours contact numbers.
- Use persistence in ‘tracking’ the child or young person, and consistency in the messages conveyed to them about the tenacity of care and support staff in caring about them and wanting to work with them.
- Learn about sound practice responses to behaviours of challenge, such as responding to aggression, self-harming, suicide ideation, or to a growing dependency on a particular substance, connection with those who are exploiting them. Build a working consulting relationship with specialists about these issues and liaise with them regularly. Consult with the Therapeutic Specialist, rather than acting alone.

For more information on preventing self-harm in young people in out of home care read [Research Brief: Preventing Self Harm Among Young People in Out of Home Care](#)

5. Responding to escalations in behaviour

It is inevitable that children and young people will experience escalations in their behaviour. Building on the need to create safe environments, the centrality of relationships and safety planning; the following practical strategies may assist in responding at times when behaviour escalates.

- Be familiar with the child or young person’s care and support plan or safety plan and use the guidance contained within it to make meaning of what might be occurring for the child or young person and tailor your response accordingly.
- Where possible divert the child or young person from their current activity – try to offer a change of place as a distraction – e.g. going out with you for a coffee, drive or walk. This may be difficult if you are the only carer present and there are other children or young people that need to be cared for.
- When a behaviour begins to escalate a good idea is to request help or at least put people on notice you may need support.

● Some practice examples of a creative response or artistry?

Remember every situation with individual and groups of children and young people is different – you need to consider what is okay to do at a particular point in your relationship with a child, young person or group.

1. Young people locking themselves in a room and refusing to come out.

It was 11 p.m. on Friday night, as an on call/recall person I received a call to attend a house where 5 young people had locked themselves in a bedroom, barricaded the door and refused to come out. When I arrived the two workers were feeling stressed and responsible which the kids were using to their advantage. I had a chat through the door and they confirmed they were staying there. I agreed it was a good way to negotiate and managed to get a response from each young person to gauge whether they were okay or not. There was a lot of nervous giggling which told me they had no idea after making this amazing decision how to end this situation without losing face.

I said they should discuss it and I could wait a couple of hours. I asked if they wanted jugs of cordial and biscuits as they were possibly thirsty and hungry. They pulled furniture back enough to slightly open the door for me to pass it through. Half an hour later I gave them more cordial. Possibly another 20 minutes later I heard “You are not pissing in the jug or my suitcase”. One of the girls said she wanted to go the bathroom really bad and wasn’t doing anything in front of any of them. You guessed it! One by one they came out after telling me if they hadn’t wanted to go to the bathroom they would have stayed there forever. The main instigator – last one out said to me “you think you are pretty fuckin’ clever don’t you”. I gave him a hug and agreed.

2. Riot – children throwing oranges

The situation was a new worker on shift with four young people. It was after hours and the young people were refusing to go to bed and ‘were running riot around the house’ and the worker said she couldn’t stop them. I arrived at a very noisy house with really heightened young people rushing around. I suggested the worker make a coffee and go to the office for a break. I was in the kitchen which was a main running track around the house. All I had was a bowl of fruit. Talking to the young people at that stage was useless – they couldn’t hear me even if they wanted to.

I sat under the table and every time one rushed passed I rolled an orange out towards them without saying anything. When I was running out of oranges one of them stopped and asked what I was doing. I suggested they sit under the table with me and see how funny it was. Ten minutes passed and they were all sitting on the floor with me laughing at how stupid I was. I agreed. One of them said thank goodness you came we were getting really sick of it – it was fun at the start.

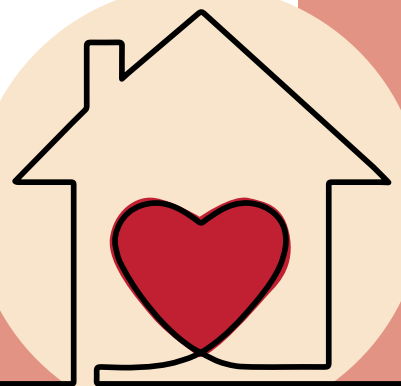
3. Punching and kicking walls - Examples of drumming on wall

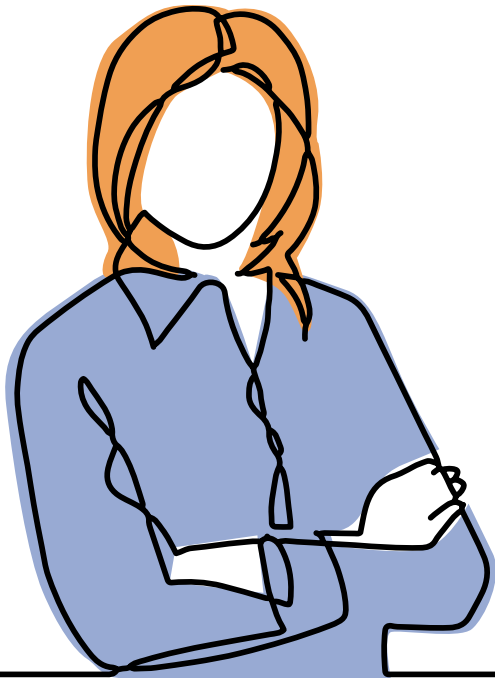
The situation was a young man punching and kicking the wall in the passage. The worker quietly went to the wall next to him looking very interested then started to hit the wall using it as a drum playing a rhythmic drumbeat. It only took a few minutes for the young person to match the rhythm – it was great. Everyone joined in.



● ● Practice Reflections

- What else could you add to this list?
- In your experience what has worked for you when managing escalating behaviours that challenge?





The role of reflection for carers and support staff

The following list of P Questions (UTAS, 2019) can assist you and your team to reflect on what is occurring for children and young people and how effective your responses may be. These are great to use in supervision and team reflective practice sessions.



PROOF

Is your perception of the situation the same as others around you?

POSSIBILITIES

Is it possible that you are misinterpreting the situation?

POSITIVE ASPECTS

Is there any positive aspect of this situation that can provide some comfort?

PERSPECTIVE

Do I have this in perspective? Is anyone in danger of being hurt?

PERSONALISING THE SITUATION

Am I taking this too personally?

PROBLEM SOLVING

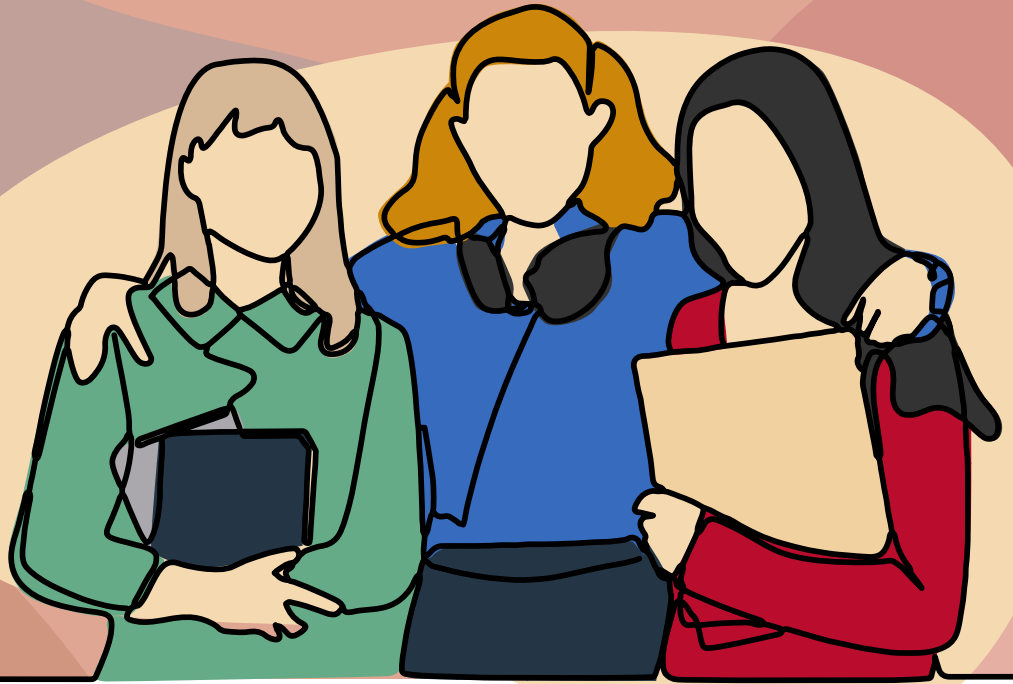
Am I panicking? Am I over-reacting?

PERSISTENCE

What options do I have to control and defuse this situation?

PUT IT ASIDE

Is it safe for me to take some time out, so that when I return later, I will be calmer and more able to deal with it more effectively?



● Conclusion

There are no easy answers, quick fixes or magic bullets for working effectively with children and young people, particularly those deemed to display severe behaviours that challenge. We must always act to minimise harm in the short-term, while also pro-actively working to meet the needs expressed through the behaviours. It is vital to build and work through relationship. A therapeutic relationship is an essential ingredient for facilitating positive change with behaviours that challenge.

Specific techniques are relatively unimportant in addressing behaviours that challenge compared to the power of therapeutic relationships, which are the result of a pattern of interaction over time. As Howe (2011) says: “If relationships are where things go wrong, then relationships are where they are going to be put right”. This can be the factor that makes the difference with a child or young person who has every reason to expect to be rejected and moved on. Every child or young person has something special about them when a carer or support worker makes the effort to get to know and understand who they are. Perhaps the best approach of all is to find that special something about them and enjoy and celebrate it at every opportunity.



Specific techniques are relatively unimportant in addressing behaviours that challenge compared to the power of therapeutic relationships, which are the result of a pattern of interaction over time.

Useful Links

List of P Questions: https://www.utas.edu.au/_data/assets/pdf_file/0006/528045/Managing-Challenging-Behaviours-slides.pdf

Centre for Excellence in Therapeutic Care, Managing Challenging Behaviour. Retrieved from <https://carematters.org.nz/wp-content/uploads/2017/12/Managing-challenging-behaviours.pdf>

Centre for Excellence in Therapeutic Care, Creating Positive Social Climate and Home Like Environments. Retrieved from <https://cetc.org.au/app/uploads/2019/03/CETC-Practice-Guide-Creating-positive-social-climate-and-home-like-environments.pdf>

Centre for Excellence in Therapeutic Care, Empowerment and Limit Setting in Therapeutic Care. Retrieved from <https://cetc.org.au/app/uploads/2020/06/Practice-Guide-Empowerment-and-Limit-Setting-in-Therapeutic-Care.pdf>

Centre for Excellence in Therapeutic Care, Relationship Based Practice Using Polyvagal Theory. Retrieved from <https://cetc.org.au/app/uploads/2021/02/Practice-Tool-Relationship-based-practice-using-polyvagal-theory.pdf>

Centre for Excellence in Therapeutic Care, Exploring the Meaning Behind Behaviour. Retrieved from <https://cetc.org.au/app/uploads/2021/02/Practice-Tool-Exploring-the-Meaning-Behind-the-Behaviour.pdf>

Centre for Excellence in Therapeutic Care, Preventing Self Harm Among Young People in Out of Home Care. Retrieved from <https://cetc.org.au/app/uploads/2020/12/Research-briefing-Preventing-self-harm-among-young-people-in-out-of-home-care-Nov-2020.pdf>

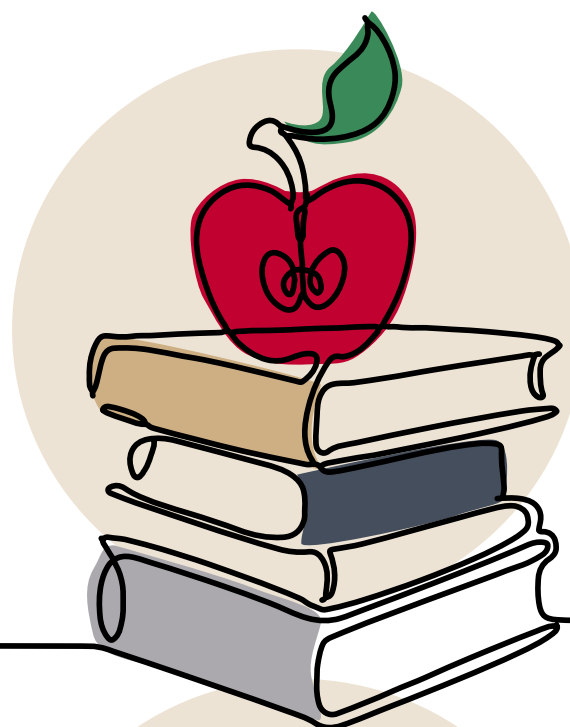
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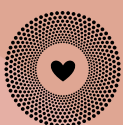
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