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1 Understanding Children with Behaviour Disorders

Teachers are key caregivers in the lives of children. They provide significant emotional and social security, especially for students with emotional, behavioural disorders. But they provide this care at a cost.

I recall teaching with a colleague, many years ago, who had a child with extreme challenging behaviour in her Year 1 class. Although he had an 'angelic' face (in his better moments) with curly blond hair, he often engaged his teacher in major power struggles over refusal to do work, pack up equipment or join others during mat-time. He was noisy in class and threw tantrums on a regular basis. Her 'support' included a homily from the principal on being 'firmer with him'. The principal noted that, 'I have no problem with him when he's in my office'. This banal observation underlines the obvious — that most students are generally not 'troublesome' on a one-to-one basis, away from their peer audience.

Teacher isolation

It wasn't until my colleague broke down in the staff meeting one day when discussing Craig's behaviour in the playground that any effective support was offered. It did not help when the principal noted to her 'Did you know what your Craig did in the playground?' When a student is disruptive in this area, staff should take the approach that it is a whole-school issue, not just the class teacher's concern. *All* teachers have a 'duty-of-care' role for *all* students when outside the classroom. The problem in this school was the tacit acceptance of structural isolation. 'He's really your problem.' While the staff didn't say this in so many

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words there had never been any constructive problem-solving with all the parties, or any offers of pupil-sharing (rotating him in other classes to give the teacher a break) or constructive use of time-out or remediation for the student concerned. This tacit acceptance of structural isolation ('It's your class, your problem') is damaging to teacher welfare. Even if the teacher is utilising ineffective management practices, merely lecturing or blaming is only going to make matters worse. Perhaps it is 'unconscious' — there are schools where the colleague culture is unsupportive; there is no significant awareness of staff needs (Rogers 2002).

It may well have been that the principal was unaware of the effect of his unsolicited advice (the teacher perceived this as 'lecturing') or the perceived imputation that it were somehow her fault.

Part of the problem is teachers' natural reluctance to share concerns or problems (with senior staff especially) for fear they may be seen as failing, or worse incompetent. As difficult is the reality that senior staff, or colleagues, may feel that if they offer support it may be seen as implying weakness — as a result no one is really helped. Teaching can tend to perpetuate structural isolation — but this is thankfully changing. More and more, teachers are realising that the only effective way to develop positive behaviour management across a school is in the context of a whole-school approach where colleague support is the norm (Rogers 2002).

A supportive collegial ethos

All teachers need to know that whenever a student's behaviour profile is significantly disturbing and at-risk for learning and behaviour (see p. 21), such information is shared and due processes set in place. This due process is based around colleague support and an acknowledgement that this support is *normative,* not a special favour to any one teacher. The throw-away lines, 'I'm glad I don't have that little ______ in my room' or 'If he was in my room I'd show the little ______ who's in control!' are not much help either. It is essential the class teacher feels she does not have to cope alone.

Building a supportive culture in a school is not easy — it takes time and will need to be endorsed and modelled by senior staff. It involves emotional, structural and problem-solving support. It may also include elective classroom observations and non-judgemental feedback as a way of gaining insight into classroom behaviour and as a vehicle for professional development.

Colleague support for teachers with students with behaviour disorders involves all of the following:

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- A whole-school recognition that all behaviour problems are best dealt with from a shared perspective.
- Recognition that significant behaviour problems such as EBD need a team approach.
- Willingness by the class teacher to accept colleague support, and recognition that this support is normative and does not imply ‘blame’ or censure to the colleague struggling with challenging student behaviour.
- Where possible, setting up (and participating in) rostered time release for colleagues who have students with EBD. (This time release will be used to cover the class while the teacher has ‘recovery time’ with the student.) In smaller primary schools, behaviour recovery sessions (one-to-one with the student) are generally held in non-contact time. I have worked with many teachers who develop their individual behaviour plans with their children at lunch recess time. While this is labour-intensive — on teachers’ time and goodwill — my colleagues note that it is almost always worth it.
- Support of withdrawal of the student so that the class teacher can run a classroom meeting if so desired (p. 89).
- Normative moral support and recognition that a child’s behaviour disorder is not the teacher’s fault and any workable solutions are always

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offered on a colleague support basis. (This should be the emphasis from day one of the school year, especially if the student's reputation precedes him!)

- The provision of a forum in team or staff meetings (as well as administrative meetings) to review any behaviour recovery plan. Support staff can give their feedback here, especially if the plan involves playground behaviour.
- Availability of colleague support through classroom observations is also an important means of assessment and review. Colleagues observe the child in the natural setting (with the child's peers) and use such observations during initial planning and periodic monitoring and review of any behaviour recovery plan.

  Colleague classroom observations can also include the opportunity for *elective* feedback to the class/subject teacher. There may be aspects of a teacher's teaching, behaviour leadership (discipline), or classroom organisation that may benefit from supportive, descriptive feedback. Such observations and feedback need to be based on elective opportunity, to enhance *professional* self-awareness and ongoing planning.
- Occasional class rotation where the child (on a recovery plan) may be 'enrolled' in another class from time to time to give the class teacher a break from the daily 'wear and tear'. Even one class period a fortnight can help; a whole morning or afternoon is even better. It is explained to the parent(s) that this process is to support the teacher and class, and that their child will still be doing his normal set classwork. It is necessary to distinguish between classroom rotation and time-out — not that this is to be viewed as 'punishment'. It is also important that the whole staff has decided how, and why, such a process is to be set up within the limited resources of the school staffing options.

Causal pathology

On entering school, a young child already brings a host of experiences to a demanding social environment. His family shape, his emotional life, a wide range of learning experiences and values have already 'enabled' him to selectively interpret how best he can belong with others. Do his parents value reading, problem-solving? What is the male role-model like in his life? How are authority and discipline exercised? What choices does the child have regarding his own behaviour? How is conflict managed at home? What sort of things does he get attention, praise or punishment for?

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In any 'Reception' class (first year at school) the variety of children's non-school experiences can be staggering. Some, perhaps many, children have predisposing experiences that enable them to cope successfully with the demands of a teaching and learning environment like school — others clearly have not. Some come from homes where frequent shouting, yelling, put-downs, screaming and 'guilt trips' are the norm. One day nice, one day nasty — this is significantly inconsistent parental discipline. Some children have to drag emotional baggage to school that carries the pain of emotional (even physical) deprivation or abuse. These children have no choice about such predisposing factors, about where they live and who they live with. They have little direct control. Clearly this 'causal pathology' will affect their behaviour at school.

Other children with EBD have quite stable, functional homes, but they too exhibit a high frequency of disruptive behaviour; behaviours frustrating to teachers and students alike.

What we can and can't control

There are many factors we cannot 'control' in the lives of children, these factors significantly impinge on the child's behaviour while at school (see Table 1.1 on page 11).

A child's causal pathology may be affected by family dysfunction, by structural poverty and living conditions. The family values (for example, 'race', 'ethnicity' or 'authority in a school setting') can also mitigate against the values and expectations at school. Even a child's characteristic diet and 'health category' can affect behaviour for good or ill at school.

It will not help, either, to simply label or blame unsupportive parents (tempting though it is!). I have heard many teachers (including myself) over-focus on 'bad parents' and 'bad parenting' — abusive, aggressive, lazy, indigent fathers; parents who are substance abusers; mothers on valium sandwiches — and so on.

If such blame then shifts to 'victimising' attitudes it can affect teachers' confidence regarding what schools can do to make a difference (Rogers forthcoming).

I also hear teachers say, 'It's not fair, why should we spend all this extra time teaching him to behave! He should behave properly! They should teach him at home!' *Perhaps* they should. Perhaps in an ideal, fairer, more just world the child would behave well or appropriately. The fact is he does not — at the moment.

I have noticed, too, that teachers rarely say, 'Oh, we won't do any remedial literacy with the child because he goes home to some 'awful place' where they never read, or take any interest in reading so why bother?' They teach (one-to-one if necessary) literacy *skills,* build children's self-esteem, work collaboratively to sort out the best programme to assist them. They don't (at least intentionally) abandon them because they live in a dysfunctional home environment. We need to apply the same mentality, attitude and approach to *teaching* behaviour. We need to be careful that our explanations for children's behaviour do not become excuses — excuses that the child is unable to change or the school is unable to do anything. I have noticed that teachers, or schools, who use the 'explain away' approach are the least effective in assisting these children. It is crucial that outside factors are not taken up and used as *excuses* — as if there's nothing that can effectively be done at school.

A child spends a third of his day at school. During that time teachers can provide programmes, options, a disciplined framework that can teach him alternatives to give a purposeful sense of belonging and increase behavioural control. Crucial to this aim is the approach by teachers that emphasises behavioural choice. If a child comes to school predisposed to making poor, 'bad' or wrong choices, behaviour recovery can assist, teach and support him to make better, and more positive, choices while still reinforcing appropriate consequences when wrong behaviour is chosen. The research by Rutter et al. (1979) has shown that school environments (even in difficult socio-economic areas) can affect behaviour for the good.

Children with emotional and behavioural difficulties have a *learning* difficulty. This *learning difficulty* is directly related to their emotional and behavioural needs. When schools begin to address challenging, disruptive EBD behaviours (also) as a learning difficulty then positive and

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meaningful behaviour change is more hopeful. (Obrien 1998; Rogers 1997, 1998).

Table 1.1

Variables which influence student achievement	
Within student	External to student
Alterable	**Alterable**
• Desire to learn	• Quality of curriculum
• Strategies for learning	• Quality of instruction/enabling motivation
• Learning style (academic coping)	• Pedagogical knowledge
• Prior skills/social coping	• Content knowledge
• Self-efficacy/helplessness (perceived or real)	• Quality and type of evaluation
• Prior content knowledge	• Quality of learning environment
• Emotional intelligence	• Quality and management of time/content
Hard to change	
• Genetic potential	
• Child's *characteristic* health/diet	
• Perception of physical differences	
• 'Disability category'	
• IQ	
• Family income and resource (structural poverty)	
• Family housing	
• Parent years of schooling (and parents' perception of schooling)	
• Long-term unemployment	
• Mobility of family	
• Members of family (functionality)	
• Family values	
• Family history	
• Peer socio-economic status	

Adapted from Howell 1993.

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Disruptive behaviour or behaviour disorder

Many children exhibit 'naughty', inappropriate, irresponsible, wrong, rule-breaking behaviours (I did!). Children with EBD have somewhat different behaviour patterns. 'What often makes these behaviours deviant, and the children in them in conflict, is the fact that the behaviours are exhibited in the wrong places, at the wrong time, in the presence of the wrong people and to an inappropriate degree.' (Apter in Morgan & Jenson 1988). Teachers rightly get annoyed (even angry) and complain about disruptive behaviour such as:

- *persistent* calling out, talking out of turn
- *frequent* rolling around on the mat during instruction or story time
- motoric restlessness (hyperactivity, seat-wandering and annoying others; constant rocking in seat)
- inappropriate loud voice in the classroom
- too much time off-task, inattentive, concentration shifts (easily and quickly!)
- frequent non-compliant behaviours.

These descriptions are heard daily in schools, the most frequent being 'non-compliant and defiant'. Indeed, this aspect of behaviour is more frequently the cause of referral than any other problem behaviour (Kazdin in Morgan & Jenson 1988).

There are a number of terms (or descriptions) used for these children: attention-deficit disordered (ADD), socio-emotionally disturbed, hyperactive, even conduct disorder and oppositional defiance disorder. While these terms can be used in a 'clinical sense', for the purposes of this text I have used the widely accepted term EBD (p. viii) to emphasise handicap in terms of emotional behaviour rather than emotional states as such. Schools have marginal impact, power or even influence over a child's home life. Teachers can, however, do a great deal within the school context. As Wragg (1989) has noted, disruptive behaviour is not entirely the child's fault, nor does a retraining, or corrective behaviour programme, eliminate the need for other interventions (p. 8). It is essential that schools provide appropriate counselling, community welfare and ethnic aide liaison, alongside behaviour recovery options. The key point to note is that while schools can directly assist, support and influence behavioural change they may have limited success modifying home environment.

Behaviour disorder is a term that describes significant deviation from the normalcy which can be expected from most children of the same age

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and under the same circumstances. Of course, a definition may also depend on who is asked and when, and the beliefs, attitudes and experiences of the 'asked'. I have had teachers describe as 'deviant' what other teachers describe as 'annoying but normal'. Definition may also depend on the broad client group of students' socio-economic factors, as well as the school ethos.

For the purposes of this text, children with challenging and EBD behaviour are described in terms of:

- frequency
- intensity
- duration
- generality of disruptive behaviour. (Is their behaviour the same for specialist teachers as it is for class teachers?)

When a student's behavioural profile is significant in terms of the descriptions above, and has been considered so by class teachers (and colleagues), then behaviour recovery (one-to-one) is an appropriate approach.

Attention-deficit disorder

While parents, with the school, should pursue any causal pathology such as possible attention-deficit disorder, it is important to recognise that any remediation will have to involve working with the disordered *behaviour*. If Serfontein (1990) is correct, up to 20 per cent of male children have some form of attention-deficit disorder. The disorder is evidenced in behaviours such as 'constant' fiddling, regular inattention, hyperactivity, high motor activity, restlessness, easily distracted, clumsiness, inflexibility, low tolerance to frustration and acting-before-thinking (impulsivity).

Paediatricians and psychologists can readily assist parents (and teachers) with programmes to assist such children, even with the inclusion of medication regimes. However, if the student is on some medication (as part of the treatment regime) schools still need to address the ADD *behaviour* through some planned remediation and support procedures. Behaviour recovery approaches give the child a framework within which he can learn new behaviour patterns to minimise the frequency and intensity of the disordered behaviour.

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Medication can't teach

Corey was a seven-year-old lad. He was bright, quick-witted and articulate, but frequently in trouble due to his behaviour. I was asked to 'see if I could do something …' I had worked in the classroom team-teaching (as a colleague-mentor), so I had observed Corey's characteristic behaviour in class time.

At our first meeting Corey thought he was in trouble.

'You're not in trouble Corey I want to talk to you about how your learning is going in class time …'

As we began to talk, Corey quickly jumped to what he saw as a real problem … 'You know what my problem is?'

'You tell me.'

'I got ADD.'

'What's that?'

'You know!' (He feigned surprised … 'Course I'd know, every second male has ADD!')

'I only know about ADD from the "outside-in" … Tell me what's it's like from the "inside-out"'.

He began to relate (as many students do) how his ADD made it hard for him to learn, so he gets into trouble (because he rocks on his seat, calls out, and doesn't finish his work, and …).

'So what do you do to make things better, so you learn better …?'

'I have to take tablets …'

We had a brief discussion about Ritalin. I asked him if these tablets helped him to 'put his hand up without frequent calling out … (?)'; or if the tablets helped him to 'look at, and listen to, his teacher when she was talking, or teaching, the whole class (?); to organise his desk space so it wasn't so cluttered (?)'; 'to think about what he had to actually do whenever he had to do *any* writing task …(?)'.

He laughed.

'These tablets, Corey, may help you with your thinking and concentration … That's fine … you might need *a plan, though, to help you to make that concentration work for you …*'

Medication (for ADD(H)) can often assist a child's ability to concentrate; it cannot teach him what to do with this increased ability.

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Teaching behaviour

When children come into school they have to learn to socialise, share, co-operate, attempt learning tasks (highly focused tasks) and cope with frustration. They have to follow teachers' cues and directions, follow rules and routines, utilise appropriate manners ('Please', 'Thanks', 'Can I borrow?', put things back where they found them, ask to go to the toilet etc.). All these deceptively basic aspects of behaviour can assist the relative smooth running of a student's daily life at school. They can also affect his learning. Poor (and disruptive) behaviour is often associated with 'serious academic deficiencies'. Academic survival skills [such as] attending to tasks, following directions, working on or responding to an assignment, staying in the seat, and following classroom rules are prerequisites to school achievement (Morgan & Jenson 1988, and Rogers 1998.).

Behaviour Recovery works with children, directly, to develop academic, and social, survival skills to build the child's self-esteem and sense of belonging. The student has to learn to wait, take turns, co-operate and consider others. School is a powerful social arena for children to negotiate. Children with EBD often struggle in their social relations with their peers; they do not easily utilise the social and learning cues that most five- to seven-year-olds pick up from the socialising and schooling context.

While it is natural for teachers to complain about such children, it is more productive to develop approaches will teach these children:

- how to put up a hand without persistent calling out
- how to wait for a turn instead of butting in
- how to sit on the mat during instructional (or group) time (without hassling others, or rolling on the mat …)
- how to stay in their seat for more than a few minutes
- how to speak more quietly (instead of using inappropriately loud voices)
- how to move around the room without disturbing or annoying others
- how to (specifically) consider others (basic social courtesies and co-operative behaviours)
- what to do when frustrated or angry or failing.

When developing any behaviour recovery programmes with children it is important to begin with a few behaviours at a time and not to overwhelm. It is also important to recognise that behavioural change takes time, and success is defined as a decrease (over time) in frequency and 'intensity' of the targeted behaviours (see Running records p. 105).

Children have different learning rates and respond to a variety of teaching styles. Behaviour Recovery uses a wide range of learning methods

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through pictorial cueing, modelling, targeted rehearsal, individual encouragement and feedback, peer-encouragement and ongoing teacher feedback and self-monitoring.

Table 1.2

Basic academic 'survival' skills: skills as behaviours	**Basic social skills: skills as behaviours**
• Lining up 'outside' classroom (without pushing, shoving, annoying others …). • Entering and leaving a classroom in a way that *considers* others … (the micro-skills embrace concepts of what *considering* others actually means). • Settling down in response to group attention requirements by the teacher (for example, sitting on the mat/ready for class instruction, settling at one's work area, 'four-on-the-floor' on one's chair without distracting behaviours …). • How to get teacher attention during instructional time (hands up without calling out, waiting one's turn, listening when others speak — without butting in unnecessarily, eye-contact). • Movement during the on-task phase of the lesson (this is an especially important area of 'skill', as well as social behaviour, for lower and middle primary age students). • How to settle to a task (getting the necessary equipment, using work space thoughtfully, 'four-on-the floor' sitting, sharing of common resources in a work area). • How to focus on the learning task, and stay 'on-task' for a set period of time (for example, teachers can use task reminder cards, see p. 75. • Keeping the *task focus* of the work (not annoying others by touching their things, silly 'hitting' and motoric restlessness). Use of 'partner voice' in the work area. • How to get teacher attention appropriately during on-task learning times (how to ask, wait and go on with another task until …).	• Movement through others' personal space (basics such as looking ahead, thinking about where one is going/what one is doing). • Respectful language ('please', 'thanks', 'can I borrow?', 'pardon', 'excuse me') when moving through personal space …. To use language that *considers* others (no put-downs or slanging off). • How to make a point fairly in a class discussion. • Basic co-operation skills (sharing, asking, turn-waiting …). • Basic assertion skills (age-related). How to make your point, or establish your needs, without turning others off. • How to express feelings like frustration and anger without being aggressive. **Note:** many of these skills will be taught directly through behaviour recovery plans, and indirectly, through normal classroom establishment, as well as games and activities that can be used to highlight aspects of co-operative social skills.

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Lee: a case study

Lee, a kindergarten student, refused to join in with the rest of his group for activities, either in or out of the classroom early in term one. Although considered academically capable, his social skills were poor. In group situations he would sit on a chair on the periphery, kneel on the chair, then slowly slide under it head first. In physical education he would watch the other children but refuse to join in with the activities. Lee's teacher felt that if these social aspects were not addressed then more inappropriate behaviours might well develop.

After discussing these concerns, and the appropriateness of a Behaviour Recovery programme for this situation, the teacher went with Lee into another room while the rest of the class was at physical education. She asked Lee to bring in his felt tip pens and then she sat on the floor with a piece of paper. With no preamble she began to draw, knowing that this would catch Lee's attention (as he is a talented drawer). A representation of the class was drawn showing the teacher, the class on the mat and Lee himself in a chair. Because the representations were in stick figure form, the teacher thought that she may have had to lead Lee, but he was quite able to relate to the picture.

First, Lee was asked who the larger figure was. He replied that it was her (the teacher) and, when asked how she looked, he was able to pick that she had a sad face. When asked who were the others sitting in a circle, he picked that they were the other children and that they too looked sad. He was also able to identify himself as the person sitting on the chair. (Here the teacher wrote Lee's name under this figure.)

She then asked why did he think everyone was sad and he replied it was because he was not sitting in the circle. The teacher agreed that everyone was sad because not everyone was sitting in the circle. She then drew a diagonal line through this picture and drew a representation of the class with everyone joining in, including Lee, and talked about how nice it was when everyone sat in the circle. She talked about some reasons for joining in (such as seeing and hearing things and sharing with the class group.)

The teacher briefly demonstrated Lee's typical behaviour and modelled the new behaviour (the behaviour in the picture that showed Lee sitting with his classmates — his teacher and his classmates were shown with happy faces to highlight the social approval).

(**Note:** this feedback is essential as it includes the social reasons for appropriate behaviours).

Following this talk she drew several small boxes on the paper and explained that, if he sat on the mat with everyone else, he could put a tick in one of the boxes to show he had remembered his plan. She then asked him what he would like to do when all the boxes had ticks in them. He

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replied he would like to go outside and use the play equipment (along with the rest of the class). Lee was offered the chance to draw the pictures himself. However, he declined, preferring the teacher to do so instead.

With the rest of the class resuming from PE, Lee was directed on to the mat with, 'When we go back into the classroom and you sit in the circle, you can put a tick in the square. When the squares are all full, we will all go outside for a special group activity'. What was helpful, here, was the emphasis on group rewards rather than individual rewards. (This increases the child's peer support.) Lee immediately went and joined the rest of the class who were forming a circle on the mat. Several children (and a student teacher) recognised that Lee was sitting in the circle, obviously aware that this was something that he did not usually do. The next time that a circle was formed, Lee again joined in and so earned another tick.

It might be worthwhile to note here that Lee chose to keep his plan 'private'. It stayed in the teacher's office and he could go in to mark the squares off. The first time this occurred he wandered off to the office. After a few minutes, noting he had not returned, the teacher went to find him. She found him in the office looking forlorn. When asked what was wrong, he simply said 'I don't know how to do a tick'. (The things we take for granted!)

The following day Lee joined in with the next two class circles (his peers on the mat) and so filled the squares. The teacher talked to the class, 'I am really pleased that Lee has been joining in our circles. Because of this we will all go outside to play on the equipment'.

The following week Lee was on one more contract (several ticks) and joined in the circles with no problems. It seemed that he had learned the appropriate way to behave and was gaining the social approval of his peers. They mentioned the fact that he was joining in during the second contract and then accepted it as the norm. A gauge of the success of the programme is seen in the following incident. From the start of the year, as well as refusing or being unable to join in the class circles, Lee had withdrawn into himself and become quite defensive whenever he had been spoken to about his behaviour. Shortly after going off the contracts he was involved in an incident with a Downs Syndrome child who was being integrated into the class. It was ascertained that Lee was at fault, so he was asked to leave the group. The teacher was concerned about what this might do to his newly learned behaviour, but felt that the situation required it. It was part of the classroom policy and was a logical consequence for what he had done. Shortly afterwards, Lee was given the option to rejoin the circle, which he did with no fuss whatsoever. Breaths were released, jaws dropped.

Since then (mid-term), Lee has been a constant member of the class circles.

Halina: primary school teacher