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AGGRESSION IN YOUNG CHILDREN

This article will provide the most recent research findings and practical updates on young children's aggressive behaviour. It addresses normal development and signs of aggression, early detection and effective strategies to manage aggressive behaviours.

The goals for professionals working in partnership with parents are to:

- differentiate normal behavioural development from aggressive behaviour problems
- identify triggers for a child's aggressive behaviour
- offer practical management strategies for aggressive behaviour
- know when and where to refer families.

NORMAL DEVELOPMENT AND SIGNS OF AGGRESSION

Externalising behaviour problems in young children include aggression (fighting), oppositional defiance (saying No!!!), and hyperactivity. The recent National Mental Health Survey reported that externalising behaviour problems occur at a clinical (severe) level in 13% of Australian children aged 4-17 years (Sawyer et al., 2000).

Many more children engage in sub-clinical externalising behaviours. Everyday behavioural difficulties include tantrums, hitting, biting, and whining. It is common for children to show some signs of aggressive behaviour in the toddler and preschool years (Dixon & Stein, 1992).

As all babies become mobile, it is normal for them to push parents' boundaries and test out their limits. Toddlers only comply with their parents' requests about 50% of the time. Toddlers have tantrums on a daily basis in about 20% of cases. This is all

normal! Parents find it affirming to learn about these normal rates of challenging behaviours, as well as acknowledgement that these normal behaviours are still very testing!

OUTCOMES OF AGGRESSIVE BEHAVIOUR

Most toddlers grow out of typical challenging behaviours (e.g. tantrums) by the time they reach preschool age (Tremblay, 2005). Aggressive behaviours are more likely to persist and develop into externalising behaviour problems if:

- parents respond using angry, harsh or abusive discipline (Brenner & Fox, 1998)
- parents suffer with stress, depression and family conflict (Shaw et al., 2006).

If left untreated about 50% of children's externalising behaviour problems persist (Campbell, 1995) and long term sequelae include poor peer relationships, school dropout, delinquency, and depression (Stewart-Brown, 1998).

Identifying aggressive behaviour problems

To identify whether aggression is a problem you can inquire with parents how a young child's behaviour is at home, at child care, at school, and with other children. The Parents' Evaluation of Developmental Status (PEDS) tool can be used to elicit and address parental concerns.

In an assessment it is also useful to ask if there are any of the child's behaviours that others see as a problem. If so, when, where, and what is happening before, during and after the child's behaviour? This is an "A B C" (Antecedent, Behaviour, Consequence) approach to understanding the context of a

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young child's aggressive behaviours. Different behaviours in different settings might offer clues to their cause. For example, a child who behaves well at home but is aggressive at kindergarten might possibly be bullied at kindergarten, or feeling frustrated in learning by a language delay.

MANAGING BEHAVIOUR PROBLEMS

The following principles are useful to manage young children's aggressive behaviours (Carr, 2000; Herbert, 1981; Sanders et al., 2000).

- Define the problem as relevant to parents
- Discuss parent hopes and goals
- Clarify where the behaviours occur (if across settings, more likely to be a clinical problem)
- Discuss which behaviours are developmentally normal
- Identify triggers
- Provide a written management plan
- Provide 'chunks' of management at each visit

Managing normal aggressive behaviours

There are ways that parents can help to reduce young children's normal challenging behaviours (Barlow et al., 2005; Hiscock et al., 2005). Parents can create a supportive daily environment for their child:

- Maintain or establish a daily routine for young children
- Respect daily sleep or quiet times, preventing children from becoming over tired
- "Toddler proof" the house to allow the young child to freely explore. This is not just for safety, but reduces conflict as parents don't need to be saying "No!" all the time
- Create a list of safe, fun, engaging activities to have on hand to offer the child. Toddlers that are engaged are less likely to misbehave. A few examples of inexpensive engaging activities for toddlers are:
 - scrunching garden leaves,
 - cardboard boxes to climb in,
 - blowing bubbles,
 - sliding ice cubes on a plate,
 - park swings/slides.

IDENTIFY TRIGGERS

Most parents will be able to identify triggers for their young child's aggressive behaviour. Asking parents to complete a behaviour diary for 1-2 weeks can help clarify child specific triggers, the frequency of

aggressive behaviour, and consequences of parenting responses. In partnership with parents explore together the triggers of the child's aggressive behaviours, as well as the consequences of their parenting responses.

Behaviour Diary (A B C example)

Antecedent	Behaviour	Consequence
Tom takes toy from Sally	Sally hits Tom	Mum yells at Sally and she yells back

EFFECTIVE STRATEGIES

In approaching management of a child's aggressive behaviour first exclude potential underlying medical problems such as a vision or hearing difficulty, emotional reactivity due to temporary illness. If medical concerns are not contributing to a child's behaviour then the steps of effective management are:

1. Teach parents how to encourage desirable ('good') behaviours, and then
2. Teach parents how to manage the aggressive behaviours

1. Encourage desirable (good) behaviours

A key strategy in preventing young children from developing aggressive behaviour problems is maintaining a warm parent-child relationship. Encourage parents to spend quality time each day doing what their child enjoys. It helps for parents to take an approach in play of 'watch, wait, and wonder' at their young child's chosen interests and activities. For example, when children approach with a toy, parents can also take these immediate opportunities to share in play for a few minutes. Remind parents how important it is to hug, praise and cuddle their child every day. When parents encourage desirable behaviours, this helps to increase the frequency over time of good behaviours.

Parenting skills to encourage desirable child behaviours:

- Short bursts of 1 on 1 time can be more effective than one long playtime
- Remember, sometimes all children hear is 'No'
- "Catch" your child when being good every day
- Tell your child exactly what they are doing well
- When praising your child get down to their level, tell them exactly what they have done well (so they can learn) – "You've been so good being quiet while mummy was on the phone"
- Follow up with a hug.

2. Manage aggressive behaviour

- *Distinguish between high and low priority behaviours.*

Advise parents that even with a warm relationship and attention to encouraging desirable behaviours, young children will still engage in aggression. The first step in helping parents manage young children's misbehaviours is to distinguish between low and high priority misbehaviours.

- ❖ 'High priority' misbehaviour include aggressions (any hitting, kicking, biting) and it is essential for parents to act immediately in response. Aggression is considered high priority because longitudinal studies show it is the strongest predictor of externalising behaviour problems developing over time as children grow. It is important for parents to restrict the number of child misbehaviours designated to be high priority to 2 or 3 maximum (in addition to aggression).
- ❖ 'Low priority' misbehaviours can include as many other misbehaviours as parents like! Common examples for young children include whining, saying "No", tantrums, and throwing food. These low priority misbehaviours may be annoying but are unlikely to lead to serious behaviour problems developing over time. You can ask parents if they are willing to simply let their child's low priority misbehaviours go. Parents can avoid creating unnecessary conflict in the parent-child relationship and concentrate their energy on managing the important misbehaviours well.

Advise parents to make a list of high and low priority behaviours relevant to their child and put the agreed list of high versus low priority behaviours somewhere where everyone can see, e.g. on the fridge. It is important for parents to agree and be consistent in their management approach.

- *Responding to high priority behaviours*

The following flowchart outlines how to use quiet time to respond to any aggressive behaviour displayed.

Quiet time is suitable for managing young children's aggressive behaviour from 18 months of age onwards. The aim is to diffuse the situation and teach children aggressive behaviour is not appropriate social interaction. Quiet time is not to punish young children. It is important that children stay in quiet time for a maximum of 1 minute per year of age.

Using 'quiet time' flowchart:

- Immediately (calmly and firmly) tell child to stop, offer alternative
- Stops → praise
- Doesn't stop → 'quiet time'
"You haven't done what I've asked, you're going to quiet time"
- Take child to 'quiet time' in the same room (e.g. on chair, along wall, on square of material)
- Child stays until quiets (e.g. for 10-20 seconds).

After 'quiet time', calmly go back to fun play with the child and praise the child's next good behaviour. Parents should avoid talking about the incident with the child, or forcing the child to apologise for the aggressive behaviour. Saying 'sorry' doesn't mean anything to a toddler and forcing this issue can simply create a new conflict.

'Time out' can be used for older children's aggressive behaviour (over 2 years of age) if a child refuses to stay in 'quiet time'. An older child can be taken to a safe room that is away from fun play until they quieten. The aim of time out is learning and not punishment, and the maximum time is only 1 minute per year of age.

- *Responding to low priority behaviours*

If parents can simply let their young child's low priority misbehaviours go, this is a good option to avoid parent-child conflict and stress. If parents do want to actively manage low priority misbehaviours then effective options include:

- ❖ Distraction – Try to get in early when the child misbehaves to successfully distract them onto another activity. Parents can have a pre-written list of distractions easily at hand. Some examples may be helping tear up lettuce to make a salad, play dough, or a bucket of pegs.
- ❖ Ignoring – This can be effective for attention seeking misbehaviours, such as whining, or saying "No!". To be effective parents must ignore the behaviour completely and persistently! They need to make no eye contact with the child, no verbal response whatsoever, and even walk away from the child into another room. In response to ignoring, the child will first escalate the misbehaviour before

diminishing it. Parents need to continue ignoring until the misbehaviour stops (some parents find this hard!). If parents give in their ignoring after a while, this will simply reward the child's misbehaviour with the parent's attention.

- ❖ Logical consequence – For preschool age children parents can use a logical response to stop a child's misbehaviour. For example, a parent can tell their child if they don't stop the behaviour they will:
 - Remove the toy children are arguing over
 - Turn off the TV if children are not coming for dinner
 - Remove the crayons if a child draws on the wall.

Praise the child straight away if they stop the behaviour. If they don't stop, parents must make sure they follow through with the stated consequence! For young children to learn effectively, parents need to make sure that the logical consequence occurs immediately after the child fails to stop the misbehaviour (not hours or days later!).

DEVELOPING SOCIAL-EMOTIONAL DEVELOPMENT IN PRESCHOOLERS

In addition to the strategies above to manage aggression and other challenging behaviours, parents can help develop their young child's social-emotional skills by:

- Talking about how they are feeling
- Linking feelings (anger) and behaviour (hitting their sister)
- Discussing acceptable ways to express feelings (hitting pillow, yelling down plug hole, kicking footy, doing star jumps)
- Rewarding the child for appropriate expressions of their emotions ("Don't hit me, it makes me angry and I don't like it!").

Young children often enjoy reward systems to help their learning of appropriate social behaviours. Parents can set up a simple reward system with their child to reinforce any new desired behaviour. Types of rewards includes stamps, stickers and star charts. For effective learning with young children, rewards need to be immediate. It is important that parents don't take away a reward the child has earned if they later misbehave. Rewarding only 1 or 2 target behaviours at a time works best. The novelty of a reward wears off after 2 weeks and the desired behaviour is usually established by then.

REFER CLINICAL PROBLEMS

In primary health care, raising issues of early childhood aggressive behaviour with parents and discussing how parents can manage aggression effectively using evidence-based strategies has the potential to prevent many child externalising behaviour problems developing in community settings (Bayer et al., 2007; Hiscock et al., in press).

When families are identified in primary health care with established child aggression problems and/or significant family stress (depression, partner conflict), referral to specialised clinical services is warranted. Parents can see their GP or paediatrician to arrange a Medicare shared-care plan for consultations with a child/family psychologist.

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A complete list of references for this article are available from www.rch.org.au/ccch

REFLECTION QUESTIONS

- 1) *How would you advise parents to respond to tantrums?*
- 2) *How would you advise parents to respond to biting?*
- 3) *A mother with a new baby has an attention-seeking toddler. What could you advise to help manage the toddler's behaviour while breast-feeding?*
- 4) *A father is unsure how to respond when his preschool age children argue over sharing a toy. What could you advise?*

TRAVELLING WITH CHILDREN

INTRODUCTION

This article outlines some aspects to be considered when travelling with children. Whilst some of the information may not be new to you, it is important to be able to highlight pertinent information and support parents, so travel with their child is safe and enjoyable.

SEATING ARRANGEMENTS

In the car

There are laws in relation to the types of child restraints that are to be used, and these vary with age and weight. It is important that the correct child restraint is used in relation to age and weight, but also one that meets the Australian Design Standards and is fitted properly.

It is also imperative that the driver does not start the journey until all seat belts are done up. The car must be stopped if a child undoes their seat belt or distracts the driver.

When two or more children are placed in the back seat there is potentially going to be some disagreements. Make sure they have their own toys and activities. Limit the amount of things they need to share. If possible it is good to have a pile of pillows or clothes and blankets between them, so they have their own space. Where possible it is good to be able have an adult sit in the back for a while, just to break up the dynamics.

On public transport

It is important that young children do not roam around on public transport. They risk being injured if they fall when the vehicle is stopping or starting. Keep the child seated or on the lap. If the bus has seatbelts then use them, for all members of the family. Playing games with the child will help to keep them seated, rather than getting bored and wanting to get up and move around.

On planes

It is important to let the airline know when a young child is travelling and they will try to place the passengers in the most appropriate seats. An aisle seat is not suitable for a child as they can reach out for things and potentially get hurt. It is also important to be mindful of hot drinks that are served.

Again it is important to pack a range of toys / activities to distract the child and make the journey seem shorter.

MOTION SICKNESS

Motion sickness is caused by conflicting sensory signals sent to the brain from the:

- inner ear – the liquid in the semicircular canals allows the brain to sense movement, and in which direction (up, down, forward, backwards, sideways and round),
- eyes – lets the brain know whether you are moving and in what direction,
- skin receptors – lets the brain know which parts of the body are touching the ground,
- muscle and joint receptors – lets the brain know if you are moving your muscles and the position of your body.

For example when a child is sitting in the back seat of a car and reading a book, the inner ear and skin receptors will detect forward movement, but the eyes and muscle receptors will be indicating that you are sitting still. These conflicting signals cause motion sickness.

Motion sickness is most likely on boats, but it can occur in planes, cars and buses. Almost 50% of children get motion sickness when travelling in a car. Children between the ages of two and twelve years are particularly prone to motion sickness, with the majority outgrowing this susceptibility. Some children are more likely to get motion sickness than others. If a parent has experienced motion sickness then there is a higher chance that their child will also experience motion sickness. Motion sickness can last for up to three days if the motion continues – for example, if you stay on the boat. After this the body usually adjusts to the new motion. Motion sickness will usually stop within minutes of stopping the car.

The symptoms of motion sickness are:

- Feeling unwell
- Excessive production of saliva
- Nausea
- Headache
- Becoming pale
- Dizziness
- Heavy sweating
- Vomiting
- Hyperventilating

These symptoms can range from mild to severe. If a child is severely affected and vomiting frequently, this

can lead to dehydration and low blood pressure and may require medical attention.

The following will assist in avoiding motion sickness:

- Keep the head as still as possible – remember motion sickness is caused by contradictory messages to the brain
- Encourage children to look outside the car at other things that are still eg trees and buildings, not other cars. It may also help to close the eyes
- Having fresh air, so open the window slightly and avoid strong smells in the car
- Don't have fatty foods to eat before getting in the car. Try small snacks that are easy to digest like dry biscuits and fruit, and drink plenty of water
- Play games that makes the child think of other things and look outside the car
- Plan plenty of stops, from the beginning of the journey
- If the child complains about any of the symptoms stop the car as soon as possible, so that it doesn't progress to the child vomiting
- There are some medications available over the counter but these are not all suitable for young children, so seek advice from the chemist or doctor. These medications will only work if taken before the trip, not after the symptoms have presented. There are also some natural therapies, but again seek advice about the suitability for children.

The best way to address motion sickness is to prevent it. If a child remembers being motion sick on a previous trip, they may be more conditioned to respond with a feeling of nausea every time they get in the car or plane, or even before the actual ride. This psychological input is called "conditioned reflex".

PLANNING FOR TRAVEL

- If travelling overseas it is important to get advice about the appropriate vaccinations. Travel Clinics Australia can be contacted on 1300 369 359
- If you are going on a long journey pack plenty of toys/activities/CDs. Pack toys that are not sharp, heavy or breakable. Wrapping these and making surprises or rewards is helpful
- Plan for lots of stops and have a ball to use when you get out
- Keep a few plastic bags handy for any emergency or to collect rubbish
- Keep a wet towel and soap in the car for the sticky fingers and if needed for wiping hands after toilet stops
- Pack snacks that are not greasy or will perish in the car. Make sure there is water for everyone to drink
- Take a medical kit with appropriate items for children – children's paracetamol, thermometer, anti itching cream, oral rehydration preparation and bandaids.

REFLECTION QUESTIONS

- 1) *Is the issue of travelling with children a topic you currently raise with parents? If yes, what advice do you currently give them?*
- 2) *Why is it important to discuss the importance of driver concentration? How can planning for travel assist in overcoming this issue?*
- 3) *Are you familiar with the weight and height requirements for child restraints? Do you mention to parents when you weight and measure their child, when it would be appropriate to change the child restraint?*

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