

Understanding
**Children's
Behaviour**

Dr Dinah Jayson

Published by Family Doctor Publications Limited
in association with the British Medical Association

IMPORTANT

This book is intended not as a substitute for personal medical advice but as a supplement to that advice for the patient who wishes to understand more about his or her condition.

Before taking any form of treatment
YOU SHOULD ALWAYS CONSULT YOUR MEDICAL PRACTITIONER.

In particular (without limit) you should note that advances in medical science occur rapidly and some information about drugs and treatment contained in this booklet may very soon be out of date.

All rights reserved. No part of this publication may be reproduced, or stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording and/or otherwise, without the prior written permission of the publishers. The right of Dr Dinah Jayson to be identified as the author of this work has been asserted in accordance with the Copyright, Designs and Patents Act 1988, Sections 77 and 78.

© Family Doctor Publications 2004–2008
Updated 2005, 2008

Family Doctor Publications, PO Box 4664, Poole, Dorset BH15 1NN

Acknowledgements: Many thanks to Dr Anula Nikapota and Dr Amanda Kirby for reading and commenting on the draft, to friends who have commented on it, and to Paula Lavis from Young Minds for helping with the Useful information.

Dedication: To Esther and Daniel, Judi and Malc, Gordon, Jessica, Joseph and Jonathan

ISBN-13: 978 1 903474 20 4
ISBN-10: 1 903474 20 5

Contents

Introduction.....	1
Normal development and behaviour.....	4
Understanding children’s difficult behaviours.....	34
Common behavioural problems	42
Medical and psychiatric conditions	74
Finding solutions to problem behaviour	109
Surviving parenthood	144
Where do I go for help?	153
Conclusions	164
Useful information	165
Index	186
Your pages	199

About the author



Dr Dinah Jayson is a Consultant Child and Adolescent Psychiatrist and a mother of three. As a member of the Child and Family Public Education Board (CAFPEB), she is committed to improving the understanding of mental health issues that affect children and their families.

Introduction

This book is intended for anyone bringing up, caring for or working with children – parents, carers, teachers or youth workers alike – but is addressed mainly to parents, with extra sections at the end on surviving parenthood.

Its main aim is to help you enjoy your child and your role as a parent. It aims to help you understand your child's behaviour throughout the normal stages of development up to and through primary school, and to help you deal with problem behaviours. If you understand your child's behaviour, you will be in a better position to deal with difficult situations effectively.

If you find your child difficult to manage, if parenting doesn't come naturally to you or if you just want to improve your relationship with your child, there are many strategies that can help. This book offers some solutions that you can try for yourself. It will also help you decide whether you need expert help and, if so, where to find it.

It is important to remember, however, that there is no 'right way' to sort out children's behavioural problems. No one knows your child and family set-up better than you, and not all of the ideas in this book will be

appropriate, practical or relevant to your particular situation. A better understanding of your child's problems may, however, lead you to new and better ideas and solutions of your own.

The section on surviving parenthood describes how stressful parenting can be, and the effect of the parent's mood on the child. It then discusses adult relationship problems and depression, with advice about how to deal with both these difficulties.

If, having read this book, you are still concerned about your child's behaviour, or if the problem seems too much for you to handle on your own, there are various sources of advice and help which are listed in 'Useful information' on page 165.

When discussing a child 'he' or 'she' has been used randomly.

KEY POINTS

- Understanding your child's behaviour will put you in a better position to deal with the situation
- If you find your child difficult to manage, there are many strategies that you can try that may help you
- There is no single 'right way' to deal with behaviour problems; every situation is unique and needs interpreting
- There are numerous sources of help and advice to draw on

Normal development and behaviour

Normal problems

It is helpful to have an idea of how your child's behaviour may change as he develops, so that you can recognise what is normal and when you should be concerned. Many types of normal behaviour can be problematic, and your tolerance levels for these may vary more with your mood than with the child's behaviour itself. A good understanding of normal difficult behaviour can help you respond appropriately and more sensitively to your child at a time when he needs you most.

Children are not all the same

All children vary and develop in their own way. Your child may be different from his peers, but whether he is considered normal will depend on the expectations of those around him. A typical 'bookworm' may be bullied in a non-academic environment or highly valued in an intellectual one. A child who is more interested in football than work may be seen as a hero in a local community, even if he can't sit still in class,



and yet would be deemed a failure in a strict academic school or family.

A change of environment may be the solution if your child is not tolerated for being different. It is up to you to encourage your child to take pride in what he is capable of and to praise him consistently for any achievements, whether they happen to be in football or maths.

Variation between cultures

What is considered to be 'normal' will vary not only from one child to another, but also from one family or culture to another. If your child is from a different culture or background from her peers, she may be less tolerated simply because of that difference. In some cultures and families, behaviour that is accepted as normal in a boy would not be acceptable in a girl.

Boys may be encouraged to be 'macho', aggressive and dominant, whereas girls may be expected to be submissive, caring and obedient.

Increasingly, today, families are more mobile and more multi-ethnic. They are less likely to have a support network, and more likely to be exposed to cultural differences. In this context, especially if you have moved to a new area, your child may be different from her peers and be teased as a result. She will almost certainly want to be like all the others and may put herself down for being different. It is up to you to encourage her to be proud of how and whom she is.

Normal developmental milestones

It is helpful to keep a watch over your child's developmental milestones (for example, learning to walk) so that you can catch any problems early on. If you are worried about her development, consult a health professional and/or her teacher for advice. Children with developmental problems often have more behavioural problems.

What to look for in normal social developments

The following are all absolute reasons for referral to the health visitor, nurse or GP:

- At any age – any loss of skills or language
- By 12 months – no babble or gesture (for example, pointing)
- By 18 months – no single words
- By 24 months – no two-word spontaneous (non-copied) words

Relative indications (reasons) for referral to a health professional

By age two to three and onwards:

- Communication problems – language or non-verbal (for example, little or no smiling or social response)
- Poor social skills, for example, lack of or no sharing of enjoyment
- Poor imaginative play
- Lack of interest in others, 'in a world of his own'
- Lack of or poor eye contact
- Extreme emotional reactions and aggression to others
- Rigidity and difficulty coping with change, leading to distress
- Over- or under-sensitivity to stimuli, for example, light, sound, touch, taste
- Odd or unusual behaviours, for example, hand flapping

This book does not cover sexual development as sexual problems are not common in this age group. It is, however, discussed briefly under 'Common behavioural problems' on page 42.

Typical behavioural patterns and problems Babies (the first year)

Initially, babies are totally dependent on you and rely on you to meet their every need. Your baby will be happiest if you respond sensitively and can calm him when he is upset. This includes making sure that he is

comfortable, not only physically (warm, clean, fed and winded) but also emotionally. Babies need comfort, reassurance and emotional stability, especially when things don't feel right. You can provide this by cuddling your baby, speaking to him in a gentle voice or singing to him and distracting him from upsets by walking him around and showing him interesting surroundings. Babies need the right level of stimulation: not too much excitement, yet enough stimulation to enable them to learn, and you can work this out by observing, listening and taking your cues from your child.

There is increasing evidence from early infant studies that the patterns of interaction between carer and child can predict behaviour at an older age. Parents who overwhelm their babies with demands to 'perform' in a certain way, talk at them or do things to them in an intrusive way without watching their cues are more likely to have children who avoid instructions from parents in later life, developing attention and behavioural problems. Those who respond sensitively, watching their child and developing a gentle 'to and fro' dialogue at the child's pace, are more likely to be setting the foundations for positive social behaviour in a child. Tuning in early on to your child's needs will set him up for life. You can make a huge difference by providing this for your baby.

Attachment

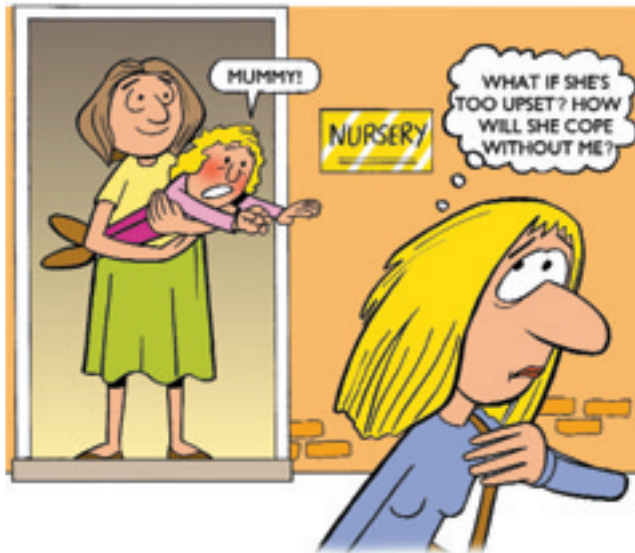
Over time, babies form a deep attachment to their main caregivers, but also benefit greatly from having good relationships with other people, such as their grandparents, close family, friends and other consistent, sensitive carers to whom they can also become strongly attached.

The quality of the caring is more important than whether the person is a relative. As long as a baby's main attachment figure returns and she can develop trust that this will happen, she will thrive. If, however, your baby finds that most of the time you reject her when she needs you most, that you are unable to soothe her or that you are too exhausted to enjoy her, she will develop an insecure attachment to you. She may show this by being overly anxious and clingy (wanting to be near you all the time), being upset rather than pleased when she sees you after a separation, or even avoiding you and appearing to be independent without needing you.

If you are not the main carer, it may be difficult for you if your child seems to prefer a childminder or grandparent to you. However, if you have to work, as long as your child gets good day care and you spend some quality time with her every day, your child will also become attached to you, and will benefit in the longer term from the role model that you provide as a working parent.

Separation

At first, babies don't understand that people still exist when they aren't there. Once your baby recognises that he is a separate person from you, and understands that you can remove yourself from him, he will also learn that you are not always there for him when he wants you. He is likely to become upset when he realises that you are not coming back and thinks that you have abandoned him. It is normal for your baby to want you to be nearby and to cry if you leave him but, with consistent sensitive caring, he will outgrow this in time. Babies need a few stable carers and have to learn that they will not be abandoned.



By six or seven months of age, your baby may begin to be wary of strangers and continue to react in this way until he's about 16 months. He'll go on wanting to be near you for years to come, but the need will be less intense by the time he is three to four years old.

Crying

At first, a baby's only way of communicating any distress is to cry, and all babies do it. Nevertheless, crying can be a distressing and unpleasant noise, and a stressed parent may feel overwhelmed by it, with feelings of anger, resentment and misery. Babies can't be 'spoiled' and are too young to be manipulative. If their needs are met, they usually stop crying. If they don't stop, this is because something feels wrong to them. Your task as the carer is to work out what is wrong and make it better, but also to recognise when you don't know what is wrong



and can't make it better. At this point, you may need someone else's help.

When your baby is crying, all you can do is go through a list of possible causes and solutions systematically, watching her responses. By watching and listening carefully, you will learn to tell one cry from another – for example, you'll begin to recognise a tired cry from a cry of pain. Crying from colic usually starts at around two to three weeks and can be particularly distressing for both of you. Your baby may cry inconsolably and won't go to sleep in the evening and may pull her knees up to her chest. Between attacks, she should seem happy and well. Gripe water may help, as will soothing and comforting your baby. However, in some cases a baby seems inconsolable. The good news is that babies usually outgrow colic by the time they are three to four months old. Your challenge is to survive that long!

Common reasons for a baby to cry

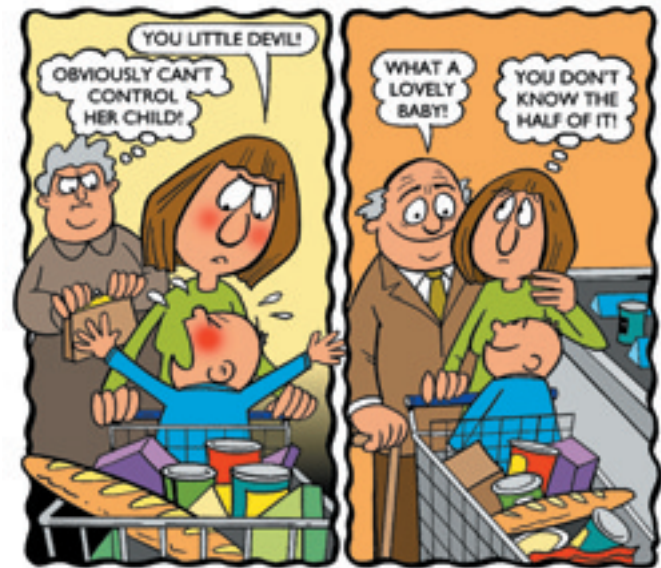
- Hunger
- Tiredness
- Wind
- Colic
- Teething
- Infections, such as coughs, colds or earache
- Cows' milk allergy

It is not always possible to find a way to stop a baby crying and you mustn't blame yourself or think that you have failed as a parent if your baby cries a lot.

Babies, like adults, are individuals and temperament is very important. Some babies have a regular sleep and feeding pattern, adapt easily to new situations and seem content most of the time, whereas others are much more unsettled and get upset by minor changes in their routine.

Some babies are naturally more difficult whatever you do, whereas others may be unwell, and it often takes a rota of unruffled adults to cope with the demands of such a child. If your baby will not stop crying, get help and advice without waiting until you are at the end of your tether.

Some parents feel so stressed that they fear that they will harm their baby, and some do. Get help when you need it well before this stage from family, friends, your community network, Social Services or other agencies. Needing and asking for help are the best way to manage the pressures and feel confident as a parent.



Toddler and pre-school (1-5)

Pre-school children can be delightful but they can also be extremely demanding and hard work. Toddlers don't like being apart from their carers, want attention, are egocentric, active, impulsive and messy, constantly interrupt and show little respect, are stubborn and change their minds frequently, are sensitive to upset, excitement and tension, ask endless questions and may demoralise their parents but behave like angels for other people.

It is important to remember that this is also an exciting phase, as children develop physically, learn to think more logically and become more confident socially. They increasingly explore their surroundings, and learn through observation and interactions with their environment, social interactions and play. For this



to happen, children of this age need plenty of stimulation, such as:

- Books and toys appropriate for their age; these needn't be expensive – pots, pans and spoons can be much more exciting to a two year old than a 'designer' toy.
- A wide range of social contact with people of all ages, with the space, support and encouragement to develop mutually rewarding relationships.
- Exposure to new and interesting opportunities and experiences at a pace that they can cope with: contact with animals, music, water, nature, painting, parties, etc.

Your two year old – what to expect

- All 2 year olds are active and hardly ever still (this reduces to 40 per cent by the age of 4 years)
- 95 per cent want constant attention
- 80 per cent whine and nag
- 70 to 90 per cent fight or quarrel and are disobedient
- 70 to 80 per cent have temper tantrums
- 70 per cent talk back cheekily
- 70 per cent soil and wet their pants during the day
- 60 to 80 per cent cry easily
- 50 to 70 per cent resist going to bed at night
- Half wake in the night
- Half are fussy about food
- 40 to 60 per cent are jealous of or hurt a younger sibling
- 40 per cent resist sitting on the toilet/potty

Play, reality and fantasy

Children learn through play – it is the medium through which they develop socially, physically and academically. By the age of three years, they should have a fully developed sense of 'make-believe'.

This is how they learn to exercise their imagination and creativity as well as to understand day-to-day and potentially traumatic experiences, such as going to the doctors or moving house. Pretend play lets them be the 'boss' and regain control in a world where they usually have relatively little control, helping them cope with stressful situations.