



We will get started soon!

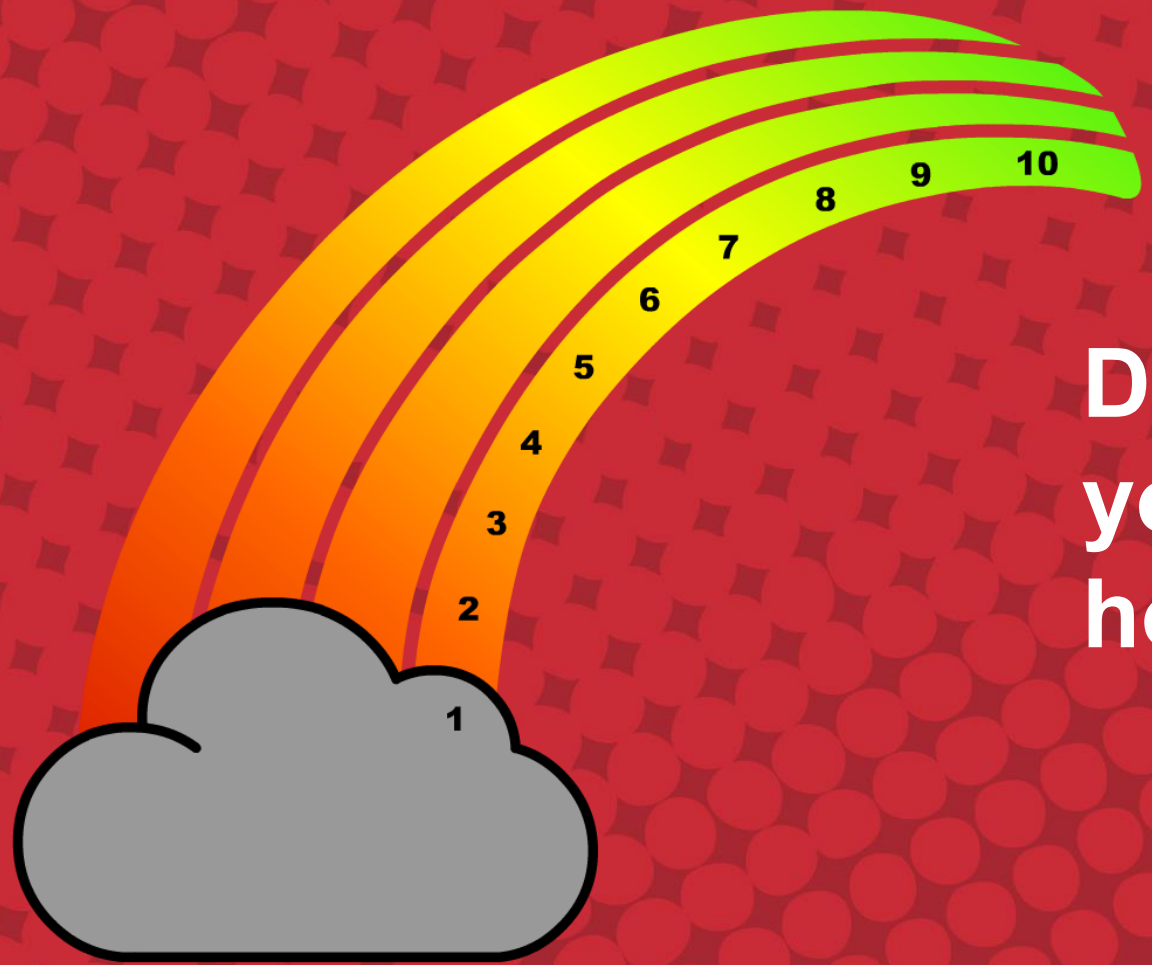
Grab a cuppa ☺





Part 4 – Behaviour as Communication





Did you do
your
homework?



“Nearly all human behaviour has a function and rarely do children misbehave for misbehaviour's sake” (Pearce, 2011).

Attention?

Reward?

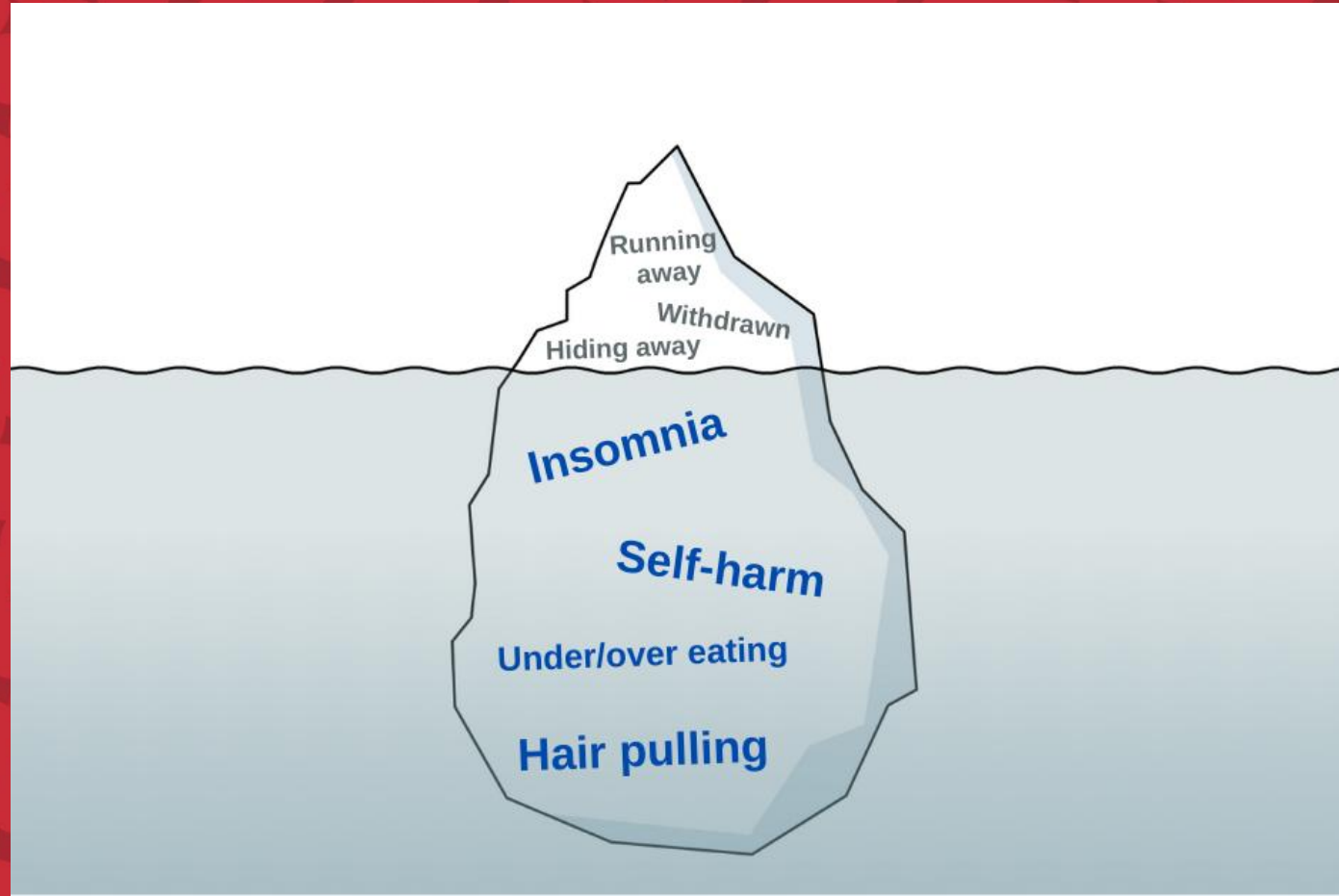
Avoidance?

Stimulation?





Tip of the iceberg





How do animals respond to stress?





Understanding my own stress response



My STRESS SCALE Name: _____

Something that makes me feel like this is _____
Something that helps me when I feel like this is _____

Something that makes me feel like this is _____
Something that helps me when I feel like this is _____

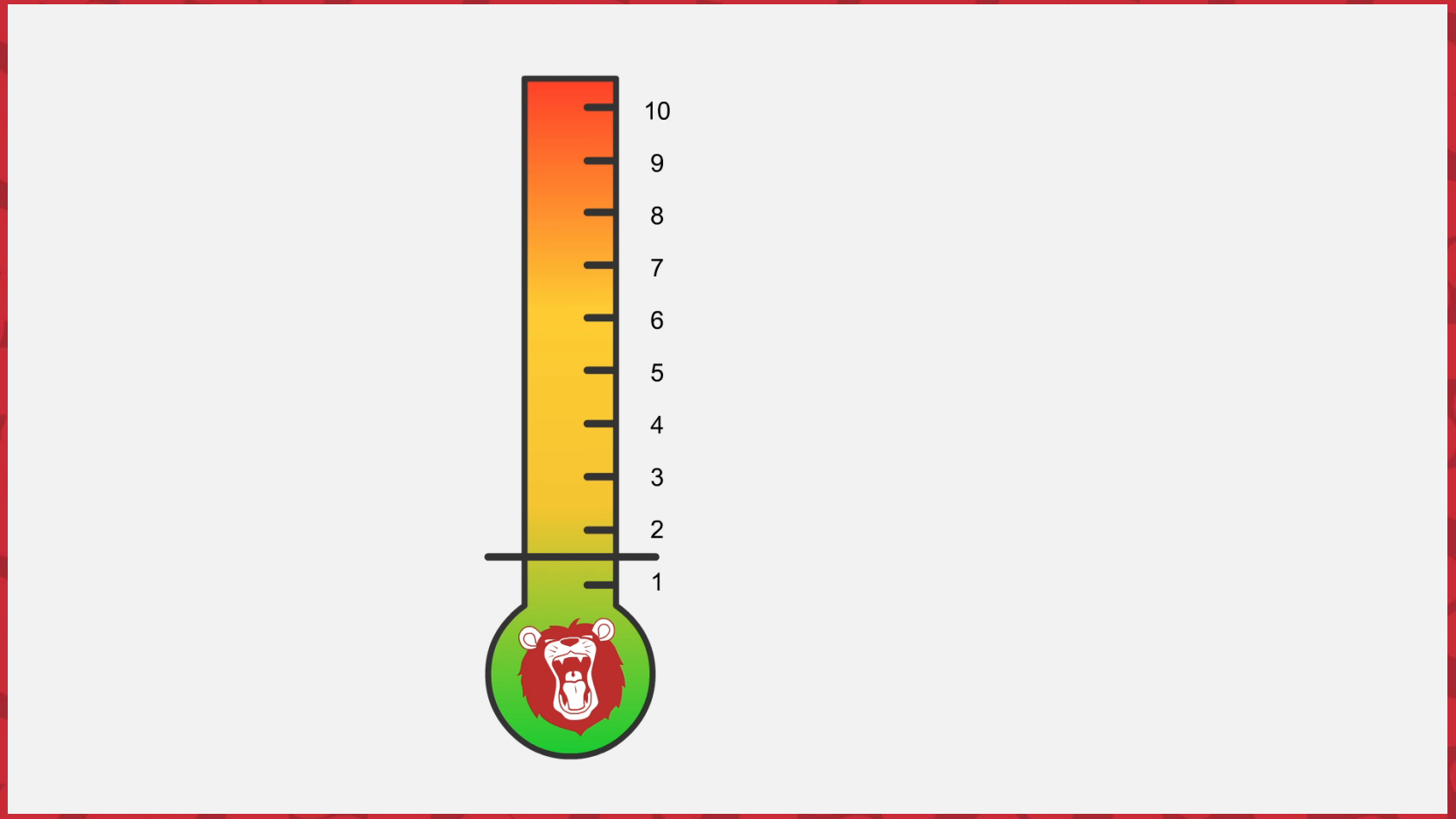
Something that makes me feel like this is _____
Something that helps me when I feel like this is _____

Something that makes me feel like this is _____
Something that helps me when I feel like this is _____





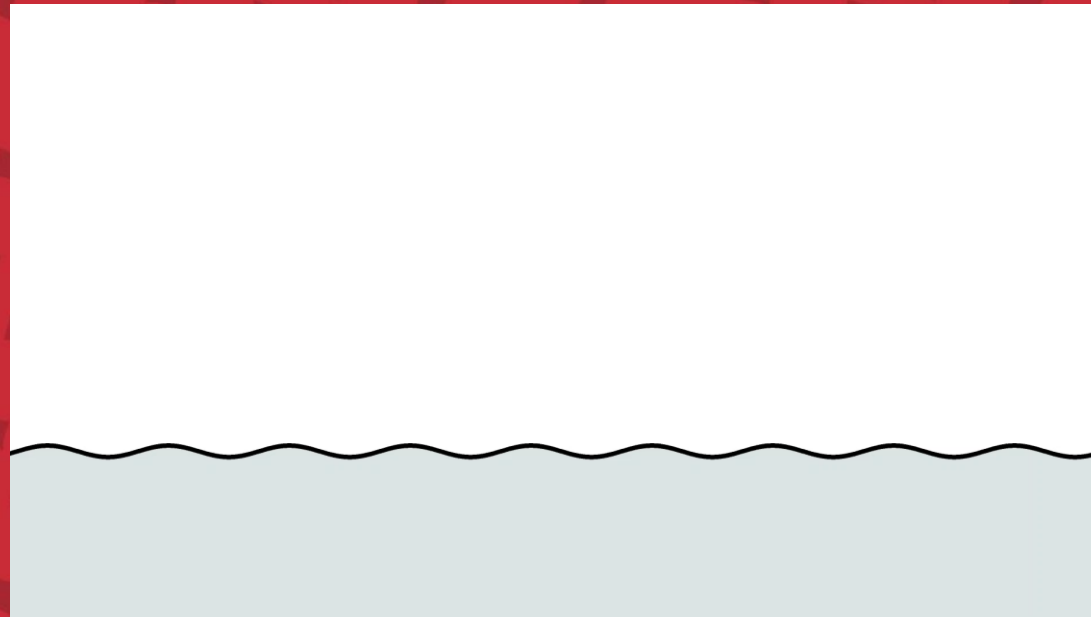
Keeping a lid on it





How do we deal with difficult behaviour?

Try to spot the BIG thought that is driving behaviour.



Find out what's beneath the surface using the stress bucket.

Use the behaviour log (p54) to spot any reoccurring patterns in behaviour.

Build IBP's (p55) around resilience.





Worrying behaviour





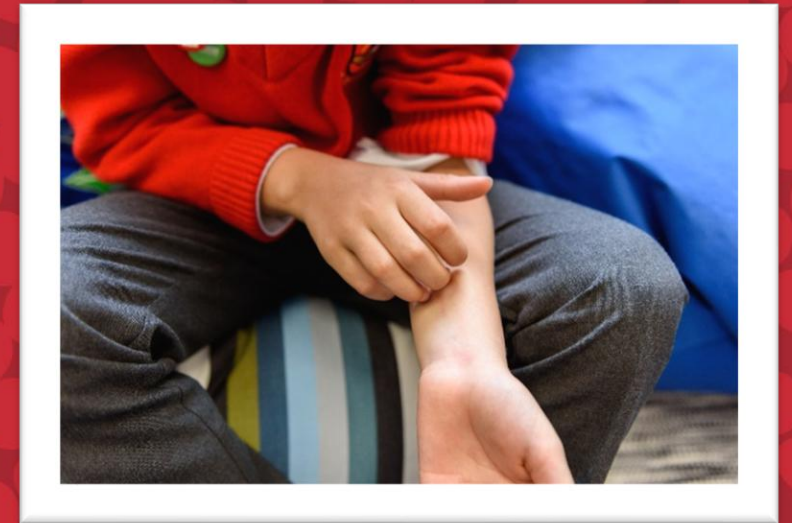
Self harm- what is it?

Self harm is a way that children cope with overwhelming feelings of pain or distress.

Self harm is defined as, '*Causing deliberate hurt to your own body*'.

By hurting themselves it may make them feel better for a short while and able to cope better with life.

It can also be a way of communicating.





Self harm

It is difficult to say how many children self harm in the UK because very few children will tell us what is actually going on.

- One in six young people have self-harmed in the last year (2019).



- Girls are more than twice as likely to self-harm than boys.



- Self-harm is up by **45%** from last year (Source: Kooth, during COVID-19).





Children might self harm to:

- Express something that is hard to put into words
- Turn invisible thoughts or feelings into something visible
- Change emotional pain into physical pain
- Reduce overwhelming emotional feelings or thoughts
- Have a sense of being in control
- Escape traumatic memories
- Have something in life that they can rely on
- Punish themselves for their feelings and experiences
- Stop feeling numb
- Create a reason to physically care for themselves
- Express suicidal feelings and thoughts without taking their own life.





Children might self harm to:





Ralphs do's and don'ts



Do



- ✓ Try to be non-judgemental.
- ✓ Stay calm and try not to be shocked as you will add shame to the person.
- ✓ Let the person know you are there for them and listen attentively.
- ✓ Encourage them to talk about their feelings.
- ✓ Try to have empathy and show interest in their distress.
- ✓ Let them be in control of their decisions.
- ✓ Clarify whether there are immediate needs for medical attention.
- ✓ Remind them of their positive qualities.
- ✓ Offer to help them find support.



Ralphs do's and don'ts

Don't



- × Try to force change by telling them to stop doing it.
- × Tell them off - "What did you do that for?" "Oh don't be silly."
- × Blame the person for your own shock and upset.
- × Panic or try quick solutions.
- × Either ignore their injuries or overly focus on them.
- × Label self-harm as 'attention seeking'.
- × Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future.





Eating disorders





Eating disorder

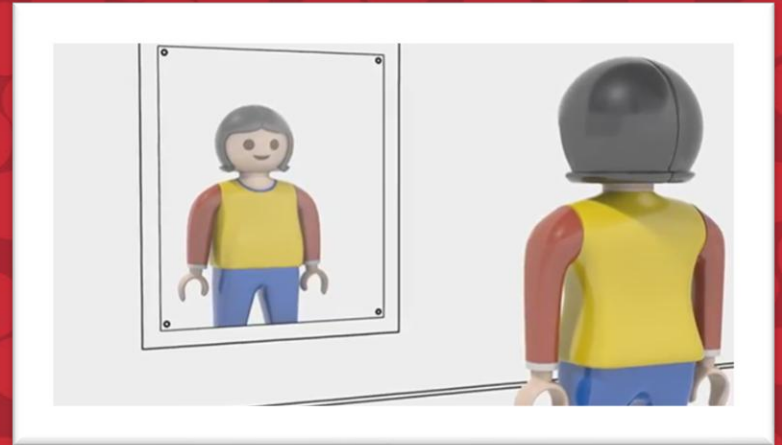
'A serious mental health condition that can affect anyone at any age regardless of their background.'

'The disorder can develop quite slowly and mirror signs of adolescence, mood swings, sensitivity to criticism and concern with their body shape, size and dieting.'

'The sooner someone gets the help and support they need the better. Eating disorders are treatable and a full recovery is possible.'

'Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour.'

Food In Care



The Beat



www.liverpoolcamhs.com/films/eating-disorders-pathway/



Eating disorder

Anorexia nervosa

"I thought about food and calories all the time"

Bulimia nervosa

"I used to go to the fridge or freezer and eat as much as I could, as quickly as possible, to try to make myself feel happier. Afterwards I felt guilty about all the food I had eaten, so I would make myself sick."

Binge eating disorder (BED)

"Sometimes I just feel that I've lost all control that nothing in the world can feel as bad as I do after a binge, then I just start worrying about my weight. It never goes away."





Just normal fussy eating?

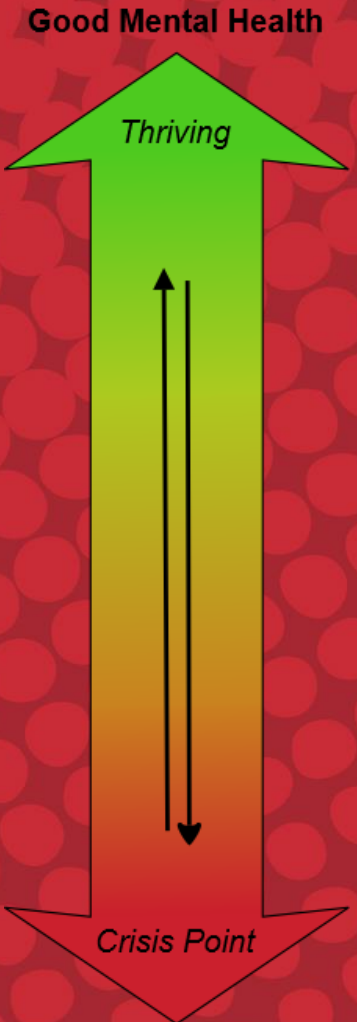
- Eating disorders have the highest mortality rates among psychiatric disorders
- Between 1.25 and 3.4 million people in the UK are affected by an eating disorder
- Around 25% of those affected by an eating disorder are male
- Most eating disorders develop during adolescence, although there are cases of eating disorders developing in children as young as 6.
- Around 10% of people affected by an eating disorder suffer from anorexia nervosa
- 40% of people affected by an eating disorder suffer from bulimia nervosa



Signs to look out for

Anorexia Nervosa

- Distorted perception of body shape and weight.
- Obsessive behaviour attached to eating such as counting calories or cutting food up into small pieces, strict dieting and avoiding food they think is fattening. Missing meals (fasting).
- Wearing baggy clothes.
- Avoiding eating with other people. Hiding food. Eating very slowly.
- Substantial weight loss.
- Dizzy spells, feeling faint or in fact fainting.
- Poor blood circulation making them feel cold.
- Delayed puberty.





Signs to look out for

Bulimia Nervosa

- Either frequently checking body shape or weight or avoiding looking at their body or checking their weight.
- Eating large amounts of food (bingeing).
- Purging after bingeing by vomiting, over-exercising, using laxatives or diuretics.
- Hoarding food.
- Disappearing during or soon after eating (in order to purge).
- Calluses on the backs of the hands if fingers are used to cause vomiting.
- Smelly breath.





Signs to look out for

Binge Eating Disorder (BED)

- Buying lots of food
- Hoarding food
- Eating very rapidly
- Shame
- Depression
- Weight gain.





Don't take the risk

Children can become very ill very quickly, so if in any doubt seek professional medical help.

What to do if you are concerned?

1. Have a discussion with the young person. This must be kept sensitive and non-judgemental (eating disorders are very secretive!)
2. Encourage the young person to seek professional help.
3. Liaise with family/parents and advise them to seek support from their GP/ EDYS (Eating Disorders Young People's Service) Team for Liverpool & Sefton on 0151 282 4911
4. School nurses can also be involved, and may be able to co-ordinate the communication between health and school

Other helpful services include Young Minds parents helpline and B-eat www.beateatingdisorders.org.uk/





Some helpful tips:

- Try not to label foods as 'good' or 'bad' as this may lead to feelings of guilt and shame when 'bad' foods are eaten.
- Avoid using food as bribes, punishment or rewards.
- Avoid promoting unrealistic or perfectionist ideals in terms of your children's behaviour, grades and achievements, and instead encourage self-acceptance.
- Encourage children to celebrate diversity; don't place too much value on physical appearance as a measure of value.
- Accept that children are likely to have different eating habits from adults – they may require food more frequently during the day or go through periods of liking or disliking particular foods.





Some helpful tips:

- Children learn by example - don't skip meals, participate in fad diets or enforce diets upon children.
- Allow children to eat when they are hungry and stop when they are full - don't force them to eat everything on their plate.
- Model acceptance of different body shapes and sizes, including your own.
- Encourage sport and regular exercise to foster their body confidence.
- Reassure your child that it is normal and healthy to gain weight at the onset of puberty and throughout adolescence.
- If you are worried, avoid talking just before or after mealtimes. Family meal times can be a time of worry.
- Say “I am worried”, “I have noticed...” rather than, “You need to get help”.





Neurodevelopmental conditions





What are neurodevelopmental conditions?

The category of neurodevelopmental conditions, as set out in the DSM-5, includes:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Conditions (ASC)
- Communication disorders
- Intellectual developmental disorder
- Motor disorders
- Specific learning disorders

It's not unusual for these disorders to co-exist.





What to look out for

Easily distracted

Impulsive

Driven as if by a motor

Fidgeting

Forgetful

Short-term memory

Low self-esteem

Anxiety

Angry / frustrated

Difficulty with friendships

Difficulty showing emotion

Controlling

Communication difficulties

Not taking turns

Insistence on sameness

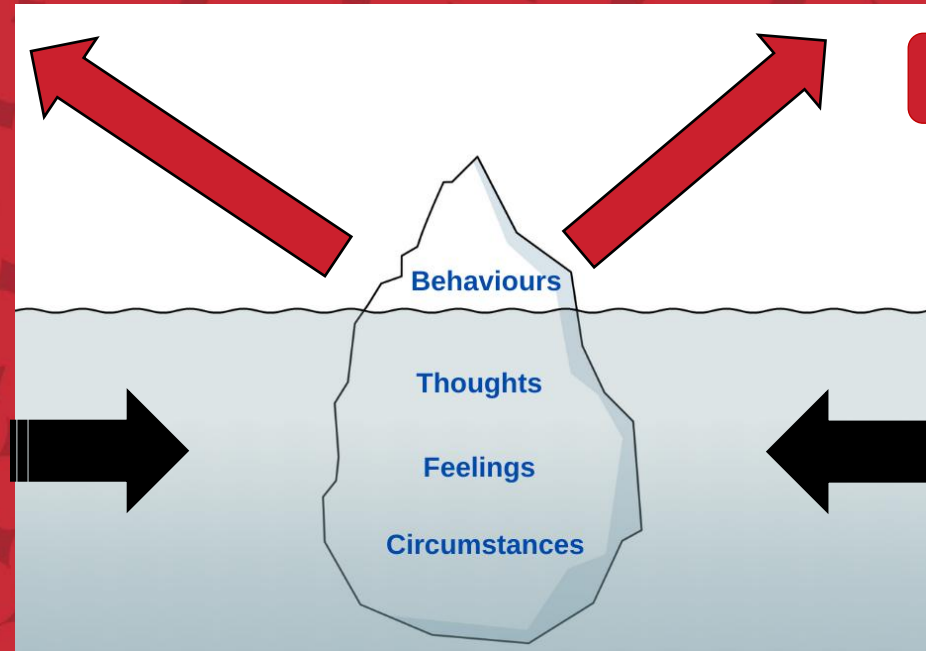
Fixated interests

Angry / frustrated

Low self-esteem

Anxiety

Rigid thinking





Sensory overload exercise

Sight

Sound

Touch

Taste

Smell

Noise

Crowded spaces

Distractions

Organisation skills

Light sensitivity

Too many instructions

Motor skills

Routine



Overstimulation





What helps?

- Clear and broken down instructions, maintaining eye contact.
- Ensure the environment is not over-stimulating.
- Routine and structure, especially in unstructured time.
- Help the child to organise themselves, use colour coding.
- Self-soothing plan.
- Fidget cube.
- Post-its/somewhere to write down thoughts.
- Mindfulness





What helps?

- Consider the use of headsets to minimise distraction of other sounds.
- Make sure you test knowledge not attention span.
- Reduce sensory stimulation e.g. flickering lights, noise.
- Develop a full profile around the child to include what makes him/her anxious.
- Consistent approach to dealing with challenging behaviour.
- Build in opportunities for the child to develop independence.
- Medication in some cases.





R

Recognise the signs and symptoms

O

Ask **Open** questions
(try to spot the BIG thought)

A

Access Support, Services & Self-care

R

Build **Resilience**