

The Alberta Association for Infant Mental Health (AAIMH) presents:

Aggression in Preschoolers: Tools for Assessment and Strategies to Help Caregivers



ElmTree Clinic
NURTURING YOUNG MINDS



ElmTree Psychology



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Objectives

1. To review research regarding aggressive behaviour in early childhood
2. To understand early aggressive behaviour in the context of adaptive stress responses and toxic stress and four brain systems
3. To apply evidence based interventions to guide parents to manage aggressive behaviour

Outline: Part 1

- Definitions of Aggression
- Typical Development
- Trajectories of Aggression
- Summary

Definitions

- Aggression - best defined by an understanding of:
 - Expression
 - Antecedents
 - Consequences

Definitions - Expression

- Aggressive displays are:
 - Species-specific
 - Developmental stage dependent



Definitions - Expression

- Direct (overt aggression)
 - Physical assault (with an object – stick, rock, bullet, knife; or without – slap, push, punch, kick, bite)
 - Verbal (hostile tone and/or content)



Definitions - Expression

- Indirect (social or relational)
 - No physical contact
 - Facial expressions
 - Gossiping, ostracizing, limiting access of another to resources
 - Delayed, subtle actions
 - Only form of aggression more common in females than males



Definitions - Antecedents

- Reactive Aggression: **A Stress Response**
 - Response to threat or pain
 - Fight, flight, freeze
 - Impulsive act
 - Anger expressed
 - Controlled by subcortical limbic circuitry (ventrolateral-medial hypothalamus, amygdaloid nuclei)



Definitions – Antecedents

- Proactive aggression (predatory)
 - Premeditated
 - No proximal elicitor
 - Reward anticipated
 - Corticolimbic circuitry (dorsolateral hypothalamus, prefrontal cortex)

Definitions - Consequences

- Hostile aggression - harm to others with associated pleasure; physical or psychological injury
- Instrumental aggression – for reward; attention, gaining an object, resources

Definitions - Research

- Researchers in the field stress the importance of clear definitions of aggression
- Aspects of aggression observed, influences outcomes of studies
- Most major studies are developmental and longitudinal

Typical Development

- Data from studies from 1920's, 1960's and 1990's in different countries, with different reporting methods, different methodology show same results
- Frequency of temper and aggressive outbursts increases rapidly from 1 year to 3 years then decreases
- *But*, there are more prosocial interactions than physically aggressive interactions

Typical Development: Why are young children aggressive?

"It is a behavior like crying, eating, sleeping, grasping, throwing, and running, which young humans exhibit when the physiological structure is in place, but then learn to control with experience ... this process is called socialization."

Nagin, 2



Tremblay and

Typical Development: Why are young children aggressive?

- To express an angry feeling
- To get what they want
- Infants less than one year show distress and disengaging cues
- After one year, they interpret others emotions and show more organized protest and self-defense

Trajectories of Physical Aggression

- Multiple, multinational, longitudinal studies have demonstrated trajectories for the development of physical aggression (PA)

Trajectories of Physical Aggression

- Predictors of high PA trajectory
 - Gender (males 2x females)
 - Low family income (poverty)
 - Low maternal education
 - Hostile/ineffective parenting

Cote, et al. 2006

Factors: Genetics

- Linkage and association studies: contradictory findings, failed replication, aggressive personality trait vs. behaviour
- Gene-environment studies:
 - 85% of males with low-activity MAOA genotype who suffered severe maltreatment had anti-social behaviour

Caspi et al. 2002

Trajectories of Aggression

- "children do not need to learn to use physical aggression from their environment,
- they rather learn not to use physical aggression
- this learning occurs through various forms of interactions with their environment,
 - such as being hurt in an attempt to aggress someone and being reprimanded by adults,
 - but also through play-fighting and indirect aggression.

The Development of Physical Aggression
Richard E. Tremblay January 2012
<http://www.child-encyclopedia.com/aggression/according-experts/development-physical-aggressionrev.ed>

Trajectories of Aggression

- “physical aggression decreases in most children over the course of development
- relational aggression tends to increase.
- This increase may in large part be due
 - that relational aggression often enables the perpetrator to do considerable damage with a relatively low risk of detection and punishment.
 - used by children with advanced cognitive and language skills.
 - does not seem to be related to the same array of future adjustment problems as physical aggression”

Development of Indirect Aggression Before School Entry
Mara Brendgen February 2012
<http://www.child-encyclopedia.com/aggression/according-experts/development-indirect-aggression-school-entry>

Trajectories of Aggression

Does early relational aggression lead to ...

Longterm bullying at school and in the workplace as adults and elder abuse ... ???



Summary

- Physical aggression and antisocial behaviour occur more frequently in males
- Physical aggression in childhood does not predict future adolescent antisocial behaviour in girls, but it does in boys
- But what about relational aggression ...



Summary

- There are two clear trajectories in the development of aggression:
 - *High level* continuous from preschool to adolescence
 - *Low level* continuous from preschool to adolescence

But, there are also examples of late onset conduct disorders, limited to adolescence

Summary

- Early genetic influences need to be understood in the context of early relationship and social factors
- Aggressive acts must be understood in the complex human context of harmful behaviour and antisocial behaviour

Summary

- To understand typical changes in the development of aggression, we need to analyze differences between individuals
- To understand individual differences, we need to recognize typical development over lifespan

Objectives

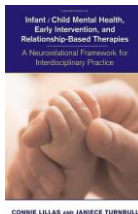
1. To review research regarding aggressive behaviour in early childhood
2. *To understand early aggressive behaviour in the context of adaptive stress responses and toxic stress and four brain systems*
3. To apply evidence based interventions to guide parents to manage aggressive behaviour

The Neurorelational Framework:

Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies
A Neurorelational Framework for Interdisciplinary Practice

Connie Lillas and
Janiece Turnbull

W.W. Norton, New York, 2009



Outline: Part 2

- Description of the Neurorelational Framework
- 3 key concepts
- 3 key steps
- Triggers and Toolkits
- Assessment and Intervention Principles

What is the Neurorelational Framework?

A paradigm shift

- A new way to hold complexity
- A new way to help with decision making and targeting the right timing for interventions
- A clinical translation of neuroscience principles
- We collect the same information and use the same evidence-based interventions BUT organize by the 3 steps of the NRF

What is the Neurorelational Framework?

Evidence-based practice in early childhood:

“a decision-making process that integrates the best available research, evidence with family and professional wisdom and values” Buysee and Wesley, 2006

What is the Neurorelational Framework?

- Encompasses theories & approaches of all disciplines
- Provides relevant core neuroscience knowledge
- Provides “part-to-whole view” for clinicians



What is the Neurorelational Framework?

The NRF supports **integration** of assessments and evidence based interventions across systems of care



What is the Neurorelational Framework?



The brain leads the way ...



3 Key Concepts, 3 Key Steps



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Key Concept 1:

The quality of our relational experiences set up adaptive or toxic stress patterns...



NON TOXIC

TOXIC

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Key Concept 2a:

Early brain networks develop through serve & return experiences.



paa433000014 fotosearch.com

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Key Concept 2b:

The quality of our serve & return experiences set up positive or negative lifelong expectations.



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Key concept 3:

Early brain architecture is built through lived experiences.



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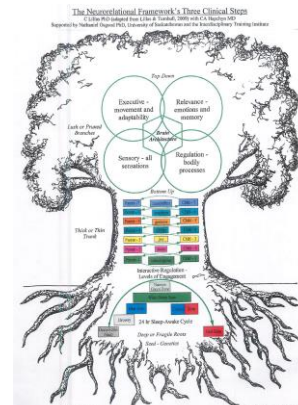


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3 Key Concepts → 3 Key Steps

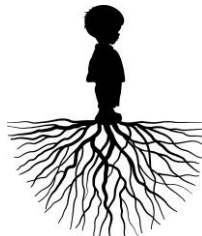
- Adaptive stress is healthy, toxic stress corrupts brain networks
- Positive or negative engagement influences lifelong expectations
- Brain networks develop with experience
- #1 Managing Stress
- #2 Quality of Relationships
- #3 Individual Differences

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Step #1: Adaptive vs Toxic Stress

1

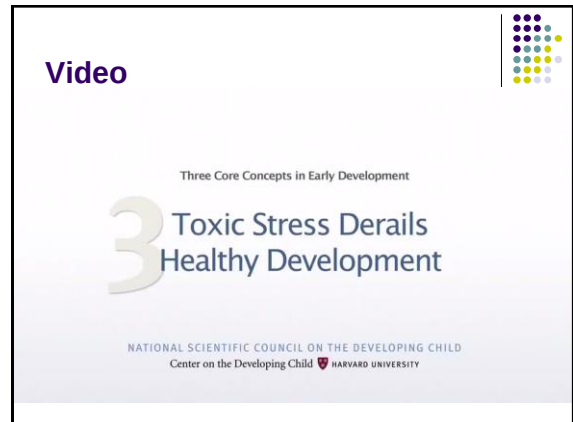


Step #1: The Roots of the Tree

How deep or fragile are the roots?



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Adverse Childhood Experiences Scale (ACE)

ACE List

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Violence between adults in the home
8. Parental separation or divorce
9. Emotional neglect
10. Physical neglect

Resources

- <http://acestudy.org/home>
- <http://www.cavalcadeproductions.com/ace-study.html>
- <http://wicheildrenstrustfund.org/files/WisconsinACEs.pdf>

ACE Score Higher Than 4

Score 4 or more

- Twice as likely to smoke
- Twice as likely to have heart disease
- Twice as likely to be diagnosed with cancer
- Four times as likely to have emphysema or chronic bronchitis
- Six times as likely to have sex before age 15
- Seven times as likely to be alcoholics

Score 4 or more compared to 0

- Twelve times as likely to have attempted suicide

Men with a score of 6 or more compared to 0

- Forty-six times as likely to have injected drugs

Stress Patterns & Associated Health Issues:

Disease does not begin at the onset of symptoms.

In fact, maladaptive stress related conditions are implicated in all of the following:

Toxic Stress Patterns #1 to 3

- Increase in heart attack & hypertension
- Melancholic depression
- Obsessive compulsive disorder
- Panic disorder
- Alcoholism
- Lowered immune system
- Decrease in memory functions
- Diabetes
- Malnutrition
- Hyperthyroidism
- Functional gastrointestinal disease

Toxic Stress Pattern #4

- Allergies
- Asthma
- Autoimmune diseases
- Chronic fatigue syndrome
- Rashes
- Rheumatoid arthritis
- Post Traumatic Stress Disorder

McEwen 2002

The Ripple Effect: Trauma-Informed Shift

- Shift from , “What’s wrong with you?” (bad behavior)
- To a curious and kind attitude, “What happened to you?” J.Foderaro 1991, S. Bloom 1994

Step # 1: How do we identify stress & stress recovery ?



- A. Recognize what stress recovery looks like and who we are at our Best!
- B. Recognize 3 primary stress responses and who we are at our Worst!
- C. Recognize 4 toxic stress patterns

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Step 1A: How do we identify stress recovery ?

Recognize what stress recovery looks like:

- Deep sleep
- Green zone

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Deep sleep is restorative...



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Determining the Quality of Sleep

- Can you get to sleep?
- Can you stay asleep?
- Do you get enough total sleep?
- Do you wake up feeling refreshed?
- Do you wake up feeling tired and cranky?
- Do you snore?



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Green Zone is 'just right'... for learning and relationships

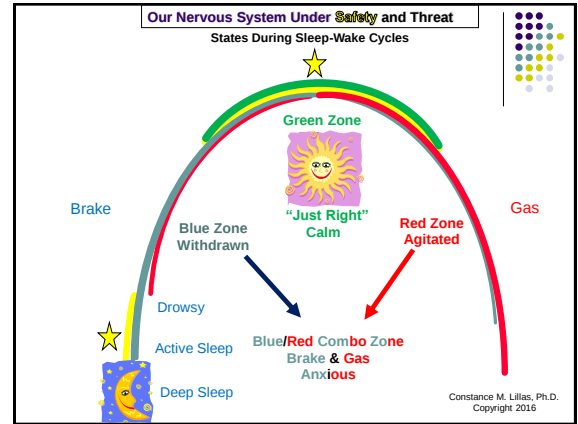
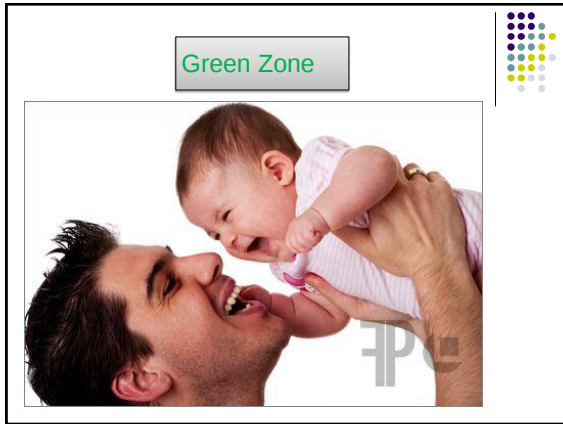


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Green Zone



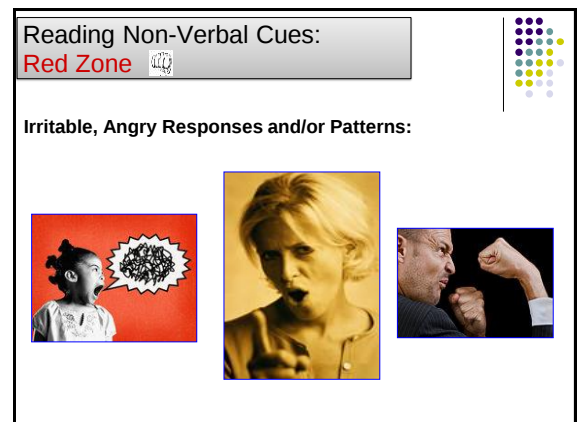
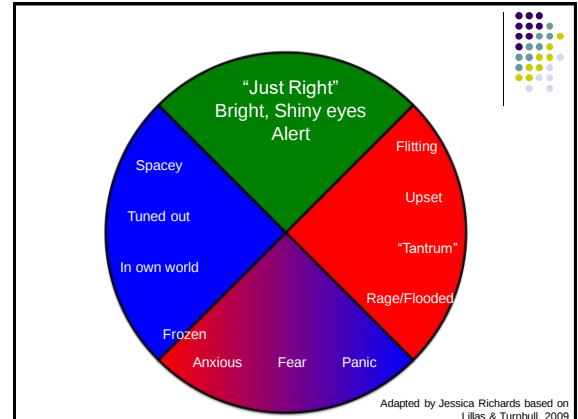
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Step 1B: How do we identify Stress Responses?

Awake States with Stress Responses (Step 2)

State	Signs and Symptoms	Notes
Green Zone	• Eyes: alert, clear, bright • Mouth: open, relaxed • Breathing: steady, rhythmic • Heart rate: normal • Skin: clear, warm, dry • Posture: relaxed, balanced • Movement: smooth, coordinated	• "Just Right" state • Optimal for learning and growth • Associated with the parasympathetic nervous system
Blue Zone	• Eyes: heavy, closed, or looking down • Mouth: closed, or drooping • Breathing: shallow, irregular • Heart rate: slow • Skin: pale, cool, clammy • Posture: slumped, withdrawn • Movement: sluggish, uncoordinated	• "Withdrawn" state • Associated with the parasympathetic nervous system • Often a precursor to the Green Zone
Red Zone	• Eyes: wide, staring, or looking away • Mouth: open, or drooping • Breathing: rapid, shallow • Heart rate: fast • Skin: flushed, hot, clammy • Posture: rigid, tense • Movement: jerky, uncoordinated	• "Agitated" state • Associated with the sympathetic nervous system • Often a precursor to the Green Zone



Red Zone



Reading Non-Verbal Cues:
Blue Zone

A Baby's Shut-Down State



Reading Non-Verbal Cues:
Blue Zone

Shut-Down Responses and/or Patterns:



Blue Zone



Reading Non-Verbal Cues:
Combo Zone

A Baby's Vigilant State:



Combo Zone



Reading Non-Verbal Cues:

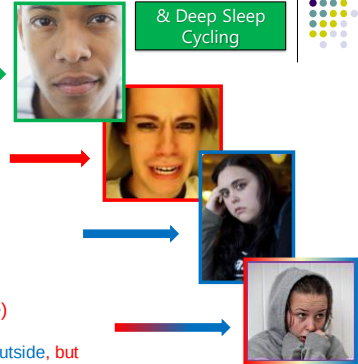
Combo Zone

Vigilant Patterns:



Arousal Zones Across the Lifecycle

- **Green**
 - Calm, alert
- **Red**
 - Hyperarousal
 - Flooded
- **Blue**
 - Hypoarousal
 - Dissociate
- **Combo (red/blue)**
 - Hypervigilant
 - May look calm outside, but anxious inside

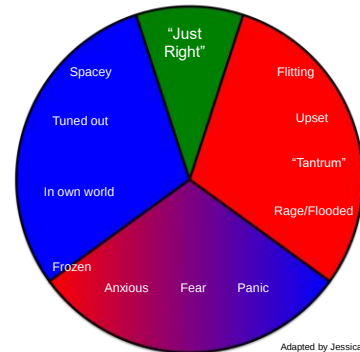


Step 1C:

How do we identify toxic stress?

- Allostatic load = the wear and tear on the body
- Pattern where the rubber band is either too tight or too loose
- Loss of coordination with too much rigidity or too much chaos

UCB, C. Lillas, © 2014



Adapted by Jessica Richards based on Lillas & Turnbull, 2009

Toxic Stress



Four types of toxic stress or over-load:

1. High Frequency: Too fast, too intense, & too often
2. Prolonged Duration: Too long
3. Trouble with Transitions: Cannot adapt
4. Inadequate Recovery: Poor sleep and minimal green zone

B McEwen (2002)

From: Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice, by Lillas and Turnbull, 2009. New York, New York: W.W. Norton

Aggression Triggers

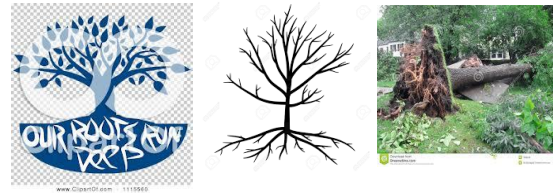
- Factors Influencing Development of Aggression



Step # 1: Aggression Triggers

- A Red Zone stress response may be accompanied by aggression if the duration is long and intensity is severe
- Individual physiological differences in heart rate, cortisol response, and brain electrical activity (EEG)

How Deep are the Roots of the Tree? Deep, Fragile, or Uprooted...



Green Zone Grows!



UCB, C. Lillas, © 2014

www.clipartof.com · 1114313

Step # 2: Levels of Engagement



"serve & return"

How thin or thick is the relational trunk?



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"Couple" = any two people

Parent & child

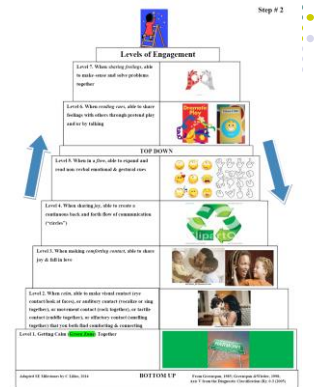


Parent & parent



Step #2

Assess the levels of engagement (dyadic engagement) through socio-emotional milestones



Step #2A:

Recognize "Bottom-up" Levels

Greenspan, 1985, 1992; Greenspan & Lourie, 1981; ZERO TO THREE, 1994, 2005

Bottom-Up (non-verbal capacities)

Level 1 Getting calm (green) together

Level 2 When calm able to make visual, auditory, tactile, movement or olfactory contact that both partners find comforting and connecting

Level 3 When making *comforting contact*, able to share joy & fall in love

Level 4 When sharing *joy*, able to create a continuous back-and-forth flow of communication ("circles")

Level 5 When in a *flow*, able to expand and read non-verbal emotional and gestural cues

SE Milestone Language Adapted by Connie Lillas

"Bottom-Up" Processes

Bottom-up = Any behavior that is...

- Automatic & Habitual
- Things we do without thinking
- Often does not involve the use of words
- Begins at birth
- Dominates the early years
- Not easy to change; can last a lifetime

Step #2B:

Recognize "Top-down" Levels

Top-Down (verbal capacities)

Level 6 When *reading cues*, able to share feelings with others in pretend play and by talking

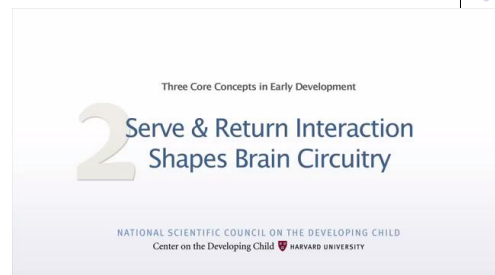
Level 7 When *sharing feelings*, able to make-sense and to solve problems together

"Top-Down" Processes

Top-down = Any behavior that is...

- Conscious & Effortful
- Things we do with thinking
- Often does involve the use of words

Serve and Return



Step #2: Engagement with Others

Positive procedural
memories?



Negative procedural
memories?



Joy Lights up the Tree!



Aggression Triggers

- Factors Influencing Development of Aggression



Step #2: Aggression Triggers

- **Quality of relationships/attachment:**
 - High risk infants with disorganized/disoriented attachment classification at 18 months had severe aggression to peers at age 5 and 7 years
 - For 7 years olds with severe aggression, 83% had D/D attachment and mental development below the mean at 18 months
 - At age 5, only 5% of securely attached children had severe aggression

Lyons-Ruth et al. 1997

Step #2: Aggression Triggers

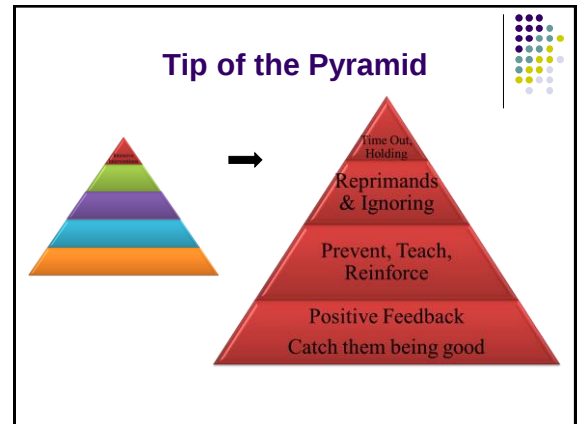
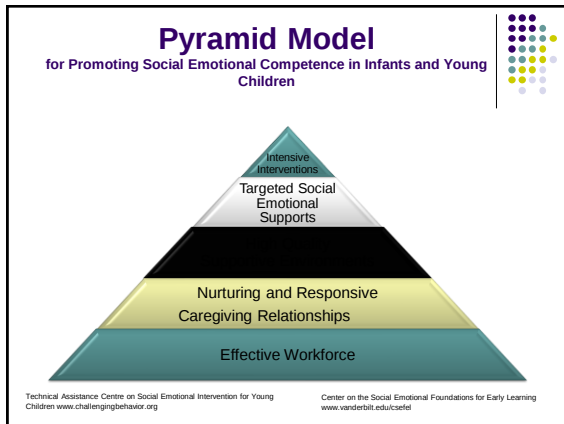
Daycare/Preschool:

- But, for high risk families – daycare resulted in less aggressive behaviour in 2 - 3 year olds, Borge, et.al. 2004
- Quality of daycare/preschool is important – child-staff ratio and staff qualifications



Step #2: Aggression Triggers

- Amount of time spent being cared for by someone other than the mother, "modest but significant effect on externalizing behaviour"
 - What dimensions of childcare foster aggression?
 - Do childcare workers intervene effectively in quarrels between children?
 - Are there effective consequences for aggression?
 - What are the effects of peers?
- NICDH Early childcare Research Network, 2003



Step #2: Aggression Triggers

Peer relationships:

- 5 – 10 % of children are rejected by peers chronically
- Aggressive behaviour may lead to rejection and rejection can exacerbate aggressive behaviour
- 50% of friends of aggressive children are aggressive vs. 12% of friends of non-aggressive children (4 – 5 yr olds)
- Best predictor of aggression between 17 – 42 months: sibling < 2 year age difference (Tremblay et al. 2004)

Boivin, Vitaro & Poulin, 2005



Step #2: Aggression Triggers

Peer relationships:

- Deviancy training: aggressive children's interactions with each other promote more aggressive behaviours; less of a factor in preschool because:
 - Preschool friendships not as stable
 - Preschoolers less rejecting than older kids
 - Aggressive preschoolers respond to adult structure and supervision

Boivin, Vitaro, Poulin, 2005

Step #3: Mapping Individual Differences in Brain Architecture

© Can Stock Photo - csp13519395
http://developingchild.harvard.edu/index.php/resource/multimedia/videos/three_core_concepts

Brain Architecture

Three Core Concepts in Early Development

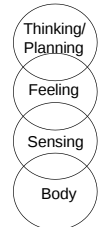
1 Experiences Build Brain Architecture

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY

Step #3 : Assess for Sources of Vulnerability and Resilience Across Four Brain Systems

Guiding Principles

- There is no one-size fits all
- Assess on a "Macro" level the links with service delivery and diagnosis
- Assess on a "Micro" level functional needs that help guide the what is needed
- Distinguish between developmental age and chronological age



Bottom-Up Progression

Functional behaviors representing brain systems

Lillas & Turnbull, © 2009

- Regulation • *when the body is calm inside*
States of Arousal, sleep-awake cycle
- Sensory • *take-in info from the outside world*
Reactions to all sources of sensory information (including vestibular, proprioception, pain, temperature)
- Relevance • *these sensations get organized into an inside world*
Emotions, memories, & meanings
- Executive • *read the context, adapt to the outside world*
Ability to *initiate* and *shift* as well as *inhibit* and *sustain* motor (includes attention) activity and behavior according to the context

Regulation: How does the body feel inside?

The brain system that manages the *inside* world of the *body* tells us if we are:

- thirsty or not thirsty
- hungry or full
- hot or cold
- in pain or comfy
- sick or well

Regulation: How does the body feel inside?

- bladder/bowel is full or empty
- bowel is moving and passing gas
- heart beat is fast or slow, or steady or jerky
- breathing is fast or slow, deep or shallow
- voice is loud or soft
- body is upside down or right side up
- body is moving or still
- muscles are tense or relaxed

Sensory: How does the outside world feel?

- Sensory processing happens when the nervous system receives energy from the environment around us and changes it into sensations like:
 - Hearing sounds
 - Vision
 - Touch – light touch and deep pressure
 - Taste and Smell
 - Awareness of body in space (proprioception)
 - Balance (vestibular)
 - Pain

Sensory:

How does the **outside** world feel?



- Sensory modulation happens when the brain balances sensory signals in an appropriate way.
- Sensory modulation helps us sort out if information coming into our bodies is too much or too little, too long or too short or too fast or too slow.

Relevance:

What meaning is made of emotions?



- Early in development babies are sorting out their inside bodily feelings and outside world sensations to figure out what is important to them and what they will pay attention to over time.
- We develop positive and negative emotions, then we blend emotions and the memories of these emotions help us learn.

Relevance:

What meaning is made of emotions?



- What are my emotions? Happy, sad, angry, disgusted, surprised, afraid?
- How are others feeling?
- Are we feeling the same or different feelings?
- What does this emotion and experience mean to me and what does this mean to you?
- Is this emotion going to motivate me or not? Is it important to me?

Executive:

Adaptation to the **outside** world



- The executive system integrates information from all the other systems.
- **It depends on the quality of information it receives from the rest of the brain and body.**
- All this work happens to make sure we achieve our goals and have appropriate social behaviours.
- This part of the brain takes the longest to develop (early twenties).

Executive:

Adaptation to the **outside** world



- The executive system in the brain is like the *air traffic control* centre at a busy airport. It makes real-time, real-world flexible and adaptive actions; what to do, how to do it and when to do it.
- The executive system guides our bodies through complex movements, focuses our attention, organizes our ideas, creates interesting ideas, and manages our emotions.

Step #3: Organizing Individual Differences



How strong or weak are the branches of the tree?

- Assess for Individual Differences & Multiple Causes
- Map out all of the needs across systems of care on a “macro” level
- Map out the individual differences from each brain system on a “micro” level

Step #3

- What are the resilience and protective factors?
- What are the risk factors and needs?

Tools:

- History Worksheets
- Triggers and Toolkits Worksheet

BRAIN SYSTEMS: STRESS TRIGGERS AND RECOVERY TOOLKITS

Age: _____

STRESS TRIGGERS		RECOVERY TOOLKITS	
Body (Engagement)	Engagement (Mind)	Engagement (Mind)	Engagement (Mind)
Feelings (Engagement)	Feelings (Engagement)	Feelings (Engagement)	Feelings (Engagement)
Thoughts/Planning (Engagement)	Thoughts/Planning (Engagement)	Thoughts/Planning (Engagement)	Thoughts/Planning (Engagement)

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What Are Your Triggers?

4 Trigger Points:

- Body
- Sensing
- Feeling
- Thinking/Planning



What Are Your Toolkits?

4 Prevention/Recovery Toolkits:

- Body
- Sensing
- Feeling
- Thinking/Planning



Co-Regulation



**Put Your Oxygen
Mask on First,
Then Help Others**

Aggression Triggers

- Factors Influencing Development of Aggression



Regulation Triggers

- Genetics – discussed previously
- **Prenatal Insults**
- Neuromodulators
- Hormones
- **Health factors**

Prenatal Insults

- Toxins:
 - Cocaine, other drugs
 - Alcohol
 - Marijuana
 - Cigarettes
- Malnutrition, low iron
- Frontal lobe lesions

Physical Health Factors

- Sleep
- Diet/Nutrition
- Constipation
- Pain
- Illness

Sensory Triggers

- Mismatch of sensory preference vs triggers
- Sensory triggers are irritating and provoke stress responses

Threat lies in the senses of the beholder.



Relevance Triggers

- Child's mental health challenges
- Parental mental health challenges
- Parental behaviours
- Family dysfunction
- Village dysfunction

Step #3: Aggression Triggers

Child's mental health challenges:

- Aggression is a symptom across diagnoses
- Aggression is associated with stress responses
- Common with ADHD, Tourette's, ASD, OCD ...

Step #3: Aggression Triggers

Parental mental health challenges

- Maternal depression
- Mechanism? Lowered maternal responsiveness and increased irritability

Hay, 2005



Step #3: Aggression Triggers

Parental behaviours:

- Maltreatment
- Coercive parenting: harsh, punitive discipline, controlling, and lack of affectionate behaviour
- Mother's history of antisocial behaviour in adolescence
- Young maternal age

Tremblay et al. 2004

Step #3: Aggression Triggers

Family Violence/Dysfunction:

- Angry & blames mother for suffering
- Reenacts aggressive scenes
- Identifies with perpetrators of violence (mother or father)
- Over-attribution of hostile intent of others
- "Aggression works"
- Defensive response to fear and vulnerability

Lieberman and Van Horn, 2005

Executive Triggers

- Executive functioning/learning factors
- Language delays/disorder
- Lack of environmental stimulation for early executive functioning
- Expectations for executive functioning inappropriate

Executive Triggers

Lack of environmental supports for early executive functioning:

- Poor support for transitions
- Lack of structure/routines
- Lack of opportunity for pretend play
- Lack of opportunity for play fighting

Factors: Village

- Poverty/disadvantaged neighbourhoods
- Poor social cohesion/ lack of supportive networks
- Urban
- Cultural variables
- Child welfare system – are there enough social supports available to families???



Conclusion



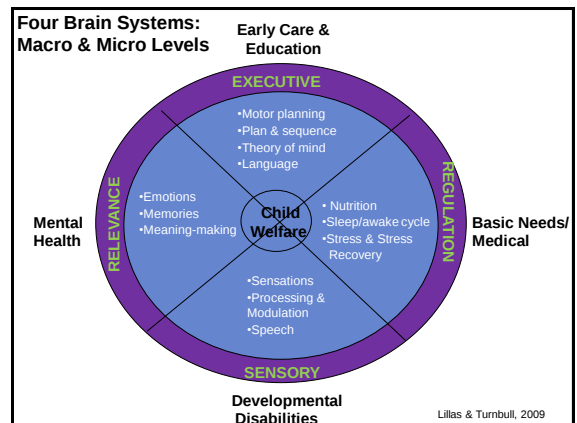
NRF Guiding Principles

Assessment is Intervention and Intervention is Assessment

- The NRF is both an Assessment and an Intervention Process
- The NRF can be used both sequentially and non-sequentially

NRF Guiding Principles Step #1

- ***Always start at the earliest point in the breakdown.***
- This principle applies to all 3 steps. Step #1 is the first Level of Engagement and the first Brain System - Regulation.
- ***You can't solve bottom up problems with top down solutions!***



Objectives

1. To review research regarding aggressive behaviour in early childhood
2. To understand early aggressive behaviour in the context of adaptive stress responses and toxic stress and four brain systems
3. *To apply evidence based interventions to guide parents to manage aggressive behaviour*

Outline: Part 3

Strategies for Preventing Aggression

Interventions

Case Study



In our culture, we are taught...

- Challenging behaviors = compliance and non-compliance
- Solved using **rewards** and **punishments**
- Often blame parents

Compliance vs Non-Compliance



Intervention: Educate Caregivers / Parents

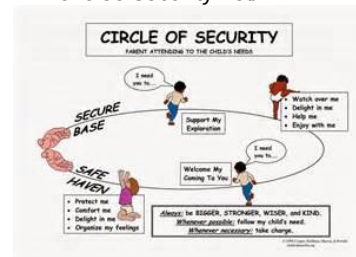
- Meltdowns or aggression are the middle or end of a child's story... not the beginning
- Risks of focusing on the aggression



Strategies for Preventing Aggression in Young Children

- Circle of Security – follow your child's need

<http://www.circleofsecurity.net/>



**Always: be BIGGER,
STRONGER, WISER,
and KIND.**

**Whenever possible:
follow my
child's need.**

**Whenever necessary:
take charge.**

Strategies for Preventing Aggression in Young Children

- Circle of Security
 - Shark Music
 - Being With

Intervention: Educate Caregivers / Parents

1. Caregiver / Parent Detectives
2. Search for Triggers
3. Build a Toolkit



Intervention: Caregiver / Parent Detectives

Anger = a primary emotion but it is also often an emotion secondary to another

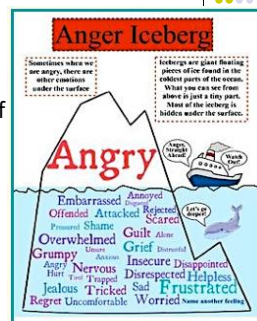
Detective roles – “What is under your child's anger?”



Anger Iceberg

Other feelings:

- low self-esteem, fear of failure, or feelings of isolation
- anxiety - no control over the situation
- sadness



Intervention: Search for Triggers



<http://www.positivehealth.com/img/image-article/issue%20159/Articles/anger%20triggers.jpg>

Intervention: Build a Toolkit

- After identifying triggers, build a toolkit filled with tools, strategies, items that help to prevent aggression for the child and also regulate the child when triggered.
 - Body / Sensory / Feelings / Thinking



What are some strategies and tools you currently use to prevent aggression and help children regulate after they have been triggered?

Strategies for Preventing Aggression in Young Children

Regulation (Body):

- Physical Activity
- Prevent health triggers
- Minimize rough play at home and in community

Strategies for Preventing Aggression in Young Children

Relevance (feelings) and Sensory:

- Bottom up strategies:
- Model and Practice expressing strong feelings (when in green zone):
 - * yell into a pillow * punch a pillow * throwing bean bags into a garbage can * push playdough * skip, run or walk * scribble or draw their anger * play in water * blow bubbles * dance * listen to music * other sensory motor expressions of feelings * heavy work

Strategies for Preventing Aggression in Young Children

Top Down Relevance Strategies:

- Normalize anger & validate feelings
- Label! Give children words to express themselves
- Avoid aggressive toys if aggression an issue (i.e., swords, guns, etc.)
- Modeling and coaching
 - Teach children emotion awareness

Strategies for Preventing Aggression in Young Children

Executive strategies:

- Support problem solving skills
- Role play options for conflict resolution
- Provide coaching in the moment
- Social Stories
- Books
- Visuals
- Games

Adults Responding to Children's Aggression

- Maintain green zone = CALM
- Utilize bottom up strategies to calm the child with a time in
 - Never ignore aggression
 - Be firm but gentle

Time In versus Time Out

- Time In
- Time Out



Challenge Your Community's Assumptions!

"Non-compliant" behaviors emerge from:

- Stress responses -Threat or Challenge is too great
- Differences between chronological age and developmental age
- Need for Safety, which comes through relationships
- Provide Trauma Informed Care

Challenge Your Community's Assumptions!

Children need co-regulation & scaffolding

- Calm the child's body and mind through your relationship
- **Connect before you correct!**
- Use Pyramid Model, PTR and COS strategies

Sam is a 32 month-old boy who was referred to your clinic by his family physician, Dr. Shell, for issues related to aggression. Sam lives with his biological parents, Mike and Cindy and his 6 month-old sister, Beth. Both of Sam's parents reported that his tantrums and aggressive behaviours have escalated over the past year and they are struggling to parent him.

With regard to the tantrums, Cindy stated that Sam exhibits several explosive tantrums daily that appear to be unprovoked. He will throw things, hit, kick and spit at his parents. In addition, Sam has started pinching and poking at his sister. The family has a dog, Rascal, and Sam is also quite physically rough with him.

Mike reported that they find it quite difficult to understand Sam when he speaks which can be quite frustrating for Sam. Cindy stated that Sam's child care centre has reported minor aggression at the centre, but when Sam arrives home, he becomes very dysregulated and often escalates. Mike and Cindy both reported that evenings can be very challenging for the family and it tends to take a long time to settle Sam at bedtime. Sam often does not fall asleep until after 9:30pm and his parents wake him to take him to his child care at 6:30am. His parents report that Sam will often wake up multiple times a night but he can typically fall back asleep within 10 to 15 minutes. Sam no longer naps during the day.

At Sam's recent check-up with Dr. Shell, Cindy voiced concerns with Sam being constipated and somewhat a "picky eater". Otherwise, Cindy reported that Sam is in good health.

Children's Books About Anger and Other Feelings

- The Way I Feel by Cain, Janan.
- Growl Bear by Austin, Martot.
- I Was So Mad by Erickson, Karen.
- Alexander and the terrible, horrible, no good, very bad day by Viorst, Judith
- Sometimes I Get Angry by Watson, Jane Werner.
- When Sophie Gets Angry by Molly, Bang
- When I Feel Angry by Corneila Maude Spelman
- How to Take the GRRRR Out of Anger by Elizabeth Verdick & Marjorie Lisovskis
- Angry Octopus by Lori Lite
- Hands are Not for Hitting by Martine Agassi
- Teeth are Not for Biting by Elizabeth Verdick

Parenting Books:

- The Explosive Child by Ross Greene
- The Out of Sync Child by [Carol Kranowitz](#)
- How to Talk so Kids Will Listen & Listen so Kids Will Talk by [Adele Faber](#), [Elaine Mazlish](#)
- The Whole Brain Child by Dan Siegel

Resources and Websites for Therapists

- A Volcano in my Tummy by Eliane Whitehouse
- Seeing Red by Jennifer Simmons
- Emotions Postcards
<https://shop.growinghandsonkids.com/product/emotions-postcards-full-set/ref/22/>
- Feeling Stones (homemade)
- Feeling faces in mirrors
- Guess the Emotion
- Make a regulation toolkit with the child

Questions and Comments

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- www.frameworksinstitute.org
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- www.developingchild.harvard.edu
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- Lieberman, AF & Van Horn, P. Don't Hit My Mommy! Washington, DC, Zero to Three Press, 2005.
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- Sumner, G. & Speitz, A. (1994) NCAST Caregiver/Parent Interaction Teaching Manual. Seattle: NCAST Publications, University of Washington, School of Nursing.

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- McMahon and Forehand. Helping the Noncompliant Child. New York, Guilford Press, 2003.
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Finding Your ACE Score While you were growing up, during your first 18 years of life:

1. Emotional Abuse: Did a parent or other adult in the household often or very often ... Swear at you, insult you, put you down, or humiliate you? ...or Act in a way that made you afraid that you might be physically hurt?	Yes No	If yes enter 1
2. Physical Abuse: Did a parent or other adult in the household often or very often ... Push, grab, slap, or throw something at you? ...or Ever hit you so hard that you had marks or were injured?	Yes No	If yes enter 1
3. Sexual Abuse: Did an adult or person at least 5 years older than you ever ... Touch or fondle you or have you touch their body in a sexual way? ...or Attempt or actually have oral, anal, or vaginal intercourse with you?	Yes No	If yes enter 1
4. Emotional Neglect: Did you often or very often feel that ... No one in your family loved you or thought you were important or special? ...or Your family didn't look out for each other, feel close to each other, or support each other?	Yes No	If yes enter 1
5. Physical Neglect: Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes No	Yes No	If yes, enter 1
6. Parental Separation: Were your parents ever separated or divorced?	Yes No	If yes enter 1
7. Caretakers – Inter Partner Violence: Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Ever repeatedly hit at least a few minutes or threatened with a gun or knife?	Yes No	If yes enter 1
8. Alcoholism: Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	Yes No	If yes enter 1
9. Mental illness: Was a household member depressed or mentally ill, or did a household member attempt suicide?	Yes No	If yes enter 1
10. Prison: Did a household member go to prison?	Yes No	If yes enter 1
Now add up your "Yes" answers:		This is your ACE Score. 164

Adverse Childhood Experience Study, Felitti et al.