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Introduction

" . . . part of my plan has been to try to pleasantly remind adults of what they once were themselves, and of what they felt and thought and talked, and what queer enterprises they sometimes engaged in."

Mark Twain

Preface to *The Adventures of Tom Sawyer*

I spend a lot of time talking about behavior. Usually I talk about the behavior of other people, since my own behavior is occasionally a source of embarrassment to people, and by "people" I am referring mainly to my spouse. When I was trying to decide what I wanted to do with my life, I found myself continuously leaning toward working with children, for several reasons:

- Kids have fun.
- Kids have candy.
- Kids have toys (see the first bullet point).
- I have a driver's license, so I automatically qualify as "cool," which is a character trait I am unlikely to achieve through merit.
- There really isn't the demand that you would think there would be for lighthouse keepers, despite that misleading song, so I had to scratch that one from my list.

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One thing that I did not count on when deciding on my career was that adults seem to get really stressed about kids. So even if a kid, let's call him Peanut, since that is the perfect kid name—even if Peanut is thinking that his life is moving along swimmingly, there is almost certainly an adult somewhere that thinks Peanut needs some form of mental health treatment. I think that those of us who are parents *really* want to do what is best for our kids, and those of us that decide to work with kids really want to do good things for kids, *but you'd better* get over the candy idea because they are so not going to share.

So people, as a result of sincere concern, I think, get really serious about children. Often I interact with adults who seem to think every behavioral quirk they see in a child is a sign of deep psychological distress. Sometimes, when I'm listening to adults talking about children, I feel like I'm being blown, page by page, Holden-Caulfield-in-*The-Catcher-in-the-Rye*-style through the process of trying to help a kid, sort of like Pooh kept getting blown, page by windy page, through *The Blustery Day*, with the following major differences:

- Pooh seems to be having more fun than Holden;
- Animals speak with Pooh, and it doesn't surprise Pooh at all; and
- I am, unlike Pooh, wearing trousers.

It's good to be concerned about children and to desire the best for them. I am not certain that you must scowl in order to achieve the best outcome, though. In fact, scowling might be counterproductive. The good news about children and their behavior is that the majority of behavioral issues they develop that are inconsistent with the boundaries adults have deemed appropriate are amenable to change using simple techniques. In fact, you can do these things and never, ever frown. In fact, it probably works better if you don't frown. It will be absolutely unnecessary to wear a facial expression that would communicate to passersby that you are suffering terribly from a painful carpet burn. However, even though the majority of behavioral issues seen in children will respond very favorably

to simple techniques that anyone can use effectively, sometimes kids with behavioral problems may require additional help (and this is my serious face). Some of the warning signs that children may need specialized help include:

- A child is unable to effectively function in a setting in which other kids seem to typically function well.
- A child is socially isolated, and either seems uninterested in or incapable of developing relationships with other children of the same age.
- A child has experienced something significantly outside the typical experiences of same-aged peers, such as being maltreated physically or sexually.
- A child is physically and unpredictably violent with peers, despite repeated, clear, age-appropriate attempts to teach expected behavior.
- A child is physically aggressive toward adults, particularly adults usually seen as authority figures, despite repeated, clear, age-appropriate attempts to teach expected behavior.
- A child runs away from supervising adults, despite repeated, clear, age-appropriate attempts to teach expected behavior.
- A child does things that cause pain to animals despite repeated, clear, age-appropriate attempts to teach expected behavior.
- A child shows a high degree of interest in fire.
- A child talks about or engages in intentionally hurting herself or other people.
- A child clearly regresses from some prior level of performance.
- A child engages in actions that compromise her safety or the safety of others, despite repeated, clear, age-appropriate attempts to teach expected behavior.

None of these if observed, is diagnostic. In other words, their occurrence does not tell you that a child has a severe mental health problem. However, these are warning signs that

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warrant at least getting a professional opinion. When concerns arise, it's also a good idea to consult a physician, because a lot of symptoms that look like they are the result of a mental health issue are actually the result of physical problems that need medical intervention.

Finally, if you are working with a child and you develop concerns that her behavior is really atypical, even if you can't quite put your finger on the nature of your concern, it's best to err on the side of caution. Consult a physician, a psychologist, a social worker, or some other professional with enough expertise in working with children to offer a credible second opinion, and a medical checkup is always a wise precaution.

Having made those stipulations, I can confidently say that the exceptions listed above are *not the most common issues seen in childhood*. Most of the behaviors that children develop that are disruptive, problematic, aggravating, or inconvenient will respond to good behavior support strategies. In fact, even a child who has a diagnosable mental health problem is likely to be helped by the techniques described in this book. So now we can take a deep breath and wipe off the serious face.

This book takes a lighthearted (and hopefully, on occasion, humorous) approach to discussing some of the simple approaches and principles that anyone who interacts with children can use to increase the odds that kids will behave in ways we want. And it is important to wrap your head around that idea—we can increase the odds of seeing the behaviors we prefer, but there are no guarantees when it comes to human behavior.

The chapters are short and readable. The strategies therein are based on sound research, and assume that most behavioral issues we see in children result from:

- Skill deficits—things that a child doesn't know or understand, though we might mistakenly assume he *does* understand, and/or
- The undesirable behavior occurs because it *works* for a child in some way or in some setting—even if the behavior doesn't work so well in *our* setting (like a school). So, what this means in a nutshell is that

- Severe mental illness is not usually the culprit, and simple techniques can help in almost all cases.

For those of you who like to “cut to the chase,” important points from each chapter are summarized under the heading Points to Remember, listed at the end of each chapter. Suggested readings, for those interested in additional or related study, are also provided at the end of each chapter. With those thoughts in mind, I invite you to consider the issues presented, chuckle on occasion, and either begin the process of understanding children’s behavior or pat yourself on the back for already being able to do so.

POINTS TO REMEMBER

- Most behavioral concerns seen in children are responsive to basic management strategies.
- The goal of this book is to help with common behavior management questions and issues.
- I hope this book is occasionally humorous, but never offensive.
- Some students have needs beyond the scope of this book.

The reader who is interested in reading about issues beyond those covered in this book is referred to:

Dogra, N., Parkin, A., Gale, F., & Frake, C. (2002). A multi-disciplinary handbook of child and adolescent mental health for frontline professionals. London: Jessica Kingley.

Or to my own personal favorite:

Waller, R. J. (Ed.). (2006). *Fostering child and adolescent mental health in the classroom*. Thousand Oaks, CA: Sage.