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Disruptive Behaviour Disorders ~ Some implications for the child care community

by David Hawkins-Clarke, MA CCC

Even kindergarten kids are out of control. This statement attributed to Diane Gillett, president of the New Brunswick Teachers Association, appeared in a recent newspaper article. She says teachers regard discipline as their No. 1 concern, and went on to relate a typical incident. "The teacher asked the kindergarten students to come in, recess was over. This one little boy said 'No, I won't go in.' So she went over to take him by the hand to bring him in and he kicked and punched her."

Without much doubt, most early childhood educators and child care administrators recognize this kind of scene from their own experience. The child care community knows full well that significant acting-out behaviours are not uncommon well before school age. To go a step further, looking at the literature that is starting to accumulate on aggressive preschoolers several things are becoming clear: their numbers are on the rise and their developmental pathways do not bode well for productive futures.

Here in Nova Scotia, some 10 years ago, a large-scale survey of children up to five years of age in child care centres was carried out by Mount Saint Vincent University researchers. The results were disturbing. Teachers identified a full 1/3 of the population as special needs or suspected as having special needs, including aggressive behaviours. They also reported only 3% of the children with diagnosed special needs were (Canning & Lyon, 1989).

In terms of developmental trajectories it is starting to appear that the primary pathway for serious conduct disorders in adolescence and adulthood is set in the preschool period. It is suggested this begins with the emergence of oppositional disorders in children as young as 3 and perhaps even 2, progressing to aggressive and non-aggressive symptoms of conduct disorders, and then to the most serious symptoms by adolescence (Caspi, Dickson, Silva, & Stanton,1996). There appears to be a progression in what Moffitt (1993) has described as "over the years, slowly and insidiously constructing an antisocial personality".

What is a disruptive behaviour disorder?

What differentiates disruptive behaviour disorders from the normal developmental changes in young children? There is no simple answer to that question. Studies indicate that parents and teachers are likely to complain about a range of acting-out behaviours including over activity, inattention, aggression toward peers and management problems (Campbell, 1994). However, it is not simply the presence of certain behaviours but rather their pervasiveness and age-inappropriateness. Commonly, mental health professionals include measures of frequency, intensity and duration of behaviours to help make a clinical judgment as to whether a child's behaviours warrant a diagnosis as a disorder. This process is often aided by the use of standardized tests to provide measures of age-inappropriateness. Perhaps the aggressive incident described at the beginning of this article might be considered as unusual behaviour for this child and as such not an indicator of emerging problems but rather a short-lived manifestation of stress. However, if this aggression is pervasive and typical of his interactions with adults and other children and on-going for at least 6 months then it may indicate a disorder. In order to get a sense of this elusive "how much is too much?", try taking the following test before you read further.

How much is too much?

Stop for a moment, imagine a preschool child you have dealt with in the past who had conduct and self-control problems for at least a 6 month period. Get that child in your minds eye, circle the following statements which you feel are true, then count the number you circled and go back to reading this article where you left off.

- often lost their temper
- often argued with adults
- often actively defied or refused to comply with adults requests or rules
- often deliberately annoyed people
- often blamed others for his/her mistakes or misbehaviour
- was often touchy or easily annoyed by others

- was often angry and resentful
- was often spiteful or vindictive

What is the significance of a diagnosis?

If you circled four or more statements on the test the child you had in mind might well have a disruptive behaviour disorder. Although some may feel that diagnosing children is a mechanistic and dehumanizing practice that merely results in unnecessary labeling there can be advantages to diagnosing these disorders:

• Signals that the child and family need help immediately. Not only is there a good chance the current level of conflict and distress that you are witnessing in the centre and/or the parent reports in the home will continue, but it is also likely to increase placing the child at high risk for serious future conduct problems as noted earlier.

• Signals that this is likely a mental health issue requiring interventions focusing at least initially in the home environment. Parenting interactions are the most well-researched and thought to be the most important proximal cause of conduct problems (Kendziora & O'Leary, 1993).

• Access to services may actually hinge on the awarding or withholding of a diagnosis.

• Defines behaviours which are unlikely to have been caused by the child care environment and conversely unlikely to be substantially impacted by changes to centre curriculum or staff practices.

• Differentiates between cases which will probably require comprehensive and specialized interventions involving the parents and home environment and those where changes to staff practices and/or programming within the centre could be helpful.

What can be done currently?

• Referral for mental health services. Generally speaking, outside of families who can afford to pay for private practice assistance, services can not usually be obtained in a timely manner (e.g.. in Cape Breton the current wait for families seeking help is well over a year). In other parts of Canada the child care community includes mental health professionals working as full time support ,staff in a similar role to school psychologists.

• No doubt partly due to this scarcity of mental health services, medication is being increasingly utilized for a range of preschooler conduct problems including oppositional and defiant behaviours. This practice is controversial and theconsensus among investigators seems to be that drug therapy for children should be used with extreme caution, and only with those children or whom other alternatives simply do not work(Carson & Butcher, 1992).

• Kick children out. Centres are highly reluctant to take this step knowing there are often few other resources for families. However, the all too likely result of including children with disruptive behaviour disorders is to increase staff stress and affect morale. It appears that challenging behaviours' are the most problematic inclusion issue in Canadian child care after specialized health related issues. A significant number of EEC's across the country feel that children who are uncontrollably aggressive should be excluded (Hope-Irwin, 1997).

The Children's REST Program

Given a lack of timely services and resources many child care administrators may feel quite frustrated with regard to finding ways to include children with disruptive behaviour disorders. One possible approach to this problem is The Children's Relationship and Emotional Skills Training Program (R.E.S.T.). The Children's R.E.S.T. Program is currently being piloted here in Halifax, sponsored by the Council for the Family and coordinated by this author. This project is testing the feasibility of training selected early childhood educators to work with the parents of these children to remove the symptoms and bring the child's behaviour and compliance within the range considered normal for preschoolers. This requires strengthening the parent-child relationship and building the child's self-esteem and socio-emotional skills including self-control. As part of the project, participants are also being taught to carry out initial screening for disruptive behaviour disorders. The training also has the added advantage of being helpful to children who exhibit internalizing symptoms, such as pronounced withdrawal or depression. The project is to be completed and evaluated by this summer. The results so far look promising and several centres involved in this pilot are seriously interested in looking at incorporating these skills as part of their regular programming.

This author will be presenting the preliminary results from this pilot study here in Halifax at the XI National Child & Youth Care Conference in May. Then as part of the Child Care Connections workshop series for administrators this Fall the final results from the pilot will be presented along with further discussion of some of the issues disruptive behaviour disorders present for the child care community.

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