

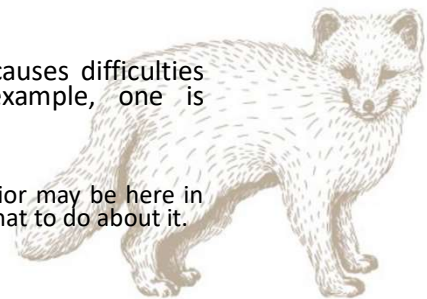


1

Why talking about it?

- We all behave in a certain way. It depends how we are, how we feel. For children and adolescents it varies also depending of their age.
- Children or youth may act in a way that disturbs their life or others. We have to understand what makes them doing this.
- The behavior is what we see. It is **external** (compared to internal: what is feeling inside)
- We talk about an externalized problem when a behavior causes difficulties (we talk about an internalized problem when, for example, one is experiencing feeling nervous or sad inside).

Today's topic aims at discussing together what a problematic behavior may be here in Nunavik, trying to understand why it happens, and getting ideas of what to do about it.



2

Behavior: Suna una inuttitut?

3

In Nunavik, what kind of behavior are
considered difficult/problematic for a child?
for youth?

4

Problematic behaviors often mentioned in children

Liu, S. & al., 2014 ; Roskam, I, 2016

- Agitation
- Aggressivity
- Desobedience
- Provocation
- Opposition
- Impulsivity
- Emotional instability (anger, not tolerating frustration...)

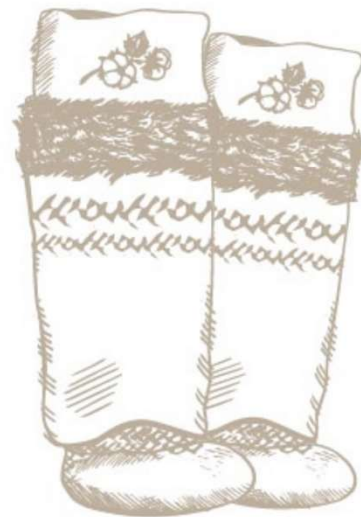


5

Common behaviors also to consider for youth

Liu, S. & al., 2014 ; Roskam, I, 2016

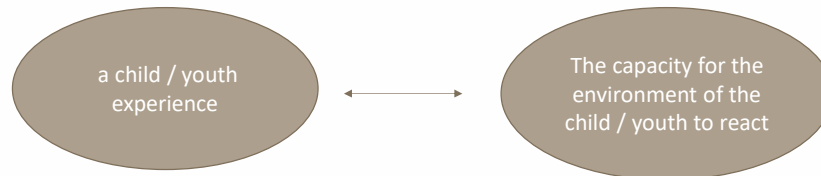
- Running away
- Self-harm
- Threats (e.g., suicidal threats)
- Defiance



6

Why is the child / youth behaving this way?

- The interaction between a person's experience given this person's capacities/emotions/coping mechanisms, and one's environment's capacities to react / adapt.



Is it a difficulty to adapt to family life, social life, life at school, affective life (at the individual level)?

OR

a symptom of the system not functioning around the child/youth, who would then show by one's behavior that something is wrong?

7

Risk factors

Liu, S. & al., 2014

- **Biological**
 - Intellectual disabilities – children with intellectual disabilities are twice as likely to have behavioural disorders.
 - Learning disabilities
 - Language disability (if it is difficult to have words, you may feel frustrated and agitated)
 - ADHD
 - Medical issues
- **Psychological**
 - Anxiety, depression, family history of mental health problems
 - Attachment issues
 - Traumatic issues
- **Social and environmental**
 - Break-up / bullying
 - Family life – Behavioural disorders are likely to occur in environments where there are family difficulties (e.g., domestic violence, parent going away, substance abuse, etc.)
 - Important stress in their life (e.g., placement, mortality, relocation, uncertainty about the future, etc.)

8

Being a child

Irwin & al., 2007

- Period when development is a highly interactive process;
- Important period of learning skills: social, motor, **communicative**, emotional, etc.;
- Learning how to make friends and interact with the environment;
- Positive self-concept continues to develop with successful experiences;
- Experimental and exploratory behaviors are a common part of development: Children often try out some new behaviors just to see how it feels or to imitate a friend;
- Inner control (consciousness) is being formed.

Even infants and young children are adversely affected when significant stresses threaten their family and caregiving environments.

9

Being a youth

Coslin, 2017

- Period of self-determination
- Aiming towards autonomy
- Friends are very important
- Stressful period: many changes (physical, emotional), new responsibilities, new experiences

Now, imagine going through that phase with weak and shaky foundations (attachment, trust, self-confidence, etc.) or if you are at the rehab center...

10

What do you think makes children / youth
in Nunavik showing difficult/ at risk
behaviors?

11

What are behavioural disorders vs. behavioural issues?

American Psychiatric Association. (2015).

Behavioural disorder

- Lack of consistent operational definition;
- Clinically significant behavioral or psychological syndrome or pattern in an individual;
- Associated with significant distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning);
- Has a minimum duration of 6 to 12 months;
- Is not solely the result of social deviance or conflicts with society;
- It is important to consider the cultural aspect of “normality”.

Oppositional Defiant
Disorder

Conduct Disorder

Attention Deficit
Hyperactivity Disorder
(ADHD)

12

What are behavioural disorders vs. behavioural issues?

Horwitz AV, Wakefield JC, 2007

Behavioural issue

- An inadequate way of seeking autonomy and attention without the criteria of a behavioral disorder.

It is normal for children and youth to have acting out behaviors from time to time.

It is also normal for children and youth to have more acting out behaviors than usual during certain periods of time.

Preschool-aged children and teens in particular may seem keen to disobey or talk back.

13

Where is it a problem ? (who thinks it is a problem?)

- At home?
- At school?
- With peers?
- In the community?
- At the nursing?
- At social services / DYP?
- With adults?

Norms about behaviors vary from one society to another and from one environment to another.

Usually, a behavioral disorder will be observed in different settings.

14

Being cautious about words

- We need to be careful when we talk about behavioral disorders or issues, particularly with youth.
 - We don't want to stigmatize them, especially with diagnoses
 - Why do we want a diagnosis?
 - Will the diagnosis help treat youth differently?
 - What messages do we send them?
 - What is normal vs. what is not normal.
 - Behavioural outbursts can be normal: it's a way to express themselves.



15

How to intervene

First, try to understand why the behaviour is happening now.

Talk to the child / youth, talk to the parents (or someone in that role), and with others caregivers (*if the family agrees*).

And work on the cause.

16



How to intervene

- **Don't pay too much attention to negative and defiant behavior.**
 - Stay calm;
 - Try to associate the behaviour with emotions and feelings.
- **Explain your intervention and its meaning.**
- **Voice your concern.**
 - E.g., "If we ask you questions about your AWOL, it's because we're worried that you could get hurt."
- **Be present: Reassure them that no matter what they do, you are there.**
 - They will test you.

17

How to intervene With children

- Don't set too many rules - focus on the most important ones and work with the youth to establish those rules;
- Provide choices to give them a sense of control;
- Maintain a regular routine;
- Take a break when you start to get angry - this also teaches the child a more positive way to deal with frustration and anger;
- Set reasonable limits and make sure the consequences are the same every time and are related to their actions;
- Congratulate good behaviors like flexibility and cooperation.

Always try to work
in collaboration
with the
environment
(family)

18

How to intervene

Aggressivity and bullying behaviors in children

Willson & Lipsey, 2011

There are many theories as to what causes hostile and aggressive behavior in children: modeling, low self-esteem, peer pressure, poor social skills, etc.

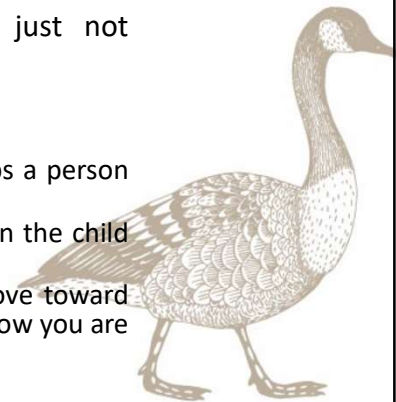
- **Identify and reduce causes of stress that trigger outbursts.**
 - Understanding the “how” and “why” of outbursts to find positive solutions. Although problem behavior may seem like a sudden burst of feelings for no apparent reason, there are often patterns and some “lead up” time before the incident occurs. **Document the behavior. See if any patterns emerge about what is different on “good” days and “hard” days. Does anything stand out?**
- **Children need to know that we care about them and that we are there**
 - At school and at home, give the child some friendly attention each day. Give the child the opportunity to talk about feelings and provide positive reinforcement. You can give special responsibilities. This will show that even if you do not appreciate his or her behavior, you do see him or her as a worthy and capable individual.

19

How to intervene

Aggressivity and bullying behaviors in children

- **Use positive reinforcement (Token economies).**
- **Role-playing and modeling: helps the child learn new way to express anger and sadness.**
 - Remember: These emotions are normal! They are just not expressed properly.
- **If the child is in crisis:**
 - Stay calm and composed. Acting in this manner actually helps a person stay calm;
 - Be assertive and directive but not aggressive. Do not threaten the child verbally or physically;
 - Be as non-intrusive and non-invasive as possible. Do not move toward the child or invade his space, but talk to the child to let him know you are there and that he is safe.



20

How to intervene Aggressivity and bullying behaviors in children

When the aggressivity is recurrent: Make a plan with the child and the parents (or caregivers)

- Make a list with him to help recognize the signs of an outburst. (ie: heatwave, butterflies in the stomach, ringing in the hear, etc.);
- If possible, find a safe place for him to express his "overflow";
- Once calm, Identify and reduce the causes of stress that trigger outbursts;
- Help him find alternative behaviours to cope with the negative emotions.

Do you have examples of strategies you can teach the kids?



21

How to intervene Aggressivity and bullying behaviours in children

- It can be helpful to give the child pictures or drawings (pictograms) to help them remember the plan.
- Keep it simple. With young children, you can create a story with the steps you want to do:
 - 1) Lucassie starts to feel angry;
 - 2) Lucassie takes two big breaths;
 - 3) Lucassie puts his hands down and picks up his stress ball;
 - 4) Lucassie gets help from an adult (he can ask for a break!);
 - 5) Lucassie feels better and goes back to his class and friends.

You may need to make the steps VERY simple at first.



22

How to intervene

Running away

Beaudoin, I. & Tremblay, D., 2017; Parazelli, 2002

- Seeking control when they have very little : nothing to lose.
- Quest for autonomy.
- Not necessarily a negative experience.

Youth without a life project are more at risk of running away : an important issue in Nunavik.

- Girls vs boys : what are the differences?
 - We are often more worried about girls running away than boys: a greater tendency to control girls' bodies than boys';
 - Sexualized behaviours: Talk with them the meaning of these behaviours (e.g., what are they trying to get, etc.). Respect their privacy.

When youth are placed in rehab, they somehow lose their freedom and control over their bodies and their lives...

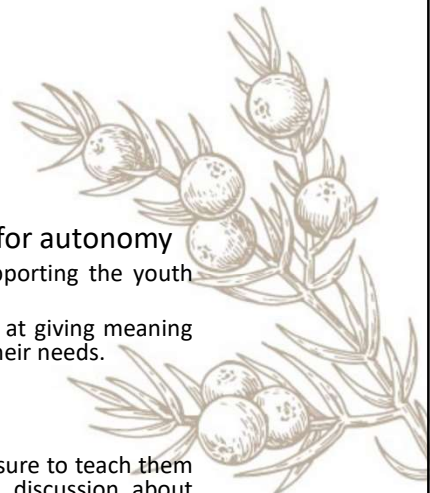
23

How to intervene

Running away

Beaudoin, I. & Tremblay, D., 2017.

- Involve the family as much as possible
- Balance the youth's need for protection with their need for autonomy
 - Adopt a compassionate approach and focus on helping and supporting the youth (while they are away and when they are back);
 - The support provided on return is aimed at taking care of them, at giving meaning and reasons for running away, and at finding other ways to meet their needs.
- Don't focus on what you can't control
 - You can't know for sure what they do when they run away. Make sure to teach them how to protect themselves (e.g., give them condoms, have a discussion about consent, etc.);
 - Consider making a runaway kit for those who often run away?



24

Running away and the ecocentric self

Kirmayer et al., 2009

- Do you think that running away could be a way for youth to “reclaim the community, their space” ?

Concept of ecocentric self

“Inuit notions of the person view the individual as in constant transaction with the physical environment. This occurs both through subsistence activities, like hunting and fishing, and through the act of eating, in which the substance of animals is incorporated into the body and the person.”

(Kirmayer et al., 2009, p. 292)

25

Bibliography

- American Psychiatric Association. (2015). *DSM-5-Manuel diagnostique et statistique des troubles mentaux*. Elsevier Masson.
- Beaudoin, I. & Tremblay, D. (2017). Institut national d'excellence en santé et en services sociaux. *Portrait des fugueurs et des pratiques actuelles en matière de fugues auprès des jeunes hébergés en centre de réadaptation pour jeunes en difficulté d'adaptation au Québec*. https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/ServicesSociaux/INESSS_Portrait_Fugue.pdf
- Center on the Developing Child at Harvard University (2016). 8 Things to Remember about Child Development. Retrieved from www.developingchild.harvard.edu.
- Coslin, P. G. (2017). *Psychologie de l'adolescent-5e éd.* Armand Colin.
- Erikson, E. H. (1968). *Identity: Youth and Crisis*, Norton, New York.
- Fraser, S. L., Vachon, M., Arauz, M. J., Rousseau, C., & Kirmayer, L. J. (2012). Inuit Youth Transitioning out of Residential Care: Obstacles to Re-integration and Challenges to Wellness. *First Peoples Child & Family Review*, 7(1).
- Gary, M., & Foltz, T. (1991). *Children-how they grow: elementary school children ages 6 to 8*.
- Horwitz AV, Wakefield JC. *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder*. New York, NY: Oxford University Press; 2007
- Irwin, L. G., Siddiqi, A., & Hertzman, C. (2007). Early child development: a powerful equalizer. Final report submitted to the World Health Organization.
- Kirmayer, L. J., Fletcher, C., & Watt, R. (2009). Locating the ecocentric self: Inuit concepts of mental health and illness. *Healing traditions: the mental health of Aboriginal peoples in Canada*. UBC Press, Vancouver, British Columbia, Canada, 289-314.
- Laye-Gindhu, A., & Schonert-Reichl, K. A. (2005). Nonsuicidal self-harm among community adolescents: Understanding the “whats” and “whys” of self-harm. *Journal of youth and Adolescence*, 34(5), 447-457.
- Liu, S., Ali, S., Rosychuk, R. J., & Newton, A. S. (2014). Characteristics of children and youth who visit the emergency department for a behavioural disorder. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 23(2), 111.
- Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American journal of preventive medicine*, 42(3), 221-228.
- Nixon, M. K., Cloutier, P., & Jansson, S. M. (2008). Nonsuicidal self-harm in youth: a population-based survey. *Cmaj*, 178(3), 306-312.
- Parazzelli, M. (2002). *La rue attractive: parcours et pratiques identitaires des jeunes de la rue* (Vol. 5). PUQ.
- Wilson, S. J., & Lipsey, M. W. (2007). School-based interventions for aggressive and disruptive behavior: Update of a meta-analysis. *American journal of preventive medicine*, 33(2), S130-S143.

26