Working with children

who are conduct disordered and violent

Supporting teachers, leadership teams and professionals in primary and junior secondary schools

Psych4Schools

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Children who are conduct disordered and violent

The most challenging behaviours encountered in schools are exhibited by violent, out of control, conduct disordered children. Conduct Disorder (CD) affects a small percentage of children and is typically diagnosed between 10 and 16 years of age.[1] It is often preceded by the largely inherited condition Attention Deficit Hyperactivity Disorder (ADHD) followed by the co-existing condition of Oppositional Defiant Disorder (ODD). While most children with ADHD do not go on to develop CD, some with a difficult infant temperament and other characteristics such as a lower than average verbal IQ, attachment issues, dysfunctional family and/or peer groups, exposure to neglect, abuse or violence, may tend towards a pattern of aggressive, rule and law-breaking behaviours. [2]

The Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) devotes a chapter to children with Disruptive Behaviour Disorders who lack impulse control and exhibit behaviours that can lead to CD. CD is a serious mental health condition that develops during childhood or adolescence and manifests into unique behaviours that infringe the rights of others, bringing these children into significant conflict with societal norms. Rules and laws are often seriously violated with little regard for authority figures.[3]

CD children can pose a safety threat to themselves and others and require thoughtful, well-planned and flexible teaching. The school leadership team needs to support classroom teachers and other support staff with planning and resources to ensure the needs and wellbeing of CD children are balanced with those of others.

Psychological treatments such as behaviour therapy, psychotherapy, parent management training and functional family therapy are recommended [4] to support early and preventative application of teacher management strategies, and practical teaching and learning approaches suggested in this ebooklet.

CD children may experience a short attention span, learning and communication disabilities, anxiety and depression. These children are generally at high risk of:

- low educational attainment

[1] Victoria State Government, Better Health Channel (2020). *Conduct disorder*. Retrieved 27 May 2020. https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/conduct-disorder
[2] American Psychiatric Association. (2014). *Diagnostic and statistical manual of mental disorders (5th ed.)* Washington, DC: American Psychiatric Association.
[3] Ibid.
[4] Victoria State Government, Better Health Channel, 2020 loc.cit.

- peer rejection
- school suspension or expulsion
- disengagement, truancy and dropping out of school
- health and medical issues including physical injury
- substance abuse and other reckless and risk-taking acts
- mental health problems such as self-harm and/or suicide
- a range of legal issues and/or criminal behavior
- development in early adulthood of psychiatric disorders for example, antisocial personality disorder. [5]

School suspension and expulsion

A teacher education magazine [6] reports that violent and aggressive students have resulted in rampant 'informal expulsions' (non-approved by the governing authority) in Australian schools. A national newspaper [7] reports a spike in school staff claiming workers compensation for emotional and psychological injury caused by violent students. The Victorian Ombudsman highlights the growing issue of formal and informal expulsions. The Ombudsman notes that principals and teachers work within a complex system, and their job is a difficult one. They are required to balance the high needs and difficult behaviour of some students with the educational needs of all students, as well as the safety and welfare of both students and teachers. [8]

A recent system-wide comparison between Victoria, Australia and Washington State, USA [9] found that suspension and expulsion in Victoria is typically used as a last resort, with a focus on keeping students connected to schooling as long as possible. This ebooklet aims to support those working with students suspected of or who are diagnosed with CD in Australian schools.

Education departments around Australia regularly review suspension and expulsion policies, so keeping up to date with your state or territory guidelines and policies is advised.

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[5] American Psychiatric Association. (2014). Loc.cit.

[6] Little, G., Informal expulsions run rampant in Australian schools, evidence suggests, *EducationHQ Australia,* June 25, 2019 Retrieved 19 May 2020 https://educationhq.com/news/informal-expulsions-run-rampant-in-australian-schools-evidence-suggests-61013/

[7] Armstrong, C., Schools chalk up a compo increase, *Daily Telegraph,* July 3, 2019 page 3

[8] Victorian Ombudsman, Investigation into Victorian government school expulsions (2017) A letter to the Legislative Council and the Legislative Assembly https://www.ombudsman.vic.gov.au/our-impact/investigation-reports/investigation-into-victorian-government-school-expulsions/

[9] Hemphill SA, McMorris BJ, Toumbourou JW, Herrenkohl Tl, Catalano RF, Mathers M. Rates of student-reported antisocial behavior, school suspensions, and arrests in Vicforia, Australia and Washington State, *United States. J Sch Health.* 2007; 77: 303-311.

Managing conduct disordered behaviour

CD behaviour frequently creates crisis situations in schools. The following examples illustrate the seriousness of the problem and the need for an immediate, considered response from the school.

1. With no warning, shards of window glass smash onto the principal's desk. A Year 5/6 student outside the office building is taking out his frustration and anger using a wooden bat. Next, window glass smashes onto the acting deputy principal's classroom desk. This student has directed his anger at the two most senior staff in the school. Both were working at their respective desks and were showered by broken glass.

2. After repeated requests to stop, the assistant principal eventually restrains a very aggressive student who was punching and kicking several students, before turning on him.

3. Teachers put knives and sharp instruments out of reach as an out-of-control student with a history of aggression and property damage bursts through the staffroom door yelling obscenities and using threatening language.

Incidents such as these generally result in lockdowns, 000 being called, and often four or more uniformed police attending. Many such incidents are investigated by the relevant department of education, and in most cases the actions of school employees involved in managing extreme behaviours are vindicated.

Violent outbursts and risk of harm

A range of factors can contribute to aggressive or violent outbursts from CD children. For example,

- high emotional distress
- multiple life stressors (such as family turmoil, feelings of abandonment, unresolved grief, personal issues, pending court appearances)
- perceived hostility from others
- a deep mistrust and/or lack of empathy for others
- non-compliance with medication or untreated mental health issues
- problems with self-regulation and/or faulty beliefs that feeling annoyed or very annoyed is the emotional equivalent of being extremely angry
- an early history associated with violence, threats or plans of violence, where violence is viewed as a source of fun, as a right or an entitlement
- last resort thinking where the child believes they have reached their limit to cope and acting violently or aggressively is the only way to solve the current stressful situation
- growing resentment and anger about their life and/or family circumstances
- problems explaining or advocating for themselves in words.

Such characteristics increase the likelihood of safety concerns including risk of harm to themselves and/or to others.

Child protection and school support

Child Protection agencies are often involved and generally should be involved with CD children [10] along with regional, district or school support staff, mental health and community support agencies. The police and the criminal justice system may also become involved.

Origins of Conduct Disorder

Most children are born calm. For typically developing children two to four years of age is the most aggressive childhood period. Generally children learn to control aggression by the time they begin school, and most continue to reduce aggressive behaviours up to age 11.[11] Later in mid to late adolescence there is a spike in aggressive and/or offending behaviour [12] for a small number of children which typically settles to a slightly higher rate of aggression than at age 11 years.

The early years through to late childhood are critical to pro-social emotional growth, with children requiring nurturing from parents/carers and empathetic childcare, pre-school and school educators. Initially self-regulation and tolerance are learnt through parents/carers and significant others who help them to soothe and calm in the face of the daily demands of home and school. Children need to feel understood, cared for and wanted by significant emotionally available adults who set clear expectations and boundaries, treat them with respect and protect and shield them from trauma and harm. Parents/carers and educators need to help socialise children to be kind and friendly, not to hurt others, support them to listen and use words to express their wishes and frustrations and help them to build tolerance and impulse control. Learning to take turns, problem solve and to respect others needs to be part of their everyday lives.

Unfortunately, some children do not receive this developmental foundation. Their temperament and early life and/or family experiences expose them to dysregulation, risks and trauma that affect their social emotional wellbeing and the development of the competencies required for self-efficacy and pro-social learning. From a very early age these at risk children can display irritable and hostile behaviour. They can be aggressive, non-compliant, and blaming of others. They may demonstrate poor impulse control, poor self-regulation, low frustration tolerance to everyday issues and a poor self-image.

While anti-social behaviour rates are higher in males experiencing socioeconomic disadvantage [13] this does not preclude other socio-demographic backgrounds affecting behaviour. In fact, there is combination of genetic, physiological, demographic, family and situational factors that can lead some children to display a pattern of antisocial behaviours across different settings.

The Victorian Government, Better Health Channel discusses the influence of family on disruptive behaviour disorders, considered to increase risk of children developing CD.

[10] Mental Health Professionals' Network Webinar, Coghill, D., (2019) *Collaborating to recognise and address conduct disorder.* December, 3 Retrieved 8 January 2020 https://www.mhpn.org.au/WebinarRecording/151/Collaborating-to-recognise-and-address-conduct-disorder-#.XtRmosYRVR4
[11] Hall, S. S., The Accidental Epigeneticist, (2014) *Nature*, 505, 7481, 14 – 17
[12] Studies cited in Hemphill S.A., McMorris B.J., Toumbourou J.W., Herrenkohl T.I., Catalano R.F., Mathers M. (2007) loc.cit.
13 ibid.

Other pathways to violence and aggression

Children who have been separated from parents, experienced poor attachment with parents or carers, or been exposed to violence or trauma including refugees with a history of torture, and other deeply distressing events can also demonstrate poor self-regulation, impulsivity and other disordered behaviour. In addition, a very small group of children diagnosed (and undiagnosed) with Autism Spectrum Disorder (ASD) with co-existing intellectual disability may also be violent. This latter group of ASD children is outside the scope of this ebooklet.

How is CD diagnosed?

CD is typically diagnosed between 10 and 16 years of age and up to 18 years. Boys are generally diagnosed at an earlier age than girls.[14] Diagnosis by a paediatrician or psychiatrist is made using a range of checklists, observations, surveys and clinical interviews with parents, teachers and the child. Psychologists are also commonly involved in diagnosis and treatment.

Behaviours, or symptoms must have been present for a minimum of 12 months in at least three of 15 criteria, with at least one criterion present in the past six months. These criteria are grouped under four headings:

- Aggression towards people and animals
- Destruction of property
- Deceitfulness or theft
- Serious violations of rules.

Symptoms must also cause significant impairment within social settings, school or workplace. [15]

Characteristics of CD

The DSM-5 distinguishes CD by the age of onset, with or without limited pro-social emotions, and severity:

- mild (minor harm to others)
- moderate (intermediate harm to others) and
- severe (causes considerable harm to others).

Childhood onset is specified as having at least one symptom prior to age 10, *adolescent onset* with no symptom characteristics prior to age 10, and *unspecified* where there is insufficient information to determine age of onset. Children with the childhood onset type are more likely to have persistent CD into adulthood. [16] A minority of CD children can also be diagnosed ‘with limited prosocial emotions. They are characterised by:

- lack of remorse

[14] Victoria State Government, Better Health Channel (2020). *Loc.cit.*https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/conduct-disorder
[15] American Psychiatric Association. (2014). loc.cit.
[16] Ibid.

- are often callous and lack empathy
- are unconcerned about their performance at school, or work, and
- have shallow emotions.

Sometimes emotional expressions are used for gain, to manipulate or intimidate others.[17]

Gender differences in CD

Males are overrepresented in this disorder and biological variables are major influences on this difference. [18] Boys also tend to externalise their dangerous behaviours through fighting, stealing, being cruel to people and animals, causing property damage and seriously violating rules and laws. Whilst, girls tend to exhibit lying, truancy, running away overnight, substance abuse and sexual promiscuity.[19] Both males and females engage in relational aggression (discussed further on page 9), with girls generally exhibiting more of this social harm.[20]

Aggression and sleep problems

Sleep problems can affect children with ADHD, ODD and CD [21] and can exacerbate the daily functioning difficulties of children with hyperactivity. There is evidence that when children's sleep habits and patterns are managed (for example, by effective bedtime routines or use of relaxation techniques) along with standard clinical care, daily functioning improves.[22] Assessment for sleep disorders may provide a treatment opportunity for some aggressive children [23] to improve their sleep and ease their symptoms. [24]

Friends, peer relationships and aggression

Children with behavioural disorders are three times more likely to be rejected by peers [25] and are generally avoided by most other children. This includes those who easily or frequently get upset and angry, arrive at school angry, or who don't respect the personal space of others.[26] As early as preschool children show negative attitudes to peers who display annoying, unpleasant, aggressive or disruptive behaviour, such as not playing by the rules.

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[17] Ibid.
[18] Eme, R., (2010) Sex differences in conduct disorder, *Journal of clinical child psychology*, 24, 4, 406-426. Retrieved 18 May 2020 https://www.researchgate.net/publication/261584697_Sex_differences_in_conduct_disorder
[19] American Psychiatric Association. (2014). loc.cit.
[20] American Psychiatric Association. (2014). Ibid.
[21] Aronen, E.T., Lampenius, T., Fontell, T and Simola, P. (2014) Sleep in Children with Disruptive Behavioural Disorders, *Behav Sleep Med,* Sept 12, 373 - 388. Retrieved 12 June 2020 https://pubmed.ncbi.nlm.nih.gov/24180372/
[22] Congress paper, Mulraney, M., *The Sleeping Sound with ADHD Study*, APS National Congress, 2016. Murdoch Children's Research Institute
[23] Chervin RD1, Dillon JE, Archbold KH, Ruzicka DL. Conduct problems and symptoms of sleep disorders in children. *J Am Acad Child Adolesc Psychiatry.* 2003 Feb;42(2):201-8. https://www.ncbi.nlm.nih.gov/pubmed/12544180
[24] Aronen, E.T., Lampenius, T., Fontell, T and Simola, P. (2014) loc.cit.
[25] Searcy, S. and Meadows, N.B., (1994), The impact of social structures on friendship development for children with behavior disorders, *Education and Treatment of Children*, August 17, 3, 255-266 Retrieved 18 May 2020 https://www.jstor.org/stable/42899363?seq=1
[26] Action research observed by Murray Evely with assistant principals and teachers and 50 students in Years 3 to Year 9 across schools of varying socio-demographics in Melbourne, from September 2011 till March 2012

Aggressive or CD children may have friends, but they tend to choose peers who reinforce each other's aggressive behaviours, and this can further increase aggression.[27] Friendship and fun for these children often involves coercion and conflict. [28] For example, aggressive friends can gang up on each other, or others outside their friendship group. They often view bullying and teasing as 'fun' despite experiencing elevated levels of anxiety when they are targeted. This issue can be exacerbated for those who live in housing estates and attend the same school since they generally do not get a break from each other. Hence, some feel forced into a delinquent peer group for self-protection, despite members turning on one another from time to time.

Social relationships may be harmed through relational aggression, when children say mean things, post harmful comments on social media, engage in malicious lying, and exclude, ridicule or taunt others. Such bullying, including cyberbullying, is hurtful and destructive to the targeted individual and to their social relationships. It can be difficult to identify and intervene to counter relational aggression, particularly when it is hidden. Inviting or challenging the unwilling CD child to own up to their whispered threats, intimidating looks and other non-verbal harassments without witnesses, often leads to a stalemate. Some teachers can be wary of interventions such as restorative practices which may lead to unsafe, unpredictable outcomes.

ADHD, ODD and CD

ADHD is a neurodevelopmental disorder which can have lifelong implications. It is the most commonly diagnosed mental health disorder in Australian school-age children. The Australian population survey on the mental health and wellbeing of children and adolescents reported the incidence as follows: [29]

Age	Boys	Girls
4 – 11	11%	5%
12 -17	10%	3%

Around forty per cent of children with ADHD also develop Oppositional Defiant Disorder (ODD). [30] This disorder is characterised by negativity, hostility, and defiance. ODD can be viewed as a milder and earlier precursor of CD, though not all of these children will develop CD.

There is no current cure for these three disorders, and they can all co-exist with other difficulties. About two percent of children diagnosed with ADHD and ODD go on to be diagnosed with CD [31] though the DSM-5 estimates the prevalence from two percent up to more than ten percent.[32] Increased anxiety is found to be associated with increased levels of ODD and CD for children with ADHD.[33] Anxiety contributes to poor functioning for children with ADHD, affecting their ability in

[27] Sijtsema, J. J., Ojanen, T., Veenstra, R., Lindenberg, S., Hawley, P. H., & Little, T. D. (2010). Forms and functions of aggression in adolescent friendship selection and influence: A longitudinal social network analysis. *Social Development, 19*(3), 515–534. Retrieved 19 May 2020 https://doi.org/10.1111/j.1467-9507.2009.00566.x
[28] Ibid.
[29] Australian Institute of Health and Welfare 2020. Australia's children. Cat. no. CWS 69. Canberra: AIHW.
[30] Evely, M. and Ganim, Z., (2018) Working with Children with Attention Deficit Hyperactivity Disorder (revised). Melbourne, Australia: Psych4Schools (https://www.psych4schools.com.au/free-resources/attention-deficit-hyperactivity-disorder-adhd/).
[31] Mental Health Professionals' Network Webinar, (2019) loc.cit.
[32] Raising children.net.au The Australian Parenting website, *Oppositional defiant disorder (ODD): children 5 -12 years.* http://raisingchildren.net.au/articles/oppositional_defiant_disorder.html
33 Humphreys, K.I., Aguirre, V.P., and Lee, S., S, (2012) Association of Anxiety and ODD/CD in Children With and Without ADHD, *J Clin Child Adolesc Psychol.* 41(3): 370–377. Published online 2012 Mar 16. doi: 10.1080/15374416.2012.656557 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6613574/

sustaining attention, daily functioning, behaviour management, school attendance and family functioning.[34]

ADHD behaviours are commonly managed through tailored behaviour management programs for parents, teachers and the child. For many children this will be in combination with stimulant medication.[35] Effective teaching and a pro-social school environment, psychological intervention, family therapy, and support to strengthen parenting and the parent/child relationship can help to reduce oppositional behaviour.

It is important to minimise the impact of any learning and communication disabilities, anxiety or depression on CD children to give them the best opportunity to access academic success.

CD children with ADHD need their inattentive, impulsive and hyperactive behaviours monitored and supported. For further information associated with possible negative long-term outcomes and the need to assist children with ADHD to form a positive self-concept and a belief that they have abilities that are valued, see the Psych4Schools ebooklet, Working with children diagnosed with Attention Deficit Hyperactivity Disorder (revised).

Supporting all children to adopt a growth mindset can also be beneficial. For information see Carol Dweck's work on Growth Mindsets.

Vulnerable transition times

The transition from pre-school to primary school, from Year 2 to Year 3 and from primary to secondary school are high-risk times for students with ADHD and emerging or co-existing conditions. Children can become anxious and/or aggressive and disengaged from school during these periods. In pre-school the main manifestation of ADHD is hyperactivity. In primary school inattention becomes more obvious. In the early years of secondary school inattention, restlessness, fidgeting, impulsivity and poor planning persist and are common.

From primary to early secondary school years, the onset of ODD can initially cause hostility, non-compliance, temper outbursts and anger. During transitions, increased impulsivity, inattention, hyperactivity and conduct problems result in an increased likelihood of suspension. As behaviour deteriorates, learning can plateau or decline.

Teachers need to closely monitor transition plans for all students moving to secondary school. With the emergence or onset of CD during this phase, more dangerous and unsafe behaviours, along with serious violations of rules, regulations and laws may emerge.

Long-term implications

Children with ADHD, ODD and CD do not have a choice in the onset or development of these disorders. Up to 80 percent of children with ADHD will continue to display symptoms of this disorder throughout adolescence and into adulthood. However, with appropriate support and intervention during childhood, many people with a diagnosis of ADHD will learn to manage their symptoms into adulthood living fulfilling lives and develop successful careers. However, some

[34] Sciberras, E., (2014) *Managing Anxiety in Children with ADHD using Cognitive Behaviour Therapy*. Lancet Psychiatry
[35] Evely, M. and Ganim, Z., (2018).loc.cit.

children with ADHD, particularly those with co-existing learning or mental health conditions, may find it difficult to maintain employment without a high level of support from family members or community agencies.

As previously mentioned, there is no current cure for ADHD, ODD and CD. Perhaps the greatest obstacle to successful pharmacological and psychosocial interventions for ADHD, ODD, and CD is careful diagnosis and treatment planning. Despite representing three of the most common presenting paediatric psychiatric disorders, they often remain undiagnosed, untreated or misdiagnosed.[36]

The Royal Children's Hospital outlines an extensive psychosocial intervention program for Disruptive Behavioural Disorders.

Approximately forty per cent of children with CD will experience a lifelong persistent pattern of antisocial behaviour from early adulthood. In others, these behaviours either cease or persist without noticeable symptoms.[37] While CD is a difficult disorder for many children to live with, it is important that we do not underestimate the effective role teachers and schools can play in supporting children to minimise the impact of conduct disorder on their lives and the lives of others.

[36] Althoff, R.,R, MD, Rettew, D. C., MD and Hudziak, J. J. (2003) Attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder Psychiatric Annals; *Thorofare* **Vol. 33, Iss. 4,** Apr 245-252. Retrieved 3 June 2020 https://search.proquest.com/docview/217048539/FF481338263B4A9APQ/2?accountid=178506
[37] Gelhorn HL[1], Sakai JT, Price RK, Crowley TJ. DSM-IV conduct disorder criteria as predictors of antisocial personality disorder. *Compr Psychiatry.* 2007 Nov-Dec;48(6):529-38. Epub 2007 Aug 22. https://www.ncbi.nlm.nih.gov/pubmed/17954138

Strategies to support the child who is conduct disordered and violent

There are many challenges for teachers and school leaders in assisting CD children to be safe, and to build self-regulation skills, pro-social behaviour, self-respect and respect for others. Having a working knowledge of ways to support children with ADHD and manage challenging behavioural issues will provide a foundation to help build a connection with CD children and assist in meeting their individual needs so they can achieve academic success.

CD children need to learn how to debrief with a teacher, take responsibility, self-regulate to find calm and show tolerance. They need help to:

- understand how to see things in perspective
- not see others as hostile
- own up and make up for their mistakes
- change faulty thinking and beliefs used to justify aggressive and violent acts and
- learn to get along with others.

These goals can be difficult to achieve and need to be approached with care and patience.

Teachers are required to make *'reasonable adjustments'* for students with disabilities including those with CD. They need to ensure that teaching, learning and management strategies are inclusive where possible, but safe, discreet, part of accepted practice and negotiated through consultation.

Outline of the strategies section

Section	Pages
Learning and wellbeing plans	Pages 13 - 15
Safety, risk of harm and care plans	Pages 15 - 17
Behaviour support plans and wellbeing strategies	Pages 17 - 18
Looking after yourself	Pages 18 - 19
Working with parents/carers and other professionals	Pages 19 - 21
Effective teaching practice	Pages 21 - 23
Building hope, understanding and belonging	Pages 23 - 25
Using aides and support teachers effectively	Pages 25 - 26
Reducing anger and building self-regulation	Pages 26 - 27
Getting along with others	Pages 27 - 28

Learning and wellbeing plans

- **Follow recommendations made by the child's specialist, GP, psychologist or accredited mental health professional**.

- **Apply for funding to support the child's individual social and emotional, behavioural and educational needs.** Financial support is available to most Australian schools and may enable the CD child to access targeted support such as regular psychiatric or psychological support, specialised resources and/or the provision of teacher aides or educational support officers in the classroom. Check with your relevant education department or governing authority on the criteria required to gain funding for the child demonstrating severe behaviour, social emotional issues or a disruptive behavioral disorder.

- **When the child is calm and amenable assess their maths, English and conversational skills.** For most of these children, learning disabilities will impact on their whole academic and social experience as they struggle to verbally express themselves, process instructions, acquire basic skills, keep up in class, construct their own learning and get along with others. A comprehensive educational assessment can inform the use of appropriate strategies to support learning. For assistance see the Psych4Schools ebooklet, Working with children with learning disabilities.

- **Build on the child's strengths and interests** to help the child find meaningful direction in their everyday life.

- **The academic program may need to be relaxed or modified** by adding interests such as gardening and maintenance, animation, sport and physical education including outdoor recreational activity. Use these 'safe' times to discuss the child's concerns and any school issues.

- **Develop an Individual learning plan** focusing on the child's needs. Draw on passions, interests and strengths to help build missing skills. Which subjects or aspects of the curriculum does the child like? Does the child take on any responsibilities and under what circumstances? Does the child show empathy in any specific situations (such as caring for a dog or puppy)? What incentives encourage them to achieve their personal best? Continue to focus on addressing any underlying conditions by helping the child to build attentional skills, develop restraint, manage hyperactivity, reduce impulsivity and hostility. Modify or adjust classroom tasks, and improve organisational and social skills as outlined in the Psych4Schools ebooklet, Working with children diagnosed with Attention Deficit Hyperactivity Disorder (revised). Over time increase the focus on problem solving/clear thinking, taking responsibility and academic achievement. Ensure 'brain breaks' are part of the learning plan. Review and update the plan at least once each term. These ideas are developed under the heading 'Effective teaching practice.'

- **Build the child's thinking skills for taking responsibility.** Discuss how to build responsibility incidentally throughout the day. Encourage use of the Psych4Schools Calm Card (In the Member's Area of the website under the heading, For the classroom) that lists the child's jobs and calming tricks to learn and practice daily. The child's job is to …

    - Follow school rules.

    - Use friendly words, looks and actions.

  - Learn from mistakes and try again.
  - Manage big feelings of anger or frustration.
  - Use calming tricks if upset, irritable, angry or unsafe.

- **Lead regular classroom discussion that explores problem solving, taking responsibility and respectful relationships.** Talk with the class about how the conversation will aim to find a solution that works for everyone, so children understand the importance of being respectful. This means there can be no put-downs or personal attacks. Explain that everyone will have a turn to talk or make a contribution. The conversation should focus on collaborative solutions to problems. All involved need to listen with an open mind and let each person have their say without interruption. Assist in teasing out issues by reflecting back what is said as a means for identifying and supporting the solving of problems and giving less linguistically able children time to process and use language. Sometimes discussions may need to be deferred for a short time to give the teacher time to follow-up privately with individuals between sessions.

- **Set a flexible learning timetable and build a portable 'toolbox'** of readily available resources (described on page 25). This will assist the child to move within school locations with support teachers or aides when they need a break from others and allow flexible learning arrangements in and around the classroom. This should not be viewed as punishment. It is a 'reasonable adjustment' (see page 22) to support needs of the child's and others' needs.

- **Aim for the classroom teacher or another staff member to hold a five to ten minute debrief before school** or (if the child arrives late) before their school day begins to help the child sort out or offload any issues from the morning or previous day or evening. Implement any short-term solutions before the school day begins to establish a quiet, calm and safe start to the day. If the debrief is unsuccessful, encourage calming techniques such as taking three or four deep breaths several times, draw, sketch or doodle on paper for several minutes or suggest the child takes a sip of water from their drink bottle before returning and starting the day in a designated calm area.

- **Communicate regularly with parents/carers** to report on what the child has done well, when something good happens or a breakthrough is achieved. Where possible, work as a team to share information about the child and help set firm and consistent boundaries at home and school. Be mindful that in some cases parent/s may have a history of ADHD, ODD or CD and/or other conditions or negative memories of their schooling. If appropriate, refer the parents/carers to the school psychologist or counsellor to assist with parenting support or relationship building.

- **Develop effective classroom behaviour management strategies** such as the 'Granny approach' (that is, *first* eat your vegetables *then* you can eat dessert). For example, *First* finish (least preferred task), *then* you will get time for (more preferred activity). Use visual incentive systems or charts to reward appropriate behaviour and natural or logical consequences for non-compliant behavior with partial loss of a favoured activity rather than total loss.

- **Encourage compliance with medication schedules.** Most children with CD will also have ADHD and many will be expected to take medication at home or school as prescribed by their medical practitioner. When dispensed at school, ensure medications are taken discreetly and privately with one designated staff member according to school procedures. Do not draw attention to the child through announcements or whispered comments that may be overheard by peers. Some medications can be prescribed in slow release form which may remove the need to administer during school hours. If medication compliance is an issue at home, the school should offer to dispense it as prescribed, with parental consent.

- **Enquire about the child's sleep.** As noted earlier, children with ADHD and co-existing conditions often have sleep problems. Behaviour and general functioning can be enhanced by improving sleep quality.[38] If the child is having difficulties going to bed, falling asleep, or is tired in the mornings encourage parents to see a psychologist or paediatrician for assessment and appropriate treatment. For support on this topic see **Sleeping Sound with ADHD research**.

- **Minimise behaviours that may lead to physical harm or danger to self or others**. Review and draw on effective behaviour de-escalation techniques. For example, remain calm, take thoughtful, early action and identify and share with other staff strategies that work well with the child, as there is no universal remedy.

- **Be aware of ethical, legal and policy considerations when responding to challenging student behaviours.** Keep in mind that restraint and seclusion practices are not permitted in Australian schools. Restrictive practices should only be used as a last resort and the least restrictive option should always be implemented. You will need to report and document any critical incidents to the relevant education department or governing authority.

- **Develop a behaviour support plan that addresses behaviour management and safety issues** as detailed on page 17. Where possible, incorporate parental input early in the process. Remember parent/s may be hostile or defensive and require a respectful and empathic approach that conveys a sense of hope and trust. Invite parents to talk about what tends to work at home.

Safety, risk-of-harm and care plans

Be alert to the risk-of-harm and safety issues associated with aggressive and violent students.

- **Encourage the child to learn and practice how to get along with peers and others and calming tricks using their Psych4Schools Calm Card** in the Member's Area.

- **If the child indicates they are in the 'red zone', seeing red or feeling upset and agitated do not talk too much.** Suggest they stop talking, gently close their eyes, and do their best to breathe 'in with the good' and 'out with the bad.' Tell them to visualise the 'red' slowly toning down to a pale, neutral colour as they breathe 'in with the good' and 'out with the bad'. If they have trouble with the strategy, suggest they focus on deep breathing or try repeating, 'relax, relax, relax'. By agreement, the child may seek refuge in a pre-arranged area away from the overwhelming situation.

- **Look out for signs that the child is threatening or planning a violent act or suicide.** If you detect such signs (for example, the child threatens or puts themselves in a high risk situation such as standing at the top of a stairwell, writes notes, poems or talks and draws about death and dying, makes verbal or written threats or possesses plans to threaten the life, health or safety of self or others) ensure continuous observation by a staff member. Follow your duty of care to the child and others by immediately informing the assistant/deputy principal or the principal. The child should be referred via their parents to a GP, psychologist or other mental health professional for a comprehensive risk assessment as soon as possible. If the parent/carer is unwilling to act see further information at the beginning of page 17 as this could be deemed a child protection issue.

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[38] Hiscock, H., Sciberras, E., Mensah, F., Gerner, B., Efron, D., Khano, S., Oberklaid, F. (2015) Impact of a behavioural sleep intervention on symptoms and sleep in children with attention deficit hyperactivity disorder, and parental mental health: randomised controlled trial. *BMJ (Clinical research ed.)* 350: 1 – 14.

- **When behavior that is dangerous to the child or others** has been identified an Individual Student Safety Plan may be developed to support the child's behavior support plan, discussed on page 17 in this ebooklet.

- **The child who is aggressive, distressed and upset needs time and space.** Never try to reason with a highly emotional student. When they have settled and are breathing normally find a quiet, safe space to discuss the behavior and how they might manage things next time. Only do this when they are calm and can think and talk rationally. This may be an hour or even a day later. To assist students prone to agitated behaviour, irritability or angry outbursts select appropriate strategies from the Psych4Schools Behaviour support strategies package in the Member's Area of the website.

- **Ensure all staff know how to implement school procedures to effectively de-escalate irritable, agitated behaviour or anger outbursts**. For example,

    - Remain calm.
    - Do not talk too much.
    - Avoid power struggles.
    - Help to calm the child. For example, suggest they take three to five deep breaths, count slowly to ten, take time away from other children, use headphones, sip some water, do a quiet activity.
    - Encourage the student to use their Calm Card to practise their responsibilities and calming strategies.
    - If unsafe behaviour continues call for additional staff assistance to help the student calm down and be safe or arrange access to a school nurse, counsellor or other appropriate staff member.
    - If the student's behaviour becomes aggressive or erratic, direct the rest of the class to leave the room as per school management strategy. Contact parents and arrange for the student to go home for the rest of the day or implement other appropriate management strategy.
    - Implement suggestions from the Behaviour support strategies package, in the Member's Area of the Psych4Schools website.

- **Seek support to manage the violent and behaviourally unregulated child** who disregards the property and safety of others. School protocols and policies need to ensure safety for all children, teachers and school visitors. If a child is violent in the classroom, act on duty of care obligations to all students and yourself. Calmly direct the class to stand, quietly leave the room and assemble at a pre-determined area or buddy teacher's classroom. Immediately inform the Principal of your actions and ensure one or more staff keep the unregulated student safe and in view. If the student is making threats of violence, senior staff should follow school protocols, which may include activating a lockdown, and calling the police and child's parents immediately. Notify the education department or governing authority's emergency management or critical incident team according to organisational procedures.

- **Students who act violently or aggressively threaten the safety of themselves and others.** Those who have suicidal thoughts or engage in non-suicidal self-injury (NSSI - also known as

self-harm) are more at risk than peers. If it is disclosed that a student is engaging in NSSI or having thoughts of suicide they should be referred via their parents to a GP, psychologist or other mental health professional for a comprehensive risk assessment as soon as possible. If the parent/carer is unwilling to act, this could be deemed a child protection issue. Psych4School members can access advice on ***Reporting child abuse. A guide for teachers*** in the Member's Area of the website under the heading, For the classroom.

- **If you suspect the child is using or at-risk of using drugs,** see strategies for *Alcohol and drug use by a student* in the Behaviour support strategies package in the Member's area of the website. Teachers must follow education department or other governing authority's policies such as informing the principal of suspected drug and alcohol use or possession. Principals must follow any legal requirements such as contacting the police.

- **Implement a Psych4Schools Return to school care plan** (in the Member's Area under the heading, Communicating with parents) for students who have been sent home more than once in a year or who are returning from suspension. Ideally the plan should be overseen or contributed to by a psychologist or school counsellor and carefully tailored to meet the needs of the child and the school. Headspace School Support also has a Return to School Student Support Plan.

Prepare behaviour support plans and wellbeing strategies

- **Reduce challenging behaviours by trying to understand the *function* of the behaviour**. A Functional Behaviour Analysis identifies where, when and perhaps why a behavior of concern occurs and helps inform a behavior support plan. Talking with, observing and knowing the child will also assist.

- **Create a Behaviour Support Plan (BSP)** with the class or homeroom teacher, child, family and school psychologist. Input from support teachers and teacher aides may also be valuable. The plan can include intervention approaches to help manage challenging behaviour, with short and long-term goals for positive behaviour, and rewards and strategies to support the student. The intervention strategies need continuous monitoring and evaluation with a view to increasing pro-social behaviours and controlling inappropriate behaviours to help promote peer acceptance. Simple, frequent rewards associated with achievable tasks will encourage persistence and application. BSPs are best developed with advice from specialists. Avoid unrealistic goals and imprecise strategies. Steps for behaviour change need to be small and cumulative with high-frequency reinforcement built in, otherwise some teachers or parents/carers will say, 'We tried that, and it didn't work'. Creating a relevant BSP is just a starting point. Implementing BSPs requires time, human resources commitment from staff, school leaders and where possible, the child's parents/carers. Focus on a couple of target behaviours, so the plan is manageable and staff and others can take a consistent approach.

- **Build the child's strengths**. Perhaps the heavily built Year 5/6 boy could be challenged to see his weight as an asset, using his size and weight to position himself to shoot goals or defend for his basketball team or to 'run through the pack' in rugby. If the child finds exercise 'not cool' or uncomfortable, suggest gentle stretching or walking around the oval each day before a learning task followed by a short favourite training activity to pave the way towards skill development and fitness. This could be reinforced by identifying further strengths, interests, and passions to pursue at school.

- **Implement a welfare system that is proactive rather than reactive.** For example, provide support and early intervention for students at risk of disengaging. Help anxious children to feel

they belong by establishing computer clubs, library or games groups, and mentoring roles with peers. Children diagnosed with ADHD or at risk of an ADHD diagnosis need early intervention to proactively teach and reinforce pro-social skills. For children who are depressed, set a clear consistent routine in each day's lessons to create predictability and reduce the cognitive load. Be sure to include fun.

- **Reduce playground overload.** The child could return to class five to ten minutes before lunchtime ends so they have time to calm down (e.g. sitting on a beanbag, sipping water). Alternatively, if the child who has trouble with play at break times is showing less aggressive behaviour, consider implementing a **playground support plan** and share with all staff. Privately remind the child of the plan just before recess and lunch and check in after breaks.

- **Further assist with anxiety.** The Psych4Schools ebooklet, Working with children who are anxious (new edition, book 2) pages 11 to 17 highlights seven key strategies to assist. You might choose one or two key areas to focus on in addition to your existing program.

- **Trauma can lead to hyper-vigilance, inattention and a reduced ability to listen in the classroom.** To support the child who lives with trauma or has a trauma background see Psych4Schools ebookets and blogs, https://www.psych4schools.com.au/?s=trauma. Berry Street Trauma-Informed Practice also offers useful practical resources.

- **Further assist with depression.** The Psych4Schools ebooklet, Working with children who are depressed (and helping prevent depression) highlights strategies to help prevent depression, and strategies to support the child who is depressed.

- **The Calmer Classrooms resource highlights two key roles for teachers supporting traumatised children** to help them develop and maintain a positive attachment to school and gain enthusiasm for learning. [39]

Looking after yourself

- **Debrief regularly with a team teacher or teaching buddy**. Consider working with a mentor and/or co-teaching to share the teaching load and help inform teaching practice that facilitates student support.

- **Teachers and other school staff can experience a sense of *loss of control and safety* with aggressive students.** Staff need time to practise responding as individuals, in pairs, teams and as a whole-school staff to unplanned critical incidents of aggression and violence. *Mental preparation* helps to mitigate possible trauma reaction to an unexpected incident and can promote coping skills and recovery. Without time to practise, constant critical incidents can lead to high stress levels due to lack of time to engage in coping strategies and recover between each event.

- **Working in a school can be very stressful.** However, there are things you can do to relieve the stress you face daily. Looking after yourself is all about creating a good balance in your life. It involves ensuring time just for you, to do things that make you feel good. For practical strategies see the Psych4Schools ebooklet, Work with colleagues, Looking after yourself.

[39] Child Safety Commissioner, (2007) Calmer Classrooms, A guide to working with traumatised children, Melbourne, Victoria, Australia/ https://earlytraumagrief.anu.edu.au/files/calmer_classrooms.pdf

- **Build a strong whole-of-school program for recognising and reinforcing safety and pro-social behaviour.** For example, see Department of Education and Training in Victoria *School-wide positive support*. Some parents/carers may be concerned about the impact of disruptive behaviours on their child's safety, wellbeing and learning. Promote and advertise your program to parents and within the community to mitigate this concern.

Working with parents/carers and other professionals

Children who are excessively violent, out of control and conduct disordered, may have one or both parents/carers at their wits end trying to manage their children. Exhausted and/or with limited capacity to assist, some may welcome assistance, whereas others may be unable or unwilling to co-operate in a sustainable way at home and in their interactions with the school. People can become angry when they believe they, or someone close to them has been wronged and may believe they are entitled to feel that way. At times, the level of anger might be out of proportion to any wrongdoing. This can affect a school's ability to foster a team approach to assist the child and the family.

In many cases of children with CD, one or both parents may have a history of ADHD and/or co-existing conditions such as CD which may have been undiagnosed and untreated. Other mental health disorders and/or medical issues, along with day-to-day stressors, can undermine parental relationships, parenting effectiveness and relationships with other adults.

Prior to a meeting, assess the risk to yourself and others, as parents may be defensive or even angry or aggressive. Understanding a parent/carer's own school experience can assist when talking and meeting with them. Many parents can feel vulnerable in school settings and some carry school grievances from their childhood. They may exhibit deep-seated mistrust or anger in the educational system if they believe they were unfairly treated while at school.

While a partnership model is encouraged by education departments, senior school staff often find it challenging to engage parents. Frustration, anger, upset and blame can work against the teacher/parent partnership. If a working relationship cannot be formed or communication breaks down, and mediation between the family and the school is unavailable or unmanageable, safety may be a concern if parents/carers become angry or abusive.

When meeting with parents/carers who may be difficult to work with, a psychologist, experienced senior staff member and/or skilled mediator could guide discussions between all parties. Seek additional professional help as required.

- **For advice on precautions and how to manage meetings with angry parents** see the Psych4Schools ebooklet, Working with parents who are angry.
- **Schedule regular communication with the parents/carers.** Often schools only make contact when the child is in trouble. Report on what the child has done well or achieved, or examples of situations in which the child showed restraint. Regular meetings with parents/carers also provide an opportunity for them to provide updates on information that is otherwise unavailable due to privacy limitations. Teachers can then better plan to meet the child's needs.
- **Avoid complications with parents by ensuring the school has information** on any relevant court orders or parenting plans and observes requirements for sharing of such information.

- **If parents/carers carry childhood grievances,** or a continuing mistrust or belief that schools have unfairly treated them, acknowledge their experience. However, it is important to point out that schools now prioritise individual student needs and welfare.

- **Offer planned support to parents to help ensure compliance with any medication** as prescribed by the child's GP, paediatrician, neurologist or psychiatrist**.** If appropriate, provide medication at school according to school procedures and with parent consent. Since some parents/carers may struggle to ensure medication compliance at home, it may be useful for them to observe the child's school behaviour when medication is correctly administered.

- **Engage with parents by telling stories.** Conveying observations in a conversational tone can help break the ice and bring parents into the discussion. Tell a story recounting your observations of the child which focuses on how one confounding issue (e.g. reluctance to play sport or classroom inattentiveness) interferes with the many positive aspects of the child (e.g. the potential to be a key player for a specific school team). The language and tone used by the teacher is critical. Storytelling can convey a sense of hope and help to build positive change. Language choice and tone should suggest to the parent/carer that the school is optimistic for change, but a little more support is needed. Having the parent/carer agree to involvement from another professional such as a psychologist, can create a catalyst to support positive behaviour, improve attention and learning, and help achieve social/emotional goals.

- **Be clear about the purpose and your interest in helping the child.** Plan the first meeting carefully as parents/carers may not return if the meeting goes badly. For example, having the parents/carers sign a referral for their child to be seen by a school, private practice, agency or hospital psychologist may be your single goal, particularly if subsequent discussions are likely to be infrequent.

- **Know what to do if things go wrong in a meeting.** If verbal threats are made de-escalate tension by acknowledging and validating what the parents/carers are saying. Find something to agree about before offering a coffee break or rescheduling the meeting to another agreed time. Arrange a second meeting within the following days or week, to overcome resentment or misunderstandings as soon as possible. For information on conducting successful meetings see the Psych4Schools document, ***Negotiation and assertive techniques with parents*** on the Psych4Schools website, under the heading Communicating with parents in the Member's Area.

- **Some parents/carers may be intimidated meeting in the Principal's office.** If this is likely, consider meeting on more neutral territory – perhaps an empty classroom, community room or other less formal location within the school. If outside agencies linked to child protection or other family services are involved, they may help facilitate a meeting.

- **Seek to modify any sources of aggression outside school** that reinforce or promote imitation (particularly where the aggression is rewarded or seen as fun). Discuss with parents/carers violent MA, MA15+, or R-rated videogames and movies, bullying by siblings and/or peer and aggressive or harsh role models that the child talks about. Together, explore changes that might help to reduce problems. If the child plays violent videogames with a parent/carer or older sibling, you could suggest a 'violence-free-videogame holiday' be adopted. Any violence directed at the child by a sibling or an adult should be considered a child protection issue, which could be discussed if it is safe to do so. Schools need to be careful about privacy and safety when discussing other children by name with parents.

- **Liaise regularly with housing estate youth community workers** who provide safe before- and after- school activities to assist children and families to care about, or at least tolerate each

other. In addition, assist confident, patient parents/carers to build the skills needed to take turns to support and oversee manageable groups of children engaging in pro-social activities.

- **Seek agreements from families not to have sleep overs** during the school week, and to implement agreed, adhered to, night curfews for children. Apart from the educational benefits of children sleeping in their own homes, particularly during the school week, there are benefits in limiting unsupervised children staying up late and roaming streets and local shops which increase opportunities to be exposed to inappropriate role models and unsafe activity.

- **Does the child have a parent in prison?** SHINE for kids assists children and young people with a relative in the criminal justice system. With offices in Victoria, NSW, ACT and Queensland the organisation builds links between a child and a parent in prison. If this is not an option, some children may find it easier to express their feelings in letters, drawings or captioned photos rather than a prison visit or phone call. The Department of Correctional Services SA offers information for those caring for children who have a parent in prison.

- **Where there is a missing or uninvolved parent,** find out if someone else in the child's orbit can be enlisted to help? A grandparent? Older sibling? Uncle or aunt? Extended family members may not be available because of personal, interpersonal and complex family matters. Organisations such as Big Brothers Big Sisters of Australia may provide mentors, matching young people aged between seven to 17 years with positive adult role models.

- **With parental permission refer the child for psychological assessment, treatment and support** using the services available to the school. Discuss with parents/carers and query any immediate worries about the child. Explain that you or the school are concerned that the child may have a problem with aggression, anger or violence. Referrals may be made to;

    - the child's GP
    - psychologist in private practice
    - not-for-profit agency psychologist, or
    - allied health professionals in child and adolescent mental health units in a public hospital.

As well as providing assessment and treatment, these professionals may be able to assist in the diagnosis of a mental health disorder and create a treatment plan specific to the child.

Effective teaching practice

Typically, classroom teachers are required to take responsibility for the learning needs of all students, including those with learning disabilities.[40] Equally, it can be argued that ultimate responsibility lies with school leaders to fully support classroom teachers in meeting these needs.[41]

CD students often have learning disabilities. Alarmingly up to one third of primary school age boys

[40] Berman, J. and Graham, L. (2013). Responsive teaching for students experiencing learning disabilities. InPsych; The Bulletin of the Australian Psychological Society, 35(6), 18-19. Melbourne, VIC: Australian Psychological Society
[41] Taskforce on Students with Learning Difficulties. Final Report June 2013. ACT Education and Training Directorate. http://www.det.act.gov.au/__data/assets/pdf_file/0006/483819/taskforce-learning-difficultiesFAweb.pdf

referred for psychological services because of challenging behaviours have significant but previously unsuspected oral language deficits [42], and approximately 50 per cent of young male offenders have significant undiagnosed language impairments. [43] Hence it is vital to consider the adequacy of the language skills of children who display behavioural problems.

- **Make *reasonable adjustments* for students with disabilities.** This ensures teaching and learning strategies are inclusive, discreet, safe and part of accepted practice. If negotiated with the child, it supports independent and continued learning and engagement. For practical strategies see pages 10 – 12 of the Psych4Schools ebooklet, Working with children with an intellectual disability (revised). For example, modify outcomes or assessment tasks. Rather than writing a page on a topic, the child might draw a diagram with labels and provide a short written or verbal explanation.

- **Work to improve the language skills of children with language disorders.** With parental permission, refer the child suspected of having speech and language difficulties to a speech pathologist. In addition, implement practical strategies from the Psych4Schools ebooklet, Working with children with a severe expressive or receptive language disorder.

- **Ensure there are positives in each day.** Greet the child personally at the beginning and end of each day and recount with the child one to three positives. Offer the child something to look forward to for the next day and continue to build a sense of hope.

- **Find out and build on the child's interests**. Connect planned activities with present and/or past enjoyed experiences. For example, what would the child like to do for ten minutes near the beginning of the day with a teacher aide or support teacher? These ten minutes need to be a safe, pro-social learning activity focused on the child. Alternatively, after 10 to 15 minutes of successfully working on a learning task, some children may benefit from, for example, five minutes of shooting for basketball or soccer goals. Keeping a weekly tally of games played or goals scored may motivate some children to improve school engagement.

- **Identify and cultivate a strength.** Does the child have a special talent or the capacity to develop a talent? For example, the child who has a learning disability such as a severe language disorder and/or a mood disorder such as depression, may find a new interest, or discover a hidden talent in drama, art, music, photography or making and creating things. For one example see clay or virtual animation. Identifying an interest and fostering related skills may lead to tangible achievements which can be recognised by the child. This offers an important means of promoting the child's self-esteem and feeds into a more positive attitude to school and class learning. Working with a peer or older mentor could lead to a school talent quest or entry to a regional or State level challenge or competition.

- **Assist the child to recognise when their attention has drifted, and to re-focus.**
    - **Encourage use of the flashlight technique** where the child switches on the 'attention engine' in their mind and shines a 'virtual flashlight' on the task, the teacher or the teacher's voice.

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42 Cohen, N., Davine, M.,Horodezky,N., Lipsett, L. & Isaacson,L. (1993). Unsuspected language impairment in psychiatrically disturbed children: Prevalence and language and behavioural characteristics. Journal of the American Academy of Child and Adolescent Psychiatry, 32, 595-603

43 Snow, P. C. & Powell, M. B. (2011a). Youth (In)justice: Oral language competence in early life and risk for engagement in antisocial behaviour in adolescence. Trends & Issues in Crime and Criminal Justice, 435, 1-6.

  - **Work with the child to laminate a personalised Psych4Schools Student self-monitoring time on task chart (10min/4min)** (under the heading For the classroom in the Member's Area) that provides a visual guide to motivate on-task behaviour. Use the chart for selected classes or parts of the day to help the child regulate their attention. It provides boxes for the child to tick once they have worked on-task for ten minutes, followed by a four minute 'brain break' or other favourable activity. The chart lists appropriate 'brain breaks' and favourable activities from which the child can choose.

For information and strategies to build attention see page 9 of the Psych4Schools ebooklet, Working with children with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) (revised).

- **Assist the child to build impulse control incidentally throughout the day** such as practising turn taking while playing board games, shooting for goals, raising their hand in class and waiting to be invited to speak, and using a cue card to gain the teacher's attention, rather than calling out or walking over to the teacher.

- **Use pro-active, planned strategies to reduce oppositional behaviour.** For example, remind the child that a favoured activity will be available once the task is completed. Select an activity that can be completed that day. Avoid withdrawing the activity as a consequence of poor behaviour. If withdrawal is used, do not withdraw all the activity. Instead, tell the child they are at risk of missing part of the activity if they do not complete the task. For strategies to reduce oppositional behaviour see pages 12-13 of the Psych4Schools ebooklet, Working with children with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) (revised).

- **Review your teaching practice to ensure effective classroom management.** Draw on The Better Behaviour Better Learning (BBBL) initiatives (Education Queensland) which outlines the ten most effective strategies for managing classroom behaviour. If the child is not benefitting from their current program identify one change that might assist them to improve.

Building hope, understanding and belonging

- **Help the child to find a sense of hope** that they can achieve successful change. The language you use is critical. It should always suggest the student is learning new skills such as, 'it takes time and practice', 'slip ups happen', 'we'll try again tomorrow'. It should give the student a strong message that you think they can change and that it's a team effort. Use age appropriate literature to talk about children who have overcome adversity and succeeded, sporting heroes such as Matthew Wade and Adam Goodes, and other People who have overcome difficult odds. Watch selected segments of programs such as The Voice which often show stories of people who have overcome obstacles through perseverance.

- **Build a sense of trust.** Remember, it takes time to build and earn trust, especially if the child has been let down by others in the past. You need to be able to deliver on your promises and create choices and options that have reasonable expectations. Do not discuss the child with others in the child's presence. The eventual goals are to help the child form positive attachments to school, solve problems and have an interest in learning and achievement.

- **Use language that reflects shared understanding.**
  - 'I know it's hard right now and I understand why you're upset. What can we do about this?'
  - 'Talk to me. I'm listening. Nod when you're ready.'

- **Establish communication systems** to indicate when and how the child can speak informally with you. Also set formal times so they feel confident and comfortable about approaching you to talk. In addition, provide cards that all children can use to indicate current feelings (such as calm, confused, need a breather, butterflies in the stomach, anxious, angry) and cards to use when needing help with work, or to indicate they need a short break from learning.

- **Give each child a voice.** Everyone needs to feel heard. Remember verbal and written skills may be challenging for the child. Non-verbal abilities may be a strength to encourage as an alternative means of expression. For example, using drawing, art and craft or digital tools.

- **Be aware of your body language, tone of voice and mood.** For example, you may be unaware that you frown a lot during class or raise your voice when you are tired or stressed. Your mood and demeanour sets the classroom tone. Consider how you are feeling before you teach the class. You may need to consciously soften your mood and calm any strong emotions. A tool such as the Mood Meter may assist.

- **Avoid using language that limits choice or triggers agitation or anger in the child and other children.** The child may be used to hearing sharply worded statements outside school, which can ignite resentment towards authority figures including teachers. Avoid:

    - 'No!', 'Don't', 'Stop', 'Get here'.
    - Disapproving facial expressions and body language.
    - Words or phrases that might be interpreted as condemning such as, 'Don't be silly' which becomes, 'The teacher called me silly!'
    - Lengthy discourse. A child who is anxious or stressed, or those with a low average verbal IQ or poor processing speed will have difficulty following long-winded instructions, explanations, or reasoning.

- **Use short explanations and speak in a moderated tone.**

    - Pause between steps to assist comprehension.
    - Provide one or two options (or guided choices). Ensure you are happy with the choices.
    - Provide complementary visual information such as written words, emojis, signs, charts, timers, and timetables.
    - Gently interrupt or distract the off-task child to focus on recent positive actions or achievements.
    - Foreshadow desirable activities.
    - Praise the child when they express themselves appropriately verbally or non-verbally.

- **Strive to form a meaningful relationship with the child.** Children need to feel they belong and are understood. What meaningful role can the child have in the class or at school? How can you show this child that you believe they have valuable qualities? To help build relationships, see nine key strategies that help prevent or reduce anxiety in the Psych4Schools ebooklet, Working with children to help prevent and reduce anxiety (new edition, book 1).

- **Respect the child.** This can be difficult as the child may need to be forgiven frequently for disruptive actions. Work with the child to help them stay grounded in the moment rather than allowing anger to take charge. Take a fresh approach each day. Get to know their likes but also what upsets or distresses them. Use these opportunities to build respect and trust.

Using aides and support teachers effectively

- **Attempt to form a trusting relationship between the child and a supportive adult**. Organise an aide, support person, or a staff member nominated by the child, to meet for 15 to 20 minutes one-to-one once or twice a week. A trusting relationship helps ground the child in the present, better enabling the adult to help the child find calm and explore change. Each term, aim to implement one new social skill, solve one unresolved issue, attribute one responsibility, or work with the child to show restraint. Keep supportive adults to a small number to increase the chance that at least one will form a strong working relationship with the child. Mentoring and debriefing of these staff by a senior staff member at least once or twice a week will help to identify what is working well and what needs improvement. Where a psychologist is available to assist, remember the referral requires parental consent.

- **Build confidence and skill of teacher aides** working with the child so they are familiar with current learning and wellbeing plans and communication strategies to build hope, understanding and belonging. Remind them about strategies to reduce anger, build responsibility and pro-social behaviour. Ensure they use self-care skills to look after themselves and have access to school-based mentoring and debriefing.

- **Assist support staff and teacher aides to develop a caring relationship** with the child. Meet regularly as a team to share any small successes and to review learning and wellbeing goals.

- **Build a portable toolbox of resources** for the child to use inside, near or outside the classroom. For example, a chess set, current English novel with audio, a list of five or six basketball or soccer plays to practise, a pack of cards, special interest magazines, laminated ‘First-Then’ cards, lists of research topics or projects, recipes, board and outdoor games, movie or video segments with follow-up tasks, questions or creative response activities, literacy, numeracy and cross-curriculum activity sheets, and charts to monitor desired learning outcomes.

- **Work towards increased levels of on-task and improved in-class behaviours.** For example,
    - working on-task for increased time periods in the classroom
    - having work materials readily available
    - looking at the teacher during instruction
    - complying with requests
    - reducing impulsiveness by turn taking or patiently waiting
    - working independently, with a partner or small group, and
    - participating in group discussion.

- **Develop and implement a system with the child to celebrate gains or successes.** For example, rewards could include time on iPad or laptop, auditing sports equipment with the Phys. Ed. teacher, special lunch with the principal, or additional time with a portable toolbox activity.

Reducing anger and build self-regulation

The child is likely to be sensitive to failure and anything that might be interpreted as criticism. They can give up easily, react without thinking and find listening and concentrating difficult. A calm approach with simple conveyed choices of interest can help them focus. Teachers can feel frustrated and disillusioned as they try strategies that seem to be of little help when things go wrong. Even well-prepared and experienced teachers experience setbacks.

- **Identify and reduce known situational triggers** that can lead to poor self-regulation and angry outbursts. For example, the child may need to be first or last in a crowded stairwell or locker room. Understanding triggers will enable you to know when to request support from another staff member, such as the first ten minutes of the day, the first ten minutes after recess, a specific subject or location. Observe class seating arrangements to see whether this contributes to outbursts. Determine how long a student can stay on a task before they get frustrated. Schedule task changes or 'brain breaks' before the limit is reached. Observing behaviours enables teachers to understand triggers and implement preventative strategies.

- **Identify frustration cues.** Head lowered, fingers clenched, tense or raised voice, staring or darting eyes, clothes pulled or bitten are indicators that a situation needs to be de-escalated before anger erupts. Plan ways to de-escalate. Know how to distract, ignore and redirect rather than reprimand. Use gentle interventions on a continuum, foreshadow tasks, and give two choices or options.

- **Use a scale (set up as a feelings thermometer) to reduce upset behaviour.** Ask the child to rate the upset/angry behaviour from 1 to 10 (where 1 is 'not upset' and 10 is the 'worst upset possible'). Ask, 'What would it take for your upset behaviour to be one or two points less?' Discuss the student's response and develop a simple plan to carry out actions to reduce the behaviour. For details see Behaviour support and student management for *Angry, upset, aggressive or violent students* in the Members Area of the Psych4Schools website.

- **Help the child to deal with strong feelings**. There is little point trying to start the school day, a lesson or an activity until the child and/or others are calm and settled. Learn how to de-escalate worry, tension and anxiety. For some students the opportunity to listen to a song use headphones or draw or doodle in a special notebook may help them to focus and prepare for a task.[44] For management strategies for *when the child exhibits agitated behaviour, irritability or anger outbursts* see page 11 in the Psych4Schools ebooklet, Working with children diagnosed with Attention Deficit Hyperactivity Disorder (revised).

- **Help the child to build self-regulation skills**. Emotional self-regulation is the ability to monitor and manage our behaviour, calm ourselves when distressed and pick ourselves up when feeling low. For ideas see the Psych4Schools blog, Emotional Self-Regulation.

- **Set and clarify expectations before a potentially challenging situation arises. Use 'First-Then' cards** to show the child what to complete before they gain the right to access a special interests or preferred activity. Refresh the list of preferred activities each week or two to help keep the child engaged.

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[44] Soutter, A. (2015, November 9). *Helping traumatized children with concentration and memory.* Psych4Schools blog. https://www.psych4schools.com.au/blog/helping-traumatised-children-with-concentration-and-memory/

- **Assist students to manage habitual anger and aggression**. Aggressive behaviour can be a habit based on faulty thinking (For example, 'He deserves to be punched!' or 'Hitting others is fun!') and exposure to aggressive role models. Challenge the idea that aggression is acceptable or fun. Engage the student in pro-social activities including physical activities to channel aggressive and violent tendencies.

- **Teach the child to be assertive rather than aggressive. Insist that there are no put-downs or personal attacks** when speaking with others. Assertive communication increases empathy raises awareness of the concerns of others and helps children to respect difference by confidently defending their opinions and standing up for themself without putting others down. Aggressive communication puts the needs of oneself before anyone else.

- **Support the child to make and carry a personalised pocket-sized Psych4Schools Calm Card.** (In the Member's Area under the heading, For the classroom). Encourage the child to refer to their Calm Card when they feel upset, under threat or agitated, and to use the ideas that work best for them to help manage their emotional responses and regulate their behavior. As a preventative measure, the child can also refer to their card daily to review ways of getting on with people and practice calming tricks. Review or create a new card with the child periodically to maintain its relevance.

Getting along with others

Since CD is highly correlated with social rejection and interpersonal conflict it is important to proactively teach and reinforce pro-social skills and personal responsibility.

- **Develop a weekly or fortnightly timetable and chart periods of pro-social or on-task activity and learning** to identify patterns of positive behavior.

- **Assist the child to develop conversation and other social skills.** Spend a few minutes each day on a social communication activity. For ideas, see pages 10 -11 of the Psych4Schools ebooklet, Working with children who have difficulty making friends.

- **Create an expectation of friendliness and respect for others**. These are key determinants of peer acceptance. For kindness activities and free classroom lesson plans see the Random Acts of Kindness Foundation website. Challenge the class to initiate at least one act of kindness towards a person at school and at home each week.

- **Consider supporting students to work on solving conflict and tensions**. Encourage tolerance and acceptance of different points of view. Trained or experienced teachers and counsellors can support with *Restorative practice* which seeks to repair relationships. For advice on safe use of conflict resolution when there are issues within a group, see pages 13 – 14 of the Psych4Schools ebooklet, Working with children who have difficulty making friends.

- **Build social inclusion,** using strategies such as those on page 8 and 9 of the Psych4Schools ebooklet, Working with children who have difficulty making friends.

- **Discuss how to make up with others** who are distressed or hurt by the child. Take time to assist the development of a meaningful apology. Try to make this count, as opportunities to help the CD child to make amends will tend to diminish over time.

- **Teach assertive ways to cope with verbal harassment and teasing.** The most common type of bullying in Australian schools is verbal and covert.[45] For example, a group of students might privately subject the child whose mother has moved away or died, to repeated negative taunts such as, 'Go cry to your mother'. If attempts to stop this bullying are failing, work with the child to write the comments down and quarantine them into an envelope or box. Assist the child to counter the comments with positive, productive written statements. The child can use these assertive, affirming and resilience-building statements to develop positive self-talk (what they say to themselves) to help counter the impact of the bullying, and manage further incidents.

- **Ensure the child knows one or two safe areas they can go to if they feel overwhelmed.** If the child is to leave the classroom, ensure a line of sight is maintained or the child is accompanied by a staff member with a designated teacher available to further assist if required.

Conclusion

The child who is excessively violent, out of control and conduct disordered, can be highly disruptive and may pose a risk to themselves and others at school. Conduct Disorder (CD) requires long-term support and a range of strategies to help minimise the associated disruption and to assist with learning. Early, preventative and consistent application of management strategies will provide optimum support to affected children. The support and involvement of the child's parents/carers, GPs, psychologists, medical specialists, family and mental health therapists and allied health professionals will help facilitate recommended psychological treatments such as behaviour therapy, psychotherapy, parent management training and functional family therapy. [46]

[45] Rigby, K. and Johnson, K. (2016), The Prevalence and Effectiveness of Anti-Bullying Strategies employed in Australian Schools, Adelaide, University of South Australia. See, www. ken rigby .net/School-Action

[46] Victoria State Government, Better Health Channel, 2020 *Conduct disorder*. Retrieved 27 May 2020. https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/conduct-disorder

Resources and references

Psych4Schools ebooklets

Excerpts of all ebooklets are available at: http://www.psych4schools.com.au/free-resources/wwc
These include:

- Working with children diagnosed with Attention Deficit Hyperactivity Disorder (revised)
- Working with children with learning disabilities
- Working with children who have difficulty making friends
- Working with children to help prevent and reduce anxiety (new edition, book 1)
- Working with children who are anxious (new edition, book 2)
- Working with children who are depressed (and helping to prevent depression)

Resources for Psych4Schools members are available at:
http://www.psych4schools.com.au/members/moreresources.html

These include:

- Calm Card
- Friendship questionnaire
- Making friends questionnaire (Year 3 to Year 8)
- Relaxation – Deep abdominal breathing
- Return to school care plan
- Social skills dice
- Student self-monitoring time on-task chart (10min/4min)
- Social skills for children with additional needs
- What parents can do to help their child with friendships

Books for teachers and psychologists

- Dawson, P & Guare, R. (2009). *Smart but scattered: The revolutionary 'Executive skills'* approach to helping kids reach their potential. Guilford Press.
- Dweck, C. (2016). *Mindset: The New Psychology of Success.* Random House: New York, USA.
- Greene, R. (2014). Explosive Child: A new approach for understanding and parenting easily frustrated, chronically inflexible children. US: Harper Collins.

- National Health and Medical Research Council (2012). Clinical Practice Points on the diagnosis, assessment and management of Attention Deficit Hyperactivity Disorder in children and adolescents. Commonwealth of Australia. https://www.nhmrc.gov.au/sites/default/files/images/clinical-practice-points-diagnosis-assessment.pdf

- Pfiffner, L. (2011). *All about ADHD: The practical guide for classroom teachers*, 2nd edition. Scholastic Professional Books, 2011

- Rief, S. (2016). How to reach and teach children and teens with ADD/ADHD, 3rd edition. Wiley.

For further books on Conduct Disorder for teachers and psychologists, see: https://www.google.com/search?client=firefox-bd&q=Books+on+Conduct+Disorder+for+teachers+and+psychologists

Books for children

The school librarian or library technician should be able to provide a list of picture story books and other resources related to anger and regulating emotions.

- Hoopmann, K. (2008). *All dogs have ADD* – Great for explaining ADD and ADHD to children. UK: Jessica Kingsley Publishers.

- Nadeau, K.G. & Dixon, E.B. (2004) *Learning to slow down and pay attention: A book for kids about ADHD,* 3rd edition. USA: American Psychological Association.

- Stumpf, T. (2014). Journal of an ADHD kid: The good the bad the ugly. Woodbine house.

- Taylor, J.F. (2013). *The survival guide for kids with ADHD.* Minneapolis, United States: Free Spirit Publishing Inc.

- Whitehouse, E. and Warwick Pudney, W. (1996) *A Volcano in my Tummy: Helping children to handle anger.* Warwick publishers, Canada. Excellent useable strategies for teachers and psychologists. Available on Amazon and Booktopia. https://www.amazon.com/Volcano-My-Tummy-Helping-Children/dp/0865713499

Websites

- ADDitude – Inside the ADHD mind https://www.additudemag.com/

- Headspace – Provides youth mental health services for children and young adults aged 12-25 https://www.google.com/search?client=firefox-b-d&q=headspace+australia

- Kidsmatter – ADHD https://www.kidsmatter.edu.au/mental-health-matters/learning-and-learning-difficulties/adhd

Behaviour support and student management resources

- **Psych4schools Behaviour Support Strategies** that can be used in behaviour support plans for a range of issues including building resilience, anxious and worried students, and supporting the child who is bullied are available to Psych4Schools members at

https://www.psych4schools.com.au/members-area/resources/behaviour-support-strategies/ An excerpt of these strategies is available to non-members at http://www.psych4schools.com.au/free-resources/behaviour-support

- **Behaviour Support Plans.** Education and Training, Victoria. A comprehensive guide to writing effective behaviour support plans for students including step-by-step guides, questionnaires and templates. https://www.education.vic.gov.au/school/teachers/behaviour/student-behaviour/Pages/teachplans.aspx
- Rogers, B. (2011). Classroom Behaviour: A Practical Guide to Effective Teaching, Behaviour Management and Colleague Support. Sage, UK.
- White, L. (2012, December 1). 'No more lists of rules: Ask kids how they want to feel.' The Daily Good. Retrieved from https://www.good.is/articles/no-more-lists-of-rules-ask-kids-how-they-want-to-feel - How one class created a classroom charter.

Conducting a functional behaviour analysis

Select appropriate resources to meet your needs

- Basic FBA to BIF, Behaviour Specialist Training http://basicfba.gseweb.org/behavior-specialist-training/
- PBIS World.com https://www.pbisworld.com/
- Queensland Government, Guided Functional Behaviour Assessment Tool https://ahrc.eq.edu.au/services/fba-tool
- Education and Training, Victoria. Functional behavior assessment https://www.google.com/search?client=firefox-b-d&q=Education+and+Training%2C+Victoria.+Functional+behavior+assessment+

Video discussions from the School Psychologist Podcast 'School Psyched'

- Episode 55: Fostering Collaboration, Transforming Lives, Inspiring Change with Dr. Ross Greene https://youtu.be/KHaO62ac5sg
- Episode 32: Functional Behaviour Assessment with Dr. Farmer and Dr. Johnson https://youtu.be/OmFmGpHXX8U
- Episode 40: Functional Behaviour Assessment with Dr. Johnson and Dr. Farmer (Part 2) https://youtu.be/5iJy8cCVY54

YouTube videos

- Behaviour Management Strategies for Challenging Children https://www.youtube.com/watch?v=NvCh0jN_IHw
- Collaborating to recognise and address conduct disorder https://www.youtube.com/watch?v=yRxGHKwTCVg

- Disruptive, impulse control, and conduct disorders https://www.youtube.com/watch?v=XH46Nm1QOcg

- Impulsive and Conduct Disorders https://www.youtube.com/watch?v=_YIZOiguS3c

- What can we do with disruptive children? Debbie Breeze, TEDxNantwich https://www.youtube.com/watch?v=lXSJKIRpmHs

Screening tools and worksheets for psychologists

- Behaviour Assessment System for Children, Third Edition, (BASC-3) https://www.pearsonclinical.com.au/products/view/566

- Child Behaviour Checklist (CBCL) https://www.google.com/search?client=firefox-b-d&q=cbcl

- Conners-3 https://www.google.com/search?client=firefox-b-d&q=the+conners+3

- Strengths and Difficulties Questionnaire (SDQ) https://www.corc.uk.net/outcome-experience-measures/strengths-and-difficulties-questionnaire/

- Therapy worksheets related to anger for children https://www.google.com/search?client=firefox-b-d&q=https%3A%2F%2Fwww.therapistaid.com%2Ftherapy-worksheets%2Fanger%2Fchildren

Self-help tools and apps for wellbeing

Apps and tools marked with * are free

- **Black dog institute, Bite back*** online positive psychology program designed to improve the overall wellbeing and resilience of children aged 13 – 16 years. https://www.blackdoginstitute.org.au/resources-support/digital-tools-apps/bite-back/

- **BRAVE program, BRAVE-Online*** online program focusing on using CBT to help children and teenagers overcome anxiety https://www.brave-online.com/

- **E-couch*** Interactive self-help program with modules for depression, generalised anxiety and worry, social anxiety, relationship breakdown, and loss and grief. https://ecouch.anu.edu.au/new_users/welcome01

- **ReachOut Breathe app*** helps reduce the physical symptoms of stress and anxiety by slowing down your breathing and heart rate. https://au.reachout.com/tools-and-apps/reachout-breathe

- **ReachOut.com Recharge app** is a personalised six week program focusing on improving mood, energy and health by putting in place good sleep/wake routines and wellbeing activity https://au.reachout.com/tools-and-apps/recharge

- **ReachOut.com Smiling Mind app*** a meditation app for young people to help them manage stress, anxiety, depression. https://au.reachout.com/tools-and-apps/smiling-mind

- **ReachOut.com Stop, breathe & think app*** check in daily and track your mood and feel calm. https://au.reachout.com/tools-and-apps/stop-breathe-and-think

- **ReachOut. com, ReachOut WorryTime app** provides a place to store worries and alerts you when it's time to think about them https://au.reachout.com/tools-and-apps/reachout-worrytime

- **Relax melodies apps** Soothing sounds to help with meditation and sleep https://www.google.com/search?client=firefox-b-d&q=Relax+melodies+%28App%29+

- **Three Good Things – A Happiness Journal app*** Increase positivity by writing down three good things that happened to you each day. https://apps.apple.com/au/app/three-good-things-a-happiness-journal/id1242079576

- **This way up, Mindfulness-based CBT Course** is a six-lesson program where you will learn how to tackle symptoms of anxiety and depression https://thiswayup.org.au/how-we-can-help/courses/mindfulness-based-cbt-course/

- **This way up, Teenstrong app*** A six-lesson course for young people aged 12 to 17 experiencing feelings of worry or sadness. https://thiswayup.org.au/how-we-can-help/courses/teenstrong/

Building resilience

Resilience programs marked with * are free

Websites

- **Authentic Happiness** Approaches to happiness developed at the Positive Psychology Center, University of Pennsylvania www.authentichappiness.sas.upenn.edu

- **Go noodle** website with hundreds of videos to get kids moving including mindfulness, stretching, dancing https://www.gonoodle.com/

- **How to help children to flourish** Resources developed by HandsOnScotland to help promote positive mental health (flourishing) for children and young people http://www.handsonscotland.co.uk/flourishing_and_wellbeing_in_children_and_young_people/flourishing_topic_frameset.htm

- **Hub from High Speed Training** How to deal with challenging behavior in the classroom https://www.highspeedtraining.co.uk/hub/challenging-behaviour-in-the-classroom/

- **Institute of Positive Education website** https://www.ggs.vic.edu.au/Institute

- **Kindness in the Classroom** Resources by the Random Acts of Kindness Foundation http://www.randomactsofkindness.org/educators

- **Positive Education Schools Association website** https://www.pesa.edu.au/

- **Smiling Mind*** Mindfulness meditation website and app with classroom resources for children aged 7+ and adults www.smilingmind.com.au

- **Values education resources***
http://www.curriculum.edu.au/values

Website blogs and handouts

- Evely, M & Ganim, Z (2015, May 27). *'Good teaching practice to help reduce anxiety – a few ideas.'* Psych4Schools blog. Retrieved from https://www.psych4schools.com.au/blog/good-teaching-practice-to-help-reduce-anxiety-a-few-ideas/

- Evely, M. & Ganim, Z. (2012). *'What parents can do to help their child with friendships.'* Psych4Schools handout (Available to Psych4Schools members only) https://www.psych4schools.com.au/?mr-category=working-with-parents

- Evely, M. & Ganim, Z. (2012, May 13). *'The foundations for building resilience.'* Psych4Schools Blog. Retrieved from https://www.psych4schools.com.au/blog/foundations-for-building-resilience/

- Evely, M. & Ganim, Z. (2011). *'Relaxation: Deep abdominal breathing.'* Psych4schools handout https://www.psych4schools.com.au/?mr-category=working-with-children

- Ganim, Z. (2011, July 19). *Resilience: What you think determines the way you feel*. Psych4Schools blog. https://www.psych4schools.com.au/blog/resilience-what-you-think-determines-the-way-you-feel/

Apps, videos and physical resources for helpful thinking

- **Beyond Blue's SenseAbility video clips** https://www.youtube.com/playlist?list=PLBC9C42BD404BBA38

- Evely, M. & Ganim, Z. (2014). *Psych4schools Social skills dice – Printable Social skills dice templates for students to make and use.* https://www.psych4schools.com.au/members-area/resources/downloads/social-skills-dice/

- **St Luke's Strength/Feeling Cards for Kids (K-12**) Help identify emotions or strengths and skills, for use in goal setting, exploring values, and ice-breaker activities www.innovativeresources.org

- **Time Timer** https://www.timetimer.com/products/time-timer-ios-app

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