

# *Child Behavior Guide:*

*What you need to know*

*(Revised 2011)*

*Written By:*

*Rachel Skinner, MA, BCBA, LLP*

## Table of Contents

|  |    |
|--|----|
| Introduction .....   | 3  |
| Chapter 1: Daily Routines .....                            | 4  |
| Example of Daily Schedule .....                            | 5  |
| Chapter 2: Basic Needs .....                               | 7  |
| Sleep.....   | 7  |
| Nutrition.....   | 9  |
| Exercise .....   | 11 |
| Loving your child .....                                    | 12 |
| Safety .....   | 14 |
| Chapter 3: Other Factors That Can Influence Behavior ..... | 15 |
| Medications, Allergies and Asthma .....                    | 15 |
| Physical Illness and Pain.....                             | 16 |
| Communication difficulties .....                           | 17 |

# Introduction

I would like to note, prior to your reading this book, about the content. The information and concepts presented in this book are not entirely new concepts about things a parent should be doing with their child. Although, I do provide a lot of tips and ideas that originated from treatment plans I have written for children with behavioral challenges, there are some topics that I have learned more specific details about from other resources that have proven to be extraordinarily helpful. Due to plagiarism, I will not be writing about those specific details, but will inform you of the advantages of reading these resources firsthand and highly recommend you do so for maximum benefit. This book is merely intended to present all of the information I have discovered to be useful in combination together for parents to apply.

Whenever working with a family the first questions I ask during an assessment are: What is your child's schedule? What time does he or she go to bed/wake up? What is your child's diet like? Medications? Allergies? Medical conditions? Most children with behavioral problems will have at least one of the following- poor sleeping habits, allergies, irregular schedules, asthma, seizures, and/or medical conditions. They may often be picky eaters as well. It is only after I have established that a child has a routine schedule, is getting proper sleep and nutrition, and does not have any untreated or poorly treated conditions or allergies that I will begin to implement other behavioral strategies. I often don't have to apply any other strategies because just by having parents focus on these things first, the other child behavior problems are eliminated. Therefore, I strongly urge you to read the information presented and focus on each concept as it may relate to your own child. Then, after reading this book, visit my website [www.child-behavior-guide.com](http://www.child-behavior-guide.com), for additional tips and information related to child behavior. If you do not find what you are looking for, feel free to contact me from the contact page and I will do my best to help.

# Chapter 1: Daily Routines

Children feel most secure when they know what to expect. Especially, if a child is younger (1-3 yrs) or has a developmental delay, it is important to develop a somewhat regular routine for the day. For some parents this is easy when you take them to childcare most days and depend on their caregiver to develop a consistent routine. However, there are mothers and fathers that may stay at home with their children and underestimate the importance of routine. Imagine if every morning you never knew where you were going or what you were doing that day. For most people that could drive you crazy. It would be a day of multiple surprises that over time can be stressful.

A routine is important for developing good sleep habits as well. It is especially important to try and have naps and bedtime at the same time each day as much as possible. I'm not saying that each day should be rigidly structured to the point where your child has a meltdown if just one thing changes from the previous day, but for your average day a regular routine can be very beneficial. It is also helpful in gaining compliance. When an undesirable activity is done at the same time every day it becomes a habit that does not get questioned. You may have difficulty at first, but in a short time you will find it very easy to get them to do things that in the past were a struggle.

One example of this could be a breathing treatment for a child with asthma. My son was diagnosed with asthma when he was 15 months old. Convincing him to sit for 10-15 minutes each day with a mask over his face that was releasing vapors was not easy. Of course we distracted him with books or a television show, but what worked the best was giving it to him at the same time right after breakfast every day. He came to expect it and even ask for it. If for some reason it had to be given later in the day, we could barely get him to sit for 2 minutes.

Scheduling difficult tasks at optimal times during the day is also important. Doctor's appointments are usually best first thing in the morning. If you schedule them later in the day, you risk the chance of having to wait longer. This just increases your risk of having to deal with a tantrum and other cranky behavior once you finally get in to see the doctor. The same goes for trips to the grocery store. Scheduling these after a meal and when your child is well rested is extremely important. You may also, if possible, try to make shorter frequent trips as opposed to one long trip every two weeks. Make sure you always take a list with you to limit the time spent in the store and encourage your children to help by allowing them to hold the list and put things in the cart.

Another technique that helps with compliance for undesirable behaviors is to organize your schedule so that favorite activities always come right after the least desirable activities. Also try phrasing your request like this, "After you are done cleaning your room, did you want to play on the slide or the swing at the park?" Continue prompting by stating things such as, "Remember, the faster you clean your room the more time we will have at the park." You may also say, "We can go to the park as soon as your room is clean."

At the end of the day getting a child to go to bed may always be difficult, but if you stick to a consistent routine each night and bed time, a lot of those struggles will disappear. I would also recommend having them do a short quiet activity immediately after preparing for bed. Getting children ready for bed can often be a struggle because children know it is usually followed by going to bed. However, if you arrange it so that they get ready for bed, do a short quiet activity they enjoy, and then go to bed, you can at least eliminate the struggle to get them ready. Here is an example of how to phrase your request to get ready for bed, "Let's brush your teeth and put your pajamas on and then we can put together your train puzzle!"

Here is an example of a daily routine for a 2-3 year old. If you would like to see an example for an older child, feel free to email me.

Times can be set to your own schedule accordingly.

| Example of Daily Schedule  |  |
|--|--|
| Get up and go to bathroom  |  |
| Get Dressed  |  |
| Breakfast & medications  |  |
| Brush teeth  |  |
| 30 minutes Play with Mom   |  |
| Scheduled activity- park, library, YMCA class, or church on Sunday |  |
| 30 minutes Free Play during lunch preparation                      |  |
| 11:30 Lunch  |  |
| Quiet play time- reading, puzzles, drawing, etc.                   |  |
| 1:00 Naptime   |  |

|  |
|--|
| 3:00 Snack   |
| Scheduled activity- play outside, go for walk, park or library, etc. |
| Plays with Dad or sibling during dinner preparation                  |
| 5:30 p.m. Dinner   |
| Bath and prepare for bed<br>Clean up toys                            |
| Brush Teeth  |
| Quiet Play time- puzzles, drawing, etc.                              |
| Read books   |
| 7:30 p.m. bedtime  |

For children that continue to have difficulties despite having a regular routine, or if you are truly unable to organize your days to be similar, a picture schedule may be the answer. These are especially effective for children with special needs, but should not be limited to their use only.

[Pictures](#) can be found on your computer with clip art or on the internet for a fee on some websites.

If you choose to pick out pictures with clip art, you can print them off, get them laminated and cut them into small squares. Apply velcro to the back of each picture, and apply strips of velcro to one large laminated piece of cardstock. Arrange the pictures in the order in which you are planning their schedule for the day. You may want to go through the entire schedule with them in the morning and then at each activity show them the picture and remove it when completed. This is similar to a "To do list" you may have or your scheduled appointments for the day. The simple act of crossing off the item and knowing it is completed can often be reinforcing.

## Chapter 2: Basic Needs

### Sleep

Sleep is an extremely underestimated need of the body. For children especially, sleep is necessary to proper brain function and development. The [national sleep foundation](#) recommends the following number of total hours of sleep per day including naps by age group:

| Age                 | Hours     |
|---------------------|-----------|
| 0 - 2 months        | 10.5 – 18 |
| 2 - 12 months       | 14 – 15   |
| 12-18 months        | 13-15     |
| 18 months - 3 years | 12 – 14   |
| 3 - 5 years         | 11 – 13   |
| 5 - 12 years        | 9 – 11    |
| Adolescents         | 8.5-9.5   |

There are studies linking sleep disorders to children diagnosed with ADHD. It seems that the less a child sleeps the more prone he is to having attention problems, impulsivity and hyperactivity. You may read tips for helping your child achieve better sleep at night by clicking [here](#).

It may take up to two weeks of putting these methods into practice before seeing better sleep habits. If you continue to have sleep difficulties and have been utilizing all of these methods for two or more weeks, you may want to investigate further. My son began waking up at all hours of the night again when he was about 2 ½ years old. We finally discovered he was having reflux in the middle of the night. This led to eliminating all citrus from his diet (we already didn't give him pop, chocolate or caffeine, which cause reflux also), elevating the head of his bed, and a daily reflux medication. After putting all of these things into place, he finally began sleeping through the night again.

Another option, I highly recommend, would be to get the book *Healthy Sleep Habits, Happy Child* by Marc Weissbluth M.D. This book was my savior when my son was an infant. He provides

great insight on; how to teach your child to fall asleep on his or her own, specific times during the day your child should be napping according to the body's natural circadian rhythms, information regarding specific sleep problems and other very helpful information.

My son had sleep problems from the day he was born. It wasn't until after I read this book and applied the specific sleep times he provided that we noticed a huge difference. We used to just think he must not need to sleep as much as other children. He finally started sleeping through the night and taking naps for up to 3 hours some days. We also used his tips on helping him to fall asleep on his own, which helped him learn how to fall back asleep if he did wake up at night. At nine months he was finally sleeping about 12-13 hours at night and taking two 1 ½ hour naps during the day. Many people would tell us how lucky we were to have such a good sleeper, but it really wasn't luck at all. It was about finding the information we needed and applying it.

For some children, their ability to sleep may not be easily affected by noise or time of day. For others, as in our son's case, it took the application of these techniques for him to get proper sleep. Previously, our son was slightly delayed in speech and some other developmental areas. Although, he is very smart with the things he knows for his age, I believe that part of the reason he was slightly delayed was because he didn't get enough sleep as an infant. I believe his brain just couldn't develop at the speed it needed without proper sleep. Of course now that he is getting proper sleep he is progressing in his development as any other child would, but just a few months behind that of his peers.

We also discovered that he had [sensory processing disorder](#), which is a neurological disorder. I also believe this may have been strongly influenced by his lack of sleep as an infant. After doing the [wilbarger brushing protocol](#) and therapeutic listening, his speech has developed immensely. Now, his speech is not only above the level of his peers, but his thought processes and problem solving skills are much more developed.

In addition to children, I would like to emphasize the importance of parents getting enough sleep. I know it can be difficult for the parent of a child with frequent night waking, as I myself was one of those parents. However, if you are not getting enough sleep, your patience is thin, you become irritable, and react to situations with your child that could have been easily diffused if you were able to think clearly on a good night's rest. It's also very hard to be consistent, an extremely important element in parenting. Take naps when you can and if possible let your spouse help you. One product I have found to be helpful is valerian root. It's a natural herb that helps you to fall



asleep and get good quality sleep. It also works well for those times when you can't fall back asleep after getting up with your child.

## Nutrition

While this next topic may appear to be common sense for children and everyone in general, it is probably one of the most overlooked needs. The body needs a certain recommended amount of vitamins, protein, and essential fatty acids to perform properly. Yet, most diets these days include processed foods with limited fruits and vegetables. I realize that it may be very difficult to get your child to eat these things, but there are ways to increase these vital foods into their diet.

Foods containing sugar, caffeine, artificial dyes and simple carbohydrates often increase anxiety and feelings of nervousness and decrease the ability to pay attention. Foods high in sugar, caffeine, and artificial dyes should be limited throughout the week and used as a treat on rare occasions, such as once or twice a week on the weekend. Sugar is an addictive substance that damages the body similar to crack cocaine at a slower rate. It causes dental deterioration, diabetes, hyperglycemia, and hypoglycemia. It contributes to heart disease, mental illness, depression, irritability, and increases hyperactivity in 50% of children. For more information on why sugar is bad for you check out <http://www.organicnutrition.co.uk/articles/is-sugar-bad-for-you.htm>.

Parents often don't realize how much sugar their children are getting. It is recommended that a young child consume no more than 3-4 teaspoons of sugar per day and an older child no more than 5-8 teaspoons. However, studies show that children are consuming around three times as much sugar as recommended. When a child is on a sugar high they may become distracted, hyperactive and lack the ability to follow directions at times. When coming down from a sugar high you may witness crying outbursts, irritability, and tantrums. This becomes a vicious cycle throughout the day. Attempts to get food with sugar are often a cause for tantrums and outbursts as well. It's almost similar to a person addicted to drugs that will do anything to get their "fix." Pay close attention to how much your children are consuming and limit this unnecessary nutrient as much as possible.

Artificial dyes are another ingredient that many parents don't realize their children are getting in almost every processed food. In Europe, most of these dyes are banned because of their known negative effects on the body. The Feingold Diet is based on eliminating foods with artificial dyes and certain preservatives, such as sodium benzoate and BHT, which studies have linked to behavioral challenges in children. Many children on this diet have shown great improvement in

their symptoms of ADHD and behavioral problems. Dyes can also be found in things, such as toothpaste, that could be affecting a child's behavior.

Sugar and other simple carbohydrates, such as white bread, white rice, and white pasta should be decreased in a child's diet while increasing complex carbohydrates and good sources of omega-3 fatty acids. Complex carbohydrates include whole grains, fruits, and vegetables. They are slower to digest, full of fiber, preventing blood sugar spikes throughout the day and less food consumption overall.

Children should also be eating something at least every 2-3 hours even if only a snack to ensure that blood sugar levels are staying at an optimal level and limiting the chance of fatigue or irritability throughout the day. Often times when children are crying for no apparent reason, throwing tantrums and appear irritable it is because they are hungry. Children don't always know their body's signals for hunger, so it is important as parents to make sure they are eating frequently throughout the day without waiting for them to ask. This includes giving them three meals and two snacks. Some parents worry that this may encourage their child to eat too much and therefore cause weight gain. First of all, if you are giving your children nutritious food this should not be a problem. Second of all, most nutrition experts will recommend that we all eat 5-6 smaller meals throughout the day to prevent overeating and keep blood sugar levels stable.

Other very important necessities children are lacking today, are a daily vitamin and omega 3 fatty acids. Even a child that may eat an abundance of fruits and vegetables with whole grains needs a daily vitamin. It is almost impossible with the way food is processed to get the recommended amounts of daily vitamins through food alone. I suppose if you lived on a farm and only ate food from your garden etc. it is possible, but when purchasing food from a grocery store, the travel from where the food was originally grown, slowly diminishes the food's nutritious value.

Omega-3 fatty acids are also very difficult to obtain from diet alone. You can get them from eating fish, but children are typically not too excited to eat fish regularly. You can also get ALA Omega 3's from flaxseed. This can be found in a health store and sprinkled on cold or hot cereal in the morning or added to baked goods with little taste alteration. You can also add omega-3 fatty acids to a diet by giving your child a fish oil supplement each day. I personally like Barlean's Omega Swirl. It comes in two flavors and tastes great even as a liquid. My son calls it his, "Milkshake." Studies are showing that Omega-3 deficiencies are linked to ADHD, depression, mood disorders,

and substance abuse. For more information about tips for increasing better eating habits and healthier foods click on the following link: [www.child-behavior-guide.com/picky-eaters.html](http://www.child-behavior-guide.com/picky-eaters.html)

You may also get a nutrition assessment that provides specific information about nutritional deficiencies your child may have that are contributing to behavioral challenges and possibly other things. To find a provider near you, go to [www.spectracell.com](http://www.spectracell.com).

## Exercise

The American Academy of Pediatrics (AAP) recommends that children get at least 30 minutes of activity each day every day. The National Association for Sport and Physical Education is increasing the recommended amount to 60 minutes each day. Children have a natural desire to be active. Unfortunately, due to today's society, we can often encourage inactivity through frequent time spent watching television and playing video games. The AAP also recommends no more than two hours spent in front of the television per day. I personally think even that is quite a lot. It is so important to place a daily time limit on these things to avoid having your child lose his or her natural desire to be active.

It is also important for children to see their parents engaged in physical activity on a regular basis. Going for a walk together as a family or joining a local YMCA can provide everyone with bonding time and physical activity. You may also consider having your child join a sport or take swimming lessons. Physical activity is vital to having energy. It improves focus, concentration, and boosts your mood. In fact, for some people the endorphin high it provides becomes addictive. I know it's hard to believe, for those that do not exercise regularly, but it's true.

The best way to stick with an exercise plan is to do it every day at the same time. If, for some reason, you are unable to exercise at your regular time, simply try again the next day. However, do not skip exercising to sit on the couch or do nothing. This eventually leads to more skipped exercise routines and eventually no more exercise until the next time you convince yourself you really should exercise more. It also does not have to be anything extensive. Just a daily 30 minute walk would be better than nothing at all. Over time your child will see your exercise habits and begin to realize its importance. As you increase your child's activity levels, you will see better focus, concentration, and an elevated mood. Having an elevated mood on a regular basis for your child will help decrease incidents of severe anger and aggression.

Some of you may be saying that your child is too active or more like hyperactive. You can't seem to get them to slow down or rest for even 30 minutes unless they are watching TV or playing

video games. I'm guessing these children have poor sleeping habits, spend too much time in front of the TV or computer, eat too much sugar/caffeine or don't get enough omega-3 fatty acids. However, this is just a guess based on my experiences with children that are hyperactive.

It's not to say these are necessarily the causes, but it becomes a vicious cycle. When a child spends time in front of a TV or computer, as mentioned before, it can decrease melatonin in the body disturbing sleep quality. Poor sleep leads to fatigue leading to high levels of cortisol. It also requires a lot of effort from the brain to watch TV. It may not seem like it, but if you pay attention to a show, the TV changes to a new image every few seconds. Every time a new image appears the brain has to perceive the image and interpret the information. When the brain has to perceive and interpret on average at least 20 images per minute, this can be exhausting. That is why TV can cause overstimulation in children and some people to fall asleep. The brain becomes fatigued and then to fight that fatigue the body releases cortisol. Cortisol, being a corticosteroid, causes hyperactivity or that "second wind" and also causes weight gain. It is a similar case for sugar and caffeine. The body gets a "high" so to speak from them and when coming down there is fatigue. This usually leads to more sugar and caffeine or more released cortisol. This causes more problems getting quality sleep leading to more fatigue and a lot more cortisol. A vicious cycle you probably even see in yourself perhaps? By getting an individual's eating habits, sleeping habits and television habits under control, you come to help control activity levels as well.

## Loving your child

Love means so many different things to different people and it's important to know what it means to your children. Every person, including your child, has his or her own love language. You may have heard of the bestselling book, "The Five Love Languages" by Gary Chapman, for couples to read as a way to deepen their relationship. However, there are also books by Gary Chapman titled "The Five Love Languages of children" and "The Five Love Languages of Teenagers." These are great resources for learning what these languages are, finding out what your child's love language is and ideas on things you can do to speak your child's love language on a regular basis.

The problem is that although you may genuinely tell your child you love him or her and give your child hugs and kisses, unless these acts are your child's primary love language, you may be having a miscommunication. No one is disputing the fact that you honestly love your child, but

what's important is that your child feels loved and s/he will feel most loved through his primary love language. It is amazing the difference in a child's behavior when he is feeling loved. Think about a time that you didn't feel loved. Sometimes we can have some pretty crazy behavior when we don't feel loved in an attempt to get love.

Love can also be used somewhat interchangeably with attention. When someone pays attention to you, it is often interpreted that the person cares about you or loves you. The five love languages are each a different way of paying attention to a person. Attention is probably one of the strongest reinforcers for children and this is most likely because it often communicates that you care.

Of course, your child will appreciate all of the love languages to a certain extent, but if their primary love language is not your primary mode of communicating love or providing attention to your child, you risk the chance of a miscommunication and potentially a child that acts out as a result. Regardless of what your child's primary love language may be, I do feel it is essential that each child in a family be provided with undivided one on one attention for at least 15-30 minutes a day by the mother and/or father to help with [attention seeking behavior](#). During this time allow your child to communicate any frustrations s/he is having or to pick a special activity to do together, which does not include watching television. Let your child guide the time you are spending together. The more time you spend with your child, the more you build a relationship with him or her giving positive attention. If a child gets positive attention on a regular basis, then attention seeking behavior does not become necessary.

I realize in today's society that it may be difficult to have time to spend with your child when the need for both parents to work enough to support a family is becoming more and more prevalent. However, I think this is an extremely important component to parenting. Maybe it means scheduling a "daily appointment" to make sure you and your child spend time together. Maybe there are other options to consider in supporting your family that allow you to work at home. One way that I stumbled upon, that has allowed me more time with my family, was by creating my own website through [Site Build It!](#) You may be saying, "Well you had specific knowledge and information to provide to the public, etc. etc." Yet, at one point in time I was just like you searching for an opportunity. It does take time, but Site Build It! is just one opportunity that will allow you the freedom to work at home and spend more time with your children than you ever could have imagined. If you are interested in understanding more about this, please feel free to contact me with questions.

## Safety

Children can display all different types of behaviors when they are in an unsafe environment. It is critical as a parent to be aware of environments your child is in on a regular basis in terms of your child's safety. If your child is frequently crying or showing aggressive behavior at a daycare or in school, do not assume that this is only a matter of him or her behaving badly. There may be another child saying or doing things to your child, a teacher whose mannerisms communicate they do not care for your child, or worse. Children need a positive environment to thrive. Ask to observe in the classroom, to videotape, or if you can afford to, hire a behavior analyst in your area to observe for you. If they do not allow these things, then you must really question, "Why not?"

If your child has an Individualized Education Program (IEP) and you are not happy with the program outlined, do not sign until you agree. Parents often do not realize they have the right to refuse their signature until they completely agree with the outlined plan. The school will be forced to continue having meetings until you agree and will sign the plan. This should give you the opportunity to include your ability to observe in the classroom or other environmental modifications that are beneficial to your child.

# Chapter 3: Other Factors That Can Influence Behavior

## Medications, Allergies and Asthma

Before giving your child a medication, always be sure to check the side effects. A lot of medications can increase hyperactivity, mood swings and irritability leading to more aggressive/defiant behavior and/or tantrums. If you notice a difference in your child's behavior and your child is taking a medication, research whether that medication may be a contributing factor. If you believe it may be a factor, talk to your child's doctor about other options or attempt to decrease to the lowest dosage necessary to still have the desired outcome with your doctor's approval.

Children diagnosed with asthma and allergies are often given medications that greatly affect behavior. Steroid medications are a good example. If they have had an attack or a severe allergic reaction, doctors will prescribe a steroid for a period of time in response to that reaction. This can lead to poor sleep quality, hyperactivity and in some cases severe aggression. There are also mild steroids prescribed for individuals with asthma to take on a daily basis. There may be a great need for your child to take a mild steroid, especially if they are constantly in and out of the hospital due to frequent asthma attacks. You still may want to make sure they are on the minimal effective dosage to limit side effects as much as possible, while still avoiding frequent hospital visits.

Another medication given to children with asthma is a bronchodilator that can cause a child to become very hyperactive and increase other undesirable behaviors. A doctor once described it to me as being similar to giving your child a cup of espresso. Despite some of the side effects of the mild steroids prescribed I personally feel that frequently using bronchodilators does have a worse effect on behavior given my own experience. I have also discovered, after some research, that they are starting to have more natural treatments available for asthma, although I am unable to personally vouch for these treatments at this time.

You and your doctor should always weigh the benefits versus consequences when giving your child a medication. There are also physicians that use more natural methods of treating medical concerns that might be worth looking into for your child to get an evaluation. Although you may determine that the medication is necessary for your child's health, knowledge of this information should at least provide you with an understanding about your child's behavior. This is

very important because it will help you to be more compassionate and gentle with your child when you understand their behavior better.

I once worked at a daycare in which the mother running the daycare said that her son was allergic to peanuts, except that the reaction he had was not one you would typically describe as an allergic reaction. She said that for a period of time he had been displaying aggressive behavior that appeared to be for no reason. After conducting an allergy test, they discovered that despite having given him peanut butter almost daily without any typical allergy symptoms, he was in fact allergic to peanut butter. After removing the peanut butter from his diet, he was a brand new child with very limited aggression. They are also discovering allergies to gluten and casein can affect behavior as well, which is a new therapy for children diagnosed with autism. A [gluten free casein free diet](#) for some of these children has shown considerable differences in their behavior.

Children with allergies are also known to have poor sleep habits and poor sleep quality. While the exact cause is unknown, I assume it may be due to difficulties breathing or reacting to undetected allergies. If you suspect allergies, you may want to contact a local allergist to have a range of allergy tests done.

## Physical Illness and Pain

When a child is not feeling well, it is not always obvious to a parent or caregiver. Sometimes the child may have a headache that is just painful enough to cause some irritability. It may make them refuse to do things that they just don't feel up to doing at that time. Children do not always have the ability to verbally communicate when they aren't feeling well. Therefore, when your child suddenly becomes defiant you may want to verify there isn't something else going on. Some parents will push their children at this time without realizing it and cause their child to use other means, such as hitting, to communicate they don't feel well and don't want to do what you are asking. Of course, there will be times when it is obvious they are not feeling well, but always keep an open mind in situations to determine whether this may be a factor in your child's behavior.

[Self injury](#) can be a sign that your child is in pain at the part of their body they are hitting. I have worked with children that would bang their head on the wall when they had a headache or hit their ear when they had an earache. There was also a girl that would frequently pick her skin to the point in which her body was completely covered in scabs. A lot of behavioral interventions were put in place, such as keeping her hands busy and positive reinforcement for doing other behaviors than picking, etc. Despite these interventions nothing seemed to be working. When I began working with



her, I noticed that usually the picking began as a scratching behavior. An antihistamine was prescribed for her, as well as daily lotion, and most of her sores were gone in about a month.

## Communication difficulties

Finally, we get to one of the most common reasons for behavioral challenges - inability to effectively communicate. Imagine being in a foreign country that speaks a language you do not know anything about. Now imagine you are there and do not have arms. Say you are hungry and just want to find some food, but no one understands your language. You don't have your arms to make gestures. You may begin crying and screaming in effort to get someone to just understand that you are hungry and you want some food. Now, this scenario is a bit extreme of course, but for young children and children with developmental disabilities this is their reality.

There are a lot of options available to help children learn to effectively communicate regardless of whether they are able to speak or not. It is also said that children as young as 8 months have the ability to use sign language as a method of communication. Utilizing sign language starting around 7 months can be incredibly beneficial when your child is 15 months old and throwing a [temper tantrum](#) because you have no idea that they wanted more cheerios. Some children won't even try to communicate before immediately screaming and throwing a tantrum unless they have already been taught how to communicate that specific need. Even then children will still often times resort to screaming behavior initially before signing or stating what they need. Repetition is very important in helping children to learn. It is also good to only respond when they have effectively communicated when you know they are able to do so. If you are constantly satisfying their needs as soon as they scream or do other behaviors and are not making them communicate appropriately, you will continue to reinforce these undesirable behaviors. Prompt them verbally or by modeling to either use their words, sign language, or through the use of a [picture exchange communication system](#).

**For example**, if your child is upset because he is having trouble stacking his blocks and starts whining, before going over to him calmly state, "Help?" a few times, then go and help him. Continue doing this until he is able to say or communicate help and then only help him after he has communicated "Help" first. You may still need to prompt him at times, but remain consistent in waiting until he uses his words first. If your child uses sign language or pictures to communicate, do the same sequence, but instead either model the sign for help or point to the appropriate picture he

should use until he hands it to you. You may even help them learn to communicate through typing. One of the most extraordinary examples of this I have seen is the [Carly Fleischmann video](#). Carly is a young lady with autism that was assumed to be unable to do many things, but after learning to communicate by typing, she has opened up a whole new world for herself and her family.

Other tips to help with your child's speech:

- [Increase food textures](#) in your child's diet. This will help to build muscles in your child's mouth.
- Have your child drink through straws to build muscle in the lips and avoid sippie cups.
- Have your child blow bubbles, blow whistles, or blow on kazoos. This also helps to build the muscles in the lips.
- Avoid pacifiers as they can affect the way your child forms words with his mouth and decrease communication opportunities.
- Hold objects by your mouth when saying their name to direct your child's attention to your mouth and how you are forming the word.

I hope that this book has provided you with some valuable information to apply with your own children or to pass on to a friend in need. The ideas and concepts in this book are intended to be applied prior to implementing other behavioral strategies. You may find that after their application, additional strategies may not be needed. However, if you are looking for additional tips and information related to child behavior, visit my website [www.child-behavior-guide.com](http://www.child-behavior-guide.com). If you do not find what you are looking for, please contact me from the contact page and I will do my best to help. Good luck!