

WORKING WITH AGGRESSIVE YOUNG CHILDREN

Comments by **Sandra Griffin**,
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Challenging behaviour in a child puts the child at risk, interfering with his learning, development and success at play. People who work with aggressive young children need to help them develop more successful behaviours.

The principal challenge for professionals working with aggressive young children is to maintain a positive response pattern. As well, in group settings, child care professionals must give the attention aggressive children require without neglecting the other children in a group, and they have to ensure that other children do not get hurt when they work with a physically aggressive child.

Early childhood educators also have to initiate and maintain positive interactions with the challenging children, independently of their difficult behaviours, and they have to avoid seeing the difficult children as abnormal. "We like to think that we like all children, but it can sometimes be a challenge to do so." Yet how we view children has a big impact on how they view themselves.

A key element to helping a child develop successful behaviours is to build on the child's strengths instead of focusing on his challenging behaviours. Equally important is to evaluate the child's environment to see if it is somehow contributing to the child's aggression. For example, is there enough room for the child to be active? Is there too much noise? Or are there too many choices?

Most of the time, when we think of aggression we think of active aggression like hitting. Yet passive aggression is also a challenge, especially among children 3 to 4 years of age. Passive aggression shows up in these children through a lack of coopera-



photo: Marie-Claude Saint-Laurent

tion or participation. Such passive aggressive children are also a challenge to work with.

To manage aggression, whether passive or active, practitioners need a comprehensive understanding of child development and professional

training in how to manage difficult situations. Some aggressive behaviour is part of normal child development in the early years, before children have all the words they need to describe their feelings. That is important to remember. Those who work in

direct contact with children need to know about the environmental and physiological bases of aggression. For example, a child who is tired, who is exposed to stressors at home, or who witnesses acts of aggression at home or on television, may be more likely to exhibit aggressive behaviour.

Developing an individual work plan is a vital ingredient for professionals to use to help a child with challenging behaviours. By observing and recording observations of the child, professionals learn what triggers the behaviour and what could change that could alter it. "As you follow your plan, the less you will react and the more you will be able to be proactive and help the child to find healthy, successful coping strategies."¹

¹ *Interaction*, Winter 2003, p. 31. 🐾

FIRST NATIONS AND AGGRESSION DISORDERS IN YOUNG CHILDREN

Comments by **Pierre Picard, MPs,**
APIRG Director (*Aboriginal Psycho-social Interventions Research Group*).

Despite the lack of scientific or empirical studies on the extent of aggression disorders in young Aboriginal children, the environments in which they grow up leads us to believe that the problem is significant.

In reviews of statistics on the living conditions in the Aboriginal environment, the prevalence of drug addiction, fetal alcohol syndrome, low education levels, poverty, adolescent pregnancy, and suicide has often been noted. All of these rates are clearly higher than Canadian averages. While these factors are generally indicative of the development and perpetuation of various social problems, they are also considered important risk factors in the development

of conduct and behaviour disorders in young children.

Current knowledge on the subject coming from research conducted in the dominant population is very useful. It allows practitioners in Aboriginal communities to better understand the risk factors that are generally comparable from one population to another. By promoting a better understanding of the problem and recognizing that it is during the early years that the foundation for aggression disorders is established, it will be easier to find pathways to solutions that adequately meet the needs of an entire population.

Although the needs for intervention are similar in Aboriginal as well as non-Aboriginal populations, this similarity must not eliminate the need to adapt the methods of inter-

vention to the culture and identity of First Nations.

In this context, it is essential to take into account the social and contextual variables of First Nations in the establishment of prevention and intervention programs. The community and holistic approaches are often best adapted in the resolution of social problems that relate to the heart of the community.

In fact, the social interpretation that First Nations make with regard to social problems and solutions to combat them, describes the emergence and continuation of social problems as being the result of a combination of historical and environmental elements along with psychosocial agents, all of which are interconnected. The solutions must therefore be related to this context. 🐾