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UNANSWERED QUESTIONS: SUPPORTING CHILDREN AND YOUTH PRESENTING WITH CHALLENGING BEHAVIOURS PERCEIVED AS AGGRESSION

As per Dr Yeh's info: If more than a quarter of children are not ready for school entry, should the school system not be adapting to this? It seems detrimental to place more than a 1/4 of our future adults into a stressful situation at such a critical time of development.

Neufeld: I couldn't agree more. But there is very little appreciation or understanding of the construct of school readiness within the school system and even if every child was assessed at the time of entry, probably little that could be done in a system that is so overwhelmed. I have found that the most significant difference for individual teachers is to recognize the factors involved in school readiness and create a context of relationship where developmental lacks can be compensated for.

Can you say more about mixed-feelings. How can a caregiver explore this with a child?

Neufeld: Once a lack of mixed feelings is registered in a child or adolescent, it becomes the responsibility of the caregiver to reduce expectations accordingly and work around the developmental deficit. Most caregivers know how to deal with preschoolers. It becomes more difficult when this emotional immaturity is in children and adults who are long past the preschooler stage of life. As far as supporting the development of integrative functioning in children, one does this by making it as easy as possible to entertain their 'on-the-other-hand' thoughts and feelings. Generally we confront with the element not considered instead of inviting the internal conflict. This dance of integration requires some patience but can bear fruit with even the fetal alcohol child. More importantly than 'working' at this with a child, is the responsibility of caring adults to provide the conditions conducive to its spontaneous development.

Dr. Yeh commented on children learning to manage emotions from 3-5 years old. Can you elaborate on how to best guide a child through this?

Neufeld: From my developmental perspective, it is not a matter of guiding a child, but rather of providing the conditions that are conducive to developing self-control. Children need to safely express emotions before they can feel them, and they need to feel their emotions them before those feelings can mix. Working at the integration process directly is not likely to have nearly as much effect as supporting the natural developmental processes in their work.

Any book/video recommendation for parents around child attachment?

UBC CPD has previously delivered a webinar on Understanding and Supporting Relationships and Caregiver-Child/Youth Attachment. The recording and a list of valuable resources, including books, can be found here: https://www.ubccpd.ca/2021-11-09-covid-19-impacts-understanding-and-supporting-relationships-and-caregiver-childyouth

Neufeld: My book – *Hold On To Your Kids* – is all about supporting child-parent attachments. *Relationship Matters* is a free video resource off the Neufeld Institute website. There are numerous Neufeld Institute videocourses on the subject with the key relationship courses being *The Vital Connection*, *Making Sense of Preschoolers* and *Making Sense of Adolescence*. Family physicians are welcome to request library copies of these DVDs to lend to patients as they see fit.

For children who are perhaps late-developers in their prefrontal cortex, such as those who only get there at 7-9yrs old, are there approaches we can use without having to overly "médicalize" them? These kids are often struggling with friendships and classroom situations.

Neufeld: The key is to support feelings. Most approaches to emotion are either 'calm down' approaches or tend to combat emotion with reason. Many medications used with children can actually inhibit the very feelings that are necessary for healthy development to take place. You can't get prefrontal cortex development by numbing or combating feelings. The brain is programmed to FEEL, but since our vulnerability is in our feelings, requires safe sanctuary for this to happen. The two best sanctuaries for feelings, according to the research, are safe emotional connections with a caring adult, and emotional playgrounds. The more we can provide a child with these safe sanctuaries, the more likely we will see the prefrontal cortex development we are looking for.

Ryan: I would like to add to Dr. Neufeld's response, that caregivers can also seek out opportunities in non-scholastic environments (with appropriate adult scaffolding) to support this social-emotional development. Parents/caregivers are the "expert" of their own child's unique characteristics. Choosing wisely one or two extra-curricular activities where their child can showcase his or her strengths, allows their child to experience new relational interactions. Tendencies that might get them "into trouble" within a classroom environment (such as hyperactivity, impulsivity, novelty-seeking…), can serve as a strength in an alternative environment - and if they can experience positive regard from adults and other children in these interactions, then this environment can act as an additional "playground" to foster development.

Could you comment on aggressive behavior in autistic children who cannot tell the difference between violence in fiction and real world?

Neufeld: The form of aggression is heavily shaped by attachment. Where there is difficulty in attachment, there will be corresponding problems with the form aggression takes. The ultimate answer is to support proper attachments for autistic children to caring adults who can use the power of their attachment to shape their aggression in more acceptable ways. Inviting aggression into play is also a powerful intervention with autistic children.

Would you advise a FP to address/point out of aggressive behavior of a child who is just accompanying parents in the clinic for themselves with a suggestion of making an appointment for the assessment and possible prevention of Learning disability through schooling?

Neufeld: One must always remember that this scenario can be very stressful for a child, especially if they are sensitive or shy, so not to put too much weight on aggression in this setting. However, it would be important to explore with the parents, if one has the luxury to do so, whether aggression is a more pervasive or persistant issue in everyday life. The dynamics of aggression are the same, regardless of other diagnoses that a child may qualify for. So one can deal with aggression through reducing the separation faced, and through supporting alternate outcomes to frustration, regardless of whether the child has a learning disability, a hypersensitivity issue, etc.

Do children have enough opportunity to 'run off' energies?

Neufeld: Not nearly enough in my opinion. We put way too much emphasis on trying to get children to calm down as opposed to inviting their emotional expression in safe ways so that they could calm down naturally. Sitting still is not natural to most children. When there is a sense of being emotionally charged, it is even less natural.

Ryan: This is an easy one word answer: NO!

If interested, check out this link to a 10 minute TED talk that shows how children will self-regulate with physical activity when environments are built in a way that is conducive to this natural tendency (at the 7:48 min time stamp to be exact): https://m.youtube.com/watch?v=J5jwEyDaR-0&feature=youtu.be

Do you have an opinion on where the focus of counselling or therapy supports should be placed and why (i.e. the child vs the parent or both?)

Neufeld: My bias throughout my professional career as been to support the adults who can then become the answer to the child. Children need their parents and parents need us to help them become the answers to their children. Parents may not be the reason a child is troubled, but if the parents are workable at all, they are the best bet for becoming the answer a troubled child needs.

Ryan: A useful analogy is to view the child as the “smoke alarm” for the home, if the smoke alarm is ringing then this means attention is needed. To figure out where best to direct support is a key part of the assessment (could be the child, could be the parent, could be the family system). However, if we are trying to implement a change to a complex system (ie. family dynamics) then involving the parent(s) to be the one implementing the corrective experience has 2 significant benefits:
1) the desired therapeutic intervention can continue to occur throughout the week within the home environment (instead of happening only once per week, or less, in the therapy office space).
2) you leverage the power of attachment between parent and child to improve the efficacy and efficiency of the intervention.

My bias is that any time the “smoke alarm” is ringing, the parent/caregiver needs increased support, regardless of where the “problem” is located. In resourcing the parent (the one with a more developed prefrontal cortex) you increase their ability to self-regulate, which makes them more available to help their child via co-regulation.

How do you approach a common problem where say 1 parent is old school and strict disciplinarian and the other is very permissive and they are separated so parent 50:50

Neufeld: My approach, when working with parents who disagree with how to handle a child's behaviour, is always to point out what, in my opinion, this particular child needs from them, rather than to support one parent over another or one parenting approach over another. I find it works best if I treat each case as an exception rather than take on their general approach to parenting. The good news is that children do not need their parents to be on the same page with regards to parenting. One good child-adult relationship is enough to create a viable womb for spontaneous development to take place.

What is the best answer when a child is showing defiance in transitions from one activity another: ex bathtime-supper-homework?

Neufeld: It depends very much on the age of the child. Generally, a parent should always collect the child before trying to direct them. By collecting, I mean getting in their space in a friendly way, collecting their eyes, some smiles and some nods. Once the attachment instincts are re-engaged, a child is much easier to manage or direct. For very young children, transitions can be handled through singing or rituals. In all cases, one should go easy on coercive measures, as when a child feels coerced outside of engaged attachment, resistance is instinctive. Unfortunately we misinterpret this counterwill instinct as defiance or oppositionality or being strong-willed. The answer for us adults is to not impose our will upon a child when we cannot count on the power of attachment to camouflage the coercion that is taking place. We need to work around this instinctive reaction to coercion until a child develops the mixed feelings that will resolve the issue quite naturally.

Ryan: Find a way to make the transition more fun (ie. songs might help for younger aged children who enjoy music), and give a sense of agency to older children by allowing them to have some input in what kind of signal is used to communicate transitions. For example, during a calm time, the parent can ask an older child what type of signal (word, phrase, sound/song, bird call, or type of touch..) the child would like them to use to signal a change is coming; then the parent can consistently use this (at a preset time eg. 1 min, 5min, depending on developmental age) to signal that a transition is about to occur.

What is the evidence behind Pathological Demand Avoidance? What would you suggest to families who ask about PDA?

Neufeld: I would do my utmost to avoid this dreadful label. I don't think it's British inventor – Elizabeth Newson - liked children. I know for certain she didn't understand them, and what is worse, blamed children for her own arrogant ignorance. The label not only reflects paranoid projection in adults but also makes it impossible to come alongside a child so labelled. My response would be to humanize the language and normalize the dynamics. There are many reasons a child, and especially children with autistic characteristics, will tend to avoid meeting the demands imposed upon them by adults, the first and foremost being that the adults are trying to control them outside a context of engaged attachment. What is pathological is the culture of dealing with children outside of attachment, certainly not the child for being true to their natural counterwill instincts. Fortunately, this syndrome is not an accepted diagnosis by the medical establishment in either Europe or America. Unfortunately it has gained some traction in the UK but it seems to be fanned by very active autism advocacy groups and has a larger-than-it-should existence because of the amplifying effect of the internet.

Ryan: The term PDA is not used in the DSM (Diagnostic and Statistical Manual of Mental Disorders). While this term is being used colloquially across the internet and is sometimes cited as a subtype of ASD (Autism Spectrum Disorder), currently I am not aware of any evidence-based research on PDA that would help direct or influence therapeutic decisions.

(I have no professional recommendation or opinion to offer on this topic; but if clinicians/physicians are curious about how this term gained popularity, patient families have informed me about online patient voice forums such as Autism advocates Harry Thompson “PDA Extraordinair” and Kristy Forbes “Autism & ND Support”. To exemplify that this term is still in flux, some internet and social media posts have changed the meaning of the acronym from “Pathological Demand Avoidance” to “Persistent Drive for Autonomy”).

In situations where the parents are living apart or don't agree on attending family therapy, is the child /youth doomed to incomplete management of their frustration?

Neufeld: Fortunately not, as developing self-control does not depend upon parents living together or attending family therapy. The ability to manage one's frustration will be the result of spontaneous prefrontal cortex development. The issue is whether conditions are conducive enough to support feelings and thus this natural brain development. What such a child or youth truly needs is a safe emotional connection with a caring adult, and/or emotional playgrounds that enable feeling. Sometimes we may need to look outside the family for these answers.

Ryan: The wonderful thing about being a child psychiatrist, and working with children, is that there is no “doomed”; we have the powerful natural ally of the developmental maturation process (CNS is malleable and still re-wiring).