DEALING WITH BEHAVIORAL ISSUES AT SCHOOL

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Children with velo-cardio-facial syndrome (VCFS) often, but not always, have behavioral challenges at school.

The challenges may differ depending upon the child's age and the type of setting. However, three common challenges occur at school. These three common challenges are hyperactivity / impulsivity, anxiety, and/or social withdrawal. It can be quite common for a child to have all three behavioral issues at school. The aim of this review is to present straightforward information regarding how best to manage these challenges in a school setting. When applicable, management suggestions will vary as a function of age.

Hyperactivity / Impulsivity

Compared with the other two behavioral issues, hyperactivity / impulsivity is far more common in younger school aged children with VCFS. Hyperactivity / impulsivity generally decreases with age. While it is certainly possible for an adolescent with VCFS to be hyperactive or impulsive, hyperactivity / impulsivity issues are more disturbing in elementary-school aged children with VCFS.

Effective strategies for managing hyperactivity / impulsivity in non-VCFS populations are likely to also be effective in VCFS. For example, behavior modification (e.g., modeling, feedback, reinforcement) can be used to change hyperactive and

impulsive behaviors. Below are several ideas that may be useful to consider for managing a hyperactive/impulsive child with VCFS in the classroom:

- It is harder for children with VCFS to do the same academic work and exhibit the social behavior expected of their typically developing peers. The young child with VCFS needs more structure, more frequent and significant positive consequences, more consistent negative consequences, and academic supports for assigned work.
- The most effective interventions for decreasing hyperactivity and impulsivity in children with VCFS are those applied consistently within the school setting. Outside of school family therapy and individual therapy, while often beneficial at home, rarely prove to be helpful in decreasing hyperactivity / impulsivity of children with VCFS at school.
- School-based interventions should include hands-on strategies to minimize hyperactivity and impulsivity. Proactive interventions involve manipulating events ahead of time (e.g., preferential seating in the classroom, having the child with VCFS stay near a teacher's aide during unstructured times, etc.) to prevent impulsive behaviors from occurring. Alternatively, reactive strategies are characterized by applying consequences (e.g., positive reinforcement, punishment) following a behavior. For example, a child impulsively kicks another child and is immediately given a time-out for the misbehavior. Likewise, a child with VCFS runs down the hallway to lunch and has to go to the back of the lunch line as punishment.
- Anticipation is the key with children with VCFS. A specific focus should be on common problem situations such as transitions between classes and activities, recess and lunch. Teachers should consider very simple programs (e.g., having a teacher's aide walk near the child with VCFS as they go to lunch; having a wall calendar with a time table they follow using pictures for younger children and lists for older children; having a buddy system in place rather than using an adult aide as this may draw unnecessary focus on the child with VCFS) targeting these brief periods during the day. This means that teachers should plan ahead in managing children with VCFS, particularly during phases of transition across activities or classes. It is during these transition times that the child with VCFS is most likely to not be aware of the shift in rules (and consequences) that has occurred during the transition. It is useful for teachers to take a moment to visually and verbally prompt a child to recall the rules of

conduct in the upcoming situation, repeat them orally, and recall what the rewards and punishments will be in the situation before the child with VCFS enters that activity or situation.

- Rules and instructions provided to children with VCFS must be clear, brief, and visible. Stating directions clearly, having the child repeat them out loud, having the child utter them softly to themselves while following through on the instruction, and displaying sets of rules or rule-prompts (e.g. stop signs, big eyes, big ears for "stop, look, and listen" reminders) prominently throughout the classroom are essential to proper management of children with VCFS. Relying on the child's recollection of the rules as well as upon purely verbal reminders is often ineffective. A child with VCFS may need near constant reminders of rules.
- Consequences used to manage the behavior of elementary school aged children with VCFS must be delivered quickly and more. Punishments for behavioral issues need to be carried out immediately. If not immediate, the consequences will not work as well.
- For any intervention to work, (a) both parents and teachers will need to have daily contact via email or a home-school daily report card and (b) the strategies will need to be very consistent across environments. In other words, the same reinforcers / punishers will need to be used at both home and school.

Anxiety

Compared to hyperactivity / impulsivity which decreases as children age, anxiety appears to be more persistent. In fact, anxiety appears to increase in frequency during middle and high school). In fact, anxiety is one of the most common, if not the most common, problem reported by youth with VCFS.

Below are several ideas which may be useful to consider for managing an anxious child with VCFS in the classroom:

- Without encouragement, anxious children and adolescents often find it difficult to remain in the presence of something that causes them anxiety (e.g., giving a speech in front of the class, a thunderstorm during the school day, etc.) long enough to allow the child to overcome their fears. In some cases, the process of negative

reinforcement maintains the anxiety response. Negative reinforcement is a process that makes the anxiety stronger. For example, when an individual initially comes across an anxiety-provoking situation (e.g., attending school), there is an increase in unpleasant sensations and anxious thoughts (e.g., rapid heart rate). By escaping or avoiding the situation, such as through complaints of feeling ill and needing to miss school, the individual feels immediate relief from the anxiety. This is the process of negative reinforcement. The escape behavior is reinforced by the relief. This escape behavior then makes it more likely that the next time the child is anxious, he/she will attempt to escape or avoid whatever is making he/she anxious. The best strategy for lessening anxiety therefore is to require the child to face their fears and not allow them to quickly escape or avoid the feared situation. Anxiety-arousing situations can be gradually paired with pleasant stimuli such as praise or other tangible reinforcers.

- Teachers and parents can assist the youth with VCFS to view anxiety-provoking situations as problems to be solved and situations with which to cope. The teacher/parent and child with VCFS can build an anxiety management “tool box” including such tools as relaxation training, imagery, correcting negative self-talk, and improving problem-solving skills,. Teachers and parents can use coping modeling, role-play rehearsals, and a supportive therapeutic relationship with the child to help the child

As a rule, parents are actively involved in all facets as team members in the change process. For example, parents are trained in reinforcement strategies, with an emphasis on reinforcing good behaviors) and ignoring excessive complaining and anxious behavior. If parents continue to give anxiety a great deal of attention, the child may be reinforced for continuing to have anxiety.

Social Withdrawal

Another common behavioral issue at school is social withdrawal / social isolation. Below are several ideas which may be useful to consider for managing a socially isolated child with VCFS in the classroom:

- In regards to peer relationships, having one strong peer relationship may be better than having many “acquaintances”. Thus, parents of youth with VCFS may be best

advised to focus on helping to identify same-age peers that may be that one strong peer relationship.

- Youth with VCFS often respond far better to structured peer activities. Thus, these peer relationships may be best realized in a club or group (e.g., Boy Scout, Basketball team) rather than expecting the youth to develop these relationships within an unstructured activity (e.g., playing during recess at school). Forging relationships with schoolmates *outside* of the school setting may be helpful. It is important not to chose the structured activity without input from the child. Ask the child what he/she would like to learn / be a part of .
- Peer modeling involves having children with VCFS observe same-age peers engaged in a social interaction. Future performance of the observed behaviors can then be reinforced. In other words, when the child performs the targeted behavior in the 'real-world', the parents can provide reinforcement such as praise, a lollipop, time on the computer, etc.
- Teachers could also help the process of making friends by choosing a peer mentor to assist the child with VCFS during unstructured times. Typically, a more mature and caring child may be the best peer mentor.
- Group social skills interventions conducted at school with same-age peers may also be an option towards not only teaching specific social skills but also increasing social contacts with children from school.

In sum, children and adolescents with VCFS often have behavioral challenges at school. While there is clearly great diversity in the quantity and quality of these behavioral challenges, hyperactivity / impulsivity, anxiety and social isolation are three common behavioral challenges. The above listed suggestions are designed to help maximize the functioning of children and adolescents with VCFS in the school setting.