

Aggression

Following an acquired brain injury, children may experience difficulties with angry outbursts. Sometimes these behaviours are related to damage to the parts of the brain that control emotions and sometimes these are learned behaviours. Often they are a combination of both.

It is important to consider the situations and events that trigger aggressive behaviour. Identifying these triggers and allowing modification to the classroom and playground routine may minimise the aggressive behaviour.

What you might see	What this could mean	Strategies
<ul style="list-style-type: none"> Child displays aggressive behaviour. 	<ul style="list-style-type: none"> Fatigue. Over-stimulation - triggers such as noise, lights, and other visual information that other children can tolerate can become irritating for a child who has experienced an acquired brain injury. Headache, pain, etc - the child may act aggressively due to irritability arising from headache, pain or other physical discomfort. Confusion – due to language processing, memory or attention problems the child may not have understood instructions or remembered classroom routines and may feel overwhelmed or confused. 	<ul style="list-style-type: none"> Provide the child with breaks between tasks. Alternate difficult and easy tasks. Decrease the amount of time spent doing a task. Choose the child's best time of the day for difficult tasks. Start with expectations for short periods of time for on-task behaviour and gradually increase the duration over time. Reduce unnecessary noise within the classroom. Limit the materials on the child's desk to only those that are currently required. Excuse the child from attending events that will over-stimulate, such as dance concerts, assembly, etc. The child may need to rest in sick-bay, have pain medication, or be allowed to move around the classroom. Ensure the child has understood task instructions. Provide written task instructions. Provide access to a class timetable the child understands. Have another child act as a buddy to clarify instructions.

Aggression Cont'd

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	<ul style="list-style-type: none"> • Frustration of not being able to complete a task. Child may have difficulty completing a task that she was previously able to complete or feels she should be able to complete. Difficulties may arise from absenteeism or cognitive difficulties. • Difficulty communicating – the child may have reduced language abilities following the acquired brain injury. It may be easier to gain the teacher's attention by communicating through a physical act rather than communicating verbally. • Anxiety or fear – some aggressive acts are motivated by anxiety. The child acts out as a means of escaping from an anxiety producing situation. 	<ul style="list-style-type: none"> • Ensure that the task is within the child's capabilities. • Break down the task into steps so that the child can complete the task • Provide an easier version of the task. • Talk the child through the steps of completing the task. • Adopt a firm posture, repeat instructions and directions, keep tone of voice quiet yet forceful. • Provide a physical cue or simple verbal cue the child can use to gain the teacher's attention, that the teacher will respond to immediately and consistently. For example, the child may have a helping hand picture that they hold up and call the teacher's name, so that the teacher can assist thereby preventing the aggression. • Investigate the situation to ensure that the child is not fearful, for example, has another child threatened to touch his/her head, are the children traveling on the bus to an excursion when the child was injured in a bus accident, is the child afraid of being laughed at when standing in front of assembly. • The child may benefit from reassurance about their fear. The school counsellor or rehabilitation team will be able to help in managing this anxiety. • Respond to the child in a relaxed manner, using a firm but reassuring voice and encourage the child to think calmly through the situation.

Aggression Cont'd

What you might see	What this could mean	Strategies
	<ul style="list-style-type: none"> • Reduced capacity to manage frustration. • A child may have learnt that aggressive and destructive behaviour is an effective means of escaping situations and people. 	<ul style="list-style-type: none"> • Prevention is the goal. Aim to intervene before the situation has escalated. The parents will have some good ideas about successful strategies, and trial and error will determine which strategies are most helpful for a child to manage their frustration. • Taking a break – e.g., getting a drink, listening to a song, visiting the year advisor, school counselor. • A physical release of frustration – a walk outside, running in the playground, participating in an active game. • Distraction – doing an alternative activity. • If the teacher or aide is able to recognise the early cues for anger, it might be possible to direct the child to a more appropriate alternative, e.g. 'Why don't you play soccer now that you have had enough of handball'. • Model a calm way of dealing with frustration. • Give praise when the child is able to deal with frustration in an acceptable way. • It is good to maintain a detached demeanour, with a closed but relaxed posture, and using a flat, slightly 'bored' tone of voice, and quiet repetitive instructions. The use of offering two choices and their consequences is useful in this situation.