Information for parents, carers & school staff:

Component 4
Early intervention for students experiencing mental health difficulties
Introducing KidsMatter Primary

KidsMatter Primary is the first national mental health promotion, prevention and early intervention initiative specifically developed for primary schools. It has been developed in collaboration with the Australian Government Department of Health and Ageing, beyondblue: the national depression initiative, the Australian Psychological Society and Principals Australia (formerly the Australian Principals Associations Professional Development Council) with support from Australian Rotary Health (formerly the Australian Rotary Health Research fund).

Through KidsMatter Primary, schools implement evidence-based strategies to ensure students remain 'connected' to school and families and are equipped with the necessary social and emotional skills to manage ongoing challenges and to relate well to others. It also provides parents, carers and school staff with the necessary knowledge and skills to meet the mental health needs of the children they care for, particularly those experiencing mental health difficulties.

In 2006–2008 KidsMatter Primary was piloted nationally in 101 schools across all States and Territories of Australia, all three education systems (Government, Catholic and Independent) and metropolitan, rural and remote communities.

A comprehensive evaluation was conducted by Flinders University, with findings showing that KidsMatter Primary has a positive impact on schools, children, parents and carers. The full report is available at www.kidsmatter.edu.au/evaluation.

July 2010
How to use this resource

Contained in this booklet are resource sheets about KidsMatter Primary and children’s mental health, which may be useful for a range of different purposes. They are designed for you to share with parents, carers and other interested people involved with your school. You can distribute these through your newsletter, emails, as handouts or as a display in your school. They will be helpful in assisting parents and carers who have specific questions about issues related to KidsMatter Primary and to children’s mental health. It could also provide an opportunity for you and other school staff to learn more and research a particular issue that you might be dealing with at your school.

The resource sheets contained in this booklet provide general information about the initiative with specific details about Component 4: Early intervention for students experiencing mental health difficulties. It covers the three target areas; promotion of early intervention for mental health difficulties, attitudes towards mental health difficulties, and processes for addressing the needs of students experiencing mental health difficulties.

The resource sheets in this booklet provide:

• An overview of the specific topic
• A short story
• Practical ideas for parents, carers and school staff
• Where to go for further information and selected references

You can photocopy sheets from this resource, or visit the KidsMatter website for a PDF version of the documents and to find other helpful links: www.kidsmatter.edu.au/
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Children’s mental health difficulties and how to get help

Contents

• Getting in early for kids’ mental health
• Knowing when to get help for children
• How mental health difficulties affect children
• Recognising children’s mental health difficulties:
  1. Suggestions for parents and carers
  2. Suggestions for teaching staff

Please feel free to photocopy as needed.

These materials can be downloaded from the KidsMatter Primary website: www.kidsmatter.edu.au/resources/information-resources/
Further resources

A comprehensive list of resources and references on this and other topics, is available on the KidsMatter Primary website to access and print as required for school staff and parents;

www.kidsmatter.edu.au/resources/information-resources
Getting in early for kids’ mental health

Keeping kids healthy and happy involves looking after their mental health as well as their physical health. Mental health is about the way we feel in ourselves as well as what we do, how we think, and how we relate to others.

Having good mental health means being able to enjoy life. It means being able to handle challenges and relate to others in positive ways. It helps children learn and achieve better results. Good mental health in childhood sets up a base for positive mental health and wellbeing throughout life.

Mental health problems in children

When children do not experience good mental health it affects their behaviour, their feelings, their ability to learn and their social relationships, as well as their physical health and wellbeing. About half of all serious mental health problems begin before the age of fourteen. In Australia serious mental health problems affect approximately one in seven children.

Although mental health problems can be effectively treated, many children who could benefit do not receive professional help. Sometimes this may be because there are few children’s mental health services available in their area. It may be due to a lack of information about children’s mental health difficulties and how to get help.

Misunderstanding about mental health issues is common. Often people talk about mental health in very negative ways. They may believe that having mental health difficulties means a person is weak or stupid. This can stop those who have mental health problems from seeking help when they need it. It can make them feel embarrassed and ashamed. It can mean that they are not seen as a person, but only as a problem. Unhelpful attitudes like these make people with mental health difficulties feel worse. Mental health should not be seen differently from physical health. People with mental health difficulties need care and compassion.

Everyone has problems at times.

When children don’t get help for mental health difficulties they can end up feeling bad about themselves.

They might have trouble getting on with others or struggle with their school work. It can also lead to health problems and family conflict. Problems that are not addressed can get bigger and affect children as they grow up.
Your school has further information and resources that can help parents and carers understand more about children’s mental health. Teaching staff can also help you find out what children’s mental health services are available in your local area.

KidsMatter Primary has developed this booklet to help parents, carers and school staff understand children’s mental health difficulties.

The resource sheets contained in this booklet provide information and suggestions on how to help children experiencing mental health difficulties. They also suggest how you can find professional help when needed.

Mental health professionals have developed a number of very successful ways for helping children with mental health difficulties and their families. Just like taking your child to the doctor with physical health problems, it is important to get help and advice for mental health difficulties.

Helping children to be mentally healthy is a major part of caring for kids. Caring families, schools and communities working together offer strong support for children’s mental health. Sharing knowledge about what to do and where to go for help can make a big difference to children’s lives.

This is why we want everyone to know that...

Getting help is cool in a KidsMatter school!

Further information about children and mental health difficulties is available in the KidsMatter Primary resource sheet, *Children’s mental health difficulties and how to get help* and on our website:

www.kidsmatter.edu.au/resources/information-resources

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
Knowing when to get help for children

Parents and carers are usually the first to recognise when their child has a problem with their emotions, thinking or behaviour. Sometimes, though, the problems may be more obvious at school where teaching staff have the opportunity to observe a range of children and their behaviour. Early signs of difficulty include having trouble managing emotions (anger and/or anxiety), or coping with change, thinking negatively about themselves (e.g., often saying “I’m no good”), working cooperatively and/or making and keeping friends.

Look for B-E-T-L-S

The key things to observe when you are concerned that children may have mental health difficulties are:

- Behaviour
- Emotions
- Thoughts
- Learning
- Social relationships.

How to gather good observations

- Focus on specific things that happen (what you actually see and hear rather than what you think about it).
- Take note of when a particular behaviour happens, where it happens and how often it happens.
- Notice what things trigger children’s problems and what things make them better.

Gathering good observations of particular behaviours is often a first step towards helping children. Looking for all the ‘betls’ allows you to get a clearer understanding of a child’s difficulties. This means better decisions can be made about when children need help and how to help. Finding out how your child responds in different settings allows you to get a more complete picture of how much the symptoms you are concerned about affect your child.
## Observation clues

<table>
<thead>
<tr>
<th>Things to think of</th>
<th>Behaviours that parents and carers might notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the specific things your child does that concern you?</td>
<td>My daughter seems to worry a lot. It stops her from having fun. She gets worried about things at school. She worries that her homework will not be good enough. She worries that the other children won’t play with her.</td>
</tr>
<tr>
<td>Consider your child’s behaviour, emotions, thinking, learning and social relationships.</td>
<td>Getting ready for school in the morning is the worst time, especially Monday morning.</td>
</tr>
<tr>
<td>When and where do they occur? Are there any specific triggers?</td>
<td>At least once or twice a week. She seemed to get worse when one of her friends was moved to a different class. She feels better when her friends phone her at home. She seems to feel included then.</td>
</tr>
<tr>
<td>How often do these things occur? What makes them better or worse?</td>
<td>Since the start of the year. Some children were teasing her because she wears glasses. They stopped it but she stayed anxious.</td>
</tr>
<tr>
<td>How long has your child had this problem?</td>
<td>Usually bottles things up, but then cries over something small. Once upset she can be hard to soothe.</td>
</tr>
<tr>
<td>In addition, take into account:</td>
<td>She does well in class because she puts in a lot of effort. But if she has to do a talk or present her work she gets panicky.</td>
</tr>
<tr>
<td>• how well the child manages feelings</td>
<td>Seems okay with her close friends. But she is very shy with new people.</td>
</tr>
<tr>
<td>• how learning is affected</td>
<td>She says things like “I’m dumb.” “Nobody likes me.” She seems to put herself down a lot.</td>
</tr>
<tr>
<td>• how well the child relates to peers and others</td>
<td></td>
</tr>
<tr>
<td>• any comments the child makes about him/herself or the situation.</td>
<td></td>
</tr>
</tbody>
</table>

## Getting help for your child

If you are concerned that your child has excessive worries, fears, or feels “bad” about her/himself and you are not sure how to go about getting help, try the following steps:

- **Find out more**
  - Talk to teachers or others who have regular contact with your child and find out if they have concerns about your child.
  - Talk to the school psychologist/counsellor
    - The psychologist or counsellor at your school can listen to your concerns and discuss options for helping your child at home and at school.
  - See your General Practitioner
    - Your doctor can help you decide about the need for further mental health assessment and treatment and refer you to a children’s mental health specialist if required.

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)
“There is no health without mental health.”¹

This recent statement from the World Health Organisation emphasises how mental health involves everybody. Mental health – the way we think or feel about ourselves and what is going on around us, and how we cope with the stresses of life – affects our sense of wellbeing as well as our physical health. In this sense everyone has mental health.

Good mental health is vital for learning and life. Children who are mentally healthy are better equipped to meet life’s challenges. They also learn better and get on better with others. Good mental health helps children enjoy and benefit from life experiences, and contribute to their families, friends and society in ways that are appropriate for their age. Good mental health in childhood and adolescence provides a foundation for positive mental health and wellbeing throughout life.

Having good mental health does not mean never having worries or feelings of distress. Everyone goes through difficulties that may have emotional impacts. Feeling worried at times, feeling sad, frustrated or angry are all normal emotions. Mentally healthy children are able to use positive coping skills appropriate to their age to manage feelings and deal with difficulties. They develop effective coping skills as part of their normal development and are not held back by emotional or behavioural problems.

The mental health spectrum
Most children experience good mental health. Everyone experiences occasional difficulties, but for some the difficulties are more frequent or more severe. When difficulties are severe and interfere with many aspects of a child’s life they may warrant diagnosis as a mental disorder. Mental health, mental health difficulties and mental disorders are best represented as a continuum rather than as separate categories.
Mental health difficulties and mental disorders

Mental health difficulties affect approximately 14%, or one in seven, Australian children. Attention Deficit Hyperactivity Disorder (ADHD), anxiety and depression are examples of common mental health problems in primary school-aged children. However, children with mental health difficulties often do not receive appropriate professional treatment. According to national research, only one quarter of children with a mental health problem are likely to get any kind of professional help.

Having mental health difficulties affects children’s emotions and their behaviour. It is distressing for children and may cause concern for those who care for them. Mental health difficulties affect children at home and at school. Other terms for mental health difficulties include mental health problems and emotional/behavioural problems.

A mental disorder may be diagnosed by a mental health professional when difficulties are particularly severe and/or persistent. Diagnosis is based on established international criteria that define specific sets of symptoms and behaviours for each disorder. The symptoms must be severe enough to cause distress and interfere with the child’s ability to get on with everyday activities and enjoy life.

One of the major aims of the KidsMatter Primary initiative is to make information about children’s mental health, and about ways to get help, available to school staff and parents and carers so that children experiencing mental health difficulties can receive appropriate treatment. Identifying children’s mental health problems early and providing effective professional treatment can make a significant difference to children’s lives. It can help to resolve mental health issues before they become worse or entrenched, improving the quality of life for children and their families. Early intervention limits the negative effects of children’s mental health difficulties and provides skills for positive coping that have lifelong benefits.

Children’s mental health difficulties are generally classified as being one of two types: ‘internalising’ and ‘externalising’. Children with internalising difficulties show behaviours that are inhibited and over-controlled. They may have a nervous or anxious temperament and be worried, fearful and/or withdrawn. Children with externalising difficulties show behaviours that are under-controlled. They may have a difficult temperament, shown in impulsive or reactive behaviour. Often this pattern leads to problems with attention, aggression or oppositional behaviour. Externalising behaviours cause problems for others as well as for the children themselves. It is not uncommon for children to show behaviours associated with both internalising and externalising patterns of difficulty. The typical features associated with each pattern are summarised in the table.

<table>
<thead>
<tr>
<th>Features associated with children’s ‘internalising’ difficulties</th>
<th>Features associated with children’s ‘externalising’ difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nervous/anxious temperament</td>
<td>• Difficult temperament</td>
</tr>
<tr>
<td>• Excessive worrying</td>
<td>• Poor problem-solving skills</td>
</tr>
<tr>
<td>• Pessimistic thinking</td>
<td>• Attention problems, hyperactivity</td>
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<tr>
<td>• With drawn behaviour</td>
<td>• Oppositional behaviour (e.g., doesn’t like to be told what to do; won’t follow rules)</td>
</tr>
<tr>
<td>• Difficult peer relationships (can be isolated, rejected, bullied)</td>
<td>• Aggressive behaviour</td>
</tr>
</tbody>
</table>

Children with ADHD often show severe externalising difficulties. Children with other serious behaviour problems also show externalising patterns of behaviour, such as persistent aggression. Children with severe internalising difficulties may be diagnosed with an Anxiety Disorder or with Depression. Other KidsMatter Primary resource sheets provide further information on each of these disorder categories.

Is a diagnosis necessary?
A diagnosis is a medical label that helps mental health professionals make sense of the child’s symptoms. Diagnosing a child as having a particular disorder can help to decide what treatment is needed. However, making an accurate diagnosis can sometimes be difficult. This is because children’s growth and development varies from one child to another and an individual child may show some symptoms of a disorder but not others.

For families it can be a relief to have a name for what is wrong. A diagnosis helps them to explain why their child behaves as he/she does. However, it is important to recognise that a diagnostic label merely describes a pattern of common symptoms. Even though a child may be diagnosed with a mental disorder it remains very important to recognise his/her strengths and meet his/her individual needs.
What causes children’s mental health difficulties?

Unlike some medical conditions that have a direct cause (e.g., the flu is caused by a virus), mental health difficulties and mental disorders are caused by multiple factors that interact in different ways depending on the individual child, family and social circumstances. The diagram to the right shows some of the biological, psychological and social factors that influence children’s mental health.

Any one of these factors can have either a positive or negative influence on a child’s mental health. For example, self-esteem may be high or low, family circumstances may be positive or difficult, and both may vary at different times. Opinions vary as to how much weighting should be given to each of these different areas and which factors are most important for children’s mental health and wellbeing.

Risk factors

- Difficult temperament
- Low self esteem
- Negative thinking style
- Family disharmony, instability or breakup
- Harsh or inconsistent discipline style
- Parent/s with mental illness or substance abuse
- Peer rejection
- School failure
- Poor connection to school
- Difficult school transition
- Death of family member
- Emotional trauma
- Discrimination
- Isolation
- Socioeconomic disadvantage
- Lack of access to support services

Protective factors

- Easy temperament
- Good social and emotional skills
- Optimistic coping style
- Family harmony and stability
- Supportive parenting
- Strong family values
- Positive school climate that enhances belonging and connectedness
- Involvement with caring adult
- Support available at critical times
- Participation in community networks
- Access to support services
- Economic security
- Strong cultural identity and pride

Risk and protective factors for children’s mental health

Through research, a number of specific factors have been identified that increase the risk of children experiencing poor mental health. Other factors have been identified as having a protective effect. Protective factors act to strengthen children’s mental health and wellbeing, making them less likely to develop mental health problems.

The table to the left shows some key examples of risk and protective factors that influence children’s mental health. It is important to note that just because a child is exposed to mental health risk factors it does not mean he/she will experience mental health difficulties. However, when multiple risk factors are present this likelihood is significantly increased.

What to expect in a mental health assessment

Whether or not a diagnosis is made, it is necessary to get an accurate picture of what the difficulties are before effective treatment can be provided. This information is gathered by conducting a mental health assessment.

The mental health assessment occurs at a consultation meeting in which a mental health professional (or sometimes a team) looks into the child’s difficulties, background and needs. Sometimes more than one meeting is required. The mental health professional is likely to ask questions about the child’s early history, progress and difficulties at school, and the family situation.

He/she will want to know such things as:
- in what situations the problems occur
- how the child gets on with other children and family members
- whether there are learning difficulties.

You may be asked to complete questionnaires that will enable your child’s behaviours to be compared with others of the same age. You might be asked to keep a record of your child’s behaviour for a period to help the mental health professional get an accurate picture of the extent of your child’s difficulties. Recording your observations can also help you see the problems more clearly.

The information you provide at the assessment meeting is considered confidential. It cannot be shared with anyone else without your permission. All of the information gathered in the assessment will help the mental health professional understand the problem and the way your family has tried to manage it up until now. Based on this understanding he/she will decide what kind of treatment will be most appropriate.
Treatment
After the assessment has been completed, the mental health professional will evaluate your child’s difficulties and consider his or her strengths and needs. The mental health professionals will discuss a plan for treatment with you and may recommend counselling for:
• the child on their own
• the child in a group of children with similar difficulties
• the family as a whole
• parents and carers to help with understanding and managing your child’s behaviours.

You are entitled to ask questions too. You might like to ask:
• What is the evidence to support the success of this treatment for my child?
• What other options are available?
• How will I be involved with my child’s treatment?
• How will I know if the treatment is working?
• How long should it take before I see an improvement?
• If my child needs medication, are there any side effects I should be aware of?

Treatment for mental health difficulties requires learning new skills and new patterns of relating to others. This takes time. Progress should be reviewed regularly with the treating mental health professional or with your referring doctor to make sure the treatment is effective.

Mental health professionals who may help with children’s difficulties

A good place to start:
• School psychologist/school counsellor
  School psychologists and counsellors provide assessment and treatment for children with mental health difficulties. They advise parents and carers and school staff about helping individual children and may recommend specialist services outside the school.
• General Practitioner (GP)
  Your family doctor will give advice and help you decide whether further investigation and treatment is needed. A doctor’s referral is needed to be able to claim the Medicare rebate for mental health treatment from other professionals.

Other mental health professionals who can help:
• Paediatrician
  Paediatricians are doctors who specialise in treating children. They consider what is normal behaviour for children at different ages to determine if the problem is physical or emotional.
• Psychiatrist
  Psychiatrists are doctors who have undertaken additional training to become specialists in mental illness.
• Psychologist
  Psychologists provide assessment and treatment for a range of mental health difficulties. They do not prescribe medication but offer a range of other therapies.
• Social Worker
  Mental health social workers help individuals with mental disorders to resolve associated psychosocial problems and improve their quality of life.
• Occupational Therapist
  Occupational therapists are trained to assist people to overcome limitations caused by injury or illness, psychological or emotional difficulties or developmental delay.
• Mental Health Nurse
  Mental health nurses specialise in working with people suffering from mental illnesses or psychological distress.

For further information on specific mental disorders look for our KidsMatter Primary resource sheets on Children with anxiety problems, Children with depression, Children with Attention Deficit Hyperactivity Disorder (ADHD), Children with serious behaviour problems and Children with Autism Spectrum Disorders.

Further information on children’s mental health difficulties and KidsMatter Primary can be found on our website:
www.kidsmatter.edu.au/resources/information-resources

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
Some children have emotional and behavioural problems that are mild, short-lived and can be resolved with minimum help and support. Others may have difficulties that seem more serious, and interfere with everyday life. Their emotions or behaviour seem to be different to other children of their age. When problems occur for more than a few weeks and interfere with school, home, friendship or daily life, it is probably time to seek assistance.

The following signs may indicate your child has a difficulty that needs professional attention:
- frequent, unexplained temper tantrums
- unusual fears
- difficulty in going to sleep or staying asleep
- sadness and feelings of hopelessness that don’t go away
- avoiding friends or family and wanting to be alone most of the time
- refusing to go to school on a regular basis
- inability to get along with other young people
- hyperactive behaviour or constant movement beyond regular playing
- noticeable decline in school performance
- frequent aggressive reaction
- severe difficulties with concentration, attention, or organisation
- significant changes in behaviour over a short period of time.

Things to take into account when deciding on the need for treatment include:
1. How severe the symptoms are
   - How much distress they cause
   - How often they occur
2. How much impact the symptoms have on the child
   - At home
   - At school
   - Elsewhere
3. How the child’s behaviour compares with that of other children the same age
4. Any particular experiences within the child’s family, school, community or culture that may be influencing the behaviours of concern
5. How the difficulties are affecting the child
   - Behaviour
   - Emotions
   - Thoughts
   - Learning
   - Social relationships.

Your doctor or school psychologist/counsellor can provide further advice.

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
Recognising children’s mental health difficulties
Suggestions for teaching staff

In partnership with parents and carers, teaching staff in primary schools play an important role in children’s development. As they have a great deal of contact with their students, teaching staff are in a position to notice when children are experiencing mental health difficulties. School staff can make a positive difference to children and their families by assisting them to access help for children’s mental health difficulties.

Children showing early signs of difficulty may have trouble managing their emotions (anger and/or anxiety), coping with change, working cooperatively and/or making and keeping friends. Some of the signs of difficulty that school staff might notice include the following:

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>Emotions</th>
<th>Thinking</th>
<th>Social issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>• frequently avoiding situations that are challenging • fussiness • withdrawal • perfectionism • poor concentration • constant tiredness in school • overactivity • being easily distracted • impulsivity • destructive behaviour • defiant behaviour • noncompliance • repetitive behaviours • unusual and restricted interests.</td>
<td>• nervous temperament • fearfulness • sadness • persistent moodiness • poor self control • irritability • difficult temperament • excessive anger.</td>
<td>• self-blaming • low self-worth • persistent negativity/ pessimism, excessive worrying • thinking others are ‘out to get them’ • thinking in strange or unusual ways.</td>
<td>• severe shyness • being isolated, rejected, bullied • lack of perspective-taking skills • over-talkativeness • poor social skills • being argumentative • aggression towards others • communication difficulties • problems in relating to others.</td>
</tr>
</tbody>
</table>

These kinds of behaviours occur in all children some of the time. It is not the role of teaching staff to provide assessment or treatment of individual children, but there are some things that can be done to help.

• Support parents and carers by listening to their concerns and by helping them to access information and further advice regarding children’s mental health.
• Seek advice from the school welfare team, including the school psychologist or school counsellor, when there are concerns about a particular child.
• Talk with parents and carers to work out together the best way to assist the child.
• Adapt teaching and behaviour management strategies to cater for children’s mental health and learning needs.
• Continue to provide support for students and for parents and carers while children are receiving treatment for mental health difficulties.

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
Children with Attention Deficit Hyperactivity Disorder (ADHD)

Contents

• Why can’t Jason sit still?
• How Attention Deficit Hyperactivity Disorder (ADHD) affects children
• Assisting children with ADHD:
  1. Suggestions for parents and carers
  2. Suggestions for teaching staff

Please feel free to photocopy as needed.

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Further resources

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www.kidsmatter.edu.au/resources/information-resources
Why can’t Jason sit still?

Jason is 7 years old and on the go from early in the morning till late at night. He starts getting dressed at 6 am but he’s still not ready when it’s time to leave for school. Jason gets easily distracted, can never find his things, and forgets what he is supposed to do. At school he has trouble staying in his seat. He gets frustrated quickly and can’t concentrate for very long on his work, so he is falling behind.

When friends come over to our place, he is excited at first but gets upset when they don’t do things his way. He starts one game then suddenly wants to change to a different one. Lately he’s been saying that “School is boring, the work is dumb” and that he doesn’t want to go.

Does Jason have Attention Deficit Hyperactivity Disorder (ADHD)?

It is not easy to say. Many children have lots of energy and like to be involved in everything that is happening. All children have problems with attention in certain situations.

How parents and carers can help:

Children with behaviours like Jason’s benefit from learning how to get organised.

Set up a plan with your child and help him or her to practise.

For example, if your child has difficulty in getting ready for school in the morning, here are some suggestions:

• Write a short list of the tasks that need doing before leaving the house.
• Get your child to help with the list by suggesting the steps or drawing pictures.
• Use the list as a prompt.
• Check each morning how well your child has done and reward success.
• Gradually expect your child to do more by him/herself.

Children may need lots of praise to begin with but as their skills develop, an occasional “well done” will usually be enough to keep them motivated.
What you might see in a child with ADHD...

<table>
<thead>
<tr>
<th>A child with ADHD may:</th>
<th>What parents and carers might notice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• change activities often without finishing them</td>
<td>• gets out soccer ball to have a kick and then goes away and does something else</td>
</tr>
<tr>
<td>• lose or misplace belongings</td>
<td>• leaves jumper at school regularly (and reader, lunchbox, hat and shoes!!)</td>
</tr>
<tr>
<td>• forget what he or she is told to do</td>
<td>• agrees to brush teeth but gets distracted and ends up doing something else instead</td>
</tr>
<tr>
<td>• be restless in situations requiring calm</td>
<td>• can’t sit and finish a meal</td>
</tr>
<tr>
<td>• be always on the go</td>
<td>• can’t sit still on car trips</td>
</tr>
<tr>
<td>• have problems with planning and organisation</td>
<td>• runs everywhere; can’t wait to do the next thing</td>
</tr>
<tr>
<td>• not be thoughtful in social situations</td>
<td>• never seems to wear out</td>
</tr>
<tr>
<td>• frequently forgets sports uniform – takes shoes but forgets shirt and socks</td>
<td>• constantly interrupts others’ conversations</td>
</tr>
<tr>
<td>• not be thoughtful in social situations</td>
<td>• can’t wait for turn</td>
</tr>
</tbody>
</table>

Are you worried that your child is a bit like Jason?
Here’s how to get some help

- Make a time to talk with your child’s classroom teacher about how your child is managing at school and find out what resources the school can offer.
- Ask to speak to the school psychologist or counsellor.
- Talk to your doctor about the possibility of an assessment and referral to a children’s mental health specialist.

A mental health professional may diagnose ADHD when...

1. A child shows the above behaviours far more often than other children of the same age
2. These behaviours occur at home, at school and in the neighbourhood.
3. These behaviours cause problems for the child with his/her friends, his/her teachers and his/her family.

A diagnosis of ADHD can only be made by a mental health professional after a thorough assessment.

Further information on ADHD and KidsMatter Primary can be found on our website:
www.kidsmatter.edu.au/resources/information-resources

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
What would you notice in a child with ADHD?

The most striking features of ADHD in children are difficulties with paying attention, impulsive behaviour and over-activity. Children with ADHD find it hard to control their immediate reactions and frequently act impulsively without thinking first. Children with impaired attention change their activities often without finishing what they are doing. They have difficulty concentrating and remembering what they are told to do.

Children with hyperactivity often talk too much and behave noisily. They seem to be always on-the-go and are frequently restless in situations where they need to be calm. As well, children with ADHD may be careless in dangerous situations. They may constantly interrupt or intrude on others and have difficulty taking turns in games or conversation. Older children with ADHD are often not able to plan ahead or get themselves organised.
Attention problems and ADHD

Poor attention regulation, being over-active and acting on impulse rather than thoughtfully are seen in all children from time-to-time, and may be quite common at different ages. There is no clear cut-off between those with ADHD and those without. For a diagnosis to be made, the difficult behaviours should be far more common than are expected in children of the same age, be evident in more than one situation, and cause problems for the child’s ability to get on at home, at school, or with friends. When behaviours are significantly out of step with the performance of other children, and are causing problems for a child at home, school and with friends, further investigation should be undertaken.

How does ADHD affect attention?

Children with ADHD have been shown to have minor differences in brain function compared to other children, especially with those thought processes that control attention and organise memory. These processes are known as ‘executive functions’.

Executive functions allow us to set goals and maintain focus, screen out distractions, check our progress and regulate feelings. They are necessary for directing our own actions and controlling our emotions. They are also important for learning new things and for organising what is being learned in schoolwork. Because children with ADHD have poor executive functioning, they often have difficulty at school and in social situations. The most common difficulties are with sustaining attention and controlling impulsive reactions. This pattern is referred to as hyperactive-impulsive ADHD. Other children may show inattentive ADHD, where their main problems are to do with the rate at which they can take in and process information.

Though problems with concentration and attention are central features of ADHD, they may still vary under different circumstances. For example, concentration may be good when the child is highly motivated by a video game but be much poorer when reading a book. Problems with attention mean that children with ADHD often experience learning difficulties at school. Poor attention for academic work may also be influenced by the child’s expectation that he/she cannot succeed as well as others.

Executive functions and related difficulties for children with ADHD

<table>
<thead>
<tr>
<th>Executive function</th>
<th>Behaviours you might notice when there’s a problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiating activities</td>
<td>• have trouble getting started – e.g., on homework, chores, getting ready to go out</td>
</tr>
<tr>
<td>Planning</td>
<td>• can’t easily think through steps towards a goal – e.g., doesn’t work out what is needed to complete a task; doesn’t leave enough time to finish homework</td>
</tr>
<tr>
<td>Prioritising</td>
<td>• not able to appreciate the importance of different tasks - may focus on small detail and lose track of a more important task</td>
</tr>
<tr>
<td>Persisting</td>
<td>• finds it hard to keep going at tasks until they are completed</td>
</tr>
<tr>
<td>Organising</td>
<td>• can’t easily think through tasks in a logical way – may lose track of important items; may approach problems in a haphazard way</td>
</tr>
<tr>
<td>Doing complex tasks</td>
<td>• one or two things are manageable, but if a task requires several steps the child may get stuck or mix them up</td>
</tr>
<tr>
<td>Inhibiting</td>
<td>• easily distracted when focus is required, and may find it difficult to control inappropriate impulses – e.g., repeatedly speaks out of turn in class</td>
</tr>
<tr>
<td>Monitoring</td>
<td>• can’t review own performance – e.g., doesn’t check answers, doesn’t keep track of time while getting ready for school</td>
</tr>
<tr>
<td>Shifting</td>
<td>• may be unsettled when moving locations, changing activities or when unforeseen circumstances arise</td>
</tr>
<tr>
<td>Regulating emotions</td>
<td>• may ‘wind up’ easily and have difficulty unwinding; may over-react to minor events.</td>
</tr>
</tbody>
</table>
Children with ADHD at school

Children with ADHD have a difficult time in school as the very areas they have difficulty with are those expected of them by the school. Sitting still, listening to instructions, speaking when it is appropriate, and completing written assignments are activities that involve executive functioning, and so are more difficult for children with ADHD. Their inability to maintain attention and control impulsive behaviour can interfere with the smooth running of the classroom. Their behaviour can also interfere with the learning of other children. Teachers may find it difficult to meet their special needs. Although children with ADHD continue to learn, they often fall behind the progress of other children. As they get older, they may develop secondary problems, such as poor self-esteem and anxiety, because they do not easily fit in to the regular classroom and often receive negative feedback about themselves as students. Early difficulties with attention have been shown to negatively affect achievement at school.

How is ADHD diagnosed?

A diagnosis of ADHD is not straightforward. It cannot be diagnosed by any one clinical or laboratory test. To make a diagnosis, a mental health professional needs to undertake a thorough assessment of many factors. These include the child's progress through early development, any prior experience of trauma or ill health, family circumstances, learning and school behaviours. Parents, carers and teachers should be asked about behaviours they have observed at home and at school. Sometimes parents, carers and teachers will be given questionnaires that rate children's behaviour to help the psychologist or doctor assess the severity of the ADHD symptoms. They will ask how much the symptoms affect the child's capacity to cope at home, at school, and with friends. All of the evidence will be combined to help the mental health professional come to a conclusion about whether the child has ADHD or not.

ADHD and other mental health problems

Children with ADHD are at greater risk of developing other mental health disorders. These particularly include behaviour and learning disorders, such as Oppositional Defiant Disorder, Conduct Disorder, Learning and/or Language Disorders, which may occur alongside ADHD. Children with ADHD may also experience feeling depressed or anxious, have low self esteem and difficulties with making or keeping friends.

What treatments are available?

Both medical and psychological treatments are available. While medical treatment prescribes medication to alter the way the brain reacts to information, psychological treatment emphasises teaching skills for improving attention and managing behaviours. A combination of medical and psychological treatments is often effective. Getting help early for ADHD is important to reduce the related problems of underachievement in school and poor self esteem.

Psychological treatments

Psychological treatment commonly involves:

- parent and carer education about ADHD with specific attention to skills for managing the child's difficult behaviour
- school staff education about ADHD with a focus on skills and strategies for managing the child's difficult behaviour and assisting their learning
- counselling and psychological treatment for the child, including education and advice, and skills training to improve concentration.

Addressing issues of self-esteem, anxiety and peer relationships is also a crucial element of counselling.

Learning new skills can help children with ADHD gain control over the main symptoms more quickly. All children require assistance from parents, carers and teachers to provide structures for their behaviour and learning until they have matured sufficiently to manage for themselves.

It is very important to establish a plan to help the child's learning at school. This plan should focus on ways to help the child overcome difficulties with executive functions. A coordinated approach between home and school has been shown to be of most benefit.

Medical treatment

Psychostimulant medication, such as methylphenidate and dextroamphetamine, can be prescribed to improve concentration and attention. These medications have been shown to improve brain functions related to memory. It is a short-lived improvement and not a cure. Not all children benefit from these drugs. There is current controversy about possible over-prescription, so discussion of the pros and cons with the prescribing doctor is important. Ongoing medical monitoring should check whether the medication is effective and check for possible side effects such as sleeping difficulties and decreased appetite. Medication alone is usually not sufficient treatment for ADHD.
How to assist children with ADHD

Having a child who has ADHD has been shown to put additional stress on family members. Usually parents and carers need to alter their parenting strategies for children with ADHD. Similarly, the classroom with its demands for motivated concentration presents difficulties for children with ADHD, and teachers need to help to prevent children under-achieving.

The best way to support and assist the child with ADHD is to have a coordinated approach both at home and at school. ADHD is a disorder that can look different in different children, so it is important to be aware of each child’s specific strengths and areas of difficulties.

General principles for assisting children with ADHD

• Provide structure
  Children with ADHD require more routine and structure in their day than other children of a similar age. Rules and instructions must be clear, brief, and where possible, presented in charts and lists.

• Maintain a good relationship
  Relationships often become strained with children with ADHD whose behaviour is often stressful to deal with. Having fun and taking note of children’s interests are important in relationships. Trying to maintain a good relationship with children will assist with their self esteem and help them to be more cooperative.

• Become a keen observer
  Keep an eye out for the things that trigger certain behaviours in the child and when they occur with different people in different situations, for example, over-stimulation at birthday parties. Noticing these things will help in managing difficult behaviours.

• Provide praise and positive reinforcement
  It is important to provide positive statements and praise when children are behaving well, and to focus more on this than on negative statements about difficult behaviour. This is important for all children, but particularly for children with ADHD.

Further ideas for helping children with ADHD are provided in the accompanying materials: Assisting children with ADHD - Suggestions for parents and carers and Assisting children with ADHD - Suggestions for teaching staff. For an example of how parents and carers might recognise ADHD and some suggestions for helping, read the parenting resource sheet titled Why can’t Jason sit still?

Further information on ADHD and KidsMatter Primary can be found on our website: www.kidsmatter.edu.au/resources/information-resources

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
Assisting children with ADHD
Suggestions for parents and carers

Children with ADHD have problems with keeping their attention on the task in hand, not shifting from one thing to another, and thinking through the consequences following some action. These difficulties seem to delay the child taking control of his/her own behaviour.

How you can help
Parents and carers can help by setting up clear expectations and routines. Children learn skills for self-management when they have a structure to guide their behaviour. Discipline strategies that work with other children also work with children who have ADHD, but they need to be put in place more strictly and over a longer time span until the child’s self management has developed. If you find yourself irritated by your child’s behaviour, remember that he or she may be struggling more than other children to learn how to respond as expected.

- **Be consistent**
  Set up rules and daily routines to provide a structure for children with ADHD. Be consistent with your expectations. This helps children to remember what is expected of them so that they can learn to regulate their own behaviour.

- **Give clear instruction**
  Make instructions brief and to the point. If necessary ask your child to repeat them to ensure that he or she has heard and understood what you meant.

- **Give prompt feedback**
  Feedback and consequences work better when given straight away.

- **Avoid the negatives**
  Ignore minor misbehaviour. Stay out of power struggles. Avoid strong criticism.

- **Incentives before punishment**
  Use praise and reward to increase motivation and build cooperation. Program yourself to see the achievements rather than the mistakes. Look for reasons why the child has not done as expected and use penalties sparingly.

- **Less talking, more action**
  Showing children as well as telling them what is wanted ensures the message is understood. Follow through on what you have asked your child to do and help them to finish what they have started.

- **Teach skills**
  Teach your child problem solving skills, time management skills, good work habits. Spell out what is involved in easy steps.

- **Plan ahead**
  Help your child to make plans that organise what he has to do. Create lists and display them as reminders for your child.

- **Be a coach**
  Encourage rule following, monitor progress and increase motivation.

- **Look after yourself**
  Having a child with extra needs can be stressful. Be sure to take care of your own needs too.

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)
Assisting children with ADHD
Suggestions for teaching staff

Assisting in the classroom
Helping children with ADHD to engage better in learning activities can be achieved by adapting classroom instruction to their need for support with self-regulation and planning/organisation, as shown in the following examples.

<table>
<thead>
<tr>
<th>Area of difficulty</th>
<th>Ways of adapting school room instruction</th>
</tr>
</thead>
</table>
| Initiating activities |  • Ensure the child has understood instructions by asking him/her to repeat them.  
  • List equipment needed for the activity at the child’s workplace. |
| Planning           |  • Assist the child to make a list of steps needed to get to the goal.  
  • Number the order of steps to be taken. |
| Prioritising       |  • Teach problem solving skills by considering pros and cons.  
  • Map goal setting steps in graphic format. |
| Persisting         |  • Shorten assignments and work periods; use a timer.  
  • Provide feedback on progress.  
  • Seat the child near a good role model for some of the time. |
| Organising         |  • Provide the child with structure for project work and daily routine. |
| Doing complex tasks |  • Set short-term goals in completing assignment.  
  • Use a checklist and chart progress to make it more fun. |
| Inhibiting         |  • Ensure class rules are clear and understood.  
  • Praise the child when he/she follows rules.  
  • Cue the child to note the actions of others. |
| Monitoring         |  • List requirements of tasks.  
  • Prompt self-monitoring, e.g., “Let’s look at the instructions again. What do we need to check?” |
| Shifting           |  • Provide cues and procedures when changing activities.  
  • Ensure practice and give positive feedback. |
| Regulating emotions |  • Set up a behaviour contract. Support with calming down procedure.  
  • Attend to positive behaviour with praise and avoid criticism.  
  • Prompt helpful self-talk, e.g., “I need to think things through before I act.”  
  • Provide rewards sooner rather than later. |

Assisting in the playground
Children with ADHD have even more difficulty in the playground than in the classroom. Schools can help by proactively promoting positive behaviours for all children in the playground and by providing structure and supervision at playtime.

1. Raise awareness in the whole school of fun and safety in the playground and involve children in creating strategies for making the time safe and full of fun.

2. Set up a system of positive reinforcement for acceptable playground behaviour. Give positive reinforcement for:
   • playing a game cooperatively  
   • putting away play equipment  
   • observing rules regarding regulated areas.

3. Provide some supervised playtime activities, e.g., group games or workshops. This can help children with ADHD to improve their social skills and reduce the school’s need to deal with disruptive behaviour. In addition, an individualised plan for structuring lunch or recess time for the child with ADHD may be required.

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
Children with anxiety problems

Contents

• When will Sara stop worrying?
• How anxiety problems affect children
• Assisting children with anxiety problems:
  1. Suggestions for parents and carers
  2. Suggestions for teaching staff

Please feel free to photocopy as needed.

These materials can be downloaded from the KidsMatter Primary website:
www.kidsmatter.edu.au/resources/information-resources
Further resources

A comprehensive list of resources and references on this and other topics, is available on the KidsMatter Primary website to access and print as required for school staff and parents;

www.kidsmatter.edu.au/resources/information-resources
When will Sara stop worrying?

Ten-year-old Sara is hard to get to school in the mornings. She seems happy all weekend until Sunday night arrives. On school days, it’s hard to get her out of bed. When she finally does get up, she takes ages to get dressed. She often complains to her mum that she feels sick. She says 20 times, “When are you picking me up from school?”

When she has been at school Sara always does her homework without any fuss. Often she takes extra time to make sure it is just right. Lately Sara has not been paying attention in school and has been telling the teacher she feels sick and wants to go home.

At night Sara won’t go to bed by herself. She says she’s scared of burglars. She won’t go on sleepovers to her friends’ houses either. Her father thinks it’s just a passing phase, but her mother is concerned.

Does Sara have an anxiety problem?

She may have, so further investigation would be a good idea. Anxious children see the world as a dangerous place. They fear getting hurt, either physically or socially. They feel anxious even when there is no actual danger. The way children deal with their anxiety can make it worse. If children keep on avoiding the things that make them anxious they don’t learn effective ways to cope and their anxiety may keep growing.

How parents and carers can help:

Children with anxiety problems lack confidence in their abilities and feel overwhelmed easily. They are not “putting it on” or trying to take the easy way out. They need to learn how to cope with worries and build confidence. This does not mean just telling them not to be silly. It means providing positive support and teaching them the emotional and thinking skills that can help them.

Parents and carers can

• Teach children to be brave by showing them you believe they can do things and encouraging them to have a go even when they are scared or worried. You might remind them of a time when they were brave and it worked.

• Break larger goals into small steps that children can succeed with, and praise their success.

• Help them learn relaxation skills. Breathing slowly to calm down and imagining yourself coping in a scary situation are really helpful ways of managing anxiety. Doing it with them is a fun way to start.

• Teach children helpful self-talk. Instead of saying to themselves “I can’t do this” encourage them to say “I’ll give it a go”. Help them to see that by worrying less they can do more and feel better about themselves.
What you might see in a child with anxiety problems...

<table>
<thead>
<tr>
<th>A child with anxiety problems may:</th>
<th>What parents and carers might notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• seek reassurance often</td>
<td>• clings to parent or carer</td>
</tr>
<tr>
<td></td>
<td>• asks for help with things they can do for themselves</td>
</tr>
<tr>
<td>• avoid situations they feel worried or scared about</td>
<td>• doesn’t want to get ready for school</td>
</tr>
<tr>
<td></td>
<td>• won’t go to sleep without parent or carer</td>
</tr>
<tr>
<td>• try to get others to do the things they are worried about</td>
<td>• asks “will you do it for me?” a lot</td>
</tr>
<tr>
<td></td>
<td>• asks “will you tell them for me?”</td>
</tr>
<tr>
<td>• tell you they have physical pains</td>
<td>• often complains of stomach pains or headaches</td>
</tr>
<tr>
<td>• dislike taking risks or trying new things</td>
<td>• worries a lot about doing things right</td>
</tr>
<tr>
<td></td>
<td>• prefers to watch others rather than have a go</td>
</tr>
<tr>
<td>• have lots of fears</td>
<td>• scared of the dark, dogs, injections, being alone, germs, tests</td>
</tr>
<tr>
<td>• get upset easily</td>
<td>• often cries over small things</td>
</tr>
<tr>
<td></td>
<td>• complains “he’s teasing me” a lot</td>
</tr>
<tr>
<td>• have lots of worries</td>
<td>• always sees the dangerous side of everything</td>
</tr>
</tbody>
</table>

Are you worried that your child is a bit like Sara? Here’s how to get some help:

• talk with your child’s classroom teacher about how your child is managing at school and find out what resources the school can offer
• ask to speak to the school psychologist or counsellor
• talk to your doctor about the possibility of an assessment and referral to a children’s mental health specialist.

A mental health professional may diagnose an anxiety disorder when...

1. A child gets anxious more easily and more often than other children of the same age.
2. Anxiety affects them in lots of settings – at home, at school and in their community.
3. The problems with anxiety interfere with the child’s ability to get on at home, school and with friends.
4. The fears seem to be out of proportion to the risks in their life.

Further information on anxiety and KidsMatter Primary can be found on our website: www.kidsmatter.edu.au/resources/information-resources

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
How anxiety affects children

In addition to feeling highly anxious, children's thinking is usually affected. The threat or danger they are concerned about appears to them to be much greater than it actually is. Thinking about the situation that causes them to be anxious makes them more worried and tense.

Children with anxiety may develop their own strategies to try to manage situations that cause them distress. Often this involves trying to avoid the situation or having a parent or other adult deal with it for them. Avoiding a situation makes it more likely that the child will feel anxious and be unable to manage it the next time. This behaviour makes it more difficult for the child to cope with everyday hassles at home, at school and in social settings.

Anxiety can also result in physical difficulties such as sleeplessness, stomach aches, headaches, or diarrhoea. It can also involve irritability, difficulty concentrating and tiredness.
How would you notice anxiety in children?

At home
- Fear and avoidance of a range of issues and situations.
- Headaches and stomach aches that seem to occur when the child has to do something that is unfamiliar or that they feel uneasy about.
- Sleep problems, including problems falling asleep, nightmares, trouble sleeping alone.
- Lots of worries and a strong need for reassurance.

At school
- Wanting things to be perfect. For example, a child may be so dissatisfied with his/her own work that he/she will tear it up and redo it several times.
- Reluctance to ask for help. Sometimes anxiety creates an obstacle that prevents children asking for help from the teacher about a problem with learning. Children who ask too much for reassurance may also be overly anxious.
- Difficulty joining in. Children with high levels of anxiety may be afraid to join in class discussion, take part in sport or games or go to school camp.
- Requests to go to sick bay. Anxious children often complain of stomach aches and headaches.
- Fearful of test situations. Some children do not do as well as they can in test conditions because they are struggling with anxiety. They may be too self conscious to perform in front of the class.

Common anxiety disorders in primary school-aged children

<table>
<thead>
<tr>
<th>Type of anxiety</th>
<th>What that means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation Anxiety</td>
<td>Separation Anxiety relates to fear and distress at being away from the family. There is commonly a fear that something bad will happen to a loved one while they are separated. Fear of separation is considered normal up to two years of age, but it should lessen as children get older.</td>
</tr>
<tr>
<td></td>
<td>Children with Separation Anxiety may complain about feeling sick. They may make frequent trips to the sick bay at school or sometimes refuse to go to school altogether. School camps and sleepovers are commonly major problems for children with Separation Anxiety.</td>
</tr>
<tr>
<td>Phobia</td>
<td>Phobia is diagnosed when particular objects, situations or events such as injections, spiders or heights bring about intense fear and avoidance even though realistically the threat of harm is small.</td>
</tr>
<tr>
<td>Social Phobia</td>
<td>Social Phobia refers to extreme levels of shyness and fears of being seen in a negative light. Children with social phobia avoid a range of social interactions such as talking to new people, speaking up in class, or performing in public. They are frequently self conscious and will often have a limited numbers of friends.</td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td>Generalised Anxiety Disorder is diagnosed when children have excessive and unrealistic worries about a broad range of possibilities. They may worry about things that might happen, about their own past behaviour, or about how good they are at their schoolwork or how popular they are. They often lack confidence and need a lot of reassurance.</td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>Post Traumatic Stress Disorder may develop following a traumatic event such as being in a serious accident, experiencing a life-threatening event or witnessing extreme violence. Symptoms include changes in sleep pattern, irritability, and problems with concentration. There may also be mental flashbacks and re-experiencing of the event. Themes relating to the trauma may be seen in children’s drawings or in play.</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td>In Obsessive Compulsive Disorder the child is affected by persistent unwanted thoughts, often about dirt or germs, or sometimes a need for symmetry. To try to stop the thoughts the child feels compelled to repeat a particular action, such as washing his/her hands or repeated counting. Older children usually recognise that the thoughts and behaviours do not make sense even though they are driven by them.</td>
</tr>
<tr>
<td>School Refusal</td>
<td>Anxiety can lead to school refusal. When children refuse to go to school as a result of anxiety it is usually accompanied by physical complaints of stomach ache, headache etc.</td>
</tr>
</tbody>
</table>
How do anxiety disorders develop?

Some children react more quickly or more intensely to situations where there is danger or threat. The physical symptoms of anxiety (for example, increased heart rate and faster breathing) are more easily triggered in children with anxious temperaments.

Having an anxious ('internalising') temperament often means that children react more to threat in the environment. This appears to be partly an inherited characteristic. Children with anxious temperaments are often cautious in their outlook and shy in relating to other people.

Sometimes stressful events trigger problems with anxiety. Children who experience more stressful events over their lifetime than others or who have gone through particularly traumatic events may experience increased anxiety.

Learning may also play a part in the development of an anxiety disorder. Some anxious children may learn that the world is a dangerous place. They may learn that it is easy to get hurt either physically or socially. They may fail to learn positive ways to cope and depend more and more on unhelpful ways of dealing with situations that cause them anxiety. Sometimes families may contribute to children’s natural cautiousness by being over-protective. This can unintentionally encourage children to avoid situations they feel anxious about.

How are anxiety disorders diagnosed?

Feeling anxious or fearful at times does not mean that a child has an anxiety disorder. Whether or not a diagnosis is made depends on how often, how easily and how intensely a child experiences the emotional symptoms of anxiety and how much it interferes with everyday living. To make a diagnosis, mental health professionals usually talk to the child and to family members. They may also ask teaching staff, parents, carers and children themselves to fill out questionnaires.

The child’s age is an important factor in deciding whether the anxiety is a serious problem. This is because having certain fears is normal for children. For example, if an infant cries when an unfamiliar person wants to hold him, his fear is judged as perfectly normal for his age. However, if a twelve-year-old girl refuses to go to school because she fears something terrible will happen to her healthy mother, this may be evidence of an anxiety disorder.

What treatments are available?

Early assessment and treatment of children’s anxiety problems is most beneficial. Psychological treatments are highly effective for anxiety. Medication may be helpful in some cases, particularly when anxiety symptoms are very severe.

Psychological treatment for anxiety disorders not only reduces the current problems but also helps to prevent anxiety and depression at later ages.

- Psychological treatment for anxiety typically involves teaching children to reduce avoidance and use more effective coping skills, such as relaxation and learning how to replace unhelpful thoughts with helpful self talk.
- For phobias, treatment may involve gradually being exposed to the feared object or situation and the teaching of coping skills.
- Treatment works equally well whether it is run in groups or individually.
- Families are often involved in treatment. Education about emotions and the role of anxiety is helpful for some families. Family members can provide important support as the child learns new coping skills and practises using them in situations they may have previously avoided. The involvement of parents and carers in treatment has been shown to be especially important for younger children.

Anxiety and other mental health problems

Children often have more than one anxiety disorder. Approximately half of those with one disorder may have a second anxiety disorder. Anxiety is common in children with Autism or Asperger’s Syndrome and also occurs in children with Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder. Anxiety and depression also often appear together. Children with anxiety symptoms are more likely to go on to experience depression as teenagers.

For children whose anxiety is less severe, school-based social and emotional learning programs that build resiliency and coping strategies can be very helpful.

The KidsMatter Primary resource sheet Parenting for your child’s temperament provides more information on children’s temperaments and on adapting parenting practices to suit different temperaments in children and parents.

The KidsMatter Primary resource sheet Helping children cope with fears and worries discusses children’s normal fears, and suggests strategies that can be used to help children manage them.

The KidsMatter Primary resource sheet Helping children cope with fears and worries discusses children’s normal fears, and suggests strategies that can be used to help children manage them.
Steps for learning how to cope with anxiety about speaking in front of others

The child helps to construct the steps from easiest to hardest then practises using coping skills to try the first step. When the child is able to cope without anxiety he/she moves up a step to the next level. Efforts should be acknowledged at each step using praise, rewards and positive self talk.

1. Discussing a school project with a small group of other children
2. Starting off the group discussion
3. Presenting your part of the project to your group
4. Presenting your project to the class as part of your group
5. Presenting by yourself a project you have prepared with your group
6. Giving a two minute talk to class that you have prepared yourself
7. Presenting with your group at school assembly
8. Giving a report on your own at school assembly

How to assist children with anxiety problems

Children with anxiety problems are often quiet and obedient. This can lead to their difficulties being overlooked. It is important to take note of children’s worries so that their problems can be addressed sooner rather than later.

General principles for assisting children with anxiety disorders

- **Increase children’s helpful coping skills**
  Anxious feelings are fed by anxious thinking. It is important not to dismiss children’s anxious feelings, but to help children see that the situations they are worried about may not be as bad as they think.

- **Teach by example**
  Showing children how you cope positively with feeling anxious or stressed and remaining calm and positive when they are feeling anxious can help them to feel more confident.

- **Avoid taking over**
  Children with anxiety are usually very happy for someone else to do things for them. However, if adults take over for them it stops them from learning how to cope for themselves.

- **Encourage children to ‘have a go’**
  Having a go helps to show children that they can cope. Praise or reward them for every step they manage to take.

Further information on anxiety and KidsMatter Primary can be found on our website:

www.kidsmatter.edu.au/resources/information-resources

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
Assisting children with anxiety problems
Suggestions for parents and carers

Children with anxiety disorders see the world as a scary place.
They are overly sensitive to their feelings and lack confidence in their own ability. They try to avoid situations they see as difficult and as a result do not cope with challenges in their environment.

How you can help
Parents and other adults can help by supporting children to be brave. In order to be brave children need to have skills for understanding and managing their feelings. They need to learn about helpful thinking that they can use to encourage themselves to have a go, and they need to gradually build up their confidence by taking on small challenges:

• **Help to recognise and understand anxiety**
  A first step in helping children gain some control over anxiety is recognising when it occurs and how it affects them.

• **Model helpful coping**
  Being a good model involves showing children how to cope with emotions (not just telling them). Show children with anxiety how you use helpful self-talk in a difficult situation - e.g., “This looks a bit scary, but I’ll give it a go.”

• **Discourage avoidance**
  Sometimes when children say they feel sick, they are describing feeling anxious. It is important that children do not avoid school attendance, homework etc. unnecessarily.

• **Praise having a go**
  Encourage children with anxiety to attempt new things and praise them for trying. It is very important to emphasise trying rather than success when anxiety is a problem.

• **Introduce challenges gradually**
  Children build strength and resilience by learning to face challenges. It is important to begin with small challenges that children can meet. For example, a child who is frightened of dogs might start by walking past the house when the dog is barking without having to cross the road. This improves confidence for taking on more difficult steps.

• **Start small**
  Help the child to choose goals for becoming braver and to take small steps towards achieving them. Celebrate his/her success at each step. Experiencing even small successes helps to reduce anxiety.

• **Practise coping skills**
  Practise using coping strategies for difficult situations. Help children talk about problems and come up with possible solutions.

• **Try not to get angry**
  If a child simply refuses to do something even after you have encouraged him/her and broken the task into steps, it may simply be overwhelming at that time. Sometimes, you need to back off and praise the child for doing as much as he/she could. Then later try again with smaller steps and encourage your child to have a go, one small step at a time.

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au
Assisting children with anxiety problems
Suggestions for teaching staff

Children with anxiety problems are easily overlooked at school as they are usually quiet and obedient. Often they get anxious about doing the wrong thing, about their schoolwork not being perfect and about social relationships. Worries about issues that arise outside of school may also interfere with their ability to concentrate in class or relate to others.

How teaching staff can help

- **Teach coping skills**
  Learning about feelings and how they can be managed can really help these children. Regular social and emotional learning that emphasises coping skills will be helpful. Children with severe anxiety will benefit most from a social and emotional skills program targeted for children with internalising difficulties (see KidsMatter Primary Programs Guide listing for Component 4).

- **Discourage avoidance**
  The tendency to avoid difficult situations or tasks stops the student learning how to manage in spite of feeling anxious. Where necessary the task or situation can be modified to provide more manageable steps. However do not force a child to take on something that is too overwhelming.

- **Encourage ‘having a go’**
  Encouraging students to participate and ‘have a go’ helps them get over doubts about their ability to manage. Giving positive feedback for trying can make a big difference.

- **Set realistic expectations**
  Feeling pressure to be perfect is a common problem for children with anxiety disorders. Setting realistic expectations for academic work is important to help them learn to manage their anxiety and stress less.

- **Modify and monitor stressful activities**
  Test situations or class presentations may be particularly stressful for children with anxiety problems. Teachers may need to modify assessment tasks to relieve some of the pressure, for example by providing breaks or extra time for tests, or having children present to small groups rather than the whole class. Monitor the child’s progress and gradually provide more challenging requirements as confidence increases.

- **Develop independence**
  Provide opportunities for children with anxiety to take on special responsibilities that help them support their view of themselves as capable. Developing a sense of independence reduces their need for reassurance and builds confidence.

- **Access help when needed**
  Anxiety can be caused by a range of factors. When children’s anxiety symptoms are severe or persistent it is important to access the help and advice of your school counsellor, psychologist or other mental health professional.
Children with depression

Contents

- What’s making Danielle so moody?
- How depression affects children
- Assisting children with depression:
  1. Suggestions for parents and carers
  2. Suggestions for teaching staff

Please feel free to photocopy as needed.

These materials can be downloaded from the KidsMatter Primary website: www.kidsmatter.edu.au/resources/information-resources
Further resources

A comprehensive list of resources and references on this and other topics, is available on the KidsMatter Primary website to access and print as required for school staff and parents;

www.kidsmatter.edu.au/resources-information-resources
What’s making Danielle so moody?

Danielle has been very touchy lately. She snaps at her brother. She snaps at everyone. Yet when I tell her off, she often bursts into tears and complains, “I never do anything right. You’re always picking on me!” Then she goes off to her room and sulks. This has been happening more and more. She will mope around for a while and then get cranky again and start picking fights with her brother. Danielle used to swim and play soccer, but she doesn’t want to anymore. Now she is having problems at school too. I got a note from her teacher to say that she had an argument in class and left the room. Danielle just says school is boring.

Is Danielle depressed?

It’s possible so further investigation would be wise. An ongoing pattern of irritable behaviour can be a sign of depression. Being depressed is not just being sad or unhappy. It is more serious.

A child who is depressed may...

- have low energy and be difficult to motivate
- lose interest easily in an activity they usually enjoy
- make negative comments about themselves
- look for what’s wrong rather than see the positives in situations
- be very difficult to please
- be easily annoyed or upset
- cry easily and be difficult to soothe
- either have no interest in food or overeat
- have trouble sleeping

Children affected by depression need to feel supported and understood.

Getting moving is important to help them feel better, so try to keep up activities they enjoy. This can also help to show them that life is not all gloom and doom.

How parents and carers can help

- Help children open up by making time to listen to them talk about school, friends and home.
- If unsure how the child is feeling—ask! If they say “Don’t know”, suggest some feeling words and see if any hit the mark with them.
- Help children to get moving by making sure they have engaging activities and are not left to worry.
- Physical activity is a natural antidepressant. Encourage physical activities, such as walking, running, roller-blading, bike riding, swimming – anything that’s physical will help.
- Don’t wait too long for ‘down’ moods to become happy moods. If the change of mood is very severe or goes on for a while without improving, take action. Make an appointment with a doctor or a mental health professional.
Depression affects children’s thinking as well as their mood and their behaviour. They may think they are worthless or that things will never get better. Children who are affected by this kind of negative thinking need help. Counselling can help them learn skills to tackle the depression and get back to feeling better about themselves and about their lives.

A diagnosis of Depressive Disorder is made when...

1. There is a marked change from the child’s previous behaviour or it is not what you would expect at this age or for this child.
2. The behaviour is seen in more than one situation and the depressed mood colours everything the child does.
3. The behaviour causes problems at home, school and with friends, and the difficulties seriously interfere with the child’s ability to get on or to enjoy themselves.

Are you worried your child is a bit like Danielle?

Parents and carers who are concerned that their child may need help should seek advice.

- Ask to speak to the school psychologist or counsellor.
- Talk to your doctor and ask to be referred to a children’s mental health expert.
- Talk to your child’s classroom teacher about ways to support him/her at school.

Sometimes children who are depressed talk about wanting to kill or hurt themselves. Suicide is rare in very young children but does happen occasionally with school age children. If children talk about deliberately wanting to hurt themselves or end their lives it should be taken as a serious concern. They need help from a qualified person with experience in treating children for depression.

Further information about depression in children is available in the KidsMatter Primary resource sheet *Children with depression* and on our website: [www.kidsmatter.edu.au/resources/information-resources](http://www.kidsmatter.edu.au/resources/information-resources)
What is depression?

Feeling depressed is more than just feeling sad. It’s normal to feel sad as a result of being hurt or of losing something or someone special. Depression affects people’s thinking. They see themselves and the future negatively. Along with feeling sad or irritable it may seem that nothing is worthwhile.

From time to time everyone feels depressed but it usually doesn’t last. A clinical diagnosis of depression is made only when the depressed mood has lasted more than two weeks, when it is intense, and when the symptoms of depression interfere with the person’s ability to manage everyday things.

Depression in children is more common than most people would expect. Studies carried out in Australia and in the USA have estimated that 3% of children may suffer from depression.1 The number of children who experience a clinical depression increases with age. There are fewer preschoolers and more teenagers diagnosed with clinical depression.

1
What puts children at risk of depression?

- Children who get depressed often live in families where other members have also experienced depression. This may be due to genetic factors. Alternatively it may be that living with adults who are depressed may change how parents or carers and children relate. A depressed parent may be struggling so much with their own illness that they have less time to spend with the child and they are less able to have fun with them. A third possibility is that the stress affecting the child affects the whole family.

- Stressful events such as death of a parent, parental divorce, changing school, being rejected or being bullied may trigger an episode of depression in children. This is more likely in children with anxious temperaments and when multiple risk factors and few protective factors are present.

- Children who have an early episode of clinical depression have a heightened risk of having another episode later in their life.

What helps to protect children from depression?

- Children with easy temperaments who are able to regulate or get control over their emotions are less likely to develop depression. Children can also learn skills for controlling their emotions.

- Having warm and supportive relationships helps to provide protection from depression. Parents and carers, teachers and friends who provide support help to buffer the effects of life stresses. They also provide models for children to learn problem solving and coping skills.

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**Signs of depression in children**

Children are often unable to explain how they are feeling, especially when depressed. In diagnosing depression mental health professionals look for key signs and symptoms in children's behaviour. When several of the following signs or symptoms occur together and are out of character for the child, they indicate psychological distress and need attention.

### What you might notice in a child with depression

<table>
<thead>
<tr>
<th>Symptoms and signs</th>
<th>What you might notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of pleasure</td>
<td>Uninterested in usual activities</td>
</tr>
<tr>
<td>Apathy</td>
<td>Bored, hard to motivate</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Tired all the time</td>
</tr>
<tr>
<td>Psychomotor retardation (Slowed movements)</td>
<td>Dawdling, dragging self around</td>
</tr>
<tr>
<td>Restlessness</td>
<td>Fidgeting, can't settle</td>
</tr>
<tr>
<td>Irritability</td>
<td>Cranky, bad-tempered</td>
</tr>
<tr>
<td>Agitation</td>
<td>Nervous, jumpy</td>
</tr>
<tr>
<td>Sleep problems</td>
<td>Problems going to sleep or staying asleep, waking early, or sleeping a lot</td>
</tr>
<tr>
<td>Sadness</td>
<td>Unhappy, seems “down” most of the time</td>
</tr>
<tr>
<td>Worthlessness, feeling unloved</td>
<td>Feels bad about him/herself</td>
</tr>
<tr>
<td>Guilt</td>
<td>Blames him/herself excessively</td>
</tr>
<tr>
<td>Social withdrawal</td>
<td>Lonely, avoids other people</td>
</tr>
<tr>
<td>Accident prone, thoughts of suicide</td>
<td>Talks about death or hurting him/herself</td>
</tr>
<tr>
<td>Poor concentration</td>
<td>Doesn't listen, can't focus on tasks</td>
</tr>
<tr>
<td>Memory difficulties</td>
<td>Forgets details, forgets to do tasks</td>
</tr>
<tr>
<td>Impaired thinking processes</td>
<td>Draws wrong conclusions, expects the worst in every situation</td>
</tr>
<tr>
<td>Impaired decision making</td>
<td>Can't make up mind</td>
</tr>
</tbody>
</table>

When adults are depressed feelings of sadness are often very obvious. In children irritability may be more noticeable than sadness. Sleep changes in children are more likely to be a change to sleeping less rather than sleeping more. Loss of appetite and weight loss sometimes occur in children but are less common than in adults with depression.

As well as behaviours that can be observed, children with depression have thoughts of self-criticism and hopelessness. For example, depressed children may think their parents or carers favour other children in the family or that they are useless and “a waste of space”. Some children also have thoughts of suicide.

Suicide attempts are rare under the age of 12 years but they do occur. It is important to take seriously any talk about wanting to die or hurt oneself from a child of any age. Whether such talk represents a clear intention of suicide or is a dramatic way of expressing feelings of depression, it indicates a high level of distress that requires attention.
How is depression diagnosed?

If you are concerned that a child may have depression you should seek a mental health assessment. Your school counsellor or psychologist or family doctor can help with this. They may refer you and your child for expert assessment to a psychologist, psychiatrist or counsellor who works with children.

There is no single test that can tell us whether a child has clinical depression or is just feeling down. The diagnosis of clinical depression depends very much on how intense the symptoms are and how much they interfere with the child's ability to get on with everyday things.

To help with the diagnosis, the mental health professional will need to find out about emotional states, physical changes and stresses that have been experienced by the child in the last few months. This information will be gathered by talking to parents and carers, the child themselves and where possible also to teachers. Sometimes parents and carers will be given questionnaires that help to assess the severity of symptoms and their effects on the child. The mental health professional will use this diagnostic information to put together a treatment plan that will suit the child and the situation.

Types of clinical depression

Major Depression is diagnosed when symptoms are severe enough to cause problems at home, at school and with friends.

Dysthymia may be diagnosed when symptoms are milder but continue for a long time and limit the child's ability to cope with everyday situations.

Depression and other mental health problems

Depression and anxiety often occur together. Symptoms of anxiety in children include having fears and worries and complaining often of aches and pains. See the KidsMatter Primary resource sheet Children with anxiety problems for further information.

Depression and Conduct Disorder may also occur together, especially when the child gets closer to adolescence. The KidsMatter Primary resource sheet Children with serious behaviour problems provides further information on Conduct Disorder.

What treatments are effective?

Psychological treatments are best for depression in children. While antidepressant medication has been found to be helpful for adults the evidence of its effectiveness for children is unclear. There is debate amongst medical researchers about the safety of anti-depressant medication for children. The beyondblue Fact Sheet for Parents and Carers: Antidepressants for the treatment of depression in children and adolescents provides detailed guidelines for parents, carers and professionals about the use of antidepressant medication in children.

Evidence shows that psychological treatment can:

- reduce the time it takes to recover from depression
- decrease the likelihood that another bout of depression will occur.

Coping skills learned in treatment help to protect the child from getting depressed again.

Cognitive Behaviour Therapy is a particularly helpful psychological treatment for children. It helps by identifying the negative thinking patterns that lead to feeling depressed and teaching children skills for changing them. The therapy will be tailored to the individual child, but is likely to include learning skills for:

- telling the difference between optimistic and pessimistic thoughts
- challenging the child’s own negative thinking patterns
- solving problems more effectively
- relaxation and exercise
- engaging in activities that the child enjoys.

The therapy can be offered in groups or to an individual child.

Psychological treatments that involve the whole family are also helpful and are especially important in treatment for young children. Parents and carers can play a key role in encouraging children to use the new coping strategies and setting up opportunities for practising them.

To get the best outcome a treatment plan needs to include strategies to modify the stresses experienced in the child's environment. For example, if the child is being bullied, action should be taken to stop it. If there is conflict in the child’s family, this should be addressed. If there is a family member who is also suffering from depression, they may be encouraged to seek help for themselves as well as for the child.
How to assist children with depression

Depression is a common disorder but it is often overlooked in children. Since the symptoms of depression are often negative behaviours (e.g., irritability, whingeing) it is easy for adults to feel annoyed by them and to blame or punish the child for his or her behaviour. This can lead to missing other signs of depression. Paying attention to children’s underlying emotional states will help adults notice signs of depression earlier so that help can be accessed.

When you are concerned about changes in children’s behaviour and mood that suggest they may be feeling depressed the first step is to talk with them. Even when children are not able to explain why they are unhappy talking with them about problems in a supportive way can often start to improve their mood. If the child’s mood and behaviour does not improve in a few weeks it is important to seek help from a mental health professional.

General principles for assisting children with depression

- **Make time to listen**
  Let the child know that it is okay to ask for help and that you are ready to listen to whatever he/she wants to say. If a particular situation has caused him/her distress, help the child to solve the problem or find ways yourself to improve the situation.

- **Shift their focus onto other things**
  When children are depressed their thinking gets clouded by lots of negatives. The more they think about them, the bigger they become. Encouraging children to keep up with normal routines and activities helps to distract them from negative thinking patterns.

- **Keep active**
  Depression slows down children’s bodies as well as their minds. Keeping active helps to restore physical health and improves children’s mental and emotional wellbeing.

- **Seek professional help**
  When concerned about a child who may have depression, take prompt action to seek help.

Further ideas for helping children with depression are provided in the accompanying materials: *Assisting children with depression – suggestions for parents and carers* and *Assisting children with depression – suggestions for teaching staff*.

For an example that shows the kinds of symptoms found in a child with depression, read the parenting resource sheet titled *What’s making Danielle so moody?*

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Assisting children with depression
Suggestions for parents and carers

Children with depression see the world as hopeless and themselves as helpless. Their mistaken beliefs suggest that nothing can help, that everything is ruined, or that they are to blame. Their thinking and feelings get caught in a negative spiral. Ordinary things often seem too hard. They feel bad and don’t know how to feel better.

How you can help
Parents and other adults can help children with depression by being understanding and supportive. They can show they care by listening and by helping them to sort out problems. They can spend time together with children and let them know they are confident that things will get better.

Provide time and space to talk
Make time and space for your child to talk to you. It works best when you can be unhurried and uninterrupted. Often children find it easier to talk when doing something with you. Doing ordinary things like playing with you at home, going on a shopping trip, or going for a long drive might provide opportunities for them to open up.

Listen fully
If you want your child to talk, don’t judge what they say or offer advice that wasn’t asked for. Allow crying, swearing, or whatever else helps get out whatever is on your child’s mind before you start responding to it.

Help them think again
Ask for other explanations for whatever has happened. Gently ask whether there might be another explanation for things happening the way they did and try to help the child see that it’s not as awful as he/she thinks. Help them find better ways to solve the problem.

Encourage contact with others
Social contact can help to reduce unhappy feelings—it helps to know you’re liked, loved and appreciated. It can help to think about others and not just yourself. Friends can also suggest better ways of thinking about situations.

Do fun things
Having fun has a therapeutic effect. Although children who are depressed may be reluctant to participate at first, fun activities can be extremely helpful for lifting their mood.

Encourage relaxation
Having quiet, unpressured time is important. It lessens nervous tension, and negative thinking.

Don’t wait to seek help
Depression in children is a serious problem and usually does not get better by itself. If you are concerned about a child don’t wait for things to change. Talk with school staff about how your child is going at school. Speak with the school psychologist or your family doctor and if necessary get a referral for treatment.

This resource is part of the KidsMatter Primary initiative. We welcome your feedback at www.kidsmatter.edu.au

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Assisting children with depression

Suggestions for teaching staff

Children who are depressed have difficulty concentrating in class and completing their work.

Their memory may be affected. They have difficulty relating to classmates and to teaching staff. Their learning suffers and there may be long term effects on their school achievement unless they receive prompt treatment.

How teaching staff can help

Teaching staff can be alert to the possibility of depression as an underlying cause of children’s changed behaviour and mood. They can address any school-based triggers for children’s distress. Peer group difficulties, especially bullying, are common triggers for children’s depression.

Connect with parents and carers

It is important to share information obtained through school observation and to find out whether the child’s mood is similar at home. When mood and behaviour changes are evident in more than one setting it usually indicates that the problems are more severe.

Talk with the school psychologist or counsellor about your concerns

Discussion may be helpful in coming to a conclusion about what should be done to help the child who has raised concern. It may lead to a meeting being set up with the parent to talk further.

Give positive feedback

This is important for all children. It is even more important when children are depressed as they are likely to be super attuned to picking up negative feedback about themselves and over reacting to it.

Provide opportunities for success

Let children know you have confidence in their ability and support them to succeed socially and academically.

Encourage getting involved

Children with depression may lack their usual level of energy and complain of being bored. Provide praise for their efforts. Engage them in physical activity and pleasant events.

Model positive actions

Label experiences positively. For example: “That was fun”; “I liked Jack’s joke. It made me smile.”; “I like stories with happy endings. They make me feel happy too”.

Foster positive social relationships

Children who are depressed often withdraw from social contact, however friends can provide critical support. You may need to remind others about how to help everyone feel they belong.

Teach problem solving skills

These can help children who are depressed to generate a range of possible positive solutions.

Provide extra learning support

Teaching staff may need to help the child to catch up once the depression has started to lift. This is important as failing in school can be a source of stress that aggravates depression.
Children with serious behaviour problems

Contents

• Sam is on a short fuse
• How serious behaviour problems affect children
• Supporting children’s decision making skills:
  1. Suggestions for parents and carers
  2. Suggestions for teaching staff

Please feel free to photocopy as needed.

These materials can be downloaded from the KidsMatter Primary website: www.kidsmatter.edu.au/resources/information-resources
Further resources

A comprehensive list of resources and references on this and other topics, is available on the KidsMatter Primary website to access and print as required for school staff and parents;

www.kidsmatter.edu.au/resources/information-resources
Sam is on a short fuse

Sam, who is 8 years old, gets frustrated and angry very easily. He does not like being told what to do. He argues over every little thing. If we say no to him, he starts yelling and carrying on. It makes you feel like you are in a battle with him. Once he is angry, he finds it very difficult to calm down. When he gets like this, it is impossible to reason with him. He has even picked up whatever is nearby and thrown it.

His teacher says Sam can get like this at school too. He wants to have the last say in everything. He even argues with the teacher about what he should do next. Last week when he was sent to the Principal’s office he swore at the teacher and refused to go.

Sam is lively and always looking for fun but he has trouble making friends. At school, he has been sent in from the playground for fighting quite a few times, but he never believes it is his fault. He thinks others pick on him and treat him unfairly.

When children behave like Sam

When children behave like Sam they are sometimes seen as naughty. Sometimes their parents are blamed for not controlling the child’s behaviour. But for some kids, being able to control feelings and behaviour is much harder than for most. It’s as if they are “on a short fuse”. They react before they think. This gets in the way of them behaving better.

Children who act like Sam often bring out an angry reaction from people around them. They think others are over-reacting and then start believing they are being treated unfairly. These children need extra help to learn new skills so that their behaviour changes.

It is important to help children with behaviour problems when they are young, because some of those with severe problems in the younger age group will have even greater problems in teenage years and adulthood. If the problems are not addressed they can lead to school drop-out and delinquent behaviour.

How parents and carers can help

• Remember to emphasise the good things about your child. Keep a record of all the things the child does well each day.

• Review them at the end of each day to remind yourself as well as your child of his good points and strengths.

• Set house rules. For example, physical fighting should be forbidden in Sam’s household.

• Be consistent about the rules you set and make sure that consequences for breaking them are appropriate and fair.

• Prompt children to use words instead of fighting to settle disputes.

• Reward cooperation and getting on without conflict.

• Use time out (time away from each other) as a consequence for fighting.

• Communicate with the teacher so you can give recognition to your child’s school successes.
**What you might see in a child with serious behaviour problems...**

<table>
<thead>
<tr>
<th>A child with serious behaviour problems may:</th>
<th>What parents and carers might notice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• argue constantly with adults</td>
<td>• abuses parents, carers and/or school staff</td>
</tr>
<tr>
<td></td>
<td>• thinks they’re picking on him</td>
</tr>
<tr>
<td>• not do as they are told</td>
<td>• won’t help when asked no matter how you try to reason</td>
</tr>
<tr>
<td>• provoke others</td>
<td>• thinks up rude names to call people and thinks it’s funny</td>
</tr>
<tr>
<td></td>
<td>• teases younger sibling (but hates being teased)</td>
</tr>
<tr>
<td>• use physical aggression to get own way</td>
<td>• pushes, hits, kicks parents and carers when angry</td>
</tr>
<tr>
<td></td>
<td>• punches child who accidentally bumps into him</td>
</tr>
<tr>
<td>• blame others for mistakes.</td>
<td>• says, “it wasn’t me”, “she started it”.</td>
</tr>
</tbody>
</table>

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**Does Sam have a serious behaviour problem?**

It is hard to tell. Many children get into fights and refuse to do what they are told at times. It is a serious behaviour problem when:

1. The child shows the behaviour problems far more often than other children of the same age.
2. These behaviours occur at home, at school and in the neighbourhood.
3. These behaviours cause problems for the child with his friends, his teachers and his family.

**Are you worried that your child is a bit like Sam?**

**Here’s how to get some help:**

- talk with your child’s classroom teacher about how your child is getting on at school and find out what resources the school can offer
- ask to speak to the school psychologist or counsellor
- talk to your doctor about the possibility of an assessment and referral to a children’s behaviour specialist.

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Further information on serious behaviour problems is available in the KidsMatter resource sheet, *Children with serious behaviour problems* and on our website: [www.kidsmatter.edu.au/resources/information-resources](http://www.kidsmatter.edu.au/resources/information-resources)

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This resource is part of the KidsMatter Primary initiative. We welcome your feedback at [www.kidsmatter.edu.au](http://www.kidsmatter.edu.au)
Serious behaviour problems and mental health

Many children’s behaviour can be disruptive and difficult at times. As part of learning how to behave appropriately children may test adult rules at home, school or in the community. Often such behaviour is a reaction to stress or frustration.

For some children serious behaviour problems develop into a pattern that can include acting impulsively, reacting with aggression, refusing to follow reasonable directions and defying adult authority. Children who behave in this way usually have trouble with making and keeping friends. They may be the target of bullying because they over react. Yet they may also bully others to try and get their own way. They are often in trouble with teachers for not following the rules.

These patterns of behaviour interfere with children’s social and academic development. They often lead to social isolation and to disciplinary consequences, such as school suspension, that interrupt learning. Children with serious behaviour problems often do not feel connected at school. They are more likely to experience low self esteem and depression.

How serious behaviour problems affect children

Parents, carers and teaching staff who are interested to know about children’s disruptive behaviour in general will find many helpful ideas in several other KidsMatter Primary resource sheets, including Learning to manage anger, Effective discipline and Building better family relationships. A separate KidsMatter Primary resource sheet is also provided on Children with Attention Deficit Hyperactivity Disorder (ADHD).
How do serious behaviour problems develop?

A combination of factors, including individual characteristics, social and environmental influences, may contribute to children developing serious behaviour problems. For example, having a reactive temperament can mean children are quick to get frustrated and their anger may be intense. This can prompt angry or harsh reactions from those who deal with them, which may escalate the child’s reactive behaviour.

The table below lists some of the common factors that contribute to the development of serious behaviour problems. A single factor alone should not be taken as an indication of serious problems. However, when several factors are present behaviour problems are much more likely.

### Contributing factors in the development of serious behaviour problems

<table>
<thead>
<tr>
<th>Factor</th>
<th>What that means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inherited factors</td>
<td>Some temperament characteristics contribute to behaviour problems. These include being easily irritated, having intense reactions and being difficult to soothe.</td>
</tr>
<tr>
<td>Ways of thinking</td>
<td>Children with serious behaviour problems often believe others are picking on them. The more they get into trouble the more this negative bias is confirmed.</td>
</tr>
<tr>
<td>Neuro-psychological problems</td>
<td>Difficulties with the brain processes that organise memory and control attention may be similar to those of children with ADHD. There may also be difficulties with controlling emotions and understanding what other people are thinking and feeling.</td>
</tr>
<tr>
<td>Parenting practices</td>
<td>Over-reaction to the child’s behaviour, lack of supervision and inconsistent discipline may contribute to serious behaviour problems.</td>
</tr>
<tr>
<td>Adverse social circumstances</td>
<td>Parental unemployment, financial hardship, poor housing and deprivation are common patterns of hardship amongst families of children with serious problem behaviours.</td>
</tr>
<tr>
<td>Peer influences</td>
<td>Gang membership or having an older sibling with Conduct Disorder is associated with the development of serious behaviour problems.</td>
</tr>
<tr>
<td>School</td>
<td>Feeling alienated at school, school failure and inflexible discipline practices from teaching staff, can lead to worsening of serious behaviour problems.</td>
</tr>
</tbody>
</table>

Serious behaviour problems and diagnosis of a mental disorder

When children show persistent and extreme patterns of disruptive behaviours they may be diagnosed by mental health professionals as having a Disruptive Behaviour Disorder. There is debate amongst professionals as to the usefulness of diagnosing Disruptive Behaviour Disorders. Some experts are concerned that mental health labels can cause children to be stigmatised. They argue that the strategies for assisting children with serious behaviour problems are the same for those whose problems may be less severe. They feel that the diagnosis can lead others to see the child rather than the behaviour as the problem. Such negative
resentment. Anger gives a sense of power, but also drives others away, while resentment and mistrust tend to block and distort emotional communication. Many of these children hide feelings of helplessness, low self-esteem, and a need for affection.

Children with serious behaviour problems are difficult to parent. Parenting practices that are very effective with other children in the family may not work for these children. Parents may find it hard to provide the extra structure and support that these children need, especially if they are also experiencing a range of social or personal problems themselves. Schools find it difficult to manage repeated rule breaking and aggressive behaviour. As a result of disciplinary problems and failure to be successful at school, children may become disengaged with school, adding to the risk of negative outcomes.

When this cycle of problems is not addressed it can have severe long term consequences for children’s mental health and their social adjustment, as shown in the figure below.

**What would you notice in a child with Oppositional Defiant Disorder (ODD)?**

Oppositional Defiant Disorder (ODD) is described as a pattern of thinking and behaving that is impulsive and reactive. Children given this label may:

- argue constantly with adults
- refuse to carry out requests or conform to rules
- blame others for their mistakes or misbehaviour
- have frequent temper tantrums and show resentment
- behave in a negative, hostile way towards authority figures
- deliberately annoy others
- be quick to react when others annoy them.

**What would you notice in a child with Conduct Disorder (CD)?**

Conduct Disorder (CD) is not usually diagnosed in primary school-aged children. CD is more commonly seen in adolescence when behaviours that were of concern at a younger age have grown to a more serious level. Children and adolescents are diagnosed with CD when:

1. They bully others, start fights, assault others using a weapon, or show cruelty to animals.
2. They deliberately destroy, vandalise or set fire to the property of others.
3. They use deceit. They may steal, shoplift, lie or cheat to manipulate others.
4. They break important rules. They may evade school, stay out late without permission, or run away from home. Often they get into trouble with the law.

Diagnosis of these disorders is only made when the behaviours occur far more frequently and are at a more severe level than for other children of the same age, when they interfere seriously with relationships with others at home or at school, and when they cause ongoing disruption to learning and to the community around them. They are more common in boys than in girls. Conservative estimates suggest that approximately 3% of 6–17 year olds in Australia, or approximately 150,000 young people, have CD.

**Disruptive Behaviour Disorders and other mental health problems**

When children have Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) they often have Attention Deficit Hyperactivity Disorder (ADHD) as well. Being impulsive is a common feature in all three of these disorders. It has been estimated that around one third of young people with CD also have ADHD. One in five young people with CD is depressed. When plans to help are devised, it is important that these and other co-occurring problems are taken into account.

Without treatment about half of the children with serious behaviour problems will continue to show the same or more severe problems in adolescence. Over half of adolescents with CD develop ongoing personality problems and behaviours like self-harming, aggression and violence, substance use problems, delinquency and criminality.

evaluations can be a significant obstacle to effective treatment of children with behaviour problems.

Other mental health professionals say that the diagnosis helps to identify those children who are most in need of additional help. They argue that early identification and specialist intervention for Disruptive Behaviour Disorders is necessary particularly because these disorders can have very serious long term consequences if not addressed early.

The two main diagnostic categories for severe behaviour problems are Oppositional Defiant Disorder and Conduct Disorder. Attention Deficit Hyperactivity Disorder (ADHD) is also sometimes included as a third category (see KidsMatter Primary resource sheet Children with ADHD for more information).
How to assist children with serious behaviour problems

Children with serious behaviour problems need lots of assistance to learn more appropriate ways of dealing with social situations and relationships, negotiating ways to have their needs met, and managing their negative reactions. Usually parents and carers will need to fine tune their parenting practices. Schools need to establish specific and individualised strategies to engage students with serious behaviour problems. They also need to ensure that their approach to discipline balances support for positive behaviour with consistent appropriate limit-setting and consistent application of consequences for inappropriate behaviour.

General principles for assisting children with serious behaviour problems

• **Build cooperative relationships**
  Maintaining positive relationships with children whose behaviour challenges adult authority can be difficult, however it is very important. Disciplinary measures need to be directed toward the behaviour, not the child. Cooperation is undermined by negative feelings in the adult-child relationship. When adults’ behaviour towards them is positive, children are more willing to cooperate.

• **Be clear, consistent and fair**
  Clear rules and consistent, reasonable consequences for misbehaviour are important. The rules need to be clear and fair to everyone. They should be discussed thoroughly and calmly in advance so that the child understands the rules and the reasons for them before any misbehaviour occurs. This is important to show these children that they are not being unfairly picked on.

• **Build positive social skills**
  Children who engage in disruptive or aggressive behaviour usually have few other strategies for coping with difficulties or getting what they want. Helping them build positive social skills provides other ways for them to respond.

• **Help children to understand and manage their emotions**
  Feelings like frustration and anger often trigger problem behaviours. Teaching children how to recognise and manage their emotions is very helpful for developing children’s self-awareness and self-control.

Further information on serious behaviour problems and KidsMatter Primary can be found on our website: [www.kidsmatter.edu.au/resources/information-resources](http://www.kidsmatter.edu.au/resources/information-resources)

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Dealing with children’s behaviour problems is stressful and sometimes provokes anger in adults. Finding ways to reduce your own stress levels will help you deal more easily with your child. It may require extra effort at times to stay tuned to your child’s good points. Ensure that you have lots of fun time with your child. This enables the relationship to remain a positive one even though you need to set firm limits on your child’s behaviour.

How you can help

Use positive strategies
Responding positively to your child’s appropriate behaviour is essential. Both praise and incentive programs (star charts) can be very useful in encouraging positive behaviour.

Have reasonable expectations
Expectations need to be reasonable and appropriate for the individual child. For example, even though one child may have been happy and able to keep their room neat and tidy by the time they are seven, another child might find it too hard and become defiant when his/her parent insists on it.

Have clear and consistent rules
Ensure rules are clear, well known by all of the family, and consistently enforced. All members of the family need to follow the same plan. It is very important to keep your temper and stick to the rules even when your child is at his/her most annoying and disobedient.

Avoid power struggles
Getting involved in arguments and power struggles only makes oppositional behavior more likely. Stating expectations calmly, clearly and reasonably is much more effective. It also helps to reduce your stress levels and those of your child.

Use punishment sparingly
Building appropriate skills is more effective than trying to stop bad habits with punishment.

Help the children to manage emotions
Learning ways to manage emotions is very important for these children. Show them by your example ways to cool down and walk away when emotions are running high.

Help children develop a sense of care and responsibility
Talking with children about the consequences their behaviour has for other people helps them learn to take effects on others into account.

Monitor your child
Keep track of your child’s whereabouts, what he/she is doing and with whom. This is important especially as your child gets older, as his/her impulsiveness may lead him/her into trouble.

De-stress
Manage your own stress levels by scheduling time to do something you enjoy.
Assisting children with serious behaviour problems
Suggestions for teaching staff

Children with behaviour problems cause stress to those around them. As dealing with students with difficult behaviours is stressful make sure you have support from colleagues. An effective discipline strategy needs to balance rules and consequences with individual and specific support for positive behaviour. It is important to engage children in learning and to build their belief that they can achieve at school. This is achieved through having frequent small successes.

How teachers can help

Build relationships
Communicating interest and positive regard for the child helps to build a relationship and encourages cooperation.

Use positive reinforcement
Look out for and praise the student’s appropriate behaviour. Be sure to emphasise when the child is doing things right.

Have positive expectations of all students
Create a classroom environment that affirms positive behaviour in all students. Establish classroom rules that are clear and fair. Make sure they are well displayed and reinforced consistently. Have students contribute to the construction of the rules.

Avoid power struggles
Give students options and avoid direct commands.

Establish a ‘cool down’ strategy
Children who are prone to angry outbursts can manage them better if they have an appropriate ‘cool down’ strategy. This might include using an ‘anger thermometer’ to tell them when it’s time to take a deep breath or walk away from an angry confrontation. See the KidsMatter Primary resource sheet Learning to manage anger for more suggestions. Seek advice from the school psychologist or counsellor on helping these children develop emotion management skills that work for them.

Match level of instruction to the child’s ability
Make sure what is being taught is appropriate to the child’s ability. If the work is too difficult (or too easy) the student will be frustrated and problems may escalate.

Make learning fun
When students have completed set work allow time to do something they find more enjoyable. For example, access to a computer may help a student to work well.

Support belonging through structured activities
Children with disruptive behaviours often feel alienated from others. Structure activities to ensure that the student with the problem feels that he belongs in the group.

Use social problem solving
Use everyday situations to reinforce learning of social problem solving skills. Helping children non-judgmentally to identify consequences and generate possible solutions to problems helps them learn to think through situations. It can also reduce the tendency to see others as being at fault or as treating them unfairly. See the KidsMatter Primary resource sheet Learning to resolve conflict for further strategies.

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Australian Government
Department of Health and Ageing

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Children with Autism Spectrum Disorders

Contents

• Ash is on his own track
• How Autism Spectrum Disorders affect children
• Assisting children with Autism Spectrum Disorders:
  1. Suggestions for parents and carers
  2. Suggestions for teaching staff

Please feel free to photocopy as needed.

These materials can be downloaded from the KidsMatter Primary website:
www.kidsmatter.edu.au/resources/information-resources
Further resources
A comprehensive list of resources and references on this and other topics, is available on the KidsMatter Primary website to access and print as required for school staff and parents;

www.kidsmatter.edu.au/resources/information-resources
Ash is on his own track

Meet Ash. Ash is ten years old. He can tell you anything you want to know about trains. He can probably tell you things you don’t want to know about trains too. Ash never stops talking, mostly about trains. He talks about which trains run better and which ones he wants to buy next time the family goes shopping. He talks on and on and doesn’t seem to notice when people have stopped listening. He has been told many times not to talk so much but it doesn't help. He does it at school too, and it sometimes makes his teacher angry. Ash does well at school and loves reading - especially about trains.

Ash doesn’t have any close friends. His parents think that it’s because he talks on and on without listening to others. He usually wants to play games his way. But often his games end because he is obsessed with the rules. No one is having fun. He often asks his mother why boys come over to play with his brother but no one wants to come to play with him.

Ash seems to think more about trains than about people. Children who have difficulties with social communication like Ash benefit from learning how to tune into others’ feelings and needs. Tuning into others helps them find better ways to relate and gives them tools to communicate more effectively in social situations.

How parents and carers can help

• Comment on what other people are feeling. For example, you may say “Your dad is frowning. He looks cross”.

• Help your child to recognise social rules for communication. Try to make sure he/she listens to others and lets them take a turn in the conversation.

• Tell your child directly what to do if he/she is not sure how to communicate properly.

• When things go wrong, help your child to talk about what he/she was doing and feeling, what others were doing and feeling and to talk about what he/she could do next time to get a different result.

• Tune into strengths. Try to appreciate your child’s unique perception of the world.

Does Ash have an Autism Spectrum Disorder?

Ash shows some of the behaviours that may be found in children with Autism Spectrum Disorders. These are lifelong conditions that affect children’s development in lots of ways.

Experts think that Autism Spectrum Disorders are due to differences in the way the brain develops and works. They cause problems for children who have them, especially social problems.

Diagnosing Autism Spectrum Disorders is not simple. Ash’s behaviours can be seen in all children from time to time.
### What you might see in a child with an Autism Spectrum Disorder...

<table>
<thead>
<tr>
<th>A child with an Autism Spectrum Disorder may:</th>
<th>What parents and carers might notice</th>
</tr>
</thead>
</table>
| • have trouble understanding nonverbal communication cues | • doesn’t look at you when talking to you  
• doesn’t notice if you are bored or in a hurry |
| • have poor conversation skills | • talks on and on  
• talks over others and doesn’t listen |
| • have strong memory for facts and details | • remembers obscure information, and may insist on all fine details being right |
| • have interests that totally take over | • obsessed with one thing – e.g., knows everything about a particular make of car and never stops talking about it |
| • take things literally | • if they are told to “hold on”, may take it literally and take hold of something  
• doesn’t understand jokes |
| • be good with computers | • may prefer to work with computers rather than with people |
| • have difficulty making friends | • prefers to be with adults or younger children |

### Are you worried that your child is a bit like Ash?

**Here’s how to get some help:**
- ask to speak to the school psychologist or counsellor
- talk to your doctor and ask to be referred for assessment
- talk to your child’s classroom teacher about ways to support him/her at school.

### Further information on Autism Spectrum Disorders

Further information on Autism Spectrum Disorders is available in the KidsMatter Primary resource sheet, *Children with Autism Spectrum Disorders* and on our website: [www.kidsmatter.edu.au/resources/information-resources/](http://www.kidsmatter.edu.au/resources/information-resources/)

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What are Autism Spectrum Disorders?

Autism Spectrum Disorders (ASDs) are disorders that influence the way the brain develops and works. Many aspects of children's development are affected, causing problems with communication, social relatedness and unusual behaviours. Research suggests that up to 0.6% of children in Australia may have an Autism Spectrum Disorder.¹

The most common of the Autism Spectrum Disorders are Autism (also known as Autistic Disorder), High Functioning Autism (HFA) and Asperger's Syndrome (AS). The idea that there is a spectrum of Autism Disorders highlights that children with ASDs may have symptoms that range from being very severe with impacts in most areas of their lives, to more moderate symptoms that are less limiting. Children with moderate symptoms of ASD are usually diagnosed with High Functioning Autism (HFA) or Asperger's Syndrome (AS).

How are Autism Spectrum Disorders diagnosed?

There is no single test for diagnosing any of the Autism Spectrum Disorders (ASDs). To make a diagnosis a thorough assessment is best undertaken by a team of mental health professionals. The team may include a paediatrician or psychiatrist, a speech pathologist, a psychologist and an occupational therapist. They will comprehensively review the child's progress through early development, any prior experience of trauma or ill health, family circumstances, learning and school behaviours. Sometimes teachers and families are asked to fill out questionnaires related to the child's behaviour. The diagnosis is based on all of the information collected.

Children with relatively severe Autism are usually diagnosed by the age of 3 years. Intellectual disability is common in this group. Those with High Functioning Autism (HFA) or Asperger’s Syndrome (AS) may not be given a diagnosis until mid way through primary school when their problems become more obvious in comparison to other children.
Key features of Autism in children

Autism causes problems that may range from mild to severe. Difficulties with communication and social interaction are often the first things other people notice. Intellectual disability may occur in as many as three quarters of those children who have Autism.

As of now, research has not identified any particular cause for Autism. Experts agree that brain development does not occur normally in people with these disorders, but research has not been able to isolate what makes up the differences. There is some evidence of genetic factors influencing the development of Autism Spectrum Disorders.

What you might notice in a child with Autism

<table>
<thead>
<tr>
<th>What you might notice in a child with Autism</th>
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<tbody>
<tr>
<td><strong>Language</strong></td>
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<tr>
<td><strong>Behaviour</strong></td>
</tr>
<tr>
<td><strong>Social interaction</strong></td>
</tr>
<tr>
<td><strong>Play</strong></td>
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</tbody>
</table>

What treatments are effective?

There is no one specific treatment to help children with Autism Spectrum Disorders. Early intervention so that children and families can get appropriate specialised help is important. Because children with these disorders have different strengths and difficulties, careful assessment is required in order to develop a treatment plan.

School curriculum requirements should be adapted to meet the child's needs through the use of individualised learning plans. It is also important to build language skills and social relating skills so that children can engage more effectively in everyday situations. Speech therapists have an important role to play in providing individualised programs and/or consultation to the school and family.

The school psychologist or counsellor may help to plan ways the child can...
be taught, and to manage everyday behaviours at school. Psychological assistance may also be needed to reduce problem behaviours and improve emotional self-control. Children with HFA or AS often experience anxiety, and psychological help in these instances can be particularly useful.

The Australian Government Department of Health and Ageing (DoHA) has published a booklet which explains the treatments available: *Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Best Practice.*

Autism Spectrum Disorders are lifelong disorders. Though children grow and learn new skills, problems with social interaction and communication may continue into adulthood. Adults with HFA or AS have difficulty in roles that involve working closely with other people but may be highly successful in jobs requiring special interests such as technological skills. It is important to focus on developing strengths and to put in place strategies to compensate for the limitations of the disorder.
How to assist children with Autism Spectrum Disorders

It is important to recognise that while the patterns of symptoms for children diagnosed with Autism Spectrum Disorders are similar, no one child will have the same pattern of strengths and needs as another. Autism especially varies in severity and children may have very different levels of difficulty.

Helping strategies need to be carefully matched to the individual child and to the needs, goals and strengths of each family. Consistency of approach is crucial for helping children with Autism Spectrum Disorders, so coordinating strategies at home and school is very important. Team work and planning that includes parents, teachers, the school psychologist, speech pathologist and other health professionals will help in achieving the best strategy for each individual student.

General principles for assisting children with Autism Spectrum Disorders

- **Minimise change, maximise predictability**
  Children with Autism Spectrum Disorders respond best to predictable environments that emphasise routine. They typically do not cope well with change and may become anxious or disruptive when routines are disturbed.

- **Provide step-by-step guidance**
  Children with Autism Spectrum Disorders have difficulty with understanding abstract concepts. They learn best through clear and fully explained instructions and on-going guidance. This applies to learning behaviours and routines at home as well as to schoolwork.

- **Help them to learn about others’ social and emotional needs**
  Social interactions are a key difficulty for children with Autism Spectrum Disorders. They need to be shown how to notice others’ feelings and points of view and how to respond appropriately.

- **Tune into strengths**
  Children with Autism Spectrum Disorders often have significant strengths as well as difficulties. Tuning into their unique views of the world helps others appreciate what they have to offer. Focusing on strengths builds children’s confidence and reduces anxiety.

Further ideas for helping children with Autism Spectrum Disorders are provided in the accompanying materials: *Assisting children with Autism Spectrum Disorders – Suggestions for parents and carers* and *Assisting children with Autism Spectrum Disorders – Suggestions for teaching staff*.

For an example that shows the kinds of symptoms found in a child with an Autism Spectrum Disorder, read the parenting resource sheet titled *Ash is on his own track*.

Further information on Autism Spectrum Disorders and KidsMatter Primary can be found on our website: www.kidsmatter.edu.au/resources/information-resources

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Children with Autism Spectrum Disorders have difficulty understanding social conventions. They may not recognise others’ feelings or intentions. They may not understand reactions that most people would take for granted. These things affect their ability to relate well to others. It is very common also for children with Autism Spectrum Disorders to have restricted or unusual interests. They are often concerned with small details.

How you can help
Parents and carers can help children to recognise social cues and expectations and learn appropriate responses. They can help children learn friendship skills and how to think about other people’s points of view. Setting up predictable routines is important for these children. Knowing what to expect helps them deal better with change.

Check for meaning
Make allowances for your child’s difficulties with language. Make sure that he or she has understood the meaning of what you are trying to say, especially when talking about emotions or things that do not have an obvious meaning. Be careful about using sarcasm, mottos, and slang.

Teach how to recognise nonverbal cues
Help your child to pick up on people’s nonverbal emotional communications by commenting on them yourself. For example, you could explain the link between observed behaviour and emotions with comments like: “Your brother is running around a lot. Maybe he is excited”.

Teach social skills
Help children to recognise how the other person is responding, for example when they are talking too much. Teach them to ask questions of the other person as well as just talking to them. Teach children about turn taking and sharing in games. It may also be helpful to teach your child to ‘lose gracefully’ when playing games.

Provide social opportunities
Provide opportunities for your child to meet and play with children of the same age. Select activities that you know will be within their capabilities. For example, a specific activity such as a trip to the movies with a friend may be more successful for your child than a sleep-over where plans and expectations are not as clear. You may need to be actively involved to help your child succeed with social events.

Teach social problem solving
Help children learn social problem solving skills. When things go wrong, talk with your child about what he/she was doing and feeling, what others were doing and feeling and what he/she could do next time to get a different result.

Have regard for the child’s point of view
The way children with Autism Spectrum Disorders think about their world is different from usual expectations. Understanding the child’s perspective helps with establishing appropriate and effective consequences for problem behaviours.

Use positive discipline
Positive feedback and praise for appropriate behaviour work better than punishment for helping children to change their behaviour.
Assisting children with Autism Spectrum Disorders
Suggestions for teaching staff

Please note: These suggestions are especially relevant for children with Asperger’s Syndrome and those with High Functioning Autism.

Children with Autism Spectrum Disorders have particular difficulties with social communication that influence their learning and relationships at school. Their particular strengths and difficulties need to be taken into account when designing individual learning plans. Finding ways to include these children and accommodate their specific needs is also important for supporting their mental health. By recognising their special talents and interests teachers can encourage these children’s learning as well as encouraging others to accept and include them.

How teachers can help

Provide a predictable environment
Put in place a structure that defines expectations clearly and prompts the required behaviour routines. A predictable environment will reduce student anxiety, confusion and behaviour problems and lead to better learning outcomes.

Build on strengths
Children with Autism Spectrum Disorders often have specific talents and interests. Finding ways to incorporate their particular talents and interests helps to engage children in learning. Particular skills may also be strengths, such as skills for learning by repetition and rote memorisation.

Adjust language to support understanding
Adjust the complexity of language used to the child’s level. Keep in mind the child’s difficulty with symbolic language and metaphor and ensure that he/she understands your meaning.

Clarify expectations
Children with Autism Spectrum Disorders may have unusual attentional strategies and unexpected ways of prioritising and planning. They often have limited organisational skills and may need additional assistance when required to conform to a set standard of presentation or performance in school work.

Use written prompts
Using written prompts can help some children with Autism Spectrum Disorders understand and follow task requirements. For example, teachers may find it useful to give a written cue card to reinforce instructions and directions.

Use visual cues
Learning and understanding may be assisted in these children by visual ‘scaffolding’. Use a variety of photos, real objects and diagrams during lessons and as reminders for important steps and procedures.

Adapt social requirements
Social requirements in the learning environment should be adapted to the individual child’s capacities and strengths. Some children with an Autism Spectrum Disorder benefit from time with a peer helper; others may prefer some time working alone.

Teach skills for emotional regulation and perspective taking
A whole class or whole school social and emotional curriculum can be helpful. It may also require supplementing with more intensive individual or small group social and emotional skills development.

Teach children to recognise nonverbal cues
Children with Autism Spectrum Disorders can benefit from specific coaching that helps them learn to notice and respond appropriately to nonverbal cues such as facial expressions or voice tone and pitch.

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