



GUIDANCE MATTERS

Dan Gartrell

In this issue, Dan Gartrell completes a two-part series on assisting children who have serious conflicts. (Part 1 is available in the March 2011 issue of *Young Children*, pp. 58–60.) *Guidance Matters* appears in the March, July, and November issues of *Young Children*.

Children Who Have Serious Conflicts

Part 2: Instrumental Aggression

Mazie started in Robin's child care classroom in the middle of the year. Mazie's parents told Robin that Mazie had been asked to leave her family child care program because of her behavior. In the previous program, Mazie had gone from being the youngest child in the group the first year to being the oldest child the following September. Her parents suggested that she was bullied by older children the first year and perhaps felt rejected the second year when the younger children received more attention from the provider.

Mazie's sister, Emma, five years older, had attended Robin's center. Other teachers told Robin that Emma was a sweet child from a stable family. The parents decided to give Mazie a new start at a program with which they were familiar. With more than 30 years experience as a teacher, Robin felt her classroom would be a good fit for Mazie.

Mazie's behavior did not stand out to Robin during the family's entry conference or during Mazie's first day in class. But on the second day when it was time to wash hands and come to breakfast, Mazie continued playing with toys. Robin approached the child knowing it was important to balance Mazie's need to get used to a new school with the staff's need to establish routines. But a conflict followed and Mazie turned over a child-size couch, screamed loudly, and resisted for 15 minutes the teacher's quiet attempts to get her to the table.

This wasn't the end of Mazie's displays of aggression. Every day when her personal plans were disrupted, she acted out against other children and teachers. She used a variety of aggressive techniques to get what she wanted. If someone had something of interest to Mazie, she just took it. Daily, she would push, hit, or scream to get her way.

Robin followed center policy for documenting the conflicts. As soon as she realized that Mazie's aggressive acts were continuing, Robin held a meeting with the child's parents. She started with positive comments about

Mazie's presence in the class, shared the pattern of behavior, and explained that her job was to help Mazie have an easier time getting along. Robin explained how they use positive guidance at school and encouraged Mazie's parents to try a similar approach at home. They agreed, and the three adults came up with a plan that all felt comfortable with to help Mazie. Robin was pleased (and relieved) that they were willing to work together with her.

After refining the plan with her two assistant teachers and the center director, Robin began to shadow Mazie and was usually able to help her deescalate and resolve conflicts. Robin and Mazie's parents agreed that if Mazie had three incidents in one day she and Mazie would call Dad. Mazie seemed frightened when the calls were made, more so than Robin expected. Robin did not want to add to Mazie's stress level, so she eased up on the phone calls and concentrated on building her relationship with the child.

Each day, Robin and the assistant teachers made a point of spending one-on-one time with Mazie outside of the conflicts. These contact talks let her know that the adults really cared about her and that preschool was a place to learn how to make friends and get along with others. As the year continued, Robin saw that the plan seemed to be working. Mazie had fewer conflicts and made progress in expressing her needs positively, but still had a way to go.

Dan Gartrell, EdD, is emeritus professor of early childhood and foundations education at Bemidji State University in northern Minnesota. A former Head Start teacher, Dan is the author of *The Power of Guidance, A Guidance Approach for the Encouraging Classroom*, and *What the Kids Said Today*.

Please send possible guidance anecdotes and other comments to dgartrell@bemidjistate.edu.

Thanks to teacher Robin Bakken for contributing the case study involving "Mazie." The names of children have been changed.

A study guide for this article is available online at www.naeyc.org/yc.

This column is available in an online archive at www.naeyc.org/yc/columns.

This second of a two-part series examines *instrumental aggression*—using physical and/or psychological force to impose one’s will on another. Part 1 highlighted *reactive aggression*, which is using force as a survival reaction to protect oneself. The first article explains how children under stress see situations as threatening and react with a fight-or-flight response mediated by the amygdala, part of the limbic system within the brain.

Chronic stress leads to both reactive and instrumental aggression, but instrumental aggression is a learned response that becomes a coping strategy for the child. The intentional nature of instrumental aggression makes it particularly challenging for teachers. Fair-minded early childhood teachers understandably have a hard time with the injustices children like Mazie inflict on others. In all of her years as a teacher, Robin could not recall a child who showed more instrumental aggression than Mazie. In contributing background for the case study, Robin at one point reflected:

Most of the times the other children give in to Mazie’s demands in fear of her retaliation. [The teacher feels like doing the same at times.] It is a daily challenge to always be close by to intercede and help ensure a safe and happy environment for the other children. I have noticed that the other children are becoming leery of her and keep their distance.

In working with children like Mazie, teachers may be tempted to let things go and mark off days on the calendar, or discipline strictly “to shame the child into being good”—an outdated and discredited practice (Gartrell 2006a, 105). As Mazie and her family experienced, when providers run out of patience and strategies, the ultimate punishment is often expulsion (Gilliam 2005). The challenge for teachers is that young children who do not learn alternative strategies to instrumental aggression may suffer continuing mental health problems (Kaiser & Sklar Rasminksy 2007). Gilliam phrases the problem this way:

About 8 percent of all preschoolers (children age 3–5 years) exhibit behavioral problems severe enough to warrant a psychiatric diagnosis. Behavioral problems in preschoolers

have been associated with later behavioral problems and poorer peer social standings during kindergarten. Furthermore, it has been demonstrated that behavioral problems during the preschool years are associated with decreased educational achievement test scores. (Gilliam & Shahar 2006)

Robin was deeply troubled by Mazie’s lack of caring about the feelings of others. Some children need intensive assistance in building the empathy that comes so naturally to others. This is due in part to their brain neuroarchitecture—how their brains form and operate (Weber et al. 2008). But Robin also thought that trauma in Mazie’s life had breached a basic sense of trust and caused her to react to a world she saw as confrontational.

Mazie likely had a negative experience in her previous program: the young victim of bullying the first year and neglected but “in charge” the next. With the switch in providers, Mazie clearly saw elements of the new program as threatening. She may have been rankled by being the younger sister of Emma, a child regarded as “sweet.” Mazie’s fear of phone calls with her father was a red flag for Robin as to the child’s state of mind. Robin’s perception was that the father was strict and the mother perhaps lax, so Mazie may have been caught between conflicting parenting styles. Robin also comments, “I am sure that Mazie wasn’t oblivious to why she left the family child care program; this would certainly cause feelings of rejection.”

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Some children are resilient in the face of personal traumas that can deeply impact others (Lowenthal 1999). Chronic stress dampens a child’s social responsiveness while at the same time boosting the fight-or-flight reaction (Gunnar, Herrera, & Hostinar 2009). In agreement with Weber and colleagues (2008), Robin did not acquiesce to the “inevitability of neurology” in Mazie. Robin worked for and saw progress in Mazie’s behavior through the contact talks and measured interventions that taught rather than punished. The staff shared a faith that their guidance now would show in Mazie’s development later.

Extra measures

Over the years my work with teachers who accept the challenge of challenging behaviors provides additional considerations for readers.

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Class meetings

Two teachers in one program used class meetings to teach the preschoolers direct responses to use when they felt threatened—like holding up a hand and saying “stop” or “help, teacher.” The teachers had the children practice the responses and actively encouraged their use. They found that the signals helped keep conflicts from escalating and facilitated resolution. These teachers taught the concept of classroom as an encouraging community and modeled the need for all—children and teachers—to keep it that way (Gartrell 2006b).

Conflict mediation

When children have a conflict, after calming them down, teachers often use mediation that helps the children work out the problem together (Gartrell 2010). Conflict mediation does not have to be done perfectly to reduce the *bully-victim syndrome*, which is reinforced when a teacher uses traditional discipline that “comforts the victim and punishes the perpetrator” (Gartrell 2006a). Robin used conflict mediation often, but had to work hard to keep Mazie engaged. Onlookers as well as participants gain when teachers use mediation; the whole class benefits from its use.

Comprehensive guidance

In this case study (as well as in the *Young Children* January 2008 Guidance Matters column), Robin uses comprehensive guidance to address Mazie’s repeated serious conflicts. Comprehensive guidance includes an Individual Guidance Plan (IGP), which teachers most often develop and implement with families. IGPs can be used formally or informally. When staff and families cooperate, as in Mazie’s case, the plan is more likely to be successful (see Gartrell 2011).

Meeting with the other parents

A difficult challenge for any early childhood teacher is communicating with parents when their child has been

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harmed. This situation is one reason why the teacher first builds relations with families when they enter the program. While respecting the privacy of individual children, teachers need to meet with parents to help them understand the program’s guidance policy and the steps staff are taking to ensure safety. These sessions need to be dialogues so that parents can express concerns as well as gain understanding. One father’s attitude softened when he recalled that he too had shown aggression in his early years at school.

Work with outside professionals

As part of comprehensive guidance, with the family’s permission, outside professionals can be enlisted for referrals, special services for the child, advice, and staff support. This strategy is not always possible—and like the others not a guarantee of success—but a combination of these strategies helps prevent the dreaded ultimate discussion of whether a child should continue in a program.

Conclusion

In his 2005 study, Gilliam identifies a systemic problem in working with children who show repeated, serious conflicts. Early childhood care and education programs need the active assistance of mental health and behavior interventionist professionals. A few states have made some efforts to establish such resources (Gilliam 2005), and Head Start has done so on the national level.

Still, except in particular community situations (Gartrell 2008), the assistance of mental health professionals in education—including school district services to children in nonpublic school preschool programs—needs to become a higher national priority

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