

Information for parents

Behavioral changes in children with developmental disorders as they approach puberty

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Changes in behaviour and presentation are not unusual in children with developmental disorders when they are approaching or going through puberty. This process requires some detailed explanation:

The behavioural changes associated with puberty can begin as early as 8 to 9 years of age, not the physical signs.

During this early stage of puberty there can be increases in levels of anxiety and uncertainty. This anxiety is the 'generator' of a number of other issues for children with developmental disorders.

Anxiety can lead to:

- Obsessive behaviour. There can also be a sense of urgency about gaining access to these obsessions.
- Depression.
- Mood swings.
- Uncertainty.
- Regression to 'old' behaviours.
- Aggression. Aggressive behaviours can be linked to obsessive behaviours and the urgency around these.
- Under or over activity.

There are a number of strategies that can help children with developmental disorders during puberty:

- Structured and predictable home and school environments are helpful. There should be as much consistency and certainty in the child's life and routine as possible.
- Appropriate behaviour should be rewarded more often. Some people refer to this process as "catching a child being good".

- Visual and concrete communication and teaching materials are very useful, even if you think the child is 'too old' or 'too capable' for these.
- These visual materials can include social stories. These can assist in teaching and supporting appropriate behaviours.
- Behavioural programs that emphasise 'contingency' are extremely useful. For example, "You can have your obsession when you have finished your work. Work first, then (eg) computer".
- Verbal instructions at this stage should be short, simple, clear and unemotional.
- Avoid being drawn into arguments, negotiations and 'bargaining' sessions. Clear rules and clear consequences are important. Arguments and emotional outbursts on the part of teachers and parents can in fact reinforce inappropriate behaviours accidentally. This is particularly true of obsessions. Instead of arguing about them, obsessions can be used as parts of routines, and as motivators and rewards.
- Talk of depression should be taken seriously and appropriate professional help sought. You can also teach specific coping skills.
- Positive social stories and 'life scripts' can assist with the child's self esteem.
- Positive, structured group interaction time helps. Buddy groups and systems can be very useful and supportive at these times.
- Some situations may require medical intervention, and this should be sought through specialist medical practitioners. Medication is a very serious issue and should be the subject of careful consideration and consultation with specialists.



- Should medication be trialed, there are a number of steps that can be taken to assist in monitoring drug effectiveness and appropriateness:
 - Maintain a daily diary of positive and negative effects of the medication. This need not be too complicated. One method is simply to keep a journal of observations. Another is to use a simple 3 point code, where a ranking of 1 signifies a 'good day', 2 relates to average, and 3 suggests difficult behaviours.
 - Where tantrums and outbursts are occurring, try to plot the progress of the child leading up to these outbursts. Look for physical signs, for example unusual body movements, humming, rocking, grimacing.
 - Being able to predict behavioural outbursts can help to avoid them. This is usually much easier and more productive than dealing with the aftermath.

For more Information

If you require further information please contact:

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