Proactive responses to oppositional behaviours in out-of-home care

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Children and young people placed in out-of-home care are often extremely vulnerable and can require intensive support. Their carers are often faced with significant challenges in effectively responding to their individual needs. This paper is the first in a series of four aimed at supporting carers to make effective responses to challenging behaviours displayed by children and young people in out-of-home care. This paper considers factors that influence an individual child or young person's behaviour as a means of encouraging proactive responses by carers that will address individual need. The series of papers is informed by Edelbrock's (1985) work identifying four clusters of challenging behaviours, with each paper examining one of these clusters. This first paper has a focus on oppositional behaviours. Ensuing papers will examine offensive behaviours, aggressive behaviours and delinquent behaviours respectively.

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For most parents and carers, responding to difficult behaviours displayed by children and young people presents major challenges that can lead to significant frustration and ongoing stress (Metcalf 1997). For carers working with children and young people in an out-of-home care context, the process of proactively responding to difficult behaviours evidenced in the child/young person can be complex. Each child/young person arrives in out-of-home care with a unique history and set of psychosocial needs (Tilbury, Osmond, Wilson & Clark 2007), some of which may never be known by carers or workers. These factors may place the child/young person at greater risk of responding to situations in ways that seem socially inappropriate and influence behavioural responses that may violate rules and rights within placement. Most parents and carers are familiar with situations in which the usual responses to difficult behaviours seem to have little effect in bringing about change in the behaviour of the child/young person. Such situations may discourage parents or carers and lead them to question their competence in effectively responding to the behaviour of their child/young person or to give up on 'tried and tested' behaviour management strategies because they did not work the first time.

This paper is the first in a series of four that focuses on a range of behaviour management strategies that aim to assist carers of vulnerable children and young people who have been placed in out-of-home care. For the purposes of this series, the authors have drawn on the work of Edelbrock (1985) who identified four clusters of challenging behaviours that move in a developmental sequence or progression, starting with oppositional behaviours, then progressing to offensive behaviours, followed by aggressive behaviours and, finally, delinquent behaviours. The following provides a brief overview of the four categories of behaviours delineated by Edelbrock (1985):

Oppositional behaviours: any observable behaviour that directly opposes rules or expectations within a given context and/or that directly encroaches upon the rights of others, for example, temper tantrums, wilful and stubborn acts.

Offensive behaviours: any behavioural response that either wilfully or unknowingly causes offence to another, for example, fighting, swearing, overt sexual acts and disobedience in the home or school context.

Aggressive behaviours: any behaviour that is aggressive in intent and that may either deliberately or unintentionally inflict emotional and/or physical harm to another, for example, verbally abusive language, physically aggressive acts such as hitting, kicking, slamming doors or punching walls.

Delinquent behaviours: severe forms of antisocial behaviour that cause significant social harm, for example, violent responses including physical assault, lighting fires and damaging property, stealing.

This paper will examine the first stage of this progression by exploring oppositional behaviours commonly exhibited by children and young people in out-of-home care. Further, the paper will outline a number of key considerations for responding to individual children exhibiting such behaviours. Finally, the paper will describe a range of strategies to better assist carers in responding proactively to oppositional responses in children and young people.

CHILDREN AND YOUNG PEOPLE IN OUT-OF-HOME CARE

In terms of the Australian context, according to the Australian Institute of Health and Welfare (AIHW 2007), there are approximately 13,368 children and young people in out-of-home care. AIHW annual reports show that states and territories within Australia have historically responded differently to child protection concerns. This, in turn, has influenced the numbers of children in care in each state (AIHW 2007; Phillips 2009). Many individuals are placed within out-of-home care contexts because they have experienced harm as a result of abuse and neglect and are, therefore, in need of significant intervention (Osmond, Scott & Clark 2008). Further, given the adverse life circumstances and instabilities and experiences faced by many children and young people prior to placement – such as physical and/or sexual abuse, neglect, inconsistent and inappropriate parental responses and family breakdown – mental health problems evident in children and adolescents are prevalent (Sawyer, Carbone, Searle & Robinson 2007; Tarren-Sweeney & Hazell 2006). Further, these factors are understood to contribute to mental health problems in adulthood even if indicators are not clearly evident in childhood and/or adolescence. Such mental health problems may have negative effects on the individual's interaction with others, leading to behavioural responses such as oppositional and aggressive behaviours that are neither useful to the individual in the promotion of healthy relationships nor safe to those around them (Osmond, Scott & Clark 2008). Further, emotional and behavioural difficulties may also lead to placement instability, thus creating ongoing problems for the child or young person (Barber & Delfabbro 2004).

Services to children and young people in out-of-home care have experienced chronic underfunding over decades. Critical events such as child deaths, allegations of abuse by carers and the failure of 'systems' to respond in timely and/or adequate ways have resulted in inquiries and large scale reviews of service systems across several states (Commission for Children and Young People and Child Guardian 2008; Crime and Misconduct Commission 2004; Phillips 2009). Such reviews have identified a range of challenges, including the need for further research and development focussing on proactive responses to challenging behaviours in children and young people in out-of-home care.

Given the complex issues surrounding children and young people requiring out-of-home care, the placement process is particularly challenging for practitioners working in child protection (Lonne & Thomson 2005). Many factors need to be considered to determine the most conducive outcome that acknowledges the needs of all stakeholders involved in the placement process (Bath 2001; Cary, Klease, Thomson, Thorpe & Walsh 2007). For those individuals involved in facilitating the child or young person's transition into out-of-home care, great care and sensitivity needs to be exercised, particularly given that the placement process can be traumatic for the child/young person and their family (Tilbury et al. 2007). For the carer, it is paramount that they are as fully aware as possible of the circumstances and issues associated with the individual's placement (Carter 2002). While there will be tensions concerning how much information is shared and with whom, the absence of information makes responding to behaviour in the most appropriate ways much more difficult. This awareness is a key component for understanding some of the underlying reasons why a child or young person is exhibiting challenging behaviours.

CONSIDERATION OF THE FAMILY OF ORIGIN IN THE PROCESS OF TRANSITION

Despite some children placed in out-of-home care having experienced significant maltreatment in their family of origin, there is a wealth of evidence to suggest that many children and young people placed in out-of-home care wish to sustain contact with their family members (Fernandez 2006; Mason & Gibson 2004; Wilson & Sinclair 2004). Continuity of contact can be particularly important for those children or young people who have experienced multiple placements, given that '...the most enduring source of identity for children is their own families (Sultmann & Testro 2001, cited in Thomson & Thorpe 2004, p. 52). This may present challenges for carers concerned about the potentially adverse effects of parental contact, particularly in circumstances in which the child or young person has experienced abuse. However, facilitating successful

partnerships with the individual's family is significant in assisting in the individual's transition and process of adjustment (McMahon, Reck & Walker 2007). Further, a carer's understanding of some of the struggles experienced by the parent, including poverty and its associated effects as well as issues of grief and loss compounded by the child or young person's removal from the home, can assist the carer in better understanding some of the ensuing impacts upon the child/young person as they enter the out-of-home care context (Thomson 2003). Such considerations will assist in facilitating a more comprehensive and empathic understanding by carers regarding specific emotional and psychological factors that may influence challenging behavioural responses in the child or young person. Finally, the carer's engagement in training opportunities to assist them in the provision of care to the child/young person should serve to assist the carer in their readiness to respond appropriately to the needs and issues surrounding the individual and their placement (Butcher 2004; McHugh 2002). Pre-service foster care training packages such as 'Sharing the Care' are useful programs to better assist carers. However, Butcher (2004) argues that further training opportunities and related resources are necessary to provide more comprehensive preparation opportunities for individuals assuming the role of carer. For this reason, the authors of this paper recognise the need for further research in the training of carers and development of resources to better assist individuals working in out-of-home care contexts. Specific parent-training programs such as *Triple P*, *Zero to Three*, the *Early Impact Program, Parents Under Pressure*, and *Brighter Futures*, as well as particular therapeutic approaches such as Parent-Child Interaction Therapy and Multi-Systemic Therapy, may also serve as useful educational tools to enhance a carer's or parent's engagement with the child/young person.

ALL BEHAVIOUR IS PURPOSEFUL

William Glasser, a medical practitioner and psychologist best known for his work with children and adolescents, developed a range of explanations that served to assist parents and health professionals in better understanding some of the underlying causes of challenging behaviours (Glasser 2000). One of Glasser's key ideas is that 'all behaviour is purposeful'. In other words, for every behavioural response exhibited by the individual, an underlying motivation purposeful for that behaviour is influencing the individual's response. According to Glasser, such motivations are influenced by an inherent set of needs, including the need for safety, love and belonging, freedom, power and fun. These needs are common to all people and serve to assist the individual in coping with their external environment (Glasser 2000). For example, if an infant is hungry, he/she will cry to alert the carer that they need to be fed as a means of meeting the need for survival. If young people are feeling alienated from their peers, they may act in

a way that draws positive attention to themselves in order to meet the need to belong or be accepted within the peer group. Balson (1995) also acknowledges that behaviour is purposeful and goal orientated, and that individuals are relatively free to make choices about their behaviour. Importantly, behaviour needs to be understood within the individual's social environment. For children and young people in out-of-home care, the environment and the range of choices they have are particularly complex. Therefore, particular consideration is necessary to respond constructively.

Most parents and carers are familiar with situations in which the usual responses to difficult behaviours seem to have little effect in bringing about change in the behaviour of the child/young person.

Such frameworks can be useful when dealing with challenging behaviours displayed by children and young people in out-of-home care. When consideration is given to some of the underlying causes of specific behavioural patterns, including the child/young person's needs and feelings, the carer is better equipped to determine the most appropriate responses. Asking questions to better understand why an individual is reacting in a specific way can serve to assist those responsible for the individual's care to respond with empathy and genuine concern. This process of inquiry may also serve to eliminate alternative responses to challenging behaviours that may in fact escalate an already challenging situation. Further, children and young people often do not have experience in responding to consistent limit setting. In part, carers not only need to set limits, but they also need to help the child/young person develop a repertoire of responses that are acceptable in particular circumstances.

OPPOSITIONAL BEHAVIOURS

Even in well-adjusted children and young people, behaviours vary and commonly include defying a parent's/carer's wishes, the individual getting his/her own way regardless of the consequences, or asserting a position without acknowledging the rights of others. For children and young people in out-of-home care, oppositional behaviours may be particularly pronounced. For the purposes of this paper, the term oppositional behaviour is defined as any overt behaviour that directly opposes reasonable rules or expectations within a given context and/or that directly encroaches upon the rights of others (Loeber & Schmaling 1985). Two commonly identified oppositional behaviours

include temper outbursts and wilful and stubborn acts (Sanders, Gooley & Nicholson 2000). These behaviours are common to most children and young people and usually serve to assert the individual's position as a means of getting what is wanted in a given situation. In the throes of a child or young person's temper tantrum or act of defiance, a tendency can emerge for parents or carers to reactively engage in a 'power struggle' in order to assert their authority, regardless of the consequences. The carer or parent may come out the winner in the short-term, but such an outcome may be counterproductive to the development of a healthy and trusting relationship with the oppositional individual. The child or young person may feel 'backed into a corner', leading to myriad emotional responses that may alienate the individual within the family context or influence them to move further along the behavioural trajectory towards responses that are either overtly or covertly aggressive. Further, such a transactional process impacting upon the escalation of negative interactions between the child/young person and carer may influence the development of ongoing externalising of behaviour problems in the child or young person (Eddy, Leve & Fagot 2001; Patterson, Dishion & Bank 1984; Snyder & Patterson 1995).

> *If young people are feeling alienated from their peers, they may act in a way that draws positive attention to themselves in order to meet the need to belong or be accepted within the peer group.*

RESPONDING APPROPRIATELY TO OPPOSITIONAL BEHAVIOURS

Prior to any carer's response to a child or young person's behaviour, a number of considerations need to be given in order to establish a safe and supportive framework for the individual. This framework serves to assist the child/young person in understanding the expectations that exist within the out-of-home care context.

Establish boundaries

Everyone needs limits! Research in the areas of child and adolescent psychology provides extensive support for the significance of boundaries and limit setting in assisting in the management of child and adolescent behaviours (Larmar, Dadds & Shochet 2006; Sanders et al. 2000). For children and young people placed in out-of-home care, the process of navigating the new context can be extremely challenging. As part of the individual's transition into the out-of-home care arrangement, they have to familiarise themselves with a foreign environment. This process of

transition can be daunting for the child or young person as they attempt to navigate the placement family's ways of doing things, including day-to-day procedures and cultural activities familiar to the family. The child or young person may also experience challenges in circumstances where the placement context is highly structured, particularly if there has been less stability and structure in their family of origin. Such factors reinforce the necessity for carers to communicate clear and reasonable expectations during the initial placement process that assist the child or young person in understanding some of the foundational elements associated with the placement family's organisation. It is recommended that carers work with the child or young person to establish a clear set of rules and to explain family procedures that will ease anxiety and assist the individual to feel safe and supported. How this process is carried out will be largely dependent on key factors such as the child/young person's age and physical and cognitive ability, and their personality and emotional state at the time of placement. For example, a young child will usually need to be guided through specific tasks and require a simple and achievable set of rules to assist them in understanding behavioural expectations. In contrast, older children may be given more autonomy, but they will require a different set of rules and expectations as they enter the placement context. The important thing to remember is that each individual is unique and may not necessarily align with a prescribed set of expectations that could be generalised to the individual's age or personality. As an example, a simple set of rules such as the following may serve as a guide to assist in the process of rule formulation:

OUR RULES
- Speak kindly to one another
- Help out
- Follow (carer's name/s) direction
- Keep our hands to ourselves
- Treat things respectfully

Listen

In the process of establishing rules and boundaries within the home, it is important that the placed child or young person is given a sense of ownership as rules and responsibilities are negotiated. Older children and adolescents often respond more positively to rules and responsibilities if they believe they have played a part in their formulation. Because each child and young person has a unique history and comes to the out-of-home care context with a different set of experiences, it is important to listen to their perspective and to attempt to draw out the individual's thoughts or ideas about reasonable rules and expectations. This will hopefully serve to increase the likelihood that the individual will take ownership of rules and boundaries. Such a process requires sensitivity on the part of the carer and other placement

family members to ensure that the child or young person feels supported in the process of transition.

The initial 'first step'

Once rules and reasonable family expectations have been clearly communicated and understood, carers can then consider some logical consequences that can be implemented when the child or young person challenges the boundaries by responding with challenging behaviours. When responding to any challenging behaviour, a helpful first step for the carer is to give consideration to the following:

- the context (are you at home or in an alternative setting such as a shopping centre?);

- the key players involved in the situation; and

- underlying influences that may serve as determinants for the behavioural response (What happened prior to the situation? What is the individual's current physical state – are they tired or hungry? What emotional space is the individual currently experiencing – are they feeling frustrated or needing to control the circumstance in some way to feel emotionally safe?).

Many exasperated parents and carers may respond at this point by saying that, in the heat of the situation, it is impossible to adequately reflect on factors influencing the individual's behaviours. This initial response seems even more unrealistic in situations when a child or young person is acting out in a public place such as a shopping centre or community space. Such circumstances are challenging! However, reactive responses that serve to extinguish an unsavoury behaviour in the short-term may contribute to the development of more complex responses in the future. While the authors acknowledge that this process of reflection is not without its challenges, it ultimately serves as a constructive method for proactively engaging with the child or young person. As the carer appraises the situation, they are more able to consider the best approaches that will ultimately help the child or young person in the given context and provide a supportive response that serves to assist them to consider alternative responses in the future. The following example may be helpful in illustrating this initial process of reflection:

> Katie, John's carer for the last six months, is visiting a friend who has a child (Peter) the same age as John (John and Peter have both recently turned five). In the process of conversing with her friend, Katie notices John becoming increasingly agitated with Peter who is choosing not to share his favourite toy. As Katie observes the situation, she reflects on the fact that John has a similar toy at home (also his favourite) and recognises the challenge for John in managing his behaviour in this new context. Such insight helps Katie to negotiate a plan with her friend to help the boys successfully navigate this situation. For example, Katie and her friend may decide to

> remove the toy if Peter is unwilling to share it. An alternative plan may involve giving both children opportunity to play with the toy on their own for a set period of time.

Maintain a supportive position

Following this initial appraisal process, the next step in dealing appropriately with the oppositional response is to proactively engage with the child or young person in order to help them calm down and to de-escalate the situation. Responses to challenging behaviour can often be organised along a continuum ranging from least intrusive at one end of the continuum (e.g. withdrawing attention, an assertive look aimed at the individual to let them know that you know what is going on) to most intrusive at the other end of the continuum (e.g. restraining an individual whose behaviours are compromising the safety of themselves or those around them). Dependent on the circumstance, it is often good to start with a less intrusive response as this may sometimes be all that is necessary to assist the individual to appropriately re-engage with you. The most appropriate initial exchange may be to formulate a calm, but assertive, response that lets the individual know that you are aware of what is going on but, at the same time, enables the oppositional individual to feel safely supported. By contrast, a more intrusive and often reactive response usually involves the carer 'jumping into the situation' in a way that may be interpreted by the vulnerable individual as aggressive or hostile. Dependent on the situation, in the first instance the carer may appraise the situation and conclude that giving limited attention to the behaviour may serve to eliminate the behavioural response altogether. For example, young children may stamp their feet in protest, causing no harm to themselves or other family members. Ignoring such a response may eliminate the behaviour in the future. For a young person, a scenario in which withdrawing attention may be appropriate could be when the individual makes a sarcastic comment intended to defy the carer's authority. As a first step, ignoring such behaviour may help the young person to realise that this response may not necessarily be a constructive way to get the individual what he/she wants.

For behaviours that require your attention, a statement that is age appropriate, such as the following, could be useful to initially engage with the individual: 'You seem frustrated at the moment'. This statement provides an initial acknowledgement of the child's or young person's emotional state (i.e. the feelings behind the behaviour or triggering the response) which can help the individual to realise that you are listening and are genuinely interested. It also gives the child or young person time to respond and to offer feedback that may give the carer a deeper understanding of what is going on for the individual. Following such a statement with a question like: 'Is there anything I can do to help you?' may facilitate a response that encourages further dialogue to help the carer and the child or young person determine how best to respond in the situation.

Table 1. Examples of challenging behaviours and suggestions for logical consequences

Behaviour	Logical Consequence
A young person refuses to follow the rule to keep his/her room tidy.	The carer suspends the young person's weekly allowance while the room remains uncleaned.
A child draws on the wall.	The carer removes the pens/pencils from the child and may help the child to clean the wall.
A young person is uncooperative during a process of negotiation	The carer communicates that the young person will not be included in the negotiation process while she/he remains uncooperative.
A child has tantrums in the shopping centre.	The carer returns with the child to the car until the child settles.
A young person continues to speak disrespectfully to the carer.	The carer withdraws from the conversation until the young person is willing to engage respectfully.
A child refuses to pick up the toys following playtime.	The carer explains in simple language that the child will not be permitted to play with the toys during the following play session if the toys are not picked up now.
A young person continues to get up late, despite the carer's request for a behaviour change.	The carer renegotiates the young person's bedtime.
A child is yelling in protest and refusing to follow the carer's instruction.	The carer instructs the child to sit in her/his room until ready to calm down and follow the given instruction.
A young person continues to ignore a reasonable curfew.	The carer places restrictions around the young person's autonomy until there is agreement to cooperate.
A child purposefully spills food on the floor during mealtime.	The carer removes the child's food until the child helps the parent to clean the mess.
A young person in protest refuses to eat a meal that the carer knows the young person enjoys.	The carer communicates that no other food will be available to the young person until the meal is eaten.
A child continues to run through the bathroom where the floors are wet, despite clear instruction not to do so.	The carer instructs the child to sit on the floor until they are ready to stop running.
A young person refuses to come out of his/her room.	The carer communicates to the young person that they will miss the family meal/preferred activity.
The child pulls all of the books off the bookcase in their room.	The parent removes the books from the bookcase until the child is ready to use the bookcase properly.

In the event that the oppositional behaviour continues, further action such as the implementation of logical consequences may be necessary. Logical consequences are a helpful tool for managing children and adolescents. Logical consequences help children and young people understand some of the potential ramifications of a particular behaviour. A logical consequence offers a response to challenging behaviours that serves to reinforce in the individual's mind the benefits of choosing more appropriate ways to behave in the future. For example, if after requesting that a six-year-old ceases their tantrum in the middle of the shopping aisle the tantrum continues, the carer can communicate to the child that the tantrum is drawing out the shopping time. The carer can supportively communicate that the consequence of this action will result in reduced playtime when the child gets home. For a 14-year-old, a logical consequence for defying a family rule such as arriving home on time after sports practice, for example, might include having to change the post-sports practice arrangements so that an adult picks up the individual as an alternative to the individual walking home. This consequence teaches the young person that with autonomy comes responsibility. If reasonable responsibilities are not adhered to, then the young person's autonomy is re-evaluated and a logical consequence, such as limiting their freedom, is set in place.

When logical consequences are given, it is important to communicate respectfully, maintaining an assertive, but caring, position. Children and young people are often sensitive barometers of authenticity and will quickly determine if the carer does not have the individual's best interests in mind. Further, children moving into adolescence develop an increased sense of the importance of fairness and will be quick to let the carer know if a disciplinary step is unreasonable or unfair.

In Table 1, adapted from the manual *Encouraging Positive Behaviour in Young Children* (Larmar 2002, p. 33), some examples of challenging behaviours are provided with suggestions for logical consequences to match the behaviour.

The examples listed in the table serve as a guide to illustrate the connection between the behavioural response and the resulting consequence for the child or young person's action. Carers will also need to be aware of any specific behaviour management practices not supported by the service with whom they are registered. An important consideration in the formulation and administering of logical consequences is to ensure that the chosen consequence reasonably matches the behaviour and is appropriate to the age of the child or young person (Larmar & Gatfield 2006). It is also important for the carer to communicate the significance of the consequence and its relationship to the behaviour, and to help the child or young person understand this relationship as a means of teaching the child/young person to take responsibility for their actions. Finally, when applying a logical consequence

in a given situation, the carer should always aim to maintain a respectful and supportive position. If the carer expresses extreme frustration or anger, the situation may escalate, resulting in an adverse response in the child or young person.

A word about punishment

It is important to remember that there is a strong demarcation between administering logical consequences and punishing the individual when dealing with challenging behaviours. Logical consequences are underpinned by attitudes of care and support even in the heat of a defiant moment or temper outburst. Logical consequences should always be administered in a way that facilitates a nurturing and affirming framework for the child and young person. In contrast, punitive measures can cause emotional and psychological distress that may lead to social alienation and long-term psychological harm. Disciplinary actions that serve to punish an individual are counterproductive to a healthy approach to teaching children and young people reasonable limits and boundaries. Significant research in child psychology clearly identifies the adverse effects of punishment on the healthy development of children and young people (Porter 2003). For some, the difference between a logical consequence and a punitive measure can be unclear. As a clarifying process, it can be helpful for the carer to consider the following questions:

> How was I feeling at the time that the disciplinary action was administered?

> Was I clear-headed or feeling emotionally vulnerable?

> Was I behaving in a way that could be described by an independent observer as assertive and reasonable or aggressive and reactive?

> How did the child or young person respond when the disciplinary measure was received?

> Were there any concerns regarding the emotional responses of the child or young person at the time of the exchange?

> Did the child or young person appear to withdraw or feel threatened by my response?

In answering these questions honestly, the carer may be able to better determine the nature of their response and whether it was appropriate to the situation. Thinking about and reflecting on the carer's own behaviour, as well as the behaviour that elicited a response, in discussion with others is a useful strategy to assist carers seeking to develop their repertoire of sensitive responses to troubled young people. As a last word about punishment, any form of discipline that is punitive in intent should be clearly avoided when working with any child.

Avoiding isolation

There are times when it may seem that a carer's best efforts to manage the child/young person's behaviour are in vain. The carer may begin to develop feelings of inadequacy or incompetence. These feelings may cause the carer to experience embarrassment relating to their struggles. As a result, the carer may become reluctant to access support within or beyond the home. The authors recommend that carers remain continually aware of how they are managing their responsibilities, recognising when situations may begin to feel out of control. It is also important to remember that managing challenging behaviours in children and young people can be highly stressful and often confusing. Remaining cognisant of the sometimes difficult realities associated with the role of caring for children and young people can help carers to normalise some of the common responses that may ensue when life in the out-of-home care context becomes particularly challenging. Such awareness should also serve to encourage carers to draw on the support of family members, friends and health practitioners to assist them in working more effectively with the placed individual.

> *Disciplinary actions that serve to punish an individual are counterproductive to a healthy approach to teaching children and young people reasonable limits and boundaries.*

CONCLUSION

This paper has provided discussion focussing on assisting carers in appropriately responding to oppositional behaviours in children and young people in out-of-home care contexts. Discussion emphasised the significance of carers considering some of the underlying factors that may be influencing an individual's behaviour as a means of facilitating an informed response to oppositional behaviours in the child/young person. A range of strategies was also presented that serve to help carers proactively respond to oppositional behaviours including acts of defiance and tantrum outbursts. Finally, the paper highlighted the importance of carers drawing on support beyond the home in order to maintain a healthy approach to the care of children and young people in out-of-home care. ■

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