



## **Behaviour and Relationship Policy**

**2022/23**

## Introduction

It is the duty of all staff to maintain high levels of care of pupils at all times. All pupils and staff are entitled to learn and work in a safe environment without fear of the actions of others.

The Dales School believes that:

- Behaviour is a means of communication – we must ensure that all pupils are supported to communicate their needs safely and appropriately
- With the right support and intervention, children and young people can learn to improve their behaviour and manage it well
- Mistakes are part of the learning process, and we recognise that all pupils are at different stages of the developmental process
- All pupils have learning difficulties which may impact on how they learn to behave
- All adults can learn strategies to support children and young people to improve their behaviour.
- Trusting, safe and meaningful relationships support the children with a sense of belonging which is needed before learning can happen.



A consistent and positive system of managing behaviour is essential. The Dales School adopts a relational approach. We believe that we can support pupils in school through:

- The quality of our relationships with them and each other
- The quality of our provision
- A well-structured environment with clear routines
- A well-informed understanding of their needs
- The differentiation, scaffolding and support we put in place

- Observation, evidence gathering and continuing reflective practice so that our planning and next steps are well informed and planned
- Working in close partnership with parents and carers

The Dales School uses a range of strategies from the Trauma Informed Approach which is a strengths-based approach that seeks to understand and respond to the impact of trauma on the child. These strategies support staff in seeking to understand the behaviour and creates a compassionate staff team.

This Therapeutic Approach does not mean that poor behaviour is ignored or the word 'no' is not used. Behaviour management is about guiding a child's behaviour towards appropriate ways of behaving.

We believe that a relational, consistent and constructive approach is the best way to guide a child's behaviour.

## Our School Rules

Be:



These rules are designed to include and not exclude. They are a shared language between all staff.

## Definitions

<b>Behaviour</b>	The communication of an unmet need
<b>High level Behaviour</b>	Conduct or actions that are demanding, provocative, testing and not recognised as the norm that may cause harm, injury or distress.
<b>Medium Level Behaviour</b>	Actions which involve a penalty or removal of a privilege, aimed at encouraging more acceptable behaviour.
<b>Low Level Behaviour</b>	Actions that repair damage or ease distress caused by challenging behaviour.
<b>Physical Intervention</b>	<p>“...the use of force to control a person’s behaviour...”            DOH / DFE R.P.I July 2002)</p> <ul style="list-style-type: none"> <li>● RPI should only be used as a last resort when all</li> <li>● de-escalation/behaviour strategies have been exhausted.</li> <li>● The intervention must be a reasonable, necessary and proportionate response to the occurring situation and wherever possible avoid RPI.</li> <li>● RPI should never be used as a punishment.</li> <li>● Where force is necessary, it must be used in a way that maintains dignity for all concerned</li> <li>● It must be ‘reasonable in the circumstances’ (DFE July 2013)</li> </ul>

## **A Relational Approach**

At The Dales School we use a relational and therapeutic approach to behaviour, which aims to foster independence of children by teaching them how to develop internal self-regulation and self-discipline.

The aim is for the pupils to increasingly be able to self-regulate and behave pro-socially, without the need for adults to manage their behaviour. Consequently, concerning behaviour should be analysed to understand and act proactively instead of reactively.

### ***Communication***

We believe that behaviour is a communication of an unmet need. We adapt our communication to meet the needs of the children to ensure spoken language is being reinforced. We use a Total Communication Approach to support language learning. This includes both paper-based and power-based AAC tools (Augmentative and Alternative Communication), for example communication books and ipad software.

We encourage independence with the use of visual support (e.g. visual timetables and schedules for sequencing tasks). We adapt communication in transition times to increase predictability and thus reduce anxiety.

Our school environments are communication-rich and low-stim. We promote adaptation and simplification of our own language and the use of communication strategies and tools appropriate to individual learners. These adaptations seek to increase the understanding of the children and their capacity to access and participate in learning and social interactions. We work collaboratively with the therapy team and our enhanced teaching assistants around appropriate adaptations to the environment to meet the variable and changing communication needs of the children. (See Appendix 2).

### ***Boundaries and Expectations***

For our relational approach to be effective, tight boundaries that are consistently used are imperative. The approach requires high expectations from all staff and the expectation of staff to develop relationships with the children that can help the children even at the most difficult of times. We encourage our staff to be unshockable in order to help and support the child to connect the behaviour with our expectations and next steps.

## Routines and Structure

At The Dales we believe that structure and routines are fundamental and offer our children the opportunity to be successful. Routine and clear boundaries support our children to feel safe, support their growing independence and will reduce anxiety. Each class in school sets their routine to meet the needs of the children. The routines include opportunities to socialise with their peers and be taught interpersonal skills and opportunities to engage in a range of learning experiences. These routines are key to building relationships and supporting positive behaviour.

## Building and Repairing Relationships (including PACE)

Everything we do is rooted in positive relationships. We use PACE (playfulness, acceptance, curiosity and empathy) to develop safe, trusting and meaningful relationships alongside clear boundaries and expectations. Using PACE helps adults to slow down their reactions, stay calm and tune into what the child is experiencing in the moment. It is important that we have consistent, but not rigid, ways of dealing with pro and anti-social behaviours. Consequences should either be developmental, for example helping the child understand the impact of their behaviour or protective, preventing them from behaving in antisocial ways until they receive the support that they need that helps them to make better decisions.

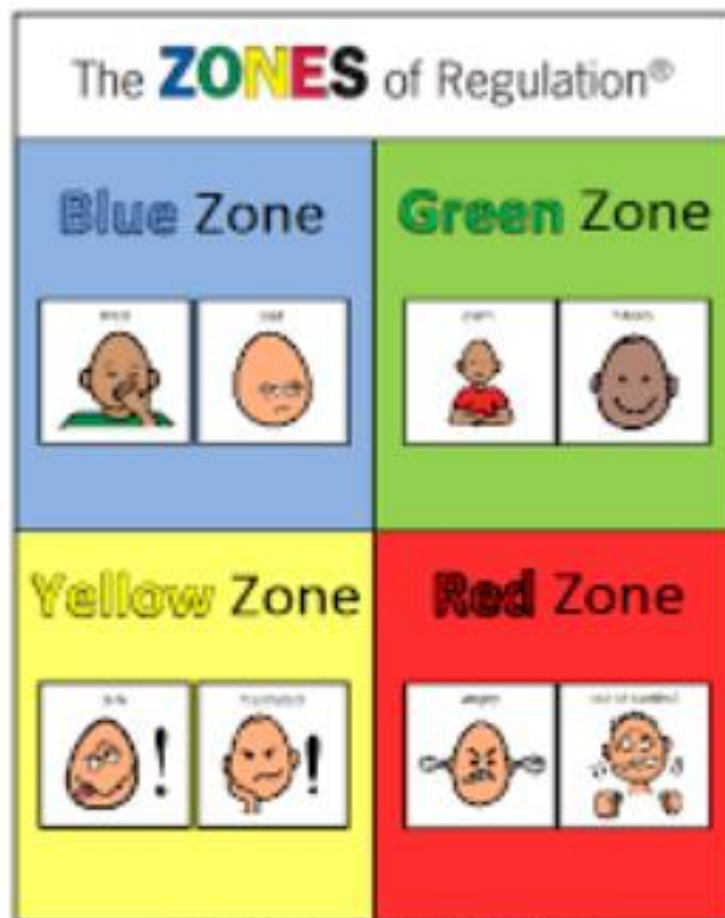


Whole class rewards are used to support positive experiences and create positive feelings, these positive feelings can create positive behaviour. Working towards a

shared goal in class can be empowering for the children and create these positive feelings. We are not accepting the behaviour that is harmful.

### **Zones of Regulation**

We use the Zones of Regulation curriculum to help children develop their social, emotional and sensory regulation. The sequential lessons help children to learn about their own regulation system and how they can adjust it. Throughout school and in every classroom, we have the four colours of the zones to support the children visually and verbally to self-identify how they are functioning in the moment. Children explore a variety of tools (sensory equipment, calming techniques and thinking strategies) that they can use to regulate with growing independence. Staff collaborate with the therapy team to identify the appropriate tools. As the curriculum develops, children are taught to understand the impact of the zones on other people's thoughts and feelings. It also develops emotional language, understanding of facial expressions, triggers and insights into their own behaviour and problem solving.





## ***Whole School Practice - Trauma Informed Practice***

School staff consider the experiences of the children, including any experience of trauma. We ensure that we offer 'safety cues' in all aspects of the school day and this includes meeting and greeting each child as they arrive at school. We seek to understand any triggers and offer adjustments and support. The emotional wellbeing of the children is paramount in school. Our in-house Mental Health OT offers evidence-based interventions that aim to repair and regulate in playful, enriched adult-child interactions. These interventions are designed to bring down stress hormone levels (e.g. from toxic to tolerable) enabling them to feel calm, soothed and safe. This is to support learning, quality of life and protect against stress induced physical and mental illness, now and in later life. Our PSHCE and life skills curriculum contains learning around mental health and relationships and is intended to enable children to make informed choices about how they relate to others and how they decide to treat their bodies and minds.

Staff are educated in the art of active listening, dialogue, empathy and understanding. At The Dales, policy is not based on punishment, isolation and sanctions, instead it models enquiry, resolution and interactive repair.

We nurture and value our staff team and believe their own emotional regulation is important for staff to engage with children in positive interactions.

## ***Motor skills and Occupational Therapy***

Our in-house Physical/Sensory Occupational Therapist provides training to all staff as well as support for Enhanced Higher Level Teaching Assistants (EHLTA's) to identify sensory differences and/or motor difficulties which may impact upon a child's ability to engage and participate in the classroom environment. Our Occupational Therapist provides advice and strategies to develop underlying skills or adapt the task or environment to meet the needs of the child. This may involve the use of sensory tools, adapted classroom equipment to support fine motor tasks, appropriate use of alternative spaces ( e.g zones rooms), flexible seating and cognitive strategies.

Classroom staff will observe the use of the equipment and monitor children's verbal and nonverbal responses, seeking support from OT where further training or coaching can be provided. The use of equipment and/or spaces should be a collaborative decision which is shared with the class team and detailed in the child's Positive Relationship Plan (PRP). The PRP will be a working document which is reviewed regularly based on the changing needs of the child; the PRP will be reviewed with the child (if appropriate) parents and the class team. If children cannot leave equipment or spaces, such as the zones room then that could become a restriction.

## ***Physical Intervention***

All staff working in class will be trained using the Prevention and Intervention (P&I) approach. All staff will receive the legal guidance, de-escalation and hold elements of P&I training.

Holds should only be used in the following circumstances:

1. If the child is putting themselves or others in danger and where failure to intervene would result in harm and constitute neglect.



2. If furniture, building and/or property is being damaged.
3. If a child's behaviour is severely impairing the learning of others.

If holds are used, this must be logged in CPOMS and parents and families should be informed.

Staff should reflect on the incident once it is over to determine if anything could have been done to manage it differently and to plan next steps.

Physical intervention will not be used routinely and should be for the shortest time possible.

Restraint of any kind can have a negative impact on a child's mental health and can damage relationships between children and staff. It can also trigger a trauma in the child, and this should be carefully considered. Needs and presentations do change over time and our approaches should be responsive to the child's current needs.

***Consistent and Positive Approach Plans (A new proforma is being trailed across both sites and will be shared with everyone on the next whole school staff meeting)***

The Consistent Approach Plans at The Dales incorporates key behaviours, triggers, gradients of signs of stress and the strategies that are effective at such times. Each child in school has a CAP plan, they are working documents and are updated on a regular basis. They inform all adults working with the child and are a key document in supporting behaviour and relationships.

### ***Bullying***

Bullying is defined as the repetitive, intentional harming of one person or group by another person or group, where the relationship involves an imbalance of power.

Bullying is, therefore:

- Deliberately hurtful
- Repeated, often over a period of time
- Difficult to defend against

Bullying can include:

TYPE OF BULLYING	DEFINITION
<b>Emotional</b>	Being unfriendly, excluding, tormenting, intentionally irritating
<b>Physical</b>	Hitting, kicking, pushing, taking another's belongings, any use of violence
<p><b>Prejudice-based and discriminatory, including:</b></p> <ul style="list-style-type: none"> <li>· <b>Racial</b></li> <li>· <b>Faith-based</b></li> <li>· <b>Gendered (sexist)</b></li> <li>· <b>Homophobic / biphobic</b></li> <li>· <b>Transphobic</b></li> <li>· <b>Disability-based</b></li> <li>· <b>Money/class related</b></li> </ul>	Taunts, gestures, graffiti or physical abuse focused on a particular characteristic (e.g. gender, race, sexuality)
<b>Sexual</b>	Explicit sexual remarks, display of sexual material, sexual gestures, unwanted physical attention, comments about sexual reputation or performance, or inappropriate touching
<b>Direct or indirect verbal</b>	Name-calling, sarcasm, spreading rumours, teasing
<b>Cyber-bullying</b>	Bullying that takes place online, such as through social networking sites, messaging apps or gaming sites

At The Dales School we challenge and deal with all bullying. We aim to prevent bullying by putting in place preventative measures. These include:

- raising awareness about bullying
- direct teaching about healthy and unhealthy relationships, including asking for help. This will be woven throughout the curriculum
- providing an open climate
- ensuring resources reflect diversity
- e-safety sessions with a focus on cyber bullying including where to get help.

All incidents of bullying are recorded on CPOMS. Low level behaviour will be addressed daily and logged on CPOMS as appropriate. Parents should be informed and involved in the next steps.

Details of our school's approach to preventing and addressing bullying are set out in our anti-bullying strategy.

### **Education visits and Residential trips**

The safety of the children at The Dales is paramount. Visits and trips should be arranged to ensure that the children have the opportunity for success. If there is deemed to be a health and safety risk and the risk assessment for any individual is too high to ensure their safety, this needs to be considered and it may not be possible for the visit to go ahead.

### **Seclusion**

Seclusion must be documented as part of the Consistent and Positive Approach Plan and agreed as a strategy by all involved. It must be regularly reviewed, and plans made as soon as possible to move on to other strategies as appropriate

Incidences of seclusion must be logged using the schools' recording system (CPOMS).

### **Fixed Term Exclusions:**

At The Dales we will always try all ways to support the children before we consider fixed term exclusions. There are times, however, where exclusions can support the needs of the child, and this would always be considered carefully.

These circumstances may include:

1. Incidents where the safety of the pupil or that of others is seriously compromised and the occurrence is frequent or increasing in frequency and intensity.
2. Incidents of knife crime or use of other weapons.
3. Incidents of a sexual nature or sexual violence.
4. Incidents of significant damage to property.

Decisions to exclude children are made on an individual basis and will always be a reasonable, measured and considered response which will have an impact and be a learning opportunity for them.

Exclusions may be managed internally, and the child may be removed from class for a fixed period of time.

While the child is on a fixed term exclusion, school will endeavour to make arrangements for the child's return. This could include arranging meetings with the family or outside agencies such as CYPS, discussions with SLT and the class team to identify strategies going forward and planning a bespoke timetable to support a successful return to school.

If The Dales School cannot meet the needs of an individual child, we will work with families and the Local Authority to help identify a suitable placement for a managed transition.

### Reporting and Recording Incidents

Any behavioural incident must be recorded on CPOMS. This must include antecedents to the incident, the behaviour displayed by the pupil and the intervention /outcomes. Any injury to pupil, staff or property must also be included. See appendix 1. The pupil's Consistent Approach Plan will be amended if required.

### Monitoring and evaluation of the policy

SLT will monitor the information and trends on CPOMS to support evaluation and next steps. Observations and learning walks will also contribute to the evaluation. The effectiveness of the policy will be formally reviewed and monitored as a minimum on an annual basis to ensure that it continues to meet the requirements of the school and that it reflects best practice and statutory legislation as appropriate. All consistent approach plans will be accessible to the member of SLT responsible for Behaviour and attitudes.

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**Head Teacher:** Sue Fisher

**Date:** March 2023

Date to be Implemented	Immediately
Date to Reviewed	Spring 2024

## Recording a Behavioural Incident on CPOMS

### Purpose of CPOMS (Child Protection Online Management System)

CPOMS is a safeguarding tool for both the children and the staff. It enables us to monitor safeguarding, wellbeing and all pastoral issues.

CPOMS is a tool that we use to gather a true picture of each child in school. Part of this is gathering information on behavioural incidents that occur both inside and outside of school. The information should be concise and factual and provide any known triggers and outcomes. Each CPOMS incident will provide a piece to a puzzle and over time will support us in planning for the needs of the child, give us accurate information for agency meetings such as medication reviews and will help us to identify trends in behaviour so that we can offer the best support for the child.

### Incident

- Record time
- Record known trigger
- Outline the incident including de-escalation tools used
- Use full names of staff
- List behaviours
- Record outcome of the incident

### Categories

- Tick all of the appropriate boxes
- **If physical intervention is used, the communication box must also be ticked to record how home was informed.**
- Record the P&I hold that was used

### Alert Staff Members

- Please alert all of the staff involved in the incident so that the full picture can be gathered about the incident and others can add additional notes or actions.

If you are ever unsure about recording an incident, please speak to your team lead or a member of SLT. If you would like further CPOMS training, please speak with the admin team.

## ➔ Understanding the links between communication and behaviour



# Understanding the links between communication and behaviour

**B**ehaviour is communication. Many children and young people who have behavioural difficulties, including many of those with social, emotional and mental health needs (SEMH), also have speech, language and communication needs (SLCN). These needs often go unrecognised because behaviour can mask a child or young person's difficulties with communication. Speech and language therapists play a key role in supporting children and young people with behavioural



### The size of the issue

- ▶ **81%** of children with emotional and behavioural disorders (EBD) have significant unidentified communication needs.<sup>1</sup>
- ▶ **57%** of children with diagnosed language deficits are identified with EBD.<sup>2</sup>
- ▶ In a study of pupils at risk of exclusion from school, **two thirds** were found to have SLCN.<sup>3</sup>
- ▶ Excluded boys had significantly poorer expressive language skills than their peers who had not been excluded from school; many of their difficulties had not previously been identified.<sup>4</sup>
- ▶ More than **60%** of young people who are accessing youth justice services present with SLCN which are largely unrecognised.<sup>5</sup>
- ▶ Children with persistent and severe conduct problems are about three times more likely to have low verbal ability than children with a low risk of conduct problems.<sup>6</sup>

problems and SEMH by identifying their SLCN, advising their families and professionals working with them on how to respond appropriately, and providing direct therapy to those children and young people who need it.

### What are speech, language and communication needs?

SLCN can take many forms, including:

- problems understanding what others say;
- difficulties explaining their actions clearly;
- not having many words to express feelings; and
- difficulties with social communication, so they don't know how to join a conversation in the right kind of way.

SLCN might be masked by other 'labels' or 'diagnoses', such as learning difficulties.

### What does communication have to do with behaviour?

Communication difficulties are strongly associated with behavioural problems, with studies observing consistently higher levels of disruptive and antisocial behaviour amongst children and young



people also identified with SLCN.<sup>7,8,10</sup> These associations can be understood by considering the impact of SLCN on the skills and abilities a child or young person needs to behave appropriately.

### Understanding

Children and young people with SLCN often have problems understanding what others say to them – for example, understanding instructions and understanding things that are not directly stated. They may also have difficulties understanding indirect requests. These children may then appear to be uncooperative, disobedient or oppositional, when in fact they have not understood an instruction or the broader context.<sup>11</sup> It can be harder for them to learn new words, and words for thoughts and feelings.

### Expressive language

Children and young people with SLCN can have a variety of expressive language difficulties, such as: stammering; selective mutism; difficulty finding the right words; and problems constructing sentences or a clear narrative, all of which can be misinterpreted negatively.<sup>12</sup> Those who are hesitant and revise their sentences might be seen as untruthful.

### Memory and concentration

Children and young people with SLCN often have poor working memory abilities, meaning they are more prone to distractions and require repetition of information. These difficulties can often be interpreted as laziness or a wilful desire to frustrate teachers and parents.<sup>13</sup>

### Emotional regulation

Language is important for emotional regulation.<sup>14,15</sup> Children and young people with SLCN may have difficulties finding the words which describe their own feelings, and can find it hard to cope with their emotions and calm themselves. Language skills are also needed to understand our own and other peoples' thoughts<sup>16</sup> and feelings,<sup>17</sup> which are important for behaving in the expected way.

### Social interaction

Children and young people with SLCN may struggle to understand jokes, idioms (for example, 'get a grip') and sarcasm, all of which are important for social interaction. They may also have difficulties understanding the rules of conversation, including how to repair

misunderstandings when they occur.<sup>18</sup> This can be partly due to slow processing, which leads them to miss cues and means their turn taking is mistimed.

## Understanding behaviour as communication

Negative behaviour in children and young people with SLCN could mean:

I don't understand what you want me to do

I can't understand my feelings or do anything about them

I know you don't understand me and its making me very anxious

I can't explain what I mean

This work is too hard for me

I'm in a fight again and I don't know how to make it better



## The risks of not supporting speech, language and communication needs

Unidentified and unsupported SLCN put children and young people at risk of a range of negative outcomes in relation to behaviour:

- Difficulties forming friendships, resulting in fewer opportunities to learn how to behave and communicate well; they may be at risk of peer rejection which can lead to further behavioural problems<sup>19</sup>





- Literacy difficulties which impact on school work
- Exclusion from school<sup>20</sup>
- Involvement in the youth justice system<sup>21</sup>
- Increased risk of being bullied or being a bully
- Effect on emotional wellbeing

In addition, behaviour assessments and interventions which are language based, such as anger management and cognitive behavioural therapy, and other 'talking therapies' place significant demand on language processes.<sup>22</sup> Unless children's SLCN are identified and their needs accommodated, assessments risk delivering inaccurate results, and treatment programmes risk being ineffective. Research has shown that:

- verbally-based behavioural interventions may not be effective with young people who have unidentified communication needs,<sup>23, 24</sup> and
- un-adapted group interventions may be challenging and therefore less effective for those with social communication difficulties.<sup>25</sup>

## How speech and language therapy can promote positive behaviour

Speech and language therapists have a key role to play in promoting positive behaviour and reducing the risk of negative behaviour by enabling the following:

### ☞ Greater understanding of communication needs

- Working collaboratively with other staff to understand the skills gaps and emotional needs which may underlie 'behaviour' problems.
- Acting as an advocate for the child or young person, helping others to understand their communication needs.
- Ensuring that procedures and policies regarding de-escalation, positive handling and debriefing are accessible to children and young people with SLCN.

### ☞ Training on how to adapt teaching and support

- Providing communication-friendly environments, including by modelling appropriate interactions and language.
- Sharing effective vocabulary teaching strategies, ensuring children and young people understand the language of the classroom and vocabulary around behaviour management.
- Collaborating with others to make sure behavioural targets are differentiated so they can be understood and broken down into small achievable targets.
- Contributing to behaviour management training on communication needs, including on differentiation, visual support, the effects of being literal, language for self-regulation and emotional literacy.

### ☞ Direct support

- Helping the child or young person to understand and express their needs and involve them in planning for change in a respectful way; helping them understand what behaviour is required in a way that is meaningful for them.
- Teaching the communication skills required to behave well; offering verbal and nonverbal scripts and coaching online, offering opportunities to practise and succeed in using new skills including how to repair conversational breakdown.
- Supporting children and young people through transitions, both through the day and in phases of education – for example from primary to secondary school.

## J's story

J was receiving individual support in the inclusion / nurture house at a secondary school for children with social, emotional and mental health (SEMH) needs, as he was not able to mix with other students. A previous attempt to reintegrate J into a mainstream school had been unsuccessful, and he returned to the secondary SEMH school, but with lengthy periods of absence. The speech and language therapist assessed J and, on the basis of that assessment, proposed that J might benefit from a social skills group at another mainstream school. The speech and language therapist arranged for this to be set up and as a result the student's attendance and participation subsequently increased.



## Improving outcomes for children and young people with behavioural problems

✦ **Identification:** It is important that children and young people with behavioural problems have any SLCN identified as early as possible. This is in line with Department for Education guidance: "Where there are concerns about behaviour, the school should instigate an assessment... to determine whether there are any underlying factors such as... difficulties with speech and language".<sup>26</sup> Identification of SLCN can also change adult attitudes, leading to more positive outcomes.

✦ **Responding appropriately:** All professionals working with children and young people should be trained on the impact of SLCN on behaviour, and how to respond appropriately to children with SLCN.

✦ **Removing barriers:** Children and young people with behavioural issues should be taught the skills they need to behave well and should be empowered to regulate and reflect on their behaviour. Barriers to communication which spark inappropriate behaviours should be removed and structured environments with explicit teaching of rules and procedures should be created.<sup>27</sup>

✦ **Support:** Speech and language therapy should be provided to



those children and young people who need it, as well as ongoing advice and support to staff to enable them to meet the needs of individual children and young people.

✦ **Research:** More research is needed to find effective ways to work with children and young people who have speech, language and communication needs and behavioural problems.

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## REFERENCES AND RESOURCES

- <sup>1</sup> Hollis, A, Wehby, J.H. and Oliver, R.M. (2014). Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Exceptional Children*, 80(2), 169-186.
- <sup>2</sup> Benner, G. J., Nelson, J. R., and Epstein, M. H. (2002). Language skills of children with EBD: A literature review. *Journal of Emotional and Behavioral Disorders*, 10 (1), pp. 43-59
- <sup>3</sup> Clegg, J. (2004). Language and behaviour: an exploratory study of pupils in an inclusion unit. *British Psychological Society Conference*, University of Leeds, UK, September 2004
- <sup>4</sup> Ripley, K. and Yull, N. (2005). Patterns of language impairment and behaviour in boys excluded from school. *British Journal of Educational Psychology*, 75, 37-50.
- <sup>5</sup> Bryan K, Freer, J, Furlong C. Language and communication difficulties in juvenile offenders. *International Journal of Language and Communication Disorders* 2007; 42, 505-520.
- <sup>6</sup> Gutman, L. M., Joshi, H., Khan, L., Schoon, I. (2018). Children of the Millennium: Understanding the course of conduct problems during childhood. [www.entreformentalhealth.org.uk/publications/children-new-millennium](http://www.entreformentalhealth.org.uk/publications/children-new-millennium)
- <sup>7</sup> Benner, G. J., Nelson, J. R., and Epstein, M. H. (2002). Language skills of children with EBD: A literature review. *Journal of Emotional and Behavioral Disorders*, 10 (1), 43-59
- <sup>8</sup> Pickles, A., Durkin, K., Mok, P., Toseeb, U., and Conti-Ramsden, G. (2016). Conduct problems co-occur with hyperactivity in children with language impairment: A longitudinal study from childhood to adolescence. *Autism and Developmental Language Impairments*, Vol. 1, 01.06.2016.
- <sup>9</sup> Nelson, J. R., Benner, G. J., and Cheney, D. (2005). An investigation of the language skills of students with emotional disturbance served in public school settings. *The Journal of Special Education*, 39, 97-105
- <sup>10</sup> Snow, P. C. and Powell, M. B. (2011). Oral language competence in incarcerated young offenders: Links with offending severity. *International Journal of Speech Language Pathology*, 13(6), 480-489.
- <sup>11</sup> Belitchman, J. H. and Brownie, E. B. (2013). *Language Disorders in Children and Adolescents: presentation, diagnosis, assessment, and empirically validated treatment*. Hogrefe Ltd.
- <sup>12</sup> Snow, P. C., & Powell, M. B. (2005). What's the story? An exploration of narrative language abilities in male juvenile offenders. *Psychology, Crime & Law*, 11(3), 239-253. <https://doi.org/10.1080/1068316042000209223>
- <sup>13</sup> Snow, P. (2018). The Snow Report: Behaviour as a form of communication: What's the issue? Available at: <http://pamelasnow.blogspot.com/2018/06/behaviour-as-form-of-communication.html>
- <sup>14</sup> Petersen, I, Bates, J. and Staples, A. (2015). The role of language ability and self-regulation in the development of inattentive-hyperactive behavior problems. *Development and Psychopathology*, 27(1), 221-237
- <sup>15</sup> Torre, J. B., & Lieberman, M. D. (2018). Putting Feelings into Words: Affect Labeling as Implicit Emotion Regulation. *Emotion Review*, 10(2), 116-124. <https://doi.org/10.1177/1754073917742706>
- <sup>16</sup> Yaghoob Zadeh, Z., Im-Bolter, N. and Cohen, N.J. (2007) Social Cognition and Externalizing Psychopathology: An Investigation of the Mediating Role of Language. *Journal of Abnormal Child Psychology* 35(2): 141-152.
- <sup>17</sup> Rieffe, C. and Wiefelerink, C. (2017). Happy faces, sad faces: Emotion understanding in toddlers and preschoolers with language impairments. *Research in Developmental Disabilities*, 62, 40-49.
- <sup>18</sup> Snow, P. (2018). The Snow Report: Behaviour as a form of communication: What's the issue? Available at: <http://pamelasnow.blogspot.com/2018/06/behaviour-as-form-of-communication.html>
- <sup>19</sup> Menting B., van Lier P.A., Koot H.M. (2011) Language skills, peer rejection, and the development of externalizing behavior from kindergarten to fourth grade. *Journal of Child Psychology & Psychiatry*, 52(1), 79-79.
- <sup>20</sup> Ripley, K. and Yull, N. (2005). Patterns of language impairment and behaviour in boys excluded from school. *British Journal of Educational Psychology*, 75, 37-50.
- <sup>21</sup> Bryan K, Freer, J. and Furlong C. (2007). Language and communication difficulties in juvenile offenders. *International Journal of Language and Communication Disorders*, 42(5), 505-520.
- <sup>22</sup> Snow, P. C. (2013). Language competence: A hidden disability in antisocial behaviour. *InPsych*, June 2013. [www.psychology.org.au/publications/inpsych/2013/june/snow/](http://www.psychology.org.au/publications/inpsych/2013/june/snow/)
- <sup>23</sup> Wilson, J.J., Levin, F.R., Donovan, S.J. and Nunes E.V. (2006). Verbal Abilities as Predictors of Retention Among Adolescents in a Therapeutic Community. *Child Psychiatry and Human Development*, 36(4), 393-401.
- <sup>24</sup> Cohen, N. J., Farnia, F., and Im-Bolter, N. (2013). Higher order language competence and adolescent mental health. *Journal of Child Psychology and Psychiatry*, 54(7), 733-744.
- <sup>25</sup> Wirégens, A. (2012). Children with communication problems and additional emotional/ behavioural problems in: M. Keriser & J.A. Wright (Eds), *Speech and language therapy: the decision-making process when working with children* (2nd Ed.) New York: Routledge.
- <sup>26</sup> Department for Education (2018). *Mental health and behaviour in schools*. Available at: <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools-2>
- <sup>27</sup> Hollis A, and Chow J. (2015). Communicative Functions of Problem Behavior for Students with High-Incidence Disabilities. *Beyond Behavior*, 24(3), 23-30.

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