USE OF DIRECT OBSERVATION: JAVONTAE

A school nurse worked at an alternative high school serving students who had not previously been successful in the traditional high school setting and also offered a daycare center for the children of the high school students to enable the teen parents to continue working toward a high school diploma while parenting a young child. The daycare director contacted the school nurse to discuss a problem they were having with biting and requested that she help develop a plan to remedy the problem. One of the children, Javontae, had three episodes of biting another child in his class. The parent of the biter, the family of the students who had been bitten, and the daycare center staff were very concerned because of the risk of blood-borne pathogen exposure, scarring, and emotional distress of the child victims.

The school nurse first checked the immunization status of all enrolled children to make sure their immunizations, including hepatitis B, were up to date. She then developed and presented an in-service for the parents and staff regarding normal growth and development, reasons children bite, appropriate management of the biting wounds, and appropriate behavioral management of the child biter with a focus on prevention and teaching new behaviors that would be consistently applied.

The nurse’s next step was to meet with those specifically involved with Javontae. Interviews provided some information on what might be the factors precipitating the biting (antecedents) and maintaining the biting (consequences). It appeared to the nurse that Javontae had more immature expressive language skills than his classmates and out of frustration at not being understood would bite the other child. The response of the adults was a lot of attention for both Javontae and the other child. Over the next week, while the staff tried to keep Javontae from biting, they also developed a biting chart to further assess Javontae’s biting behavior and to test the nurse’s hypothesis. The biting chart focused on direct observation, and included details (i.e., who, what, when, and where) of any attempts at biting made by Javontae. The chart included what happened before (antecedents) and after (consequences) Javontae attempted to bite another child or staff member and a note of why the caregiver thought the biting occurred.

At the end of the week, the nurse met with the staff. A review of the biting chart revealed that certain children and activities seemed to trigger Javontae’s biting (antecedents) and that most incidents involved Javontae not being able to communicate his needs, as hypothesized. When he did attempt to bite, he often inadvertently got what he wanted, either attention or a desired toy (consequences). A plan was made to decrease Javontae’s biting attempts. The children and activities that triggered this behavior were either avoided, or carefully monitored. Staff taught Javontae some simple signs that he could use to communicate his needs, and provided both stickers and attention if he used the signs appropriately. Over the next month, Javontae’s attempts at biting decreased as his use of the simple signs increased. With support from a speech therapist, his language skills increased and the biting attempts stopped.