

# CHILDREN IN CARE: A PRAGMATIC APPROACH TO UNDERSTANDING AND RESPONDING TO MALADAPTIVE BEHAVIOR<sup>3</sup>

D.M.Bassett

**Dawn Matera BASSETT**

Ph.D. Assistant Professor

Metropolitan State University of Denver, USA

**Abstract:** According to Abraham Maslow, human beings have 5 basic needs which motivate their behaviors. By understanding these 5 basic needs and the values which drive mal-adaptive behaviors, caregivers are able to effectively engage with individuals. The purpose of this session is to discuss these 5 basic needs and the 4 goals of mal-adaptive behavior. At the conclusion of this presentation participants will be able to effectively engage with individuals in order to increase their efficacy in achieving clinical goals.

**Key words:** goals of mal-adaptive behaviour, misbehaviour, Maslow's pyramid

## **Trauma**

Identifying whether an event is traumatic is more complex than one would anticipate. Given that it is the individual who is experiencing the event who determines whether something is traumatic, it can be hard for someone to determine if another has experienced a traumatic event. (i.e. While one person may find hanging onto the side of a cliff to be traumatic, another individual may purposely climb a the side of a cliff as a form of exercise.) However, once an event has been identified as traumatizing, the impact of the traumatic event extends beyond the duration of the incident.

---

<sup>3</sup> Paper presented to the International Socio Plus conference *Strategies and Ways to Develop University Curricula in the Area of Social Work Education*, 10-11nov.2015, Arad

Trauma theory proposes that there are 2 major responses to a traumatic event, reenactment or avoidance (The Center for Nonviolence and Social Justice, 2014). It is important to note that both reenactment and avoidance are normal responses to trauma; however, how one chooses to engage in reenactment and avoidance may be healthy or unhealthy. Some strategies to avoid intrusive thoughts or emotions may be healthy (i.e. reading, watching movies, or exercising) while other avoidance strategies are unhealthy (i.e. drugs, alcohol, excessive sleep). If an individual's response to the traumatic event is to reenact, they may deliberately place themselves in similar situations in order to gain mastery of the event. Engaging in psychotherapy is another method in which a survivor may reenact (telling and retelling of the event) in order to gain insight and understanding.

### **Long-Term impact of chronic trauma**

Researchers and theorists have long understood that individuals naturally respond to a trauma in three ways: Fight, Flight, or Freeze (Manitoba Trauma Information and Education Center, 2013). In an effort to understand the physiological impact of trauma on survivors, Bruce Perry (2007) has done significant research on children who have experienced trauma. His findings indicate that in addition to the short term fight-flight-freeze response, individuals who have experienced chronic trauma may have profound changes to their resting heart rates. Perry's (2007) research with the Branch Davidian children found increased resting heart rates from the normal average of 80 beats per minute to an average of 134 beats per minute. These findings indicate that children who have experienced chronic trauma may remain in a hyperaroused state which extends past the duration of the stressor. It is important for caregivers to understand that while children in care may appear to be calm, they are in fact aroused and will respond to any subsequent stressor in a hypersensitive manner.

By understanding a child's resting state, caregivers can modify their interactions to meet the child's physiological and psychological needs. In addition to understanding the impact of trauma, it is also important to understand how the child chooses to meet their basic needs. Reality theorists propose that all human beings have five basic needs which drive human behavior (Glasser, 1998; Maslow, 1954;1962). Behavior is not perceived as being good or bad; rather, behavior is a response to the choices available to the individual by their environment. If a behavior is not 'appropriate' for the environment, it becomes the responsibility of the care giver to help the individual find pro-social ways to meet his/her needs. Within this paradigm, the focus shifts from

labeling and judging an individual and their behaviors to finding how the individual can meet their needs in a socially appropriate manner.

As previously stated there are five basic needs held by all individuals. The following is a definition of these needs and how they may manifest.

1. Individuals need to have a sense of **belonging**. In order to meet this need they will engage in behavior which helps them establish a sense of belonging. If there are no pro-social ways to belong, the individual may engage in anti-social ways to belong (i.e. I am a member of an afterschool club vs. I am a member of a gang).
2. Closely related to belonging is a sense of **identity**. People need to know who they are. And, similar to belonging, if an individual cannot have a positive sense of self, then he/she may meet this need by developing a negative identity (i.e. I am smart or if I know I am not smart, then I am stupid. I am a 'good' friend vs. I am a 'good' enemy).
3. The third basic need is for **power** or **control**. Individuals need to feel that they are able to exert influence over their environment. As with the previous two needs, this may occur through pro-social or anti-social behaviors (i.e. I can help my neighborhood vs. If I am not allowed to help my neighborhood, then I can hurt my neighborhood. Either way, I can effect my neighborhood).
4. The fourth basic need is the need to feel important. Individuals need to know that they matter and have value. As with the other four needs, this can manifest in pro-social or anti-social behaviors (i.e. I can be a business leader vs. I can be a crime leader, but either way I will be a leader).
5. Finally, the fifth need is the need to live **free of pain**. Being pain free is both an emotional and a physiological state. Individuals who are experiencing pain will find ways to stop feeling pain (i.e. If an individual is in emotional pain they may choose to use/abuse substance to stop feeling the pain).

Caregivers of traumatized children who are able to understand these factors are able to modify their responses to children who engage in problematic behaviors. Given that all behavior has meaning, the difficulty lays in effectively assessing what needs are being met by misbehavior. By accurately assessing the needs, caregivers can provide a therapeutic response which is able to meet the individual's needs while maintaining a healthy environment.

## **Behavior Management Techniques**

The *Theory of Psychological Ownership* states that “Whoever owns the space... controls the space... and is responsible for the space”. If we apply this theory to caregiving environments, adult caregivers are responsible for the environment which children inhabit. To that end, it is important that adult caregivers effectively assess and respond to behaviors exhibited by the children.

Most intervention strategies are either environmental (involving the physical environment) or interpersonal (involving interpersonal relationships). The most proactive intervention strategy is **structuring the environment**. Implementing rules, consistent routines, and developmentally appropriate processes which allow children to safely explore their world and succeed. While many facilities have a litany of rules for children to follow, play therapy reduces these rules to three core values: (1) No hurting yourself, (2) No hurting others, and (3) No hurting this place. By implementing these three rules the caregiver is able to provide a safe environment where the child can safely engage in their world.

Another form of environmental structure is **proximity control**. Adults use proximity to help a child modulate their response to stimuli. When a child is starting to decompensate or escalate, an adult can move toward or away from the child in a non-verbal gesture of support. Effective use of proximity control involves a caregiver approaching from a calm physical state. Rapidly moving toward a child in a heightened state is not to be confused for proximity control.

A third form of environmental structure is **prompting**. Caregivers who are prompting tell the child what they can anticipate. This may take the form of giving the child a prompt that an activity may end in 3 minutes, that story time is occurring after math, or that a game will end after the completion of a task. Similar to other environmental tasks, prompting is conveyed in a calm, matter of fact manner.

The fourth environmental behavior management technique is to have the child **take space or a time out** from an activity. The purpose of a time out is to reduce stimulation so that a child is able to calm down and re-engage once they are able to appropriately engage with the environment. It is important that the caregiver have a clear sense of where a time out should physically occur as the goal is to reduce stimulation so that a child is able to change his/her behavior.

In addition to the four major environmental strategies, there are five core interpersonal behavior management strategies. The first of these is **planned ignoring**. When engaging in planned ignoring the caregiver deliberately chooses to ignore a behavior. However, this can

only be used when the problematic behavior is not a safety issue. A typical example is a child doing repetitive movements which are distracting (i.e. pen tapping on a table, swinging their legs) yet inherently harmless.

A second interpersonal technique is a **short caring gesture**. As the name indicates, this is a very brief response to a child's behavior. It is important that the caregiver be very aware of the child's sense of self as making positive statements to children with negative self-image can create cognitive dissonance and cause a behavior outburst. If we continue the pen tapping example from above, the moment the child pauses in tapping the pen, the adult would thank the child for sitting quietly. If the child then resumes pen tapping, the adult would then engage in planned ignoring and praise the child when they stop the tapping behavior. It is not unusual for a child to notice that they are controlling the adult's praise. However, given that the child is now searching for ways to gain positive attention, this is a desired response.

At times a child may be engaging in a task which is difficult for him/her to master. In order to help the child complete the task, a peer or an adult may engage in **hurdle help**. Hurdle help is used to help an individual complete a few steps of a task in order that he/she can complete the larger objective. If an individual is very frustrated it may be better to let him/her take space and try at a later time. Therefore, when using hurdle help, it is important to assess if the child is merely struggling with a small problem-solving difficulty, or if the child is struggling with a larger issue.

**Re-directing** is another form of an interpersonal behavior management technique. When using this technique the adult helps the child channel their energy into another task which is pro-social. If we continue with the pen tapping example, perhaps the child is engaging in pen tapping but the repetitive noise is causing other children to escalate. The caregiver may choose to re-direct the child into handing out paper to the class or some other physical activity which allows the child to expend energy. As with other behavior management techniques, the caregiver must be able to assess if the child is escalated or merely needing to expend energy.

The final interpersonal technique which we will be discussing is a technique frequently used by adults, **directive statements**. As the name suggests, the adult tells the child what to do. A caution with this technique is that this can quickly result in a power struggle as the child can refuse. When a child refuses it is easy for an adult to fall into a power struggle with a child. Given that power struggles are lose-lose exchanges, the adult should avoid them at all costs.

One strategy that an adult can use to disengage from a power struggle is the **three step process**. The steps of the three step process are:

- First, **validate what the child needs or wants**. This step is not permission giving, rather indicating to the child that you have heard and acknowledge what they are conveying.
- Second, the caregiver **states the limits and/or reality**.
- During the third step the adult either **provides the child with choices or helps the child develop choices**.

*Example of the Three Step Process:*

- A caregiver and child are in a supermarket.
- The child (C) sees some candy they want and states “I want candy”.
- The adult (A) states “You want that candy” (Step 1)
- (C) Yes, I want that one!
- (A) You want that candy. I didn’t bring money for candy today. (Step 1 and Step 2)
- (C) But I want it! (Crying)
- (A) You really want that candy and it makes you sad that you can’t have it. We don’t have money to buy candy today. Do you want to get candy the next time we come to the store? (Step 1 and Step 2)
- (C) I want the candy this time!
- (A) You really want that candy and we don’t have the money. Let’s figure out if there is a chore you can do to earn extra money for the candy next time. Would you rather take out the trash or sweep the floor? (Step 1, Step 2, and Step 3)
- (C) Sweep the floor
- (A) OK, do you want to sweep the floor in the morning or at night? (Step 3)
- (C) At night
- (A) OK, so you are going to sweep the floor at night for how many days to earn the candy? Two or Three nights? (Step 3)
- (C) Two
- (A) Ok, So you are going to sweep the floor two nights. I am so excited for you. Why don’t you pick out which candy you want and hide it in the back of the box... that way it will be here next time we come.

As indicated in the above example, the adult may need to move through the steps a few times before completing all three steps of the process. Congruent with other behavior management techniques, this technique can be used as long as the child is calm enough to understand the process.

*The above behavior management techniques are adapted from play therapy techniques and from Cornell Universities Therapeutic Crisis Intervention curriculum (2001).*

**Goals of Misbehavior**

Adult caregivers who are effective in managing a child’s behavior understand what is motivating behaviors. According to Dreikurs (1991) there are four major goals of misbehavior attention, power, revenge, and display of inadequacy. When a child is engaging in misbehavior the caregiver will have normal reactions to the behaviors. In order to modify the behaviors caregivers can use strategies to address the goal of the behavior without reinforcing the negative actions. The following chart address the four common goals, normal reactions the misbehavior, and strategies which can be used to modify the behaviors.

<b>Goal of Child’s Behavior</b>	<b>Normal Reaction from Caregivers</b>	<b>Strategies to Change Behavior</b>
Power/Control	Engage in power struggle	Give Choices (whenever possible) Give the child useful ways to feel powerful
Attention	Give attention but then get tired of reinforcing and ignore	Ignore the behavior (no eye contact, no words, nonverbally let the child feel cared for) Give small tasks which they can be in charge of completing
Revenge	Feel hurt; Retaliate when attacked	Make sure things are fair; Use logical consequences
Display of Inadequacy	Give up, maybe they are unable to function	Reinforce small steps in the right direction; Don’t coax or pity Create small successes for the child

## **Conclusion**

The purpose of this paper was to help adult caregivers understand children living in care. The paper briefly discussed how trauma manifests with children and the long term consequences of trauma. The discussion included an overview of the five basic needs which motivate behavior. The paper offered examples of major types of behavior management techniques, environmental and interpersonal and how to utilize them to achieve positive outcomes. Finally, the paper discussed the goals of misbehavior and how to meet the child's goals while changing the behavior. While this paper is far from an exhaustive discussion of the impact of trauma and how to behavioral intervene with traumatized children in care, the reader is able to use this information to gain an understanding of the key factors which influence behaviors for children in care. By applying these techniques, a caregiver is able to engage with a child to support positive behavioral outcomes. It is to that purpose that these constructs are taught in social work educational settings.

## **Bibliography:**

- Dreikurs, R. (1964). *Children the challenge: The classic work on improving parent-child relations, intelligent humane & eminently practical*. New York: Penguin Book..
- Glasser, W. (1998) *Choice Theory: A new psychology of personal freedom*. New York: HarperCollins Publishers.
- Manitoba Trauma Information and Education Center, (2013), Retrieved from <http://trauma-recovery.ca/impact-effects-of-trauma/the-continuum-of-trauma/>
- Maslow, A., (1954). *Motivation and Personality*, Chapel Hill, NC: Maurice Bassett Publishing
- Maslow, A., (1962), *Toward a Psychology of Being*, (3rd ed.) New York: Wiley.
- Perry, B. (2007), *Stress, Trauma and Post-traumatic stress disorders in children*. The ChildTrauma Academy
- Center for Nonviolence & Social Justice (2014). *What is trauma?* Retrieved from <http://www.nonviolenceandsocialjustice.org/FAQs/What-is-Trauma/41/>
- Cornell University, (2001), *Therapeutic crisis intervention, a crisis prevention and management system (5<sup>th</sup>. Ed.)*. Ithaca, New York: The Family Life Development Center, College of Human Ecology.