
A comprehensive approach to disruptive behaviors in the classroom and home

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The impact of the economic crisis in America is having significant consequences across all environments. Children in Alabama are being hit particularly hard, with budget constraints leading to greatly reduced services for marginalized children and families in rural and urban areas. According to the United States Census Bureau, 16.6% of the population in Alabama fell within the poverty level in 2007. Census data also reveals that only 75% of Alabamians have attained at least a high school education. For urban and rural children in Alabama who exist at or below the poverty line, their social, environmental, and educational difficulties are magnified by an overall lack of resources and opportunities and further reduced services. The profound level of deprivation that these children experience has been well documented through reduced graduation rates, higher incidents of incarceration, and a perpetuation of family legacies defined by impoverishment.

The Uniform Crime Reporting prepared by the Disaster Center ranks Alabama as having the 15th highest Crime Index in the US, which includes violence, theft and property crimes. Alabama ranks 24th highest for forcible rapes and 15th highest for murders, with a 22nd highest ranking for overall violent crime in 2007. Drugs also pose a considerable problem in the state. The US Drug Enforcement Agency and law enforcement officials report that methamphetamine is the number one drug threat in Alabama, followed by cocaine, marijuana and other drugs. The need for a comprehensive approach to reduce disruptive behaviors continues to grow in the face of insufficient funding for therapeutic services for many of these children.

In years past, a simplistic understanding of how money affects opportunity might have explained many of the problems encountered in school. But the situation is far more complex, with many more affluent families presently encountering problems with their children at school. These include but are not solely confined to those who have adopted children from international orphanages or from the American foster care system. The common thread between many, though not all, of these disaffected children is trauma, neglect, or abuse.

Our program at The Center for Attachment and Family Development in Decatur, Alabama seeks to reach these

children with a multi-disciplinary approach. In our experience, this type of intervention is most effective in addressing the needs of the children, the parents, and other professionals involved with each child.

The disenfranchised children we work with (fostered, adopted and biological children) have a history of trauma and, many times, a troubled attachment history, resulting in their presenting with an array of disruptive behaviors which may include at the worst pervasive non-compliance with authority, cruelty to animals, fire-setting, impulsive risk taking, explosive anger, sexual acting out, and self abuse. Other less hurtful, but nonetheless problematic behaviors include lying, stealing, and hoarding food. Anxiety behaviors may also be present, such as crying, whining, excessive worry and clinginess. Many of these children lack genuine remorse and display an inability to learn from consequences. These behaviors can be distinguished from normal childhood behaviors by their intensity and duration despite numerous interventions.

Large numbers of these children are in the foster care system because their parents may: have a drug or alcohol problem; have an untreated mental illness; be incarcerated; or present with a severe lack of emotional stability brought on by years of poverty and personal abuse. The rise of methamphetamine addiction has also made a dramatic impact on the foster care system. Further, teen pregnancy continues to be a problem that overstresses families as they attempt to maintain a family structure that outstrips their ability to provide basic needs. If parental rights are terminated and these children are adopted, the children more than likely will have experienced multiple foster placements and numerous failed attempts at reunification with their biological family.

Children adopted from international orphanages often have experienced neglect and extreme poverty. Many have no history of their medical past or circumstances surrounding their placement in an orphanage. Becoming a part of a new family from another country often involves drastic changes in their lives. These children undergo dramatic shifts in their behavior as they adjust to their new environments and new lives. They have to learn to fit into a family while learning a new language, becoming accustomed to new ways of co-existing and essentially having no physical connection with their past lives.

The common denominator of abuse, trauma, and neglect limits all of these children in their ability to build

healthy relationships with adults. Their background engenders a lack of trust in any adult. They may not have been bonded with birth parents or any other adult during critical developmental stages. Without the necessary skills to feel safe in a relationship, these children often are compelled to try to control their environment through their behaviors. The tragedy for the more severely attachment-disordered child is that healing from the trauma requires more than 'simply' love.

Without treatment, these children are at-risk of becoming disaffected from their homes, schools and communities. They seek life on their terms using non-compliant behaviors at home, school and with their peers. They can be superficially charming and quite skilled at splitting parents and school professionals. They often demonstrate skillful manipulation by appealing to the sympathy of adults who are not parents. Their behaviors can best be described as instinctual in nature because they are based on maladaptive patterns of relationships learned early in life. Traumatized, neglected, or abused children may truly believe that unless they are in charge of everything in their lives, something bad will happen. Learning to be safe with adults is the key for these children.

Because our families and children present with varying degrees of attachment issues, the Center for Attachment and Family Development takes a four-pronged approach to treatment and intervention: medication evaluation; parent training and support; Neurofeedback, and developmental therapy. Children and parents are initially evaluated by a team to determine the needs of the family using a variety of assessment strategies. Following that, children are evaluated by a team psychiatrist to insure that the medication protocols accurately reflect the complex nature of the presenting problems. A complete history of prior treatment interventions, medical history, and trauma history is reviewed. In the adoption and foster care population, many children have secondary mood disorders such as juvenile bipolar disorder or depression. Further, several have attention problems that are brain-based such as Attention Disorder Hyperactivity Disorder or Fetal Alcohol Syndrome. Others may have experienced additional problems with their central nervous system due to poor nutrition in early development.

Brain-based interventions such as Neurofeedback offer the opportunity for these children to develop sustained attention skills and improved task enhancement. Neurofeedback addresses problems resistant to other

interventions by training individuals to control their emotions through developing a calmer focus and the ability to shift their attention when needed. It is a highly successful non-invasive method that children enjoy while enhancing central nervous system balance and complementing their medication protocols. The research on the effectiveness of Neurofeedback is stunning; more can be read about it by accessing the following website: eegspectrum.com

These complex children live in families, go to school and live in communities, so the Center for Attachment treats the family as a system rather than isolating the child as a source of the problem. Family dynamics are explored through parenting assessments, personality inventories and direct observations. Once their needs are identified, a treatment plan is designed that includes the needs of both the parent and the child. Traditional parenting skills have a tendency to be less effective with maltreated children; therefore, the Center offers a range of parenting training to address more effective methods of interacting with the children.

Parent training focuses on creating basic compliance in ways that are not punishing, yet maintain boundaries. One of the most effective parenting resources is Love and Logic Parent Training. It has been a proven effective strategy in reaching these children and their families. Through the training, parents are taught to focus less on a child's behavior and more on allowing the child to learn through natural and logical consequences that are safe. Equal portions of empathy and discipline by a parent are encouraged in order for the child to change misbehaviors.

We often work closely with schools and teachers to help maintain a child in the classroom where he is causing difficulty. The relationship between parents and the school may be marred by frustration because of the control-based behaviors of these traumatized children. All aspects of the educational process may involve struggle. Going to school, doing homework, classroom behavior and even leaving school can resemble a battleground. Teachers routinely are faced with deciding how much energy to devote to each control battle with the troubled child while dealing with the additional responsibility of keeping the rest of the students safe. As well as working with teachers to develop classroom safety plans, the Center for Attachment provides them with resources to help them reach these very difficult children.

Family and child counselling involves both the children and their foster or adoptive parents. The therapeutic focus centers on creating an environment in which a child can be re-parented. In other words, we work on repairing the broken foundations of attachment in order for a child to feel safe with a parent. The child must recognize the parent as nurturing and safe as well as authoritative. Helping them to understand that why they behave the way they do on a thinking level and a non-thinking level allows them the opportunity to form new behaviors.

Accepting these changes and experiencing success can be quite terrifying for maltreated children who believe that they are unlovable or unwanted. After all, being hurt or 'thrown away' has been a part of their life experience. It makes sense that they would believe that they are unworthy of success. This belief often leads to the self-defeating behaviors that have been described. Establishing a healthy relationship with caregivers is critical for a child to develop empathy, remorse, and, in effect, a conscience. Without experiencing the desire for reparation, a child is likely hold on to controlling behaviors or resist developing healthy relationships throughout their lives.

One such child was Michael. A nine year old at the time of treatment, he had been in foster care for six years and in his foster home for five. His foster parents were on schedule to adopt him, but he was a very difficult child. The thought of adoption brought on his maladaptive behaviors with a vengeance because he had to confront realities regarding his birth family. Over the five years of lying, stealing, fighting and crying, he had worn away his foster parents' emotional resources. Michael was very charming with strangers and had convinced many that his foster parents were cruel and uncaring. He had divided the school into two camps of educators: (1) those individuals who felt sorry for him and allowed Michael to get away with anything, and (2) those professionals who were wise to his games and were therefore perceived as the enemy. When he came to treatment his only diagnosis was ADHD and he received medication consistent with that diagnosis.

Assessment of his foster parents revealed two highly stressed, but emotionally healthy people. A history of Michael revealed a child who was malnourished, physically neglected, and who had experienced physical abuse as well as witnessed domestic violence. His biological family also had a history of Bi-Polar Disorder, drug and alcohol abuse, and a family legacy of poverty. Michael was medicated for bi-polar disorder and severe

anxiety. He also continued his ADHD medication. His parents learned to parent him differently and safety plans were instituted with the school. Teachers were also given guidance on how to interact with him, given his multiple conditions. The therapeutic team consisted of the psychiatrist, two therapists, parents, and teachers. Once Michael began to achieve balance with his medication, Neurofeedback and acceptance of parental boundaries, the work began intensely around his trauma and maladaptive thinking.

The school, parents, and therapists essentially functioned as a unit over the course of a year, which allowed Michael to make significant progress. He achieved forgiveness for his birth family and embraced his new family. He looked forward to adoption and to changing his name. His explosive anger and self-abusive behaviors have now subsided. He is able to participate in community activities and, for the first time, he has one or two children who have remained friends with him for more than a month. He is continuing to develop empathy and reciprocity. With his identity more in line with his chronological age, he is able to take responsibility for his own progress in school and his time in the principal's office is no longer a problem. He is not a perfect child and will have to continue to confront his own demons over time, but now he has the skills to do so and is willing to ask for help.

Another example of a child with severe behaviors is Elaine. She was removed at birth from her mother in the Ukraine. She spent several months in the hospital and the first five years in orphanages. Adopted at age five, she began the long transition to the American way of life and family. Upon coming to the Center by the age of ten, her transition had not gone well. She remained pervasively non-compliant with everyone. She was sneaky with her behaviors, often hurting other children sexually and physically when adults were not around. Pets were also not safe around her. Her superficial charm and good looks contributed to the frustration of her parents and others who could not believe that such a beautiful child could be so cruel. Items of value often disappeared when Elaine was present. She could be helpful one minute and horribly angry the next. Nothing was ever her fault as she chose to blame others for her behaviors or "frame" them. She often lied to and about her parents and teachers. She believed that she was entitled to special treatment and was more in love with things than people. Her parents were close to discontinuing the adoption because they had tried everything with no success. Then Elaine participated in intensive therapy and Neurofeedback, and her parents

worked hard to set up their home in order to keep siblings and pets safe from her. The school system was very open to a team approach and worked the safety plan without change no matter how much Elaine complained. They all learned to talk less and expect more. They learned how to talk to Elaine with empathy while holding her accountable for her choices. Everyone learned to allow Elaine to be the only one upset with her behaviors. Over the course of two years, Elaine has gone through many medication changes as she has grown and improved. She is now able to be maintained in a regular classroom without modifications except for her safety plan. At home, Elaine is now able to follow parental directives and to accept nurturing and praise.

The nature of our approach allows children and families to begin to feel hopeful and to function better. The course of treatment is long and complex because the problems are complicated and longstanding. By including the school personnel and any other professional or family member with whom the child has consistent contact, children begin to let go of their survival strategies and function better in the community and in schools. When children begin to feel safe enough to enjoy success in school and in the family, they demonstrate respectful, responsible and sociable behaviors that enhance their ability to function more fully in life. Essentially, children recapture the ability to play, express joy and enjoy success.

It is our hope that schools will be able to find ways to be more effective in identifying and participating in resources for families and children. Occasionally, we have encountered school systems that will not work with us, choosing rather to alienate foster and adopted children further through the belief that a deeply disruptive child is not going to get better. Such narrow attitudes are short-sighted.

The sad reality is that with state mandated cutbacks, it is the children who suffer. Medicaid often does not pay for therapy and has no funding for treatment outside of the therapist's office. Insurance companies are by nature adversarial as they are primarily mandated to make money for the share holders rather than provide funding for effective treatment that falls outside of the traditional 45 minute session one time per week. Therefore, parents who are in need of intense help either have to pay for it themselves or do without. Marginalized families have no choices, children continue to be underserved and the cycle continues.