

## Reframing Behavior Problems as Survival Behaviors

Many foster and adopted children who have experienced deprivation, maltreatment and interrupted attachments develop behavior problems that do not disappear as a result of typical parenting practices or behavior modification techniques. These behaviors frequently are maladaptive coping patterns for defending against underlying emotional struggles. The underlying emotional issues must be addressed in order to successfully modify behaviors (Katz, 1990). Some behaviors commonly seen include:

- Dishonesty – sometimes senseless lying, also stealing
- Defiance – resists control, often severe power struggles result
- Verbal & physical aggression – sometimes against younger children or animals
- Destruction of property – may be sneaky in destroying prized possessions of others
- Peer problems – may play with younger children
- Anxiety – often unable to concentrate, restless, strong fears, nightmares
- Running away – usually in teens
- Passive resistance such as delaying tactics/ taking a long time for a simple activity
- Manipulating one authority figure against another (splitting)
- Uncomfortable with prolonged periods of calm – must do something to rock the boat
- Difficulty giving/receiving affection – vacillates between seeking & repelling affection
- Temper tantrums/ rageful outbursts

Children who are well nurtured develop a positive mental blueprint – a template for assessing the world and their place in it. Well nurtured children see the world as generally safe and adults as trustworthy. They believe that they have the capacity to exert their will and get their needs met. Poorly nurtured children develop a different blueprint that profoundly colors their view of themselves and others – like goggles through which they view the world. Many adopted children have suffered significantly from adverse experiences prior to their adoptive placement, resulting in developmental deficits and emotional pain. Such children bring their lifeview and their way of coping with them into their new families – they see the world through the goggles of a maltreated child. The adaptations they have made to their previous environment are likely to create dysfunction in their new families, even with very experienced parents.

Parents' views of their children and any difficulties they may be having after placement are shaped by their expectations going into the adoption. A study of families adopting 15 older children concluded that parental perceptions were more important than child behaviors, and it identified specific parental perceptions that facilitated adjustment – finding strengths in the child overlooked by others, viewing behavior and growth in the context of the child's history, reframing negative behavior, and attributing improvement in behavior to parenting efforts (Clark, Thigpen, & Yates, 2007).

*Imported Pathology.* Delaney and Kunstal (1993) coined the term “imported pathology” to refer to this transfer of the child's way of coping into a new family. This distinctive dynamic in some adoptive families is inconsistent with traditional family systems theory that views child problems as a symptom of family or parental dysfunction. They further state that failure to recognize the effect of the child's difficulties on the family by adhering to the traditional family systems view that the child is expressing the family's dysfunction can result in blaming and disempowering the parents as well as failing to help the child or family.

Smith and Howard (1999) developed a framework for understanding children’s adjustment issues in special needs adoptions – the themes of this model build on the work of Erikson (1963) as well as themes advanced by Finkelhor and Browne (1986) for understanding the effect of trauma on children. The model below, which was introduced in Lesson 1 of this module, describes four critical areas of functioning impacted by children’s experiences of deprivation, loss, and trauma and contrasts the capacity of wellnurtured children to that of children who do not experience good beginnings. There are tasks for children and parents caring for them to address in relation to each of these areas of functioning.

### **Four Areas of Functioning Challenged by the Impact of Loss, Trauma, & Inadequate Nurture**

#### **CAPACITY FOR RELATIONSHIPS**

**Intimacy ..... Isolation**

#### **FELT SAFETY AND CONTROL**

**Sense of safety and control.....Fear and powerlessness**

#### **SELF-REGULATION**

**Self-control ..... Impulsivity**

#### **IDENTITY**

**Self-integration ..... Identity Confusion**

#### **Capacity for Relationships**

The ability to develop close relationships with others, to give and receive affection, is the foundation of development and supports the development of trust, positive expectations of others, and positive self-esteem. It also promotes the development of self-control, empathy, and a conscience. Deprivation and experiencing physical or emotional pain in early relationships leads to a fear of closeness, anger, and the development of defenses for self-protection, such as numbing and withdrawal. Well-nurtured children have the capacity for emotional connectedness, whereas children from adverse beginnings distrust others

*National Adoption Competency Mental Health Training Initiative (NTI)*

*A Service of the Children’s Bureau, Administration on Children and Families, Department of Health and Human Services*

and learn to protect themselves from closeness. They may alternate between seeking closeness and distancing parents through irritating or hostile behaviors. They test their parents' commitment in many ways. In order to overcome attachment problems children must learn to identify and express their own feelings and needs and to manage their fears related to closeness without pushing others away. Below are some tasks for children and parents in this work.

**Tasks for Children**

- Learning to manage fear, accept comfort
- Resolution of past losses
- Grief work
- Building on former attachments
- Strengthening attachments in adoptive family
- Identifying & expressing feelings
- Experiencing safety and security

**Tasks for Parents**

- Calming, redirecting, de-escalating
- Work through own losses
- Help child express grief
- Honoring child's previous attachments
- Claiming child; positive interactions
- Help child to verbalize feelings
- Responding to child's needs at his/her developmental level – re-parenting

**Felt Safety & Control**

Felt safety is best understood in relation to its antithesis – powerlessness. Children who have experienced interrupted attachments and other traumas have feelings of extreme vulnerability, fear and rage. Finkelhor and Browne (1985, p. 82-3) identify powerlessness as a primary impact of trauma and define it as “the process in which the child’s will, desires, and sense of efficacy are continually contravened.” One adopted child described, “I feel like a ball in a pinball machine.” Children who have been unable to protect themselves may have a constant fear of impending doom, underlying feelings of anger and tension, and a strong need to control. They develop maladaptive behaviors to achieve a sense of power and mastery through asserting control over others, and their behaviors reflect this need. To avoid feeling helpless and vulnerable, they behave in negative oppositional ways to exercise power and control. Self-efficacy then is a sense of personal control and mastery (“I am the captain of my fate”) and the feeling that one can manage events in life. Children whose will is continually violated and believe their wishes do not matter need to learn positive ways to gain control, to achieve mastery in some areas of their lives, and to have an increased sense of personal choice and power.

**Tasks for Children**

- Learn to identify stress and express need
- Getting in touch with feelings
- Healing from trauma
- Learning positive ways to gain control
- Achieving mastery in some areas

**Tasks for Parents**

- Find out what triggers trauma response and find ways to support child
- Encourage expression of feelings while limiting behaviors
- Tolerating children’s pain/healing work
- Unhooking from power struggles
- Providing opportunities; praise

*National Adoption Competency Mental Health Training Initiative (NTI)*

*A Service of the Children’s Bureau, Administration on Children and Families, Department of Health and Human Services*



Anger management  
sense of power/choice

Managing own anger & teaching child same Increase  
Empower child to make good choices **Capacity for Self-**

### **Regulation**

The ability to regulate one's own emotions and behaviors is an outcome of maturation processes stemming from a healthy parent-child attachment. The mastery of cause and effect thinking, the development of a conscience that depends on internalizing values and rules, and the capacity for empathy and motivation to adjust one's behaviors to others' desires are all founded on parent-child attachment. Mal-nurtured children struggle in these areas and may have effects of maltreatment that impair parts of the brain that control impulses and facilitate reasoning and consideration of consequences. They are not able to physically modulate tension in organize reasoned responses. They need help in identifying their feelings, finding ways to modulate and express them, and considering possible responses and their consequences.

#### **Tasks for Children**

Linking feelings and behaviors  
escalating building tension/anger

Learning acceptable ways to express feelings

Developing problem solving abilities

Developing internal controls      Letting child accept responsibility for behavior. Accepting control from others      Affirming child's abilities; presenting united

#### **Tasks for Parents**

Learning therapeutic parenting skills      De-  
Recognizing/coping with triggers;  
controlling own anger

Helping child to verbalize feelings

Processing incidents

parental front

### **Identity**

Well-nurtured children receive positive external messages that become internal, leading to a sense of selfworth and an ability to incorporate many aspects of themselves into an integrated sense of who they are. Persons with a strong identity have a sense of wholeness, connectedness, and positive self-esteem. Their search for meaning has led to answers that do not devalue themselves. It is common for children who experience maltreatment or are removed from their birth family to see themselves as responsible for these events, bad, and unlovable. They may feel they must have done something bad to deserve maltreatment. Most adopted children ask themselves "Why didn't they keep me?" and can struggle with feeling that they are not like everyone else, but are a second-class citizen who was "given away." They are often missing essential elements (connection, history, information) from which to make sense of events and gain a positive sense of who they are and their place in the world. To come to terms with their history, children need to be able to connect their past, present, and future through reconstructing their life history and coming to terms with the meaning of these events in their lives. They need to be able to affirm the positives they have gained from others and their ability to survive difficult experiences. Tasks in this work include:

*National Adoption Competency Mental Health Training Initiative (NTI)*

*A Service of the Children's Bureau, Administration on Children and Families, Department of Health and Human Services*

### Tasks for Children

Reconstruct life history  
Affirm the positives they received  
Destigmatize adoption  
Normalize adoption—know other adoptees  
Connect past, present, and future  
Recognize positives in self & talents

### Tasks for Parents

Share all information  
Demonstrate respect for birth family  
Able to communicate about adoption  
Affiliate with other adoptive families  
Maximize openness in child's best interest  
Reinforce positive self-esteem

Research on adoptive families indicates that child behavior problems can threaten the stability of the adoption. Families often continue to experience ongoing challenges long after adoptive placement. The human toll of severe, unresolved difficulties is hard for many to grasp. Studies of adoptive families served through adoption preservation programs indicate that over half of the children demonstrate the following behavior problems: lying/manipulation, verbal aggression, defiance, violation of family norms, peer problems, tantrums, physical aggression, and destruction of property (Smith, Howard, & Monroe, 1998).

Some specific behavior problems seem to threaten the stability of the adoption more than others – in the study mentioned above, 45 percent of parents served raised the possibility of dissolution at some point during services. Sexual acting out of the child greatly increased the likelihood of parents raising dissolution, as did running away, lying, defiance, and a few other behaviors. In addition, workers identified the emotional issues with which children were struggling, and all of these except the need to search were associated with a higher behavior problem score (Smith, Howard, & Monroe, 2000). The frequency of emotional issues present in approximately 275 children as assessed by workers included:

Separation/attachment conflicts	75%
Grief	71%
Identity	64%
Depression	55%
PTSD Symptoms	36%
Need to search	32%

### References

- Clark, P., Thigpen, S., & Yates, A. (2007). Integrating the older/special needs adoptive child into the family. *Journal of Marital and Family Therapy*, 32 (2), 181-194.
- Delaney, R. J., & Kunstal, F. R. 1993). *Troubled transplants: Unconventional strategies for helping disturbed foster and adopted children*. Portland, ME: National Child Welfare Resource Center for Management and Administration.

National Adoption Competency Mental Health Training Initiative (NTI)  
A Service of the Children's Bureau, Administration on Children and Families, Department of Health and Human Services

Erikson, E. H. (1963). *Childhood and society* (2<sup>nd</sup> ed.). New York: Norton.

Finkelhor, D., & Browne, A. (1986). Initial and long-term effects: A conceptual framework. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 180-198). Beverly Hills, CA: Sage.

Katz, M. (1990). *Understanding and helping adopted and foster children with emotional problems*. (videotape). VIDTEK Productions.

Smith, S. L., & Howard, J. A. (1999). *Promoting successful adoptions: Practice with troubled families*. Thousand Oaks, CA: Sage Publications.

Smith, S. L., Howard, J. A., & Monroe, A. D. (1998). An analysis of child behavior problems in adoptions in difficulty. *Journal of Social Service Research*, 24 (1/2), 61-84.

Smith, S. L., Howard, J. A., & Monroe, A. D. (2000). Issues underlying behavior problems in at-risk adopted children. *Children and Youth Services Review*, 22 (7), 539-562.

### REFRAMING SURVIVAL BEHAVIORS

**Identify the survival behaviors which the child you are assessing displays. List each survival behavior in the left column. Identify the underlying emotional issues at the root of each survival behavior and list these issues in the next column. Finally, identify interventive strategies for workers or substitute caregivers that will address the underlying emotional issues.**

#### Survival Behaviors

1.

2.

3.

4.

5.

#### Underlying Emotional Issues

1.

2.

3.

4.

5.

National Adoption Competency Mental Health Training Initiative (NTI)

A Service of the Children's Bureau, Administration on Children and Families, Department of Health and Human Services

## Possible Parenting Strategies

1.

2.

3.

4.

5.

*National Adoption Competency Mental Health Training Initiative (NTI)*

*A Service of the Children's Bureau, Administration on Children and Families, Department of Health and Human Services*