

## **A New School Neurobiological Approach to Healing Parents and Children with Challenging Behaviors**

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**Old School View:** Mental health professionals are often presented with the task of helping parents, caregivers and other professionals treat children with challenging behaviors. Traditionally, many professionals who work with children's behavior incorporate a theoretical approach that presupposes that children are cognitively capable and consciously in control of their behavior. It is not at all uncommon for adults to automatically assume that children with difficult behaviors are inappropriately attention seeking, deceitfully manipulative and willfully disobedient. Moreover, despite the fact that numerous children with behavioral problems also have in their histories a remarkable developmental, neurological, relational or medical trauma, many professionals hold strong to the assumption that those incidents have no significant bearing on the child's development or current level of behavioral functioning. All too often, parents and professionals are taught to disregard the level of significance that an early life experience can have on a child. Even experiences emotionally recounted and validated as traumatizing by and to a parent are dismissed as having little to no effect on their prenatal, neonatal, infant or young child. Thus, there remains the ever present and pervasive view that children are highly resistant to the affects of negative stress, capable of using cognitive faculties to override their emotions and unaffected by experiences that occurred before they were born or very young. Perhaps well meaning, these old school perspectives have proven to be developmentally misinformed at best and at worst, even harmful.

### **New School View:**

We are in the midst of an extraordinary and exciting paradigm shift. Advances in the fields of neuroscience, traumatic stress, affect regulation and the neurobiology of attachment reveal that many common behavior problems exhibited by children are the manifestation of an accumulation of unresolved neurobiological and/or negative emotional reactions to heightened stress responses. We now understand that when we are the most helpless, we are the most vulnerable and that children depend on the responses of adults to teach them how to deal with stress, loss and the ebb and flow of life's joys and sorrows, a fact that for many is bittersweet. If a young child is more consistently than not, met with a predominantly safe, loving and receptive relationship base of support, particularly during times of stress and distress, they will learn to unconsciously organize their neurobiology based on those experiences. If on the other hand, a young child is more consistently than not, met with a predominantly inconsistent, unsafe, punishing and deceptive relationship base of support, especially during times of stress and distress, they will learn to unconsciously organize their neurobiology based on those experiences. What follows is that many behavior problems exhibited in childhood and how they are resolved play a key role in the development of many of the psychiatric and physical disorders manifested throughout life and described in the DSM. Simply put, when a child is acting out, whether it be having a tantrum, running away,

refusing to eat, hitting their siblings or threatening to hurt themselves, they are in effect becoming psychically stressed, emotionally distressed and neurobiologically dysregulated. If we seek to manage children in distress by reacting via emotionally experienced consequences, shutting them down, controlling their expression or manipulating their feelings, not only do we risk losing the neurobiology of our emotional connection in the relationship, we model the very behaviors we do not wish to purport.

Significant findings from the new vs. more traditional perspectives on child behavior also include the fact that it is essential that any professional working with children have a practical knowledge about the human brain, how it grows and what makes it grow well. For example, it's important to understand that the part of the brain that deals with survival, fight, flight or freeze responses is the first part to be on line and that once a child is conceived, that embryo immediately begins non consciously logging neurophysiological experiences of the world as a safe place or not. Although many everyday experiences seem nontoxic, trivial and rational to adults are often big toxic deals that do not make sense and feel traumatizing to children. Growing evidence supports that many common medical procedures are at the root of trauma. Getting a wound sewn up that needs stitches or shots at the doctor can be extremely traumatizing for a child, especially if they had to be held down against their will and/or separated from a loving caregiver during the experience.

**Old School Frames with New School Lenses:** It is essential that professionals be open to new information and help others to understand that trauma resides not just in a suddenly unexpected horrific event, but also in the often unconscious neurophysiological response the individual has to that event. So, when considering the brain is hardwired to remember threat and considering child's problem behaviors, we can come to understand that children with histories of prolonged neurophysiological responses to stress, (no matter if they are aware of it or how old they are), have nervous systems that are primed to be easily stressed and further traumatized by heightened states of stress and emotional distress. Thus, if Chicken Little got hit in the head by an eggshell while hatching out of his egg, he is more likely to be neurobiologically primed for expecting the sky to fall, even if he doesn't remember it happened and especially if Chicken Mama is always waiting for the other shoe to drop. Speaking in behavioral terms if a child has been neurobiologically conditioned to survive in stressful situations and grows older to be hyper vigilant, it becomes easier to frame his issues with attention deficit or easily distractible behavior in the context of trauma. If Chicken Little's Mama is always hooking up with Colonel Sanders who is trying to cook her goose, then Chicken Little may not be able to pay attention so well during flight school, much less learn how to resolve conflict with the other chicks.

If the brain is the seed, then primary caregiver relationships are the soil, and water and sun the experiences. Of significance regarding challenging behaviors is that human beings as a species need relationships to survive and the quality of those relationships is what makes people, especially children, grow and thrive. When we start to view behaviors from this perspective, we begin to understand that imposed consequences and fear based reactions as motivators for change, (rather than natural consequences and relationship oriented

responses serving as motivation), often serve to perpetuate behavioral problems rather than heal them.

Traditional practices are what ultimately lead us to new and improved research and understandings that are crucial to changes in paradigm. Knowledge about the brain, emotional regulation and child development provide a wonderful context upon which to frame decisions when dealing with a wide range of challenging behaviors, whether it be helping parents and caregivers to advocate for certain services, make informed decisions about medical interventions, changes in visitation schedules, dating, or supporting rather than punishing a child for regressive behavior or self injury.

In working with parents and other professionals it is important to help them learn more about the correlations between trauma, the brain, and behavior and to understand that when a child acts out, he or she does need attention and if we pay attention and listen closely, they will tell us exactly what we need to do to help them. Many great terms and ideas come for traditional schools of thought and applying these words and concepts can be very helpful to use in teaching others to dispel myths and separate fact from fiction. Listed below are just a few common behavioral myths, misconceptions about their function and familiar concepts to apply when considering a new perspective. Please refer to selected readings for further information.

**Old School Misconception for parent:** If I attend to my child when he misbehaving, I will reinforce that behavior. **New School Clarification:** A child misbehaving is a child on the verge of dysregulation. Noticing him and helping him to calm down will reinforce his ability to self-regulate in the future.

**Old School Misconception:** If I give my child attention for acting immature, I will reinforce her immature behavior. **New School Clarification:** We are biologically wired to get social attention, especially from the people we look up to. Regression is a sign that my child is feeling stressed and it's okay to give her what she needs.

**Old School Misconception:** My child's stomach hurts and she's just trying to get out of going to school-if I acknowledge that behavior, she will just end up dropping out. **New School Clarification:** all children want to do the what's right, especially if they know it's good for them but somatic complaints are often a tip off for an emotional problem. I need to help her figure out why she doesn't want to go to class so we can make a plan.

**Old School Misconception:** If I treat the child, I shouldn't treat the parent-there will be a conflict of interest. **New School Clarification:** As a therapist, I understand that most often a parent's trouble with a behavior from child has something to do with a parent's unresolved stress or trauma. I model healthy relationship for the mom and help teach her to parent herself and her child by giving her education and support.

**Selected Readings on the Neuroscience of Parenting Children with Challenging Behaviors:**

Badenoch, Bonnie. (2008). *Being a Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology*. New York, New York: W.W. Norton & Company, Inc.

Forbes, Heather T. & Post, B. Bryan. (2006). *Beyond Consequences, Logic and Control: A Love Based Approach to Helping Attachment Challenged Children With Severe Behaviors*. Orlando, FL: Beyond Consequences Institute, LLC.

Gerhardt, Sue. (2004). *Why Love Matters: How Affection Shapes a Baby's Brain*. Hove, East Sussex & New York, NY: Routledge.

Levine, Peter A. & Kline, Maggie. (2006). *Trauma Through A Child's Eyes: Awakening the Ordinary Miracle of Healing Infancy through Adolescence*. Berkley, CA: North Atlantic Books & Lyons. CO:

Newton, Ruth P. *The Attachment Connection: Parenting A Secure and Confident Child*. Oakland, CA: New Harbinger Publications, 2008.

Scaer, Robert. *The Trauma Spectrum: Hidden Wounds and Human Resiliency*. (2005).

Siegel, Daniel J. and Hartzell, Mary. *Parenting from the Inside Out: How A Deeper Self-Understanding Can Help You Raise Children Who Thrive*. New York, NY

Sunderland, Margot. *The Science of Parenting: How Today's Brain research Can Help You Raise Happy, Emotionally Balanced Children*.

