

TEACHING CHILDREN WITH SEVERE BEHAVIOR PROBLEMS: THE MALTREATED OR ABUSE-REACTIVE CHILD WITH ATTACHMENT PROBLEMS

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The maltreated or “abuse-reactive” child poses a problem for school teachers who have multiple children with whom to deal as well as a sensitive, needy child. Hallmark signs include a changeable, unstable manner of relating to others, widely varying needs and demands, and an active, shifting emotional state. These children often have a history of poor bonding with caregivers and, you, as the teacher, are a caregiver.



What is an Attachment Problem?

Attachment problems result when a child's bonding process with a caretaker is interrupted during the early critical stages. This may be due to difficult pregnancy/birth, substance abuse during and/or after pregnancy, maternal stress/trauma, separations from caretakers (due to drug use, illness, or work), abuse/neglect, maternal depression, frequent change of caretakers (within a family, foster-care, adoption), inadequate parenting skills, or qualities of the child (e.g., genetic predisposition, difficult temperament, disabilities, inability to regulate emotion or sleep; chronic illness or pain which causes inconsolability).

These children do not feel cared for and underlying emotions become apprehension and

fear. They may not express these feelings as recognizable anxiety but as oppositionality, anger, or aggression. The child is often isolated and lonely, unable to trust others or give and receive affection in a healthy way. When consistent care is absent, the child learns to self-parent instead. If no one else will protect them, they will do it themselves. It is scary when a 3 to 5 year old learns from a non-nurturing environment how best to react and survive; and these survival patterns can follow throughout life. Commonly, they lack the ability to perceive right from wrong and do not develop a conscience. Because many feel the need to be in control, they are difficult to instruct.

The Trust Cycle

The Trust Cycle refers to the sequence of routine care occurring between the infant and primary caregiver during the first months. The chart (right) shows the stages of the trust cycle. One example of the cycle might be the infant becoming hungry (NEED) and experiencing the discomfort of hunger (EMOTIONAL RESPONSE, cry out in pain). In the ideal situation, the care-

giver brings a bottle and feeds the baby (GRATIFICATION). Over time and repeated behavioral patterns such as this, the infant learns to TRUST the world. In the less than ideal situation, the infant becomes hungry (NEED) which brings feelings of discomfort (EMOTIONAL RESPONSE, cry out in pain). If the caregiver does not respond (e.g., absent, on drugs, unaware

of the need, uncaring, etc.), the infant's needs do not get met and GRATIFICATION does not occur. Over time and repeated patterns such as this, the infant learns to **not TRUST** the world and begins to develop a cognitive mindset and behavioral patterns to counteract not having needs met (e.g., being controlling, withdrawn, aggressive, uneasy to settle, demanding, etc.). You

TRUST CYCLE

Need	Child has a need causing discomfort & disequilibrium
Emotional Response	The need creates an emotion like rage or fear & the infant screams, cries, etc.
Gratification	If the caregiver responds to the need, equilibrium is re-
Trust	Trust is built.

may know that this child was generously fed; however, consider other physical and emotional needs as well.



Adults who live with and work with maltreated children often feel defeated, fatigued, and full of self-blame. They are often pushed to the point of rage, despair, and tears and they may often do and say things to the child they would not normally. In the wise words of Dr. Garry Landereth, "It is not what you do but what you do after you do that is most important." Find the time to take care of yourself, take a time out from the child if needed. Own your errors. Remember, the child is watching you to see if you continue to care for them.



Remember, it is not the caregiver's job to "fix" the child, it is your job to create an environment conducive to healing and loving.

Strategies to accomplish this goal follow.

THE MINDSET

Emotionally healthy children have an innate desire to please their caregivers; children with attachment problems fail to consider the feelings of others. They are extremely self-centered. These children developed these personality structures as a defense to their early life traumas (not having emotional, safety, and/or physical needs addressed). The defense is designed to avoid being hurt further either emotionally or physically. These defenses served a function early in life, which was to survive. Children cannot relax when they feel a constant need to control their environment; and unfortunately, the trauma has been locked in and prevents the child from recognizing s/he is now in safe hands (either by foster care, adoption, or birth-mother who is attempting to

remedy the situation). Therefore, it is necessary to create an environment that allows the child to relax by learning to trust the caretakers in the child's life today. Unfortunately, relaxation comes with a price: **the child feels complete terror about losing the power** (feeling of being in control) **they once felt**. Their ability to control situations must be lovingly removed, and they must be guided through the difficult reactions of feeling out of control. But first, caregivers must learn basic concepts that enable them to maintain a safe, loving, positive and powerful interactional style. If the caregivers are in control, the child will not need to be. Many caregivers think that if they are just consistent, loving, and kind, the child will outgrow the behavior prob-

lems. This is a good start; however, these are built-in, knee-jerk reactions in the child. They cannot verbalize why they behave in this way and they cannot be "reasoned" out of their behaviors. Children continue to perform these self-surviving behaviors that are comfortable and familiar to them (sometimes at the cost of their own and other's safety). The goal is to help children learn to be respectful, responsible, reciprocal and fun to be around. In order to accomplish this goal, caregivers must create an environment that provides a balance of structure and nurturance that is in sync with the capabilities of the child. As the child moves closer to these goals, the structure may be minimized.

More on the "Mind Set" of the Abuse-Reactive Child

Maltreated children (even those who are currently in good homes) often have developed a "mental blueprint" very unlike the common child and, thus, react differently, both impulsively and strongly to minor events. Some clinicians call these children "abuse-reactive." They tend to overreact to events and stimuli. This tendency is an engrained, learned response to caregivers that were psychologically or physically absent, had

difficulty bonding with the child as an baby (e.g., child did not eat, sleep, and interact appropriately in the early years), or who abused the child (emotionally, verbally, physically or sexually). The overreactions are part of the child's survival repertoire. The child's mindset or mental blueprint typically consists of the following self-statements (conscious or unconscious): "I am worthless," "I am unsafe," and "I am weak." In addi-

tion, caretakers (guardians, parents, and teachers) are typically thought of as "unresponsive," "unreliable," and/or "dangerous." Even if the child initially likes the adult, they will often attempt to push the limits and become disruptive to test the trustworthiness of the adult and to create a self-fulfilling prophecy (e.g., "no one loves me," "you will not love because I am bad").

Two Types of Abuse-Reactive Children

In some cases, the maltreated child may be over compliant or difficult from the very beginning of the relationship. The former child is usually a teacher's "pet" but will not ever let the adult know that they have a need (this can be disruptive in a different way). The difficult child could initially be compliant and, then, with no warning become very disruptive. This scenario is common in the maltreated child who engages in "splitting" as a

measure of self-defense. They have difficulty integrating "good" and "bad" and may develop an "all-or-none" way of thinking about the world. In early interactions, they may not have been allowed to express normal emotions (specifically anger regarding the caregiver's neglect or maltreatment). Thus, the child may go through a "honeymoon" phase with new adults where the child is considered an "angel" but then becomes very dif-

ficult or oppositional. Usually, this happens because the child perceives a new adult to have no faults until disappointed by the adult, after which, the adult cannot be "good" anymore. Splitting can also occur when adults opinions differ about a child, experiencing the same child differently. For example, the child may seem "angelic" to one adult and "devilish" to another. The child acts to please the "good" teacher and is very oppositional with the perceived "bad" teacher.

(The "bad" teacher is not *bad per se* but may merely remind the child of past caregivers who were nonattentive or abusive or may be a person whom the child feels is not meeting their unspoken needs).

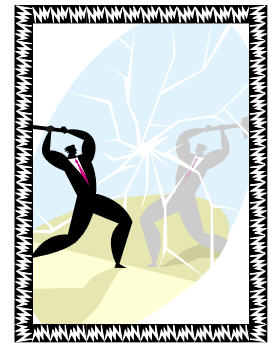
Children of Entitlement

In some cases, these children can be called "children of entitlement." They act like the typical child until you intentionally or non-intentionally cross them. The child feels owed or "entitled" to get his/her way. S/he has not learned to balance taking from others with giving to or sharing with others. This child will often say "it's not fair." The child feels on an un-

conscious level that what is happening to him/her is not fair and s/he is "owed" because the child has missed out on basic nurturing, love, and structure. They have a great sense of loss and shame which is expressed in violent anger. They use anger to get their "perceived" needs met.

Material Objects:

Children with attachment problems often wreck things or fiddle with items until they break. While you are working on behavior, you might want to put away any expensive items. Do not permit your battle to save "things" (e.g., crayons) interfere with your relationship with the child.



If you, as the teacher, find yourself constantly upset, yelling, or using sarcasm, criticism and/or humiliation to control the child's behavior, then you may need to assess whether you are the right person to be working with an abuse-reactive child. No matter how upsetting the behavior, the child should not be allowed to recreate his/her past abuse. The following techniques should be employed in a firm, loving manner. *This is no easy feat!*

The GOAL

The goal to working with such children is to contain acting out behaviors, increase the child's verbalization of needs, foster negotiating skills, and promote positive interactions.

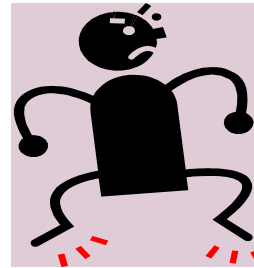
The following techniques are designed to help abuse-reactive children reduce their anger re-

flex and become more successful in the classroom. If a technique is too time consuming or is ineffective with a particular child, pick one that is more appropriate. The first strategy is helpful to avoid problem behaviors with abuse-reactive children. The second through eleventh

strategies will foster trust, independence, and problem-solving as well as help preempt acting out in any child, thus being helpful with the entire class. The last few strategies are designed to help the child who is exhibiting little self-control and/or has specific problems.

USEFUL STRATEGIES for DEALING with POORLY ATTACHED CHILDREN

#1 It is understood that most teachers do not have time to spend individually with all their students. However, if you can spend five minutes a day (at a time convenient to you) with the abuse-reactive child you will foster a closer relationship which will increase the child's trust in you and may decrease negative bids for attention.



The RULES and ROUTINES

#2 Do have rules and consequences posted and review them daily and while disciplining.

#3 Do have the child follow a routine and say the routine every morning. Do not expect (in exasperation) the child on the 56th day of school to know the routine. If a new event will interrupt the routine, give the child ample warning if possible.

#4 Do not mention changes in the routine to the child unless there is certainty that it will happen. Your mere mention of the event is considered a "promise" to the child and s/he will hold you to it and perceive you as untrustworthy if the event does not happen.

Oooops...Bloopers & Blunders!

#5 Do avoid the words "good" and "bad" when interacting with the child. Tell the child specifically what behaviors you do not like. For example, instead of "You are so bad, go to time out!" say "I did not like it when you pushed Andy in the line. When you did that, you chose to go to time out."

#6 If the child has clearly made a mistake, try to normalize the experience (particularly if the child looks at you in fear or seeks a reaction). Say "Oh, you broke that crayon. That happens to me too. Sometimes I break the tip on my pencil. It's ok. Let's peel the paper and it will be as good as new."

PRAISE

#7 If you find you constantly punish and rarely praise, discipline can be rendered ineffective and misbehavior may increase. **This may be due the child's lack of knowledge in how to interact positively with a caregiver** or his/her settling for negative attention (versus no attention). Earning praise should not be a mystery to the child and praise should occur in a 7:1 ratio with criticism. After the punishment (time-out, consequence) is over and the child has stopped the intolerable behavior or begins to do a behavior you like, **praise desirable behaviors.**



PROVIDING CHOICES

#8 Allowing choice is essential to teaching children self-control but particularly so for the poorly attached child who has not been guided to make correct choices about their behavior. The child is also not accustomed to accepting fair discipline from an adult. When providing choices, the teacher gives two choices that the s/he can live with and, without influencing the choice, accepts the child's decision. This also gives the child the power and control desired but in a limited, non-threatening way. It also eliminates blame on the adult for what has happened to the child, thus reducing attempts to manipulate the adult by the child.

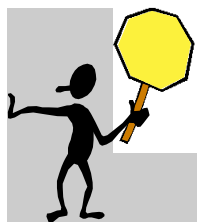
Do offer the child a choice when trying to terminate negative behaviors. For example, if the child is drawing while you are talking, do not attempt to grab the pencil. Instead address the child, remind the child of the rule, and offer a choice. Say, "John, the class is not supposed to draw while I am talking. You may choose to put the pencil down and stop drawing or you may choose to lose it for 30 minutes by putting it on my desk. You will be allowed to draw during your free time." The latter statement tells the child *when* the child may engage in the activity appropriately.

What did you say?

#9 Do ask the child to repeat back what you have told him/her about classroom events, changes in routine, or instructions to ensure that s/he has accurately heard you. If a misinterpretation, addition, or deletion to your instruction was recalled by the child, address it immediately.

#10 If the child misunderstood what was to take place or seems visibly upset, ask him/her to tell you their perceptions, thoughts, and views. This should be done in a non-humiliating way - with patience or by taking the child aside. Attempt a compromise between what was promised and what was perceived (e.g., "I said I would give you one sticker for completing a problem, you thought I said you could have two. Tell you what, if you complete the whole page, I will give you one sticker for each problem and one extra for the whole page." Sometimes the child will be happy with the compromise and sometimes they will not. That is ok. The process of taking the child's view into account and allowing expression of positive and negative feelings are the most important parts of this strategy.

#11 If the child reacts unusually to a command/request, first try to get the child to verbalize his/her feelings and help him negotiate a solution. If the child is unable to verbalize feelings, you can suggest a feeling to aid expression of emotion such as "You seemed really disappointed when I did not call on you to answer that question." Do not be surprised if the child screams at you for getting the feeling wrong. Calmly say, "Oh, you are not disappointed, you are *mad* that I did not call on you."



Be angry, and yet do not sin; do not let the sun go down on your anger,

and do not give the devil an opportunity.

CALMING the ANGRY BEAST

#12 If the child is easily angered, have the child draw their "angry animal." Have the child associate their anger with an animal and draw a picture of the angriest their angry animal has ever been. Then ask the child what they will **say** to their angry animal to calm it down when it becomes so angry (e.g., "You are

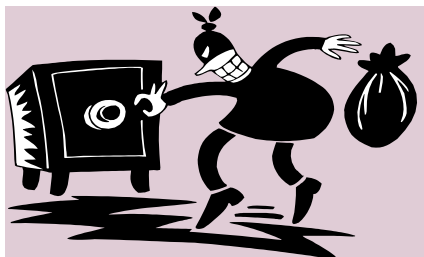
not the boss of me" or "Stop") and what they will **do** to stop the angry animal (i.e., go to the "think about it" chair, count to ten, do 10 jumping jacks). When the teacher notes that the child is becoming frustrated, say "I think I see your angry crocodile coming out. What do you need to say to him? What can you do so he crawls back in his pond?).



Eye contact is a powerful disciplinary tool. It is not simply looking at the child. Loving yet powerful eyes send a message of safety and security to the child. Eye contact can also be a weapon. Be aware of how you use it. Hard, angry eyes will do more harm than good.

The Sky is Falling, The Sky is Falling!

#13 When the child's behavior escalates into a tantrum, then either "create a catastrophe" or let the child "have his/her catastrophe" (sequester the child to a "think about it" area and/or ignore the child as long as the child is not hurting anyone). Children usually learn this dramatic, disruptive behavior (tantrums) when it is the only way to keep the limelight or get their way in a disturbed home. Again, it serves to get one's way and disrupt positive relationships ("You say you like me but I will prove you wrong"). When creating a catastrophe, the caregiver's intent is to disrupt the child's outburst by demonstrating outlandish, ludicrous, up-staging behavior. For example, if the child climbs under the desk and rocks in a fetal position after an altercation, the teacher will get down on the floor, mirror the child's position and movements, and dramatically say "Oh my! Here I am trying to teach and these children don't appreciate me! They want to draw and do other things and not pay attention to anything I say! Why even bother to come to school? Why doesn't anyone appreciate me as a teacher?" You will know if the technique works, if the child stops the tantrum. If it gets worse, then try a different strategy



“Steal Thyself Blind”

#14 Children who steal pencils, erasers, and other children’s property should be dealt with in a different way. The “Steal Thyself Blind” game is a technique designed for children who hoard objects. This defense mechanism is usually born out a child’s deep sense of being neglected and feeling that s/he must take care of him/herself. It also serves to interfere with positive feelings and trust in relationships. Instead of finding the hoarded objects and scolding, taking away, or throwing out the objects, caregivers are encouraged to allow the child to hoard in an acceptable manner. First explain the rules of this game. Allow the child to pick out items that s/he typically hoards (inexpensive items purchased from the Dollar store or brought in by the foster or adopted parent). Next, hide a few around the room each day and challenge the child to find them. If not caught taking the items, the child gets to keep them. No mention is made that s/he took the items. If caught in the act of taking the items, the child has to return them to the teacher. The teacher makes a humorous fanfare over his/her successfully catching the child in the act (e.g., “Ah ha! I caught you! I thought that pencil sprouted legs and walked away. You are planning to add that pencil to your museum collection, aren’t you?”). This allows the teacher to decrease negative attention and increase positive attention/interactions over this behavior. Many adults feel that this is teaching the child to steal; however, they are only stealing items which are theirs and the adult should emphasize this point.



Caring adults will be required to take the extra time to teach the abuse-reactive child appropriate ways to control anger which were not taught in the early years.



This brochure was produced to assist teachers in their understanding of and dealings with children who present with attachment problems. It provides a rationale for unusual behaviors, ground rules for interactions, and strategies to reduce angry, acting out behaviors in the classroom. These strategies must be consistently and lovingly as well as creatively applied to meet the special needs of the child. This document is not a substitute for therapy with a pediatric psychologist who can individualize techniques to fit the child’s unique needs. Please obtain the guardian’s permission before using these techniques. The following references were used in preparing this manuscript. Please do not reproduce without permission.

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