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UNDERSTANDING COMPLEX BEHAVIOR

- Identify beliefs we have about certain behaviors
- Understand the role of culture in defining what behavior is complex
- Review DSM-IV Behaviors
- Review Development as an aspect of behavior
- Understand different theoretical approaches that define behavior as complex
- Understand the ABC's of behavior

AGENDA

Introductions

Explanation of In-service Training

Use of Self in Understanding Complex Behavior

Exercise: Foster Parent "Survivor" Quiz

Review Development

Exercise: Lets Face Behavioral Emotions

Review DSM-IV

Culture Time and Context

Exercise: Complex vs. Normal Behavior

Theories of Behavior

Exercise: Which Theory Helps us Understand Behavior

Exercise: Planning for Prevention

Focus on Events Before, During, and After Behavior

Exercise: Clear Messages

Exercise: Consequences

Exercise: ABC's of Behavior

When to Consult a Social Worker

FOSTER PARENT "SURVIVOR" QUIZ

You have been assigned the task of choosing who can survive on an island with the world's last inhabitants. You may only choose five (5) of the fifteen (15) listed below.

1. 15 year old wheel chair bound girl
2. 89 year old healthy gray panther (female)
3. 12 year old gay youth (boy); with oppositional defiance
4. 36 year old nun
5. 19 year old African American gang member (male)
6. Non-English speaking 8 year old boy; with severe depression
7. Asian American Social Worker, 26 year old female
8. Paranoid bi Polar male 21 (possibly homicidal)
9. 24 year old physician, female, addicted to crack
10. 28 year old child molester (female)
11. 6 year old Cuban refugee, female
12. 17 year old boy with HIV
13. 19 year old construction worker convicted of domestic violence and child abuse
14. 20 year old married home maker, Southern Baptist, very religious, and
15. 38 year old shop teacher and football coach

Exercise: Let's Face Behavioral Emotions



Photograph 1



Photograph 2



Photograph 3



Photograph 4



Photograph 5



Photograph 6



Photograph 7



Photograph 8



Photograph 9



Photograph 10

REVIEW DSM IV BEHAVIORS

LEARNING DISORDERS (LD)

Delayed development of motor, language or cognitive skills (especially when compared to IQ). Learning disorders occur in children who have learning problems and this does not correlate with their intellectual ability (normal to high IQ). Special education classes and learning techniques can improve learning, decrease school failure, and improve self-esteem. Disorders include: reading (dyslexia), mathematics and written expression. Associated conditions: lead poisoning, fetal alcohol syndrome, conduct disorder, and attention deficit hyperactivity disorder. LD's are found in approximately 5 % of children, failure to diagnose may result in poor self-esteem, and interfere in school and occupation. Unknown etiology, may be a CNS problem from genetic or environmental insults.

MENTAL RETARDATION

Poorly, delayed cognitive skills and an I.Q. (intelligence quotient) that is below average (<70). These children have social difficulties. Diagnosis is usually made by the age of 5-6 years old (school time). Majority of mentally retarded individuals are mildly retarded (NOT severely retarded).

Mildly retarded individuals can acquire a fifth to sixth grade academic level. Several social problems are apparent; including: impulse problems, and lack of self-esteem. They can function on their own.

Moderately retarded individuals are at a second grade level, and perform daily duties. Social problems create difficulties for these individuals. Some Down's Syndrome patients are moderately impaired, but function fairly well in everyday life.

Severely retarded individuals are usually a result of poisonings, lack of prenatal care, physical trauma, and infections (i.e., viral or group B strep intrauterine infection). More males than females.

SEXUALLY DEVIANT BEHAVIOR

Freud related deviant behavior to psychosexual development. The irregular behavior may be a limbic system dysfunction. Homosexuality is considered an alternate form of sexual behavior, and is NOT considered pathologic.

Paraphilias- Frequent strong sexual urge/fantasy focused on inanimate objects, children and any person refusing the assault (Although, rape is not a paraphilia). This is why paraphilias are usually considered heterosexual acts. Coarse brain disease can cause the paraphilia. Paraphilias include: Exhibitionism, Masochism, Sadism, Transvestism, Fetishism, and Pedophilia.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

ADHD used to be called "minimal brain dysfunction". The behavior of the child includes: Aggressive, irritable, lack of attention, poor in school. Chronic impairment since childhood. The problem of "not being able to sit still, always on the go," the person is continuously getting into fights, and does poorly in school because of the inattention. There is inattention and hyperactivity with impulsive behavior lasting at least 6 months and occurring before the age of 7. These children develop poor self-esteem and have behavioral problems due to the continuous "don't do that!" response from parents and peers. They require special learning techniques in school because of their lack of attention and easy distractibility. ADHD is often seen in relatives.

CONDUCT DISORDER

"Juvenile delinquents"; These individuals disrupt society with aggressive behavior, theft and deceit, vandalism, and going against rules. They go against social norms. Conduct disorder persons are: fire-setters, robbers, liars, vandals, run-aways....It starts before 10 years old or during adolescence, with a familial pattern like ADHD and anti-social personality disorder. Treatment includes: build a moral responsibility in the individual, teaching right from wrong, build a positive social identity.

OPPOSITIONAL DEFIANT DISORDER

Similar to conduct disorder. But, these individuals only defy authority persons. They are very temperamental and negative, causing problems with authorities and adults. The parents are a possible cause of the problem and therefore a "treatment" is educating parents on child rearing.

GENERALIZED ANXIETY DISORDER IN CHILDHOOD

Was called Overanxious disorder in childhood. The child is unrealistically anxious and worries about ...everything! "What will happen, what happened, am I good enough?" Increased incidence in the first born child, upper socioeconomic group and achievers. The perfectionists, with self-doubt and somatic complaints, habits and phobias. They avoid performance activities and can develop into social phobia in adulthood.

EXERCISE: Complex vs. Normal Behavior

NATE: Nate and the rest of his young buddies terrorize specific minorities in his neighborhood. They say everyone is doing it and they must also do it to survive. They all wear the same items of clothing (shirts, etc.) to identify who they are.

Is Nate's behavior "normal"? If so why?

MARY: Mary is in foster care in a small rural town. She could not survive with her biological family as she was hearing voices and harbored delusions of grandeur. Mary's foster family owns a farm with stables as large as the Holiday Inn in her town. To her foster parent's dismay Mary has been hanging out with a young man, Joey, who did not go to high school and works doing manual labor for his father. Mary's foster parents were concerned that Joey may take advantage of the voice hearing Mary. This fear was realized when Mary, during a blood check for drugs, was found to be pregnant. Joey denied having sex with Mary. Although abortion may be considered Mary's foster parents agree to speak with the religious zealots, the Wisemans, from a new church who think this may be a good thing.

Is Mary's behavior "normal"? If so why?

GENIE: Genie is excited as she is going beyond her friend's tattoos and piercing and actually having a section of her genitalia cut out. Genie has been hanging out in her hometown where most of the girls in her high school have had this done. The parents of the girl's in her hometown actually support this youthful behavior. Genie's foster parents are concerned and think they should limit her visits to her hometown.

Is Genie's behavior "normal"? If so why?

PAUL: Paul is an adolescent, and is part of a band of separatist who believe the government imposes rules to take away our liberties. To get away from these malcontents, Paul is sent from his biological home in Massachusetts to Southern West Virginia. Paul's foster parents are concerned when they overhear Paul's plan for the holiday weekend. Paul and his friends want to make a statement against what they consider tyrannical government rules. They are going to destroy exports headed for countries that Paul and his friends think are taking jobs and merchandise we need here. When Paul is questioned, his foster parent's fears are realized as Paul states they want a "new world" order, a new kind of government where people like him are not shunned. Paul is revered by his friends. He tells his foster parents he can be ready to go at a minutes notice.

Is Paul's behavior "normal"? If so why?

THEORIES OF BEHAVIOR

When we are confronted with behavior we don't understand we often label the behavior as deviant or more positively, complex. Theories of behavior help us understand the possible origin(s) of the behavior. Therefore, theories may act as predictors of when and why a behavior may occur. The below listed theories are among those compatible and relevant to children in foster care.

BIOLOGICAL THEORY- Complex behavior begins with a genetic predisposition. We are learning more each day about the role of genetics in behavior, illustrated by the Human Genome Project. Additionally, bio-chemicals affect behavior but we are unsure as to what extent their excess or defects determine initial and developing behavior. Biology does not affect behavior in a vacuum. Everyone's biological make-up is different as is the way their biology interacts with the environment.

SYSTEMS THEORY- Sometimes expanded to include an ecological perspective, systems theory tells us that we are influenced and in turn influence the individuals and systems with which we interact. Family, peers, schools, and clinics are just a few of the systems that influence us, and which we influence. (A finite or fixed amount of energy is exchanged between these systems. When energy is combined it creates synergy. When energy is blocked it creates enmeshment.)

SOCIAL LEARNING THEORY- This theory views behavior as being learned and thus development is influenced by our environment. This theory postulates that children learn by observing the behavior of others by modeling or imitating their behavior. Behavior, once modeled, can be strengthened or weakened through rewards and punishments.

PSYCHOANALYTIC THEORY- A psychological and developmental theory, psychoanalysis believes that behavior is explained through constructs such as the id, ego, and superego. Simply the id represents our urges for immediate gratification, the ego is our connection with our environment, and our superego is our conscience. Additionally, psychoanalytic theory instructs that development is a fixed process and if we do not proceed normally we become fixed or fixated at that stage of development.

EXERCISE: Which theory may help us understand the following behavior?

1) Tom is seven years old and wants to be just like his older brother Tim. The problem is Tim, is fourteen years old, and drinks, experiments with drugs, and has dropped out of school. When Tom sees Tim, Tim seems happy without a care in the world.

2) Sue has been diagnosed with Sickle Cell and has had trouble juggling school, home, and now the Sickle Cell clinic. Her family says Sue seems distant. Since Sue's illness has affected the family (money, transportation, grief, etc.) it seems they have become unable to properly function.

3) John was removed from the home of his addicted biological parents. His twin brother was put into a drug treatment center last year on his eleventh birthday. John has been experimenting with beer with his friends. John is unlike his friends, and cannot stop drinking after a couple of beers.

4) Sigmund grew up in a stifling home. From the age of eleven months Sigmund would put things in his mouth. At age thirteen Sigmund smokes one pack of cigarettes a day. Also, Sigmund hurts his little brother with no remorse. He lies feeling no guilt, and is frequently caught stealing from his foster parents.

PLANNING FOR PREVENTION

Intervene in all systems-

Examples:

Modeling appropriate behavior-

Examples:

Reducing biological risks-

Examples:

Promoting development and conscience formation-

Examples:

FOCUS ON EVENTS BEFORE, DURING, AND AFTER BEHAVIOR

We have three opportunities to understand behavior. These are the events before the behavior, events during the behavior, and the events after or in response to the behavior. Stated another way we can look at what precedes the behavior, the antecedent (A) We look at the actual behavior, what you see, hear, etc. (B) And then the actions of the behavior or consequences (C) Theorist dealing in a reality orientation have deemed this as the ABC's of Behavior.

(A) This has also been called the "activating event." To understand behavior look at the situation before the problem behavior occurred.

Who is present when the behavior occurred?

What activity was going on when the behavior occurred?

When does the behavior occur?

Where does the behavior occur?

(B) Describe the behavior in clear, measurable terms. Make clear it is the behavior not the child that is displeasing to you. In simple, measurable words describe the behavior you observed and what you want done.

EXERCISE: Circle the statements that give clear messages.

1. "Billy, why can't you act your age when company comes?"
2. "When we get to the store, please be a nice girl."
3. "Jim, would you please rake the backyard, put the leaves in a big plastic bag, and put the bag on the front curb?"
4. "That was a nice story you wrote for English class, Sam."
5. "Sally, you need to stop talking right now."
6. "Reggie, Don't eat like a pig."
7. "Veronica, when you chew your food, you should keep your mouth closed."
8. "Chuck, after school you are to come right home. Don't stop to play."
9. "Billy, thank you for sitting still and not talking in church."

(C) Consequences can be either negative or positive. Be aware of frequency, degree, immediacy, and contingency. Negative consequences should be coupled with positive consequences. Allow enough time for consequences to work and make clear the connection between the consequences and the behavior.

EXERCISE: (1) Describe positive consequences you have used.

(2) Describe negative consequences you have used.

EXERCISE: In the following situation describe the (A), (B), and (C) of the child's behavior.

The foster mother, Karen, and her eight-year-old foster daughter, Sally, are at the grocery store, after 30 minutes of shopping, they head down the candy aisle and Sally asks for a candy bar. Karen says "No." Sally begins to argue and insists that she "always gets" a candy bar. As Karen continues to tell Sally "No," Sally's behavior goes from arguing to demanding and crying. Sally says that her "real mom" bought her candy whenever she wanted, and if Karen loved her, she would too. Karen becomes frustrated and wants to tell Sally that if she were her "real mom," she would be tempted to spank her when they left the store. Instead, Karen threatens to take Sally's privileges away for the rest of the day.

When Karen and Sally finally reach the check-out, both are clearly very frustrated. Sally grabs a candy bar from the shelf and demands that Karen buy it for her. Karen gives several more warnings and tells Sally to put the candy back. Sally refuses. Karen then takes the candy bar away. Sally drops to the floor and screams. Karen has never had one of her own kids throw such a tantrum in public and she is very embarrassed and frustrated. Finally, Karen decides this must end, no matter what it takes, so she hands Sally the candy bar. Karen says, "Here, now you'd better stop crying." Sally takes the candy bar and stops crying.

WHEN TO CONSULT A SOCIAL WORKER

GENERAL RULE: Whenever in doubt ask your social worker to help you understand the behavior of your foster child or children.