

# DOWNLOAD PDF DEVELOPMENTAL APPROACH TO PROBLEMS OF ACTING OUT

## Chapter 1 : Developmental Approach to Improve Behavior - White River Academy

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Parents of younger children may struggle with helping their children follow basic routines while parents of teenagers may wonder how to help their adolescents understand the demands and responsibilities of adulthood. Moreover, some children struggle with challenges and problems ranging from weaker intellectual and learning abilities, to poor social skills. Thus, there are situations when, as parents, you want to be able to talk over your concerns in a non-judgmental supportive setting. Centers for Family Change therapists can provide you with an opportunity to address your concerns about your child. Moreover, we can offer you sound and practical advice on ways to help your child.

### Temperament and other Challenges

One of the most compelling areas of psychological research is that on temperament. Dating back to the s psychologists and other researchers have consistently found that children are born with different temperaments. Some children are by nature easy going, out going and affectionate. Other children have more difficult temperaments: While all of us have certain temperaments we also can learn to stretch ourselves, be more flexible. Thus, the shy or introverted child can learn to be more sociable, while the more emotional child can be helped to develop better self-control. Finally, many children have areas of weakness, some of these being quite significant. These family changes are often distressing and stressful for all family members. Research has consistently shown that children whose families undergo a divorce are at greater risk for a variety of problems ranging from behavioral, to emotional to school related problems. At the Centers for Family Change we work children, adolescents, and families who are coping with, going through, or who have gone through a divorce. We also work with blended families to help all family members adjust to the changes that are involved when a new family is formed. We are not interested in judging or blaming people. We focus on helping you solve the challenges divorce and re-marriage pose for you and your children. It is our belief that parents can most effectively help their children cope with the challenges of divorce and the formation of new families if they are working together and supporting each other, as parents. Time may not heal all wounds, but the passage of time does allow people to move on. Thus, we take a developmental approach in the sense that we view divorce as a process with different stages or phases. Similarly, we also believe that this principle applies when it comes to adjusting to a new or blended family. Finally, we believe that people can, will and do survive divorces, and move on to make good lives from themselves and their children. Our goal is to help you and your children cope with, adjust to, and grow from the changes in your lives. A few caveats about working with divorced and blended families

### Working with divorcing, divorced and blended families

is often complicated because there are many adults who have a stake in the process. Involving both parents in the treatment process

### Whenever we are working with children whose parents have divorced

we strongly recommend that both parents be involved in therapy. Some parents may be initially put off by this idea because of the history of conflicts and tensions with former spouses. However, we believe that involving both parents in the treatment process is critical: Children are attached to both parents Both parents are an important influence on their children Parenting is always more effective when parents work together We understand that some parents may not want to be in sessions with their former spouse. In these instances we will meet with each parent separately while working towards the goal of more collaborative parenting. Parental consent to treatment It is our policy that both parents need to consent to the treatment of their children and adolescents. If parents do not agree that treatment is needed or appropriate, it is our policy to decline to provide therapy in these instances. We certainly do not want to stop children from receiving needed treatment. However, if parents do not agree to therapy for their children it is our experience that therapy can turn into a battle ground and treatment may become another stress rather than a source of help. Therefore, we must insist that both parents consent to therapy for children in situations where parents are divorcing or are divorced. Ongoing custody battles and

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other litigation When parents are in the middle of a divorce, particularly if there is an ongoing custody battle or other major disagreements about parenting, or if there is other litigation ongoing that involves custody, visitation or other parenting issues, therapy may not be viable. Therapy is a collaborative problem solving effort while the legal proceedings are adversarial. In these instances it may be best to defer therapy until legal issues are resolved. We reserve the right to decline to provide services or end services if we believe that legal conflicts are compromising or impairing our ability to provide therapy. In addition, the Centers for Family Change therapists provide therapy services. We do not provide evaluative services. Therefore, as per our service agreement, we do not and will not take positions on custody, visitation, or other legal issues. Issues with Blended Families Working with blended families is often rewarding and productive as therapists can help new families establish themselves and become a resource for all family members. However, working with blended families requires much flexibility as former spouses are involved in parenting, in a way that traditional nuclear families never experience. Therefore, when working with blended families we may wish to meet with various family members and even former spouses and their new spouses in order to most effectively help you assist your children.

## Chapter 2 : Acting Out or Developmental Problem with 4 Year Old - Mamapedia

*Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.*

Beck, MD and Ellen Inverso, PsyD Acting out behavior a term not used in the pejorative sense refers to maladaptive behaviors ranging from self-mutilation, swallowing objects, cursing and striking out at other people, and so on. The integrative model consists of the interactive cognitive, affective, and motivational systems. They are much more likely to recognize their emotions and urges. The affect they experience ranges from nervousness, anxiety, dysphoria, or disappointment to irritation and anger. The motivational system is expressed in terms of needs, desires, urges, impulses, etc. Once a belief recurs, the motivational system becomes activated, once again starting the sequence to the maladaptive behavior. A typical chain analysis would include the following: Acting out behavior involves a massive shift of attentional resources to the behavior and its presumed alleviation of negative affect. The experience of pain, when it is part of the cycle, also serves to shift the focus away from the unpleasant feeling. The linear approach to this destructive behavior depends on a thorough chain analysis. Each link on the chain is a potential point for intervention. In terms of the initial provocative stimulus, therapists should determine whether the primary affective reaction occurs in response to a negative interpretation usually a misinterpretation of a problem, event, or situation. Or the negative stimulus may be internally generated by a thought such as: The next link in the chain analysis deals with the distressing feelings. Doing so also allows individuals to demonstrate to themselves that they have more control over their emotions than they had previously thought. With these adaptive strategies in mind, they also may find that in due course the negative feelings go away without resorting to destructive behavior. The final step in the linear approach is to have a rehearsal roleplay. The individual, consequently, will have a number of successful experiences. The clinician then tries to draw out conclusions such as: This urge will go away. Moreover, the individual anticipates that his or her anger will be relieved by retaliation. The rehearsal of this chain of events is often very useful in helping the individual to get over this pattern of reaction. The individual may come up with reasons for not expressing the anger. Some of these include: It not only inflicts damage but it also has only a temporary effect. We have found, for instance, that as the individual becomes more involved in adaptive behavior, leading to the activation of the adaptive mode, they are less subject to the chain reaction leading to maladaptive behavior. This approach entails having the individual set up a satisfying goal, thereby shifting his or her investment away from alleviating the dysphoria towards satisfying basic needs such as connection, control, and competence. However, when the individual images the aspirations, there is a shift—“even though temporary”—of attention toward the future. This shift in itself tends to alleviate the dysphoria. One individual on the unit, who had been hospitalized for many years, had a history of acting-out behavior. She identified her aspiration to teach pre-kindergarten children. Her initial step in this pathway was taking the necessary measures to further her education. Consequently, she reoriented her focus and mental investment to overcoming obstacles and taking the necessary steps to return to school. The staff brought in many materials relevant to child development and early learning skills for her to read. As she worked away, it was no longer necessary to have the two medical technicians continue to observe her. She was subsequently discharged to a lesser facility where she kept up her work, eventually received supportive housing, and finally enrolled in a community college course in early education. The holistic strategies and the linear strategies can complement each other. Moreover, there have been numerous individuals across several states we have worked with who have told us that it was worth doing the chain analysis and testing new behaviors only because they would help them on their path toward their unique aspirations. Without the inclusion of their aspirations, there was little motivation in understanding and testing alternative responses. This participation may depend a bit on whether individuals are beginning to show some control over their impulses, but it should

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be a goal in itself for the staff. We have found that the individuals who are relieved of close surveillance and are introduced to group activities may go for long periods of time without acting out. It seems that the close restraints, which keep these individuals from participating in group activities, are counterproductive. They deny the individuals of closeness to others, opportunities to control themselves, and a sense of achievement when they refrain from exhibiting destructive behavior. Additionally, to create and maintain a pathway towards achievement of the aspiration or some other objective that has a similar meaning to the individual, staff should provide opportunities for fulfillment of basic needsâ€”as well as solving the problems associated with reaching the goal. The staff thus helps to facilitate the type of actions that lead to satisfaction and improve the self-image of the individual as belonging, competent and having control. Thus, we aim to meet people where they are. For some individuals with whom we work lots of talking and behavioral testing is ineffective. For those individuals, change may stem from a focus on their meaningful aspirations and positive action steps toward this aspirationâ€”instead of directly addressing and working to change the harmful and dysfunctional behaviors. In these cases, we often find that by shifting focus to their aspirations, the destructive behavior diminishes significantly. For other individuals, it will be necessary to address both the aspirations and their destructive behaviors head-on. Explore Beck Institute upcoming workshops.

## Chapter 3 : Family Problems/Stresses | Centers for Family Change

*INTRODUCTION TO THE SYMPOSIUM ON A DEVELOPMENTAL APPROACH TO PROBLEMS OF ACTING OUT*  
Eveleen N. Rexford) M.D. *The Thorn Clinic Anniversary Symposium that follows was presented by the Division of Psychiatry, Boston University School of Medicine in Boston, Massachusetts on June 15 and 16,*

Just about every parent has to cope with them at some point, particularly during the toddler years. Young children are still developing the ability to regulate their emotions and impulses, and need to learn what is expected of them. Research suggests that more than two-thirds of American preschoolers experience temper tantrums Wakshlag et al But some kids seem particularly prone to externalizing behavior. How do tackle their disruptive behavior problems? Kids misbehave for different reasons, and may respond differently to the same social input. But research suggests a number of general principles we can use to check aggression and foster self control. Here are some evidence-based tips. Tune into the big picture: Kids need positive relationships to stay connected and improve. In some families, keeping the peace is a relatively simple job. The kids are usually cooperative, which makes it easy for caregivers to stay upbeat and cheerfully involved. The steady diet of positive family interactions makes kids feel secure and connected, and more receptive to learning good social skills. These children need positive encouragement to stay connected. But their misbehavior provokes us, makes us irritable, angry, frustrated, or despairing. Parents are often pushed into counterproductive patterns themselves -- becoming too punitive in some cases, or too disengaged in others. Clinical psychologists like Timothy Cavell advise hassled parents to choose their battles. Instead, think in terms of a disciplinary "quota system. Kids need the clear message that this behavior is unacceptable. Address other types of misbehavior next, but only if you can do so without tipping the balance. You want to make sure that most of your communication seems supportive -- not rejecting, punitive, or forbidding. Help kids develop socio-emotional skills, and steer kids away from situations that overtax their current abilities. It takes years for kids to develop a mature understanding of emotions. They are works in progress -- still collecting data about how people think and behave; still trying to figure out their own feelings. And when it comes to showing patience, following directions, juggling competing demands, remembering plans, and controlling their impulses, they are at a distinct disadvantage: Their brains are still developing these abilities. As noted above, children need a generally positive atmosphere to stay connected, motivated, and attentive. To learn good citizenship, they need to experience the social rewards of following directions and regulating their own emotions. When we put them in situations that outstrip their abilities, they miss these opportunities, and learn the wrong lessons: Giving kids tasks they can actually handle -- tasks that are comfortably within their zone of development, or just a bit challenging -- will teach them about social success, and give them opportunities to grow. Researchers and therapists recommend these developmentally sensitive tactics: State your expectations clearly and calmly, and put the emphasis on positive choices rather than prohibitions. But if kids start going off track, provide them with friendly reminders of what their supposed to be doing. They may lack the working memory capacity and attention skills to stay focused. Talk with kids about how emotions work. What makes people angry or sad? How do can we soothe these feelings, or prevent them from erupting in the first place? Kids have slower reaction times and take longer to transition from one activity to the next. Allow more time for kids to put plans into action, and before you make them switch activities, give them a few minutes of warning. Identify and eliminate hot button triggers. For example, instead of pressuring your preschooler to share his favorite toy with a visiting friend, put it away before the visit begins. Let the kids play with something that is less emotionally "loaded. But be mindful of what types of praise work, and what types backfire. Remove distractions and unnecessary temptations. It impairs our ability to read facial expressions -- a recipe for miscommunication and conflict Soffer-Dudek et al And research reveals persistent links between sleep trouble and externalizing behavior. In one experiment, adolescents assigned to a schedule of restricted sleep showed greater "oppositional behavior," like anger, arguing, and spitefulness Baum et al In another study,

young children showing early tendencies to resist authority seemed especially sensitive to the effects of sleep loss: They were more likely than other poor sleepers to develop externalizing behavior problems over time Goodnight et al Sleep is also linked with disruptive behavior problems in children diagnosed with autism spectrum disorder. In a recent study, researchers found that kids with sleep problems were more aggressive, irritable, and distracted Mazurek and Sohl And there is evidence that poor sleep gives rise to hyperactivity and attention deficits. In one study, a group of ADHD children were assigned to a regimen that reduced their regular, nightly sleep times by one hour. After six days, kids went from being mildly symptomatic to suffering from clinically significant impairment in attention skills Gruber et al For instance, researchers conducting a randomized, controlled trial found that improving sleep in ADHD patients resulted in better classroom behavior and fewer externalizing behavior problems Hiscock et al For some kids, improved sleep might eradicate symptoms altogether Hvolby For information about troubleshooting sleep problems, see this article. Studies show that kids are more likely to improve when their parents adjust their own expectations, get support, and reduce their own stress levels. For more information, see this article about parenting kids with aggressive behavior problems, and these tips for relieving stress. Create conditions that foster positive sibling relationships. We know that parental abuse and peer aggression is bad for kids. Aggressors escalate over time. Victims are at high risk for developing emotional disorders, like anxiety or depression. And for some, victimization triggers externalizing behavior problems. Bullied children become bullies themselves. But what about aggression between siblings? If your brother hits or bullies you, is that somehow a benign experience -- part of the natural process of growing up? Modern studies answer this question with a resounding "no. Anti-social behavior between siblings fans the flames of externalizing behavior, even after researchers take into account shared genetics Natsuaki et al And when kids fight each other, parenting quality suffers. So kindness and cooperation should begin at home. Sibling relationships improve when we teach and enforce principles of fair play Feinberg et al By showing siblings how to negotiate their own comprises, and intervening when such negotiations break down, we can create an environment that supports the development of self-control. By teaching older kids about the developmental limitations of their younger siblings -- and rewarding them for acting with kindness and responsibility -- we can defuse jealousy. This leads them to behave antagonistically, creating a self-fulfilling prophesy. They provoke people who might otherwise have regarded them in a neutral or friendly light. Young children benefit when we point out alternative explanations for apparently negatively behavior. Older kids may benefit from lessons about the malleable nature of personality.

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### Chapter 4 : Sexual Behaviors in Children: Evaluation and Management - - American Family Physician

*A Developmental Approach to Problems of Acting Out. A Symposium: Edited by Eveoleen N. Rexford. Monographs of the Journal of the American Academy of Child Psychiatry, No. 1.*

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### Chapter 5 : Disruptive behavior problems: Evidence-based tips

*A DEVELOPMENTAL CONCEPT OF THE PROBLEMS OF ACTING OUT* Ecolleen N. Rexford) M.D. In his *Psychopathology of Everyday Life* (), Freud first recorded and discussed the psychological significance of actions, many of which we would now call acting out.

If you have OCD, you engage in compulsive, repetitive behavior despite realizing the negative consequences of it or even the unreasonable nature of your actions. Performing these repetitive acts does nothing more than relieve stress temporarily. If you or a loved one is experiencing any of these behavioral disorders, it is important to get help as soon as possible, because these conditions can affect quality of life to such a degree that they may lead to self-harm. Please call for assistance. What Causes a Behavioral Disorder? A behavioral disorder can have a variety of causes. According to the University of North Carolina at Chapel Hill, the abnormal behavior that is usually associated with these disorders can be traced back to biological, family and school-related factors. Some biological causes may include: Divorce or other emotional upset at home Coercion from parents Unhealthy or inconsistent discipline style Poor attitude toward education or schooling What Are the Signs of a Behavioral Disorder? Someone who has a behavioral disorder may act out or display emotional upset in different ways, which will also vary from person to person. Easily getting annoyed or nervous Often appearing angry Refusing to follow rules or questioning authority Arguing and throwing temper tantrums Having difficulty in handling frustration Physical Symptoms of Behavioral Disorders Unlike other types of health issues, a behavioral disorder will have mostly emotional symptoms, with physical symptoms such as a fever, rash, or headache being absent. However, sometimes people suffering from a behavioral disorder will develop a substance abuse problem, which could show physical symptoms such as burnt fingertips, shaking or bloodshot eyes. People may get into trouble for acting out, such as face suspension or expulsion for fighting, bullying or arguing with authority figures. Adults may eventually lose their jobs. Marriages can fall apart due to prolonged strained relationships, while children may have to switch schools and then eventually run out of options. The earlier a behavioral disorder is diagnosed and properly treated, the more likely it is that a child or adult suffering from it will be able to control their behavior. Contact us at for assistance in finding treatment options. Mental health professionals and treatment centers can evaluate people to determine if they have a behavioral disorder. Tests called functional behavioral assessments offer problem-solving help to address behavioral problems in students. According to Center for Effective Collaboration and Practice, these assessments are based on many techniques and strategies for identifying problem behaviors. Individualized educational program teams use these assessments to choose interventions that address specific behavioral problems. These teams are involved in the education of students, and they may include parents and teachers. Behavior-Modifying Drug Options A person may receive prescription medications to help manage a behavioral disorder. Though medication will not cure the disorder, it is effective in assisting with treatment to control and modify behaviors. Possible Options Many drugs are available for behavioral problems, and the type of drug that will be prescribed depends on the specific condition being treated. They may help a child focus better, reduce impulsive behavior and reduce motor restlessness. Ritalin is also included in a group of medications known as long-acting stimulants. These medications may also be effective against ADHD. Concerta may prevent drug abuse, as can Vyvanse and Daytrana. These medications are aimed at decreasing impulsivity, reducing hyperactivity, decreasing obsessive-compulsive actions and reducing feelings of depression. Medication Side Effects Medications for behavioral disorders may have side effects. They can increase emotional issues, increase suicidal thoughts and aggravate seizure conditions. Some of the possible side effects include:

### Chapter 6 : Behavioral Disorder Symptoms, Causes and Effects - [www.nxgvision.com](http://www.nxgvision.com)

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