

## **How Do We Do It?**

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Staff at The Center are frequently asked, "How can a two-year-old have behavior problems?" and "How do you change behavior in a child so young?" Treatment at The Children's Center is carried out according to three specific phases. All children, regardless of diagnosis or age, enter at Phase 1. These children lack social skills and have fixated on specific behaviors resulting in maladaptive responses. They have trouble relating to peers and adults and are unable to manage intense moods which invariably, and in short order, leads to trouble.

During Phase 1 we observe what the child is doing. What patterns of old, inappropriate behaviors will the child try out in this new environment? And, how is the new environment responding to achieve the necessary changes in acceptable behaviors in a short period of time?

Behavioral techniques have proven to be the most effective during this phase. Primary reinforcers like raisins or pretzel sticks are used whenever a desired positive behavior is observed. Children who look for immediate gratification respond well to this form of intervention. Looking for goodness and rewarding it is an important first step, particularly with children who in the past got attention from negative behaviors. They are surprised at the therapist's responses and repeat the positive behaviors even if only to challenge the consistency in praise. Nonverbal techniques and a well structured program are used in combination at this stage.

Setting limits is initiated from the very beginning to clarify expectations within the group's social climate. These interventions work equally well with aggressive children as with withdrawn children, though the latter might reject any approach at first. Social reinforcers, like a hug, a smile, or a pat on the back, follow the primary reinforcers and are the beginning of a relationship between the therapist and the child. This then leads to Phase 2 of the treatment process.

Transition between phases is gradual and different for each child. During Phase 2 demands on the child and therapist are significant. Behaviors have to be given up, not for an immediate reward, but for the intrinsic reward of a positive relationship with an adult. Understanding the child's motivations is a challenge for the therapist but it is essential for the interventions used during this phase. Interpretation of behavior, the use of natural consequences, and the introduction of alternate behaviors requires insight and training. Resistance to behavioral change is great in all of us, but fortunately resistance is less in small children. This is one factor in the development of The Children's Center treatment model. Interventions in Phase 2 are only effective if a therapeutic alliance between the child and therapist has been established. Therapeutic alliances can come through verbal communication, success experiences, consistent positive outreach, and the forming of an attachment.

Johnnie was referred by his day care center for non-compliance and aggression toward peers and adults. He was bright, quick, and verbal, controlling playmates and adults with unpredictable behavior. He tested therapists for a long time and refused primary reinforcers. He began to make changes when his creative artwork was recognized and could gain leadership through that rather than with negative behaviors.

Interpretation and reflection of behavior “in the life space” (where it occurs) has become one of the major techniques used at The Center. It is not only helpful for the individual child, but also heard by all the children in the group. Children gain internal controls and understanding through this interpretive technique which leads to self confidence in managing conflict situations. It is, however, only effective when a strong relationship between therapist and child has been established, the intervention is meaningful, and the group atmosphere is accepting. When children have accepted alternative behaviors over the old, maladaptive ones, they are ready to move into Phase 3 of treatment.

During the final phase of treatment children assume leadership roles in the group. They are less dependent on the therapists and frequently model the newly learned behavior for the less advanced children. Their attention span is greater because of their increased sense of self esteem and newly acquired skills. Their behavior repertory has extended and the rewards for positive behavior become more frequent and meaningful, expressing themselves in healthy interpersonal relationships. The group assumes greater importance and projects are carried out jointly.

Unfortunately, we do not live in a perfect world, but are surrounded by anxieties, violence, and tensions. All we can hope for is to send the children out into this dangerous realm with greater self confidence and tools which will help them lead a happier, healthier life.

*\*Abstracted from a chapter in Dr. Plenk's book Helping Young Children At Risk—A Psycho-educational Approach, to be published in October 1993.*

**The Children's Center dedicates itself to early intervention and the prevention of emotional and behavioral disturbances in children ages 2-7. There are two treatment centers and a group home. Programs include Preschool Day Treatment, Mother/Toddler Program, Parenting Classes, and Consultation to Day Care Centers. The Children's Center believes in being both a resource for community organizations and a training center to enhance care of young children and their families.**