# Behavior Problems

***When is it a "can't" and when is it a "won't"?***

When is a child's behavior something they can't control (a "can't") and when is it something they can (a "won't")? Even if their behavior is bordering on "can't," when can they be trained to use their minds to cognitively override or change thoughts, feelings and behaviors that may even make it difficult for them to be around themselves?

Children with bonified severe impulse control problems can go from feeling to reaction with lightening speed. Their bodies have already done it before their minds could tell them to stop. Sometimes impulse control needs to be sharpened through more practice using it; sometimes it needs to be sharpened via consequences for not using it; sometimes it needs to be sharpened through neuro-behavioral and bio-medical practices that sharpen the weak brain/body systems responsible for the lack thereof; and sometimes impulse control needs to be sharpened though the practice of all of the above stated interventions.

Generally speaking, consider the possibilities contained in the columns below:

## When Is It a Can't and When Is It a Won't?

**Can't:** **Bipolar Disorder, Autism, ADD, FASD, PTSD…** **(Condition Not a Choice)**
**Won't:** **Disrespectful, Spoiled, Conflict Avoidant…** **(Condition A Choice)**
**Either/Or:** **Oppositionally Defiant, Obsessive-Compulsive…** **(Depends…)**

### Can't (Neurological)

1. Loses It Emotionally
   (Out of control; seizures)

2. Won't Sit Still
   (Hypo-vestibular; tactilly sensitive; anxious)

### Won't (Behavioral)

Loses It Emotionally
(Control and power)

Won't Sit Still
(Bored, been sitting too long; defiant)

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|---|---|
| 3. Couch Potato<br>(Low muscle tone; hyper-vestibular; depressed; sick) | Couch Potato<br>(Unmotivated; avoidant; lazy) |
| 4. Flat Affect<br>(Low muscle tone; depressed) | Flat Affect<br>(Doesn't want to show emotion; mad) |
| 5. Poor Eye Contact<br>(Binocular functions; depressed; anxious) | Poor Eye Contact<br>(Avoiding closeness; lying; cultural) |
| 6. Urinating on Self<br>(Low muscle tone; proprioception; terrified; too young to train) | Urinating on Self<br>(Defiance; waited too long) |
| 7. Bumping People in Line<br>(Differentiation; vision; proprioception) | Bumping People in Line<br>(Bullying) |
| 8. Won't Keep Clothes On<br>(Tactilly sensitive) | Won't Keep Clothes On<br>(Doesn't like the clothes; hot; shock value) |
| 9. Won't Respond While Watching TV<br>(Interhemispheric integration)) | Won't Respond While Watching TV<br>(Ignoring) |
| 10. Will Only Eat Certain Foods<br>(Tactilly/olfactory/sound sensitive) | Will Only Eat Certain Foods<br>(Preference) |
| 11. Consequences Ineffective<br>(Interhemispheric integration) | Consequences Ineffective<br>(Apathetic; controlling; wrong consequences) |
| 12. Gets Stuck on Thoughts<br>(Interhemispheric integration) | Gets Stuck on Thoughts<br>(Avoiding right brain feelings) |

The left column above is indicative of apparent neurological dilemmas. The left column indicates brain change is needed before the attitude can be sufficiently adjusted. The right column indicates that attitude change or a change of mind can happen. As well, if the description in the left column has the words "anxious" or "depressed," then note that the mind, with a little work, can likely be changed enough to alter the thoughts, feelings, body and mouth. But, if the word "terror" is listed, likely a mind change isn't possible.

The upper part of the brain behind the forehead is where logical decisions are made; that's the thought processing or attitude adjustment part of the brain. Logical decisions cannot be made if the upper part of the brain is

receiving skewed or partial information (and in some cases no information) from the brain's lower regions. Nor can the higher brain function of effective, successful interhemispheric integration consistently take place.

The quality of the mind to make good judgments, modulate lower brain impulses (feelings), and effectively adjust attitude is dependent upon how well the upper brain actually works. And the upper brain cannot work well if the lower brain does not. The problems in the left column in the chart above get in the way of good upper brain functioning.

Let's look at an example. Child A, age 12, is feeling threatened by child B, age 15. Child B is being very "bossy" to child A. In a 12 yr. old child with normal brain functioning, being "bossed" by an older sibling would likely ideally result in child A feeling annoyed, nervous, or angry. But there should certainly be enough upper brain regulation to move child A's body and attention to the parents who are in the next room, in order to tell on child B for being bossy, so that the parents could deal with it. Or at least, be working well enough to toss back a developmentally appropriate comment to the bossy commander such as "I know you are, but what am I?"

However, child A, who is borderline mentally retarded and fetal alcohol and drug affected in utero was neglected in the first three years of life. He was lucky to survive till age 6 due to family violence and then lived in substandard, poorly supervised residential treatment centers until age 11. As a result, he gets threatened prettily easily, goes from comfort to discomfort to terror in less than 10 seconds which prevents his upper brain from modulating his reaction. So, what does he do in response to the bossy request? He starts fighting for his life and has to be restrained with people getting hurt in the process. And note: his upper brain has some problems making sense of his world anyway.

So, child A's hind brain, which is to ensure the body of survival and is the most exercised part of his whole brain anyway, goes in hyper drive, or better said: hyper-arousal. Does this make road rage a little easier to understand? People should be careful driving. You never know when you're going to cut the wrong person off or blow your horn at the wrong car.

Emotional regulation for child A is a problem when he has been startled, or when his brain is trying to process too much information at once. He frequently experiences cerebral traffic jams. His past experiences and

processing problems due to early brain wiring misadventures have set him up for frequent failure. He gets hyper-aroused easily if his hind brain perceives threat to his existence. This hyper arousal can be triggered by seemingly benign interactions with others, such as bossy big sisters.

Annoyance to being bossed is what one feels who has a normally functioning brain. Terror or rage is what one feels and expresses if their brain isn't working right. When threatened, child A becomes a "can't." Brain energy is being used to help him fight (reacting process) for his life, not realize (thinking process) that he's making much ado about nothing and stop before he gets started. He cannot make good decisions with his body and mouth until he backs down and his cerebral alarm system turns off. Problem is…he can't back down.

Can diagnostically correct "can't" children actually make "won't" decisions? In many cases, they can. See the same child A below. Notice how well child A's brain works when he's not feeling threatened.

*Child A, conspires and leads a group of siblings on a midnight pantry raid to locate, sneak and eat the Halloween candy, before Halloween. The midnight raiders accidentally lead a paper trail of candy wrappers back to the chief instigator's room, where the chocolate was devoured in a quiet, group setting as the parents slept. Due to evidence left at the crime scene, the parents figured out not only what happened to the missing candy but also who the ringleader was.*

**We already know that the parents definitely have excellent cause-effect (interhemispheric integration) thinking!**

But what about child A? If his brain is working well enough to have him wait until the parents go to sleep before organizing the pantry-raiding party (impulse control in place), and the planning ability to concoct the whole, almost successful scheme (interhemispheric integration, higher brain systems operational), then the child is definitely ready to discover how feelings (desire for candy) leads to thoughts (how to get the candy) and thoughts lead to actions (the pantry raid). With a little luck, consequences and lots of practice, our subject may learn to temper those actions because of the undesirable things that hopefully accompany wrong, but in-control thinking. Since our little guy apparently was non-threatened enough in this situation to pull off the candy caper, the bet is he could learn to modulate his

impulses and stay in bed all night. Might take him a long time or a short time…depends on how motivated he is. In this situation our "can't" child became a "won't" in a non-threatening, highly motivating, big pay off situation.

Child A should probably also work on covering his trail a little better if he's going to be successful about being sneaky. So, interhemispheric integration could stand some improvement. But because child A performs poorly in "threatening" situations, not just consequences and practice are necessary (behavioral intervention), but also neuro-behavioral, bio-medical and psychological intervention should be included in his overall treatment program.

Let's now look at a child who has a "can't" diagnosis of PTSD (post-traumatic stress disorder) but who can modulate her impulses. In other words, she can't help the way she feels, because of what she has been through (abandonment and sexual abuse), but she can control the way she acts and responds in threatening situations. This is why the "can't" and "won't" lists are not set in stone.

This child, when threatened goes into fear/anger, not terror/rage. Fear and anger are controllable. Terror and rage aren't. She can use her upper brain to regulate her lower brain impulses, and she can choose to make good decisions with her brain and body even though she is obviously troubled. She is one you can honk at on the freeway and not worry about the outcome. Oh, by the way, this child is child B, the bossy big sister, the antagonist of child A above.

One of child B's annoying little characteristics, besides being bossy, is that she can get stuck ruminating and thinking about things to the point that she not only drives herself a little batty, but others as well with her relentless reminders, re-questions, restatements, what if's, etc. on the same subject over, and over again.

When she is reminded that she is obsessing on inconsequential things to avoid feelings of shame or fear regarding something totally unrelated to the constantly re-gurgitated topic, she resists, slightly, then sobs, coming out with the truth of what is bothering her. At that point the obsessing about benign subjects dissipates. She feels better and her thought processes become normal, for a while anyway. In her case, psychological therapy is

the preferred modality of intervention for the obsessiveness. Psychological and behavioral therapy are the interventions for the "bossiness."

If child B were unable to shift, and move from left hemisphere (talking side of brain) to right hemisphere (feeling side of brain), then neuro-behavioral and/or biomedical intervention would be warranted. Because then she would be a "can't" instead of a "won't." Is all this making sense now?

Luckily, very few parents have children who fall into the "can't" category of budding sociopathy. That's when someone should have a conscience but doesn't. An integral part of their mid brain hasn't been developing properly. Both Child A and Child B above have consciences. When Child A is threatened, he can't use his. When Child B is threatened, she can. She just may choose not to.

Sociopathy, in general, is when self-control and cause-efffect thinking are in place, and so are complete selfishness, narcissism and lack of true regard for others. As well, the person is too cool, calm and collected, when they should feel anxious. They really don't get why they are not the center of the universe and they are at an age when they should get that. What happens is many parents fear their children don't have consciences because they have done some pretty stupid, self-centered things. The good news is that most young people do have the capability of either developing a better conscience or turning theirs on instead of off.

Some traumatized kids are too occupied trying to get from rock A to rock B without getting eaten, overly occupied with their own survival to consider the well-being of others. Once they down-regulate and get off fight/flight, they may look more like they have a conscience. Once the fight/flight mechanism has been turned on due to chronic stress, it is hard to turn it off, even when it's safe outside. Most kids who fall into the category of traumatized, benefit from "can't" habilitative endeavors and probably "won't" attitude changing experiences.

Much must be said for those children with strong wills and determination, even if they have an abundance of "can't's" in their neurological makeup. Those bearers of "hard-headedness" may be able to move their own neurological mountains if they "set their mind to it," as we say in Texas. The oppositional defiance that they display might be a form of self-protection, so try not to take it personally. The oppositional defiance may be

what keeps them from losing it and completely disregulating into a hind brain experience. If child A above in the experience with the bossy sister had just refused to budge, upon being bossed, dug his heels in, set his jaw and said, "make me!" He may not have disregulated into a violent attack upon those who were trying to help him get it back together. He certainly would have had more control of his brain.

Many of us with some pretty serious "can't's" do have enough upper brain functioning to use our minds to change our brains. Looks like long-time, consciously concentrated, strong-willed determined effort along with self-awareness, self-ownership, and maybe a little oppositional defiance may be the key to mind-over-brain success for many if not most of us.

This author of this paper well remembers leaving a psychiatrist's office after having being told that she would have an anxiety disorder for the rest of her life and to just get used to it. This author was only 22 years of age at the time, and the psychiatrist assured her that nothing could be done to change her brain. She was told that the anxiety had been too long standing, since early childhood, and that the brain was hard-wired (which we've later found to be untrue). This author remembers walking out of that doctor's office, looking up into the sky and saying, "Oh, no, I won't. I refuse to live this way for the rest of my life."

It took a long time and a lot of hard work, but this author no longer has an anxiety disorder, nor does she take psychotropic medications or self-medicate with alcohol as she once did, to control destructive thoughts, behaviors and a hind brain stuck on fight/flight due to childhood trauma. When she got control of her mind, she got control of her brain. Then she got control of her life. If you're a fighter by nature, sometimes, you just have to have something good to fight for.