SAC COUNTY
Healthy Beginnings

Behavior Regulation

What Is It, Exactly?

True story.

> *Ted and Sheila adopted Debbie out of the newborn nursery. She was a curly-haired cherubic infant with a classic rosebud mouth and the bluest of eyes. At one month of age, Sheila took Debbie to the pediatrician and voiced some concern. "I know I'm a new mother, and I really don't know much about babies, but something seems off. Debbie does the things that the books say she should be doing, but sometimes she just doesn't seem to be there for me." The pediatrician looked at her and smiled.*
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> *"Now, now," he said. "You're an adoptive mother. If you were a real mother, you wouldn't be so nervous."*
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> *Sheila took the pediatrician at his word, finding comfort in his monthly reassurances that the baby was fine. After all, Debbie was meeting all her developmental milestones. She could push her chest up off a flat surface at three months, she rolled over at four months, and she was beginning to sit alone when Sheila sat her up. But Debbie was a fussy baby; she still had quite a bit of trouble sleeping, and her feeding schedule was very erratic. It wasn't until several months later that a friend advised Sheila to bring the baby to our clinic for high-risk children.*
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> *When Debbie was first seen at the specialty clinic for alcohol- and drug-exposed children, she was a six-month-old infant who, in spite of her good motor development, had trouble interacting and responding to the world around her. She rapidly escalated to crying fits if handled too much, and she never seemed to relax into her mother's arms. When she was calm, she had a beautiful and engaging toothless smile, but the smile disguised some very complex difficulties.*

So often, parents express legitimate concerns about a child which doctors, whether because of misapprehension or professional skepticism, choose to brush aside with pat responses ("He's just a boy" or "She'll grow out of it," or "She's just a fussy baby"). Often, of course, the infants will adjust and "grow out of it," but just as often, there is a need for intervention. One of the difficulties in recognizing early developmental problems in children is the fact that so many children "look normal." That is, they meet their gross motor developmental milestones, they begin to coo and babble when they're supposed to, and, at times, they are delightful and engaging infants. But parents seem to know when something just isn't right.

Anyone can go to the Internet, look up child development, and identify the major motor and speech milestones by which to judge their baby's progress. But looking beyond the usual markers to assess the young child's behaviors and social interactions is considerably more difficult. Clinically, the term "self-regulation" refers to an individual's ability to organize and respond appropriately to various forms of stimulation. The difficulties we see in many young children, especially those who have been exposed prenatally to alcohol, tobacco, or drugs or who have suffered profound neglect, are best classified as *regulatory disorders*. This specific classification system for young children was developed because

conventional adult psychiatric diagnoses do not adequately describe and explain the clinical presentation of many infants.

Children with regulatory disorders have disorganized motor responses; they can't seem to settle down, and they tend to overreact to movement. Although they can hear, they don't seem to be able to understand what they hear, and they have difficulty using visual/spatial cues from the environment to adapt to change. Because of these difficulties, as the children grow older, they have a hard time interacting with others and can't seem to control their emotions, often "blowing up" suddenly and becoming aggressive. Ultimately, these children are often labeled "ADHD" and placed on Ritalin or some other stimulant medication. They generally don't have ADHD, however, so the medication only makes things worse. When the family recognizes this, they begin a perilous journey of medication shopping, trying to find the magic elixir that will "fix" the child.

The good news is if we recognize regulatory problems early, and provide interventions in infancy and toddlerhood, much of this can be avoided. So, for all parents, but especially for adoptive parents who knowingly or unknowingly have adopted a high-risk child, here is a basic guide for assessing your child's self-regulation capabilities over the first two years of life:

Birth to 8 months — Instead of just tracking motor milestones, look for muscle tone problems. Does the baby have the right amount of muscle tone, or does he seem limp or excessively tight in his trunk and arms and legs? Do sleeping or feeding problems seem to be beyond the bounds of what you normally would expect from a baby? These issues can be the earliest signs of regulatory difficulties.

9 to 12 months — Expressive language should be emerging. Is the baby babbling and cooing? Does her babbling seem emotionally responsive to your cues? Does her face show a wide range of expressions, from delight to sadness?

18 months — What kind of relationship is developing between the baby and you? Is he beginning to play interactively? Can he focus on you for short periods without becoming distracted or irritable?

24 months — Are behavioral problems emerging, especially temper tantrums that seem to come out of nowhere? Does she get "set off" by sudden changes in routine? Is she over- or under-reactive to noise or changes in lighting?

Get to know your child, and, above all, enjoy her. Don't be constantly watching for problems, and certainly don't let unwarranted anxieties get in the way of you experiencing the best aspects of being a parent. But, as a parent, experienced or not, don't be afraid to ask questions and get answers. It can make the difference between getting the child the early intervention services she needs in the short term or facing growing problems that interfere with learning and behavior in the long term.