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Changes in the Scope of Problem Behaviors of Young People from "Homes for Children"

Abstract: The theoretical basis of the study is the concept of attachment formulated by John Bowlby. Among other things, it forms the basis for explaining problem behavior in children with disrupted bonds with their parents. The aim of this study was to present the problem behaviors of young people from "Homes for Children" at the beginning of their stay and after one year. Problem behaviors were diagnosed using Thomas Achenbach's Child Behavior Checklist – a survey on problem behavior. During the year-long stay of charges in the "Home for Children", it can be stated that there was a significant improvement in their functioning on the scale of thinking disorders, withdrawal, anxiety and depression. However, changes in the area of other problem behaviors did not show statistically significant differences.
Key words: problem behaviors, foster care, attachment.

A theoretical outline of the study

The theoretical basis of the study is the concept of attachment formulated by Bowlby. Among other things, it forms the basis for explaining problem behavior in children with disrupted bonds with their parents (Opora 2009, p. 36–47).

Children who begin life in the context of secure attachment function more properly in many aspects than children who did not have such an opportunity. Many longitudinal studies show that children who have a normal relationship with their caregivers function better in the areas of self-esteem, independence and autonomy, staying in friendship relationships, trust, intimacy, positive relationships

with parents and others, controlling impulses, empathy, compassion, resistance to unfavorable circumstances, success in learning and future maternal and family successes (Jacobson, Wille 1986, p. 338–347; Main et al. 1985, p. 66–104; Troy, Sroufe 1987, p. 166–172; Waters et al. 1979, p. 821–829). The existence of secure attachment between the child and the primary caregiver or caregivers is an elementary factor, protecting against the rise of cognitive, behavioral, and interpersonal patterns responsible for aggressive and antisocial behavior. This particular attachment is associated with factors that protect the child against the advent of social maladjustment.

The results arising from secure attachment, while reducing the likelihood of undesirable behaviors include:

1) The ability to regulate and modulate impulses and emotions
   Secure attachment to the primary caregiver is of particular importance when the child is learning self-control. Then, the primary task of a caregiver may be to teach the child to modulate its excitation by bringing it to peace, ensuring a sufficient amount of fun, comfort, touch, care, rest, i.e. by gradually teaching the child skills that will help it to self-modulate own excitation (Kolk 1996, p. 182–213).
2) The development of pro-social values, empathy and morality
   Taking into account the wishes and needs of others, mutual cooperation and sharing causes the child to change its attitude to a more altruistic. Altruism becomes mutual, which even by evolution should be considered as correct behavior. Secure attachment provides pro-social values and behavior taking into account empathy, compassion, kindness and morality.
3) To establish a consistent and positive self-image
   Children who were given basic security through appropriate responses of the caregiver and his availability more often develop their own independence and autonomy. In life while learning new things they are accompanied by greater confidence and less anxiety. As a result, they experience higher self-esteem and a sense of mastery. They develop positive beliefs and expectations of themselves and relationships. The starting point for caring for other people is a positive self-image which allows to create transparent relationships with other people (Levy, Orlans 2000, p. 9–16).
4) The ability to effectively manage stress and cope with unfavorable circumstances
   Psychological resistance refers to the competences of the individual, effectively adapt to significant life adversities and stressful events. Its formation is affected by the childhood experiences of the child's parents, especially their attachment relationship with their parents.
5) The ability to create and maintain mutual emotional relationships
   Children with secure attachment experience warmth, love and trust in a relationship with their caregivers. As a result there is an internalization of standards of behavior, such as cooperation and self-control. These children are

able to experience, express their emotions and bestow them upon others. By being in a synchronous relationship with the parent, they learn how to be aware of their emotions, their own needs and the needs of others. Secure attachment has implications in the form of greater awareness of the mental states of others. Therefore, it not only provides faster and more efficient changes in the sphere of morality but also protects the child against forming anti-social behavior.

In situations where the child's parents are unable to exercise care and educational functions, then on the basis of a court decision the children are placed in foster care. Foster care is designed to ensure work with the family which will allow the child the return to it; if this is impossible, strive to its adoption, and in the absence of adoption of the child care and education in the substitute environment (art. 33 of the Act on family support and the foster care system of 9 June 2011). Foster care can be realized in family or institutional form.

"Homes for Children" are a specific form of realization of institutional foster care, which seeks to achieve a family atmosphere. A "Home for Children" is a round-the-clock care and educational socialization facility. The home can accommodate up to fourteen charges, who are cared for by educators. Usually, children aged between 10 and 18 years old are placed in these types of facilities, children who require special care or who have difficulty adapting to life in a family (art. 95 of the Act on family support and the foster care system of 9 June 2011). Educators primarily base their work on an individual work plan with the child, an analysis of needs, resources as well as family situation and family environment.

The primary difficulties arising from impaired emotional ties of the child with the parents weaken its ability to positively solve developmental crises, hinder the integration of further experiences, which in turn leads to the accumulation of difficulties in psychosocial functioning. Thus the child's experience of adequate care and developmental stimulation seems to be crucial for further, healthy growth (Słaboń-Duda 2011, p. 17).

A child placed in a care and educational facility has usually had a lot of negative life experiences such as: rejection by the family, lack of or dysfunction of emotional ties, difficulty in meeting basic needs, experience of violence and demoralization. Educative incompetence of the parents enhances the child's problem behaviors. For the proper development of relations with a loved one, a person needs acceptance of the environment and security. A child separated from the parents and the family environment is forced to adapt to new conditions, create a new sense of security, search for a new close and meaningful person, seek attention and love of the visiting parent.

From the social point of view, adaptation is a process of adapting the individual or group to the specific conditions of the social environment. It involves constant, dynamic interaction that occurs between an individual (or group) and the environment. As a result, there is a transformation of the subject's own struc-

ture in accordance with the requirements of the environment, a transformation of the environment and adapting it to the internal structure of the subject (Smolski et al. 1999). According to Kazimierz Obuchowski, adaptation depends on harmonizing efficiency and motives of the individual with the environment, leading to a balance between human needs and external conditions (Obuchowski 1996). Małgorzata Kupisiewicz also notes that one of the important factors of adaptation is intelligence, understood as the ability to find a strategy, to check its effectiveness and adapt it accordingly to the respective conditions and human needs (Kupisiewicz 2013, p. 11). The competences and motivation of children placed in care facilities are very different. Among the charges of "Homes for Children" there are both those with intellectual disabilities and those with a high level of intelligence. The motivation of these people to stay in a facility also varies. Some children live with the thought that they are there temporarily and will soon return home. Others know that, for various reasons, they cannot rely on their parents and will remain in the facility until the age of majority. Still others want to learn and are aware that they do not have the conditions to do so in their family home. Some charges treat their stay in a care and educational facility as a punishment and understand that they must function properly in it, because they do not want other care and education measures to be used against them.

Methodological foundations of own research

The aim of this study was to present the problem behaviors of young people from "Homes for Children" at the beginning of their stay and after one year.

The study involved 35 charges from three "Homes for Children". Seven charges did not participate in the study due to a too short period of stay or low age, because the survey anticipates they study of children between 13 and 18 years old. The inspiration to undertake the study was the creation of "Homes for Children", where the studies were carried out. Thus, the behavior of charges was monitored from the start of placement in institutional foster care. The first measurement took place in March 2014 and was repeated in March 2015.

In line with the objectives of the study, the following research questions we formulated:

1. What problem behaviors are exhibited by children placed in "Homes for Children"?
2. What changes occur in charges in the range of problem behaviors after a year?
3. What level of problem behaviors is manifested by charges who have been transferred to youth detention centers?

Problem behaviors were diagnosed using Achenbach's Child Behavior Checklist – a survey on problem behavior. Besides individual problem behaviors, de-

pending on what symptoms dominate in the clinical image of the child, we can see an internalizing or externalizing profile of social maladjustment (Kazdin, Weisz 2006, p. 3–23). Among the symptoms occurring in the internalizing profile there are those which are directed inward and are associated with excessive behavior control (Wolańczyk 2002, p. 18–20): behavior withdrawing from social situations, isolation, somatic symptoms, anxiety and depression. Externalizing symptoms are those which are directed outwards (Achenbach, Edelbrock 1978, p. 127–130); these are behaviors termed as unsuitable and aggressive, which occur in different situations and are a source of problems for other people. These behaviors are characterized by insufficient control and, in connection with a burdensome quality for the social environment, lead to conflicts between the charge and the social environment (Wolańczyk 2002, p. 20–22). This does not mean that charges exhibiting externalizing dysfunctions do not feel any discomfort related to their non-compliance. They experience a certain degree of internal discomfort but the intensity of these symptoms is relatively small compared to the intensity of symptoms and problems associated with problems resulting from the outward orientation of energy.

Presentation of results

The following table shows that almost half of the children (49%) placed in "Homes for Children" obtain in the questionnaire of problem behaviors a total score within the clinical range. The fact that 51% of respondents did not receive a total score of problem behaviors in the clinical area does not prove that they could not be found in the clinical range in individual scales. This means that socialization facilities get a large number of children requiring specialist pedagogical and psychological support. According to assumptions, the "Home for Children" is to fulfill the care and educational function. While looking at the specifics of the surveyed population of charges, it can be seen that there is a need to take special interventions in relation to charges, taking into account the specific needs of individual children. Due to the varied background of manifested disorders, the children primarily require therapeutic, medical and re-educational interactions. The research shows that almost half of the charges reflected a number of problem behaviors. It can be assumed that the decision to place a child in institutional foster care by the appropriate authorities is taken too late or the problem symptoms worsened from the moment of the decision to place a child in a "Home for Children" until it is actually placed in this institution.

Three children of the 35 respondents, despite many efforts undertaken by pedagogical personnel, were transferred to a youth detention center. In the questionnaire of problem behaviors, these individuals obtained a total score in the clinical or borderline range. Of all the problem scales the highest results were in the

range of maladjusted and aggressive behaviors. This means that they exhibited antagonistic-disruptive and oppositional defiant behaviors. They were characterized by disobedience in the institution and in school. They spoke out of turn. Often they argued. They were rebellious and impertinent to the personnel. They were cruel, tormented over others. They required and forced sacrificing much attention to them. Through their behavior they disrupted discipline in the group and disturbed other colleagues. They destroyed their own and other people's belongings. They bragged. They were often jealous. They were loud, explosive, unpredictable. They showed off and participated in numerous fights. To others they formulated a number of expectations and wanted their demands to be met immediately, thus they were easy afflicted with disappointment. They talked too much. They were stubborn, sullen, irritable and quick to anger. They threatened and physically attacked others.

Table 1. Charges acquiring results in the norm and the clinical area in the overall score and type of social maladjustment

Profile	Number of persons within the norm range	%	Number of persons within the clinical range	%
Total score	18	51.43	17	48.57
Externalizing	12	34.29	23	65.71
Internalizing	16	45.71	19	54.29

Source: own research.

According to the assumptions of Achenbach's questionnaire, individual problem behaviors can create two profiles, i.e. internalizing type and externalizing type. Among children placed in institutions the externalizing profile is dominant.

In the majority of children we can observe an increased profile in the externalizing dimensions of problem symptoms in relation to the internalizing dimensions. This means that in most respondents internal problems are relatively smaller than those due to which they unload their negative emotions on the environment.

By adding up the number of individual behavioral disorders in the respondents we obtain the result of 58 behavioral disorders. Of course, certain problem behaviors may coexist in one child. In contrast, given that the population of respondents consisted of 35 children, we can conclude that we are dealing with a group, among whom some charges are significantly outside the clinical norm on several dimensions of problem behaviors. Upon coming to the "Home for Children" the largest number of charges manifested thinking disorder 54% (19 children). This means that they are characterized by a set of behaviors which may be regarded as symptoms of mental disorders such as: psychosis, obsessive-com-

pulsive disorder, anxiety. Among others, they are characterized by tendencies for deliberate self-mutilation, suicidal behavior, certain actions done repeatedly, misbehavior and having unusual ideas and thoughts.

Somatic disorders came second – 31%. This group of the respondents reported somatic complaints of dizziness, fatigue, having somatic symptoms without no cause identified by the doctor. Misbehavior came third and occurred in 26% of the charges. These children lie and cheat and it seems that they do not feel guilty due to the misbehavior. They enter into relationships with people who easily get into trouble and prefer to be around friends who are older. These charges also come into conflict with the law, consume alcohol and curse. They have problems with correct behavior at school as well as play truant and are late for lessons. Then, withdrawal, anxiety and depression occurred equally frequently in the charges (20%). People with these symptoms prefer being alone than with others, they often pout, are secretive and refuse to talk, they can be shy and timid, inactive, slow or lacking in energy, they withdraw and do not engage in interaction with others. The stare blankly with eyes directed straight ahead significantly more often than their peers.

Charges with elevated levels of anxiety and depression are included in the more timid group. They often cry and complain of loneliness. They believe that others want to do them harm. They feel offended when someone criticizes them. They complain that no one loves them. They feel worthless or worse than others, they are nervous, touchy, tense and overly comply with the rules. It also happens that they excessively try to please others. They are suspicious, afraid of making mistakes and therefore worry too much. You can easily make them feel uncomfortable and cause excessive guilt. They are highly sensitive to rejection by others. They avoid contact and withdraw from them, not believing that they will be accepted. Usually one can find in them a low self-esteem, tendency to underestimate their own achievements, unwillingness to take personal risks for fear of failure. Finally, this percentage of respondents can be described as unfortunate, sad and depressed.

Social problems appeared in only 17% of respondents. These results suggest that in the absence of proper care from adults, 83% of the children had to cope in life independently. Most of them rarely cry and they do not complain that they are not loved, but probably feel this way. They have good contacts with other friends. They do not report to educators that someone is going to harm them. They do not make the impression that they feel inferior and less valuable than others. They are not ridiculed by their classmates.

On the other hand, problem behaviors in the form of aggression appeared in 14% of the charges. These are behaviors cause a big problem in the community of the entire facility. Typically, they require long-term psychocorrectional interactions. Most often they manifest oppositional defiant behaviors towards educators and violence in relation to other children. Therefore, educators should pay special

attention to ensuring the safety of other children. It seems that this percentage in relation to the rest of the disorders is small, but let's keep in mind that one aggressive person is the source of harm to many people. So aggressive behaviors represent a heavy burden in the work of educators of institutions which do not function as social rehabilitation facilities.

Attention disorders were observed in 11% of charges who are unable to concentrate and have difficulty sustaining attention for a long time. They do not comply with the tasks given them. They do not stop the previously started activities. They exhibit psychomotor hyperactivity, they are restless, inattentive and easily distracted. They have difficulty following instructions. They work below their potential, not taking advantage of the potential they have. As a result of this they do not achieve results commensurate to their abilities. They perform tasks imprecisely and superficially. Some of them may exaggerate in dreams and immerse themselves in their own thoughts. They are impulsive, act without thinking, are nervous, oversensitive and tense. They have learning difficulties. They are characterized by apathy and low motivation for undertaking school work. They may give the impression of being younger than they actually are.

Table 2. Number of people in the range of the norm and the clinical range in the area of individual problem behavior dimensions

Variable	Number of people in the norm range	%	Number of people in the clinical range	%
Withdrawal	28	80.00	7	20.00
Somatic disorders	24	68.57	11	31.43
Fear and depression	28	80.00	7	20.00
Social problems	29	82.86	6	17.14
Thought problems	16	4571	19	54.29
Attention problems	31	8857	4	11.43
Aggressive behaviors	30	85.74	5	14.26
Delinquent behaviors	26	74.29	9	25.71
Total			58	

Source: own research.

The changes observed after one year

After one year of the charges' stay in the facility certain changes within the manifested problem behaviors were observed.

Wilcokson's test of statistical significance indicated statistically significant differences ($p < 0.05$) in the dimension of withdrawal, anxiety and depression as

well as thinking disorders. This does not mean that the results of the respondents moved from the clinical range to the norm, but a tendency was observed to decrease the manifestation of problem behaviors. After one year, the level of withdrawal decreased in 75% of charges and the levels of anxiety and depression decreased in 71%. It is natural that at the beginning after arriving at the facility, the children were usually somewhat withdrawn. With time, they get to know the educators and friends from the "Home for Children" and begin to be more open and bold. Also, the higher levels of anxiety and depression at the beginning of a child's stay in the facility may be associated with the experience of a crisis family situation and the necessity of using foster care which is still unknown to the child.

After a year, the level of thinking disorders decreased in 75% of children. Before coming to the "Home for Children", many of the respondents lived in a dysfunctional environment, where dysfunctional or stereotypical beliefs were in force about oneself, others, the rules governing the world, the future. In 14 charges in terms of disturbed thinking transition from the clinical to the norm range was observed. While in 2 charges thinking disorders intensified as much to obtain results in the clinical range.

Somatic disorders were eliminated in six charges and in 3 they were identified after one year. Inadequate behavior was eliminated in 6 charges and in 3 they appeared.

In terms of aggressive behavior, clear problems with aggressive behavior appeared in 4 children, and in 3 they were eliminated. The situation is similar in the dimension of *social problems*, where in 2 children social problems were eliminated, and in 3 they took on a clinical level. This may be related to the process of adaptation of charges to the new conditions, when at the beginning of stay a child reacts with withdrawal and shyness, and then when it feels safe and the adaptive difficulties are alleviated, it begins to react more firmly and violate the generally accepted social and personal limits. A similar situation was observed in the dimension of attention disorders. Disorders are usually accompanied by psychomotor hyperactivity, which after the initial phase of adaptation to the new conditions may manifest itself more strongly and take very burdensome forms of behavior.

It is worth noting that the majority of children sent to socialization institutions go there due to the educational incompetence of the parents, which is manifested by the lack of parental control and demoralization of their own children. When children start to feel safe, they begin to respond in their own established schemes, which were developed in the family home. In view of these children the next stage of work will be learning how to deal with difficult situations and with their own emotions, to respond appropriately to manifestations of other people's emotions and to control their own behavior.

Table 3. Number of respondents passing from the clinical range to the norm range and from the norm range to the clinical range after one year

Variable	Transition from the clinical to the normal area	%	Transition from the normal to the clinical area	%
Withdrawal	5	14.28	2	5.1
Somatic disorders	6	17.14	3	8.57
Fear and depression	5	14.28	3	8.57
Social problems	2	5.71	3	8.57
Thought problems	14	40.00	2	8.57
Attention problems	2	5.71	4	11.43
Aggressive behaviors	3	8.57	4	11.43
Delinquent behaviors	6	17.14	2	5.71

Source: own research.

Summary and conclusions

Charges placed in "Homes for Children" significantly differ between each other in terms of manifested problem behavior and the level of adaptability. About half of them do not show significant problem behaviors, while the remainder has dysfunctions which hinder the process of adaptation in institutional foster care. During the year-long stay of charges in the "Home for Children" it can be said that there was significant improvement in their functioning on the scale of thinking disorders, withdrawal, anxiety and depression. However, changes in the area of other problem behaviors did not show statistically significant differences.

An analysis of frequency distribution indicates some positive changes at the level of maladjusted behavior and somatic disorders. However, there are cases that after a year they passed in the range of certain problem behaviors from the norm area to the clinical area. This can be explained by the phases of adaptation of children to the new conditions of the social environment. Charges staying in the "Home for Children" constantly interact with the group of other charges and educators. As a result, a transformation occurs of the entity's own psychosocial structure in accordance with the requirements of the environment, as well as modification and adaptation to the entity's own structure.

Clarifications can also be sought in the absence of certain skills and experience of educators who are faced with a very difficult task, because as it can be seen, the population of charges is very complex and requires specialized interactions, and by assumption the facility is a socialization institution, not a therapeutic one.

In addition to the above reasons, they can also be the effects of a number of other factors, such as development changes in charges relating to, for example, puberty, resignation from work by an educator who was important for the child, or disadvantages occurring in the child's family.

It can be concluded from the results that the broad spectrum of problem behaviors, with which children go to institutional foster care, requires systematic leveling of developmental and school gaps, and medical care. Cognitive stimulation is required, as is the development of talents and interests, which will be a kind of counterbalance to the negative life experiences. In addition, it is necessary to meet the needs of children while teaching them independence.

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