

# OPPOSITIONAL DEFIANT & DISRUPTIVE

CHILDREN AND ADOLESCENTS

**Non-Medication Approaches**  
*For the Most Challenging ODD Behaviors*

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# INTRODUCTION

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My professional life has been dedicated to the treatment and enhancement of the lives of oppositional and defiant children and youth. From my early college days, till today, I have been very fortunate to work with many interesting children, teens and families as well as dedicated professionals. Throughout my years of clinical work, I've realized that therapists, teachers, parents and other caregivers are often unequipped with the right tools and strategies to deal with the challenges of oppositional, defiant and disruptive youth.

After spending years treating children and adolescents with ODD, ADHD, autism, anxiety, mood and disruptive disorders, I wanted to share my knowledge and proven strategies with other professionals. This book is based on my continuing education seminar that I present around the country. I have presented to audiences of professionals that have included educators, school administrators, therapists, psychologists, nurses, speech language pathologists, occupational therapists, physical therapists, case managers, parents, grandparents, organizational leaders, and many others. Over the years, attendees have asked about a book, so I took the opportunity to write down my experiences, techniques and non-medication strategies that have helped so many of my clients.

Simply, working with oppositional children is one of the most challenging yet intriguing areas in the mental health and treatment occupations. I fully intend this book to be concise, to the point and a direct aid for you to enhance your work with children and adolescents.

Oppositional and defiant children and teens will be addressed in this book as the child, youth, teen or kid. When I mention the adult in charge I will be speaking about a therapist, teacher, parent, etc.

This workbook should be an easy read without a lot of difficult jargon and complicated terms to understand.

This comprehensive workbook will cover the following:

1. Description of oppositional behaviors and related issues
2. Method for discovering reasons for the specific behavior(s)
3. Exploring the possible causes of the behavior(s)
4. Proactive strategies
5. Reactive strategies
6. Special considerations for mental health-related issues including: ADHD, anxiety, depression, attachment issues and autism spectrum disorders
7. Additional strategies related to situational concerns
8. Special section on conduct issues/disorder behaviors

You might want to read this book from the beginning or just skip to the section that is most pertinent to you. But, I have built the strategies and techniques around the beginning steps and basics of working with children with oppositional, defiant, and disruptive behaviors. Thus, if you miss the beginning steps, your intervention will likely not be as effective as when you understand the beginning steps.

I appreciate the work you do! Simply because you are reading this tells me that you are dedicated to helping children and want to learn more. In live seminars, participants have the opportunity to ask questions and I hope you will

share what you have learned from reading this book with your clients, colleagues and anyone else who is looking for help for their challenging child or adolescent. Thanks for reading, learning and doing the work that you do.

## CHAPTER 1

# What is Oppositional Defiant Disorder (ODD)?

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Oppositional defiant disorder (ODD) is a behavioral disorder comprising three primary areas: (1) The mood(s) of anger, rage and irritability, (2) argumentative/defiant behavior and (3) spiteful/revengeful behavior for a period of at least 6 months. Mood and behavioral characteristics of ODD are listed below:

- Child often loses temper/goes into rages
- Child is easily annoyed and/or irritable
- Child is often angry
- Child often argues with authority figures
- Child often refuses to follow commands/directions
- Child often deliberately annoys people
- Child typically blames people for his or her mistakes
- Child can be revengeful, spiteful and unforgiving

In addition, ODD behaviors will be displayed with a person who is not a sibling. Meaning, if the behavior only happens with a sibling and nobody else, we probably would not look at ODD as a diagnosis. Also, the behaviors and mood will need to be fairly frequent and persistent in comparison to normal limits of child/youth behavior.

ODD behavioral timelines are just a guide and other factors need to be taken into consideration including but not limited to:

- Developmental level, socio-cultural factors
- Environmental issues
- Medical issues

Also, the oppositional behavior causes problems in the child/youth or others within their applicable social context (e.g., family, peer group, work colleagues). Or the oppositional behavior negatively impacts social, educational, occupational, or other important areas of functioning. In other words, there needs to be a significant impact in order to warrant a diagnostic label of oppositional defiant disorder.

## WHAT CAUSES ODD?

ODD is thought to be caused by a combination of biological, psychological, and social factors. The American Academy of Child and Adolescent Psychiatry states, "ODD tends to occur in families with a history of attention deficit hyperactivity disorder (ADHD), substance use disorders, or mood disorders such as depression or bipolar disorder."

In addition, the same organization notes that: "Brain imaging studies have also suggested that children with ODD may have subtle differences in the part of the brain responsible for reasoning, judgment and impulse control." Also, some studies have shown that children who display aggressive behavior have difficulty identifying and interpreting social cues from other children. Children with ODD frequently show aggression towards other children who were not necessarily teasing them or showing initial aggressive behavior, but rather normal behavior.

Children with ODD tend to be much less able to solve problems than other children and sometimes even expect to be rewarded for their aggressive behavior. This could indicate a learned behavior paradigm and this is often mentioned in discussions about children with ODD. Lack of structure or parental supervision, inconsistent discipline practices, and exposure to abuse or community violence have also been identified as factors which may contribute to the development of ODD.

### **THE BIG 10**

While the diagnostic criteria are fairly cut and dried, the reality is that many kids have oppositional behavior that might fit around or resemble, but not fully meet, the official diagnostic criteria. In terms of behaviors and educating others about behaviors, I break the behaviors down into these categories. The Big 10 encompass most, if not all, of the problematic behavior areas of children and youth with oppositional defiant behavior. In combinations, these behaviors can quickly turn into complicated, repetitive and severe patterns of oppositional and defiant conduct.

I tend to lean away from using diagnostic terms whenever possible as most problem behaviors with children and youth are not due to psychiatric illness, but rather are related to patterns of conduct seen as oppositional and defiant. There are reasons for why each of these behaviors occurs and we will discuss those later. Here is the list of each of the Big 10 and some defining ideas and principles about each:

1. **Rage** — Sometimes viewed as tantrums or losing one's temper, is the eruption of emotions and is typically seen as a loss of control. A person in rage might be unsafe to themselves or others around them. Anxiety, control, pain, fear, sensory issues, frustration or communication difficulties (in terms of understanding and/or communication) are possibilities as to why these behaviors may occur.
2. **Escape** — Kids who leave their assigned areas, leave a location altogether, or who stay in their physical environment but yet engage in distraction behavior, are utilizing escape. There is another type of escape that is covered later on and this is much more dangerous, such as kids running away from home for an extended period of time.
3. **Noncompliance** — Kids do not do what they are supposed to be doing. Can be something as simple as not following a direction or as complex as defying all directions and requests.
4. **Nagging** — Nagging is a learned behavior. The child has learned that by nagging, he/she will eventually get their way. Nagging can now be done electronically as well (i.e., texting, etc.) because of poor boundaries that adults have set with these kids. While this behavior is not necessarily destructive, it does lead to an undercurrent of frustration and eventual noncompliance, arguing, and even aggression.
5. **Work Refusal** — There are many ways this behavior can appear. There might be school work refusal (common with kids with oppositional behavior), or there might be refusal to help with household activities. Within the community, the kid might refuse to participate in an activity that they initially wanted to do or that their parent signed them up to for their own benefit (i.e., swimming lessons, etc.) In the school setting, this is one of the top complaints of educators.
6. **Yelling & Verbal Aggression** — We know that noise creates power and energy and is often used to control a situation and/or manipulate others' behavior. Verbal aggression towards someone can be a precursor to physical behaviors as well. Since many people respond to verbal aggression (yelling by yelling back), it can turn into arguing and even physical altercations very quickly. On a side note,

screaming (without actual words) is usually a result of complete frustration and an inability to cope with the present level of stress. Screaming in repetitive cycles, at periodic moments, or intermittently is more likely a different level of verbal behavior and has a different purpose (sensory, communication, etc.)

7. **Aggression** — Aggression is probably the most common reason for behavioral referrals. Typically, kids display their aggression towards the adult(s) in charge. The aggression can be verbal and/or non-verbal accompanied by physical behaviors. Sometimes, the aggression is self-directed, but when an adult intervenes, the child becomes aggressive towards him or her.
8. **Not Following Directions & Lack of Follow Through** — Kids need to follow directions and follow through with commitments to be successful in the classroom, at home, in the community, and in life in general. We can identify several things within this category, such as, homework is not completed or turned in, appointments are missed, jobs do not get done, older students lose credits, and school failure.
9. **Bullying & Deliberately Annoying Other** — I define bullying in simple terms: The physical and/or emotional intimidation or harm of another person. This category includes interrupting others, contradicting the adult, cracking jokes, getting others to laugh at the expense of others, doing things to deliberately annoy others, blaming others for what they have done, etc. I want to be clear that not all behaviors that kids have between themselves can be defined as bullying. For instance, two kids with equal power who are in a conflict is not necessarily a bullying situation.
10. **Panic & Anxiety Reactions** — This behavioral category is probably the least intentional of all categories, but can still be seen as oppositional. Many oppositional behaviors have a high level of anxiety to them and so it is important to understand anxiety and how it can lead to oppositional behavior. Unfortunately, a lot of kids have anxiety because of the adults around them, and how the adults act or do not act. Adults can create an atmosphere of anxiety by not setting limits, creating poor boundaries, hovering over children at every waking moment, etc. When kids are unable to manage anxiety, they can have trouble navigating the real world. As a result, many kids live in a world of fear, trauma or potential trauma.

Again, these ten categories are called the Big 10 in this book and each category will be addressed separately in the appendix. However, since nobody exists in a vacuum, behaviors and emotional conditions often intertwine and a person might have one of these behaviors severely, or all of them to a different degree. It might be helpful to compare the Big 10 list with the criteria of oppositional defiant disorder as doing so can help match behaviors with symptoms.

## TYPES OF OPPOSITIONAL KIDS

In my presentations across the country, I speak to audiences about the three primary types of kids with oppositional and defiant behavior. I think it is important to look at matters in an out-of-the-box context. In the no-nonsense fashion, it is also important to simply say it like it is so that everyone understands. Here are my descriptions of the three types of oppositional kids:

1. **Traditional Oppositional Kid:** Simply, these kids have identifiable reasons for why they can become oppositional. The reasons are more related to their environment, situation and family life. Factors in their lives may certainly explain why they are oppositional. Such factors are:
  - Having a close family member with mental illness, including mood disorders, anxiety disorders, and personality disorders (This suggests that a vulnerability to develop ODD may be inherited)
  - Dysfunctional and/or chaotic family life
  - Family history of substance abuse
  - Inconsistent discipline by parents which may contribute to the development of behavior disorders

- Growing up in an environment in which oppositional behavior is either necessary for survival or works better for the youth in terms of overall functioning

2. ***Kids with Underlying Conditions:*** Underlying or co-morbid conditions can create or lead to oppositional behavior. Some examples of an underlying condition are:

- **ADHD (attention deficit hyperactivity disorder):** Not all kids with ADHD are oppositional, and in fact, most of them are not. However, it is important to notice that there is a strong interplay between the two disorders.
- **Learning Disabilities:** An underlying learning disability can be a major cause of oppositional behavior. Discovering learning disabilities early is a key to helping these kids. Also, reading disabilities in young males with conduct disorders is a recipe for eventual anti-social behaviors leading to incarceration. Early intervention programs focusing on increasing reading skills are tremendously valuable.
- **Language Disabilities:** Difficulty expressing and or receiving/articulating language can be frustrating for the child.
- **Anxiety and Depression:** These mental health disorders are two of the most common conditions associated with oppositional and defiant behavior.
- **Attachment Issues/Disorder:** Children who have experienced early childhood trauma, neglect and/or separation from a primary caregiver that interrupts the bonding experience can develop attachment disorder/issues. Children who are bouncing around in the foster care system or in residential settings can also develop attachment disorder characteristics that can look very oppositional. Children with Post Traumatic Stress Disorder (PTSD) may also have attachment issues, but not always. The resulting behaviors, though, can look very oppositional.
- **Traumatic Events:** When a person experiences trauma, they can develop symptoms known as PTSD (post traumatic stress disorder). The four primary clusters of symptoms for PTSD are intrusive, avoidance, arousal and the negative alterations in mood and cognitions. Some symptoms of PTSD can look oppositional and the presence of PTSD can certainly lead to oppositional defiant behavior.

3. ***Narcissistic & Privileged Oppositional Kid:*** These kids have been taught that they can do what they want, when and how they want, where they want and to whom they want. Raised by hovering parents/adults who watch out for their every move and solve all of their problems for them, these kids are raised with a sense of privilege as if they have the same rights and entitlements as adults. These kids tend to be spoiled with the following:

- Poor guidelines for proper conduct, they are never told "no."
- Lack of consequences for misbehavior.
- Parents blame others or even society for their children's conduct.
- There has been a push to make sure these kids feel good about everything they do, they have no lack of self-esteem to put it bluntly.
- These kids have little, if any ability, to solve their own problems because their parents have always solved their problems for them.
- If the child is bored, an adult rushes in to rescue them and keep them entertained.
- When the kid becomes oppositional, the adult caves in out of fear or lashes out at others who try to set limits.
- Spoiled with material items but without the responsibility and/or maturity to handle such privileges.

If you work with kids with challenging behaviors, you will eventually run across this type and you will also encounter the wrath of their parents. The good news is that if you can work with narcissistic, oppositional kids then you can use some of the same techniques with their equally challenging and entitled parents. It sounds harsh



to describe a group of children this way, but the reality is that these children do exist, and professionals need help treating them.

Those of you doing a lot of work in marriage/couples therapy might see some interesting patterns in relation to what I have just described.

- When working with couples with children, find out how they parent and how they are raising their children.
- Assess how much these parents are hovering over their children, engaging with the children, especially at the expense of ignoring their partner.
- See how much push-back you get when you ask the couple to engage more with each other and less with the children. The results might be telling.

Marriage and family therapists might find an interesting connection between the hovering parent, over-privileged child, and a slow disintegration in the actual marriage or relationship. Perhaps one reason for the staggering divorce rate in this country is related to this type of family arrangement?



## CHAPTER 2

# Systems: Setting the Stage for Success in the Treatment of ODD

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The creation, development, refining and implementation of systems are vital in most areas of life including: business, education, medical services, recreation, household activities and so many other endeavors that it is impossible to list everything.

Simply, systems are methods of organization for how to do something. For instance, a system for making a sandwich might be: get two slices of bread, place cheese on one slice, place ham on the other slice, put the two halves together, cut in half and eat. The system creates a logical framework to operate from and even build upon.

Why use systems for working with oppositional kids? Once systems are in place, the overall work becomes more efficient, more easily replicated, more easily adapted and creates stability for all involved. Having systems in place in regards to working with oppositional kids is going to help us by having a set guide for what to do and, from that point, adjustments can be made as needed. The following is a list of systems for working with oppositional kids.

1. Identification of behavioral categories and the interplay of mental health disorders
2. Method of discovering why behaviors occur
3. Education and then identification of motivational schemes
4. Categorizing behaviors in terms that make sense
5. Skill building ideas such as skill sheets, examples and templates for reinforcement/motivation plans and proactive interventions
6. Skills set for reactive interventions
7. System for rage/crisis management including the 3 D's of Rage: Defuse, Distraction and De-Escalation
8. Skill set action-based system for management of Big Guns behavior. The CAP Model of Managing Unsafe Behaviors in Adolescents
9. Problem-solving guide for difficult and unique situations
10. 4 C's of Bullying: A unique, customized anti-bullying program complete with character building steps, preventative and reactive (non-physical) responses, as well as physical/self-defense responses
11. PASS Approach to cognitive problem-solving skills for adolescents

There are other systems I use, but these are the primary systems that I train others to use and have implemented myself many times. Also, as needs change, systems can change too. It is important to be flexible and open to new ideas rather than become rigid about always doing it the way it was done before. We need to learn to ebb and flow with the kids we are working with, as well as life in general.

## THE FIRST STEP: FIGURING OUT WHY BEHAVIORS ARE HAPPENING

One of the reasons that so many approaches to helping kids with ODD behavior fail is because we do not fully understand why the behaviors are happening in the first place. It is very important to first understand why the

behaviors are happening, then do some background work to discover the child's motivation(s) behind their behavior. Then we can begin to change their behavior.

Look at a person's behavior as having a job or a function to perform. Basically, behavior performs one, two or all of the following functions:

- Behavior gets you something (there is a gain from the behavior)
- Behavior allows you to avoid something (escape or avoidance)
- Behavior communicates something (language is a better method of communication but consider all behavior as communication)

Some ways behaviors communicate:

- Skill or performance deficit: A behavioral or academic skill that the student does not know how to perform
- Pain: A person uses behavior instead of language to communicate emotional or physical pain
- Basic needs: A person uses behavior to get a basic need met
- Sensory deficits: A person uses behavior to express sensory needs instead of using language

Before we place interventions into effect and develop a new approach for a child's oppositional behavior, it is wise to know why behavior is happening in the first place. In order to change behavior, it is important to know what job or duty the behavior is doing for the kid. Again, behavior has a job to do and those jobs are:

- Behavior gains something
- Behavior avoids something
- Behavior communicates something

In fact, behavior can be performing all of these jobs at once (gaining, avoiding and communicating). In order to change behavior, we will want to look at how we can teach that person to gain what they want a different way, avoid some type of stimulus in a different way, or use language to communicate rather than behavior.

Consider all behavior as communication. However, behavior can be interpreted as so many different things that it becomes very difficult to decipher and, in fact, is nearly impossible at times. Have you ever been around someone and tried to guess what was wrong by only looking at their behavior? Behavior can be interpreted in so many different ways. It is much better for a person to use some type of language to communicate their needs rather than behavior.

## **POSSIBLE REASONS (FUNCTIONS) FOR WHY BEHAVIORS HAPPEN**

1. **Anxiety:** When someone is afraid or has anxiety, their behavior will adjust to deal with that anxiety. Since all of us have anxiety about something, looking at anxiety as the cause for behavior is wise.
2. **Escape:** The need for escape or at least the perception of escape. There are several reasons/methods of escape:
  - Escape because of perceived incompetence. In other words, "I don't think I can do this work so therefore I cannot and I'm going to leave"
  - Escape to gain control over self, others, or the environment
  - Escape to get attention or to get emotional needs met
  - Escape because of confusion, the person is not sure what to do or where to go
  - Escape within the environment, not all escape has to be out of our sight
  - Escape can be daydreaming, wandering a classroom, or using electronics

3. **Attention:** The need to have attention or avoid certain attention is a big factor in why a behavior happens.
  - Attention from an adult
  - Attention from peer(s)
  - Attention to get emotional needs met/get taken care of
  - Attention to seek out someone/something to take care of (person likes to care for others rather than receive the attention)
  - Attention to have a sense of belonging (primary reason why gangs can become so powerful for youth)
  - Attention to cover up insecurity
4. **Basic/Physical/Sensory:** There are several basic, physical and sensory needs that may be the cause for why a behavior is happening.
  - To illustrate this level of cause of behavior I employ the use of the concept I have coined: “The Common Sense Spectrum”
  - In looking at the behavior of young people and then what to do about it, I have developed this system:
    - Is there a basic need issue? Is the child hungry, thirsty, tired, sick or in need of a bathroom? Until basic needs are met, no other intervention is necessary
    - Is the child medically okay? If something is not right medically, it is important to have that issue addressed right away. Medical and physical issues often cause symptoms that mask, aggravate or even mimic mental health symptoms.
    - Is the child in a safe setting and stable environment? Without safety and security, we cannot have positive behavior.
    - Are there sensory issues that need to be addressed? While we all have sensory issues to varying degrees, children with a high level of sensory issues need programming that will either mitigate, eliminate or at least accommodate for sensory issues.
    - After considering the above factors, we can then look at mental health related reasons for behavior, as well as cognitive related reasons.
    - The last category is looking at behavior related to the person’s personality and environment and is more situational than anything. So, after looking at basic needs, physical and medical concerns, sensory and then mental health or cognitive concerns, we can look at the behavior as the overall concern. Specifically, a child’s personality and life circumstances such as environment, family, school and so forth, all play a role in behavior.
5. **Pain:** When any of us are in physical or emotional pain, our behavior will change and be impacted regardless of any reward. Pain always determines our behavior because our brains are wired to address physical pain. Emotional pain impacts our thoughts, feelings and actions even though the pain source cannot be seen or immediately identified.
6. **Control:** Probably the most misunderstood concept in working with oppositional kids is the idea of control. Providing control is relatively easy and it is not always what we think about in terms of giving choices.

Control is a major factor in working with ODD and other issues like anxiety, trauma and attachment disorder. Sometimes, giving someone a choice is simple and easy enough to provide them with a sense of control that satisfies them. However, kids are often given too many choices, which overwhelm them and cause more stress.

I think the easiest, most efficient, and powerful way to give someone control is to create an atmosphere of safety. Safety provides a sense of control. After basic and survival needs (using Maslow’s hierarchy) comes the need for safety and security. Regardless of your role in a child’s life, it is essential to provide him with an authority figure that keeps the child safe, while at the same time provides them with guidance for how to behave.

## WHY DO I NEED TO FIGURE OUT WHY BEHAVIOR IS HAPPENING?

The answer here is simple, you want the behavior to change and the best chance to change another person's behavior is to go through a discovery process.

Look at behavior as a range of 1-10 with 10 being the most severe. Behaviors in the 7-10 categories are severe and even unsafe, and those behaviors are the ones that need to change first. A behavior on the subjective scale of a 1-2 might be mildly annoying, but simple error correction and discipline is ample. Look at the scale below for examples of oppositional behavior.

1. Irritable and fussy mood
2. Stubborn, won't answer when asked a question, etc.
3. Makes rude comments/angry faces or procrastinates
4. Talks back by saying no or even contradicts
5. Argues
6. Defies the authority by actions/inactions
7. Engages in risky behaviors
8. Engages in unsafe behaviors
9. Engages in illegal and unsafe behaviors
10. Is highly dangerous to self, others, etc.

## BEHAVIOR CHANGE

There are two basic types of behavior change. Type 1 is considered a temporary type of change. It is akin to going on a diet for a few days or working out for two weeks. The change is different but not sustained. Type 2 is a sustained change, the person who began with a diet (Type 1) a year later has changed their dietary habits and is living a different way. Or, the person who began working out now exercises 2-3 times a week and has been doing so for several years. The point is that when working with oppositional kids, we want to get some initial change, but then sustain that positive change to a different way of behaving for the long term. Some methods and approaches seem to have a pretty good impact on behavior in a given environment, yet the behavior does not seem to last or transfer into other environments. Hence the need to understand why behavior happens in the first place and then discover the person's motivation for either continuing a behavior or changing a behavior (see Motivational Schemes p.22).

## DISCOVERING THE DUTY OF THE BEHAVIOR

In order to change how a child is acting (from oppositional to non-oppositional), it is most helpful to go through a discovery process. The discovery process system for learning about the duty of the child's behavior is:

- Observation of the kid in their natural environment
- Informal interviewing
- Quick review of history of the child and/or collaborating information
- Inquiry about the behavior (with the kid him/herself)

## COMPONENTS OF A SKILLED OBSERVATION

Observing someone in their natural environment is the easiest way to figure out why behavior is happening. It can be helpful to observe in more than one environment so you can obtain comparison samples. If you are unable to

do an observation yourself, then you will want to gather that type of information from someone else. Here is what you should observe:

- On and off task behavior
- Duration of the behavior
- Frequency of the behavior
- Intensity of behavior (scale of 1-10 with 10 being the highest)
- What happens to the kid when he/she commits behavior?
- What happens to others when the behavior happens?
- Triggers for the behavior (there are always triggers)
- Environmental factors
- Patterns of behaviors

In addition, you will want to review the following in order to make your analysis complete:

- Odd, eccentric or out-of-place behaviors that do not fit the age, developmental level or context of the environment
- What are the other kids (if in a group) doing? Is the kid who you're observing doing something entirely different or unique from the group?
- If you were in charge of the situation, what would you do?

These questions can usually be answered through observation. It can be helpful to observe in more than one environment so you can obtain comparison samples. Some things to remember about doing an observation:

- Be relaxed and unobtrusive. Try to blend in as much as possible so you see the natural behaviors.
- Don't take notes using a laptop or some other electronic device. This makes you look too clinical and can appear intimidating even to the adults involved. Use paper and jot down notes as needed.
- Spend most of your time in active observation. Look, listen, feel and take in everything that is going on and take notes to record.
- If the kid asks you if you are observing them (happens a lot) then lie and tell them you are watching the adults or that you are judging a school environment contest. Yes, it is fine to lie because the intention is to help them and you need to be able to do your job.
- If a crisis erupts, help the other adults as appropriate; sometimes, you need to put the observation on hold to get the situation back in control and to a place of safety.
- When considering recommendations or when asked for advice, make recommendations that you would also carry out should you be the one who was in that situation. If you would not do it, then do not ask someone else to do it.
- Finally, if you are making recommendations, make sure you are up to date and current on latest, best practices.

To make observations easier, I have created an example of some observation sheets that you can use in practice. You can use these to get your information down in a format that is going to be effective for later use in setting up a treatment plan or behavior plan.

Secondly, I have developed a tool to use to help screen for oppositional defiant disorder. The tool is simply a screen instrument and is not designed to be definitive in terms of diagnosing someone. I have developed another tool for the youth to use (or someone to use with them) to help screen for ODD.

If a youth is compliant enough to honestly answer questions on a screening tool, then we have some fairly good information and even the screening process could lend itself to valuable information in terms of how the kid thinks and what they may need in terms of future programming.

— EXERCISE —  
**OBSERVATION SHEET**

Child/Youth: \_\_\_\_\_

Location of observation \_\_\_\_\_

On Task

Off Task

Amount of time

|                        |
|------------------------|
| Behavior of Concern:   |
| Duration of Behavior:  |
| Frequency of Behavior: |
| Intensity of Behavior: |
| Triggers of Behavior:  |



What happens as the result of the behavior?

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Environmental considerations

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Noticeable patterns of behavior

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Any unusual or concerning behaviors

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— EXERCISE —

## OBSERVATION SUMMARY SHEET

Primary Behaviors Observed

Environmental Factors

Comments from Involved Parties Regarding Behaviors

Other Considerations

Possible Ideas Moving Forward

— CLINICIAN'S ASSESSMENT —

## RISK EVALUATION

This will help give a starting point for where to focus therapeutic intervention. Simply indicate that the issue presented is a concern by placing a checkmark in the box provided.

Youth: \_\_\_\_\_

|   | Yes | No |
|---|-----|----|
| Is currently suicidal? (Has plan, means to carry out)                         |     |    |
| Has current suicidal ideation only?   |     |    |
| Has past suicide attempts?  |     |    |
| Has past suicide ideation?  |     |    |
| Is thinking about dying/death?  |     |    |
| Is currently self-harming?  |     |    |
| Has a past of self-harming?   |     |    |
| Is wanting to harm someone else? (has plan and means to carry out)            |     |    |
| Has harmed someone else?  |     |    |
| Currently shows signs of depression?  |     |    |
| Currently seems cognitively impaired?   |     |    |
| Currently is using substances/alcohol?  |     |    |
| Has used substances/alcohol?  |     |    |
| Is currently taking medications?  |     |    |
| Engages in high risk/dangerous activities?                                    |     |    |
| Frequently leaves/runs away from home?  |     |    |
| Frequently truant from school?  |     |    |
| Frequently misses or neglects obligations (medication, medical appointments)? |     |    |
| Engages in illegal activities?  |     |    |

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Top Area of Concern:

\_\_\_\_\_

Intervention should focus first on: \_\_\_\_\_

Client Strengths/Resources: \_\_\_\_\_

— CLINICIAN'S ASSESSMENT —

## ASSESSMENT OF BEHAVIOR/BEHAVIOR CHANGE PLAN

Child/Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender/Age: \_\_\_\_\_

Description/Definition of Problem Behavior Based On Direct Observation or Report From Primary Caregiver: \_\_\_\_\_

\_\_\_\_\_

Child Youth Behavior (List primary behaviors of the child here/rank in terms of severity):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Provider Behavior (Use this section if providing training/consultation with a parent, guardian or professional involved with the child).

**Basic Information on Behaviors:**

How often does the behavior occur/frequency of behavior? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long does the behavior last/duration of incident(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On a scale of 1-10, how intense is the behavior(s)? \_\_\_\_\_

Rank Behavior(s) on a scale of 1-10 (10=most severe) \_\_\_\_\_

**Triggers to Behavior Described Above:**

What makes the behavior worse/aggravates the behavior? \_\_\_\_\_

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What are the results of the behavior(s)? What happens to the child/youth as a result of the behavior?

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What happens to the parent/provider as a result of the behavior? (Use this section if providing service to adults)

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**Other Considerations Regarding Behavioral Concerns:**

Ideas about possible causes of behavior? \_\_\_\_\_

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Additional input from collateral sources? \_\_\_\_\_

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**Duty of The Behavior:** (What does child/youth gain/avoid/communicate to others)

Is the child gaining something from their behavior? \_\_\_\_\_

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Is the child avoiding/escaping from something from their behavior? \_\_\_\_\_

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What is the child communicating to us from their behavior? \_\_\_\_\_

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Does the behavior serve any function for an adult involved? (Secondary gain from an adult might impact behavioral change/it can be helpful to at least keep this section in mind) \_\_\_\_\_

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**New Behaviors:** (Appropriate alternative behaviors to achieve same function)

Is there a better way for the child to gain something? \_\_\_\_\_

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Is there a better way for the child to escape from something/avoid something? \_\_\_\_\_

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What language can the child use to communicate their needs instead of using behavior as communication?

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**Behavior Change Plan:**

Objective of the new plan: \_\_\_\_\_

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How is the new behavior going to be taught? \_\_\_\_\_

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What skills does the parent/provider need? \_\_\_\_\_

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How is the new behavior going to be reinforced? Is everyone on board? \_\_\_\_\_

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Type I Change: \_\_\_\_\_

Type II Change: \_\_\_\_\_

Basic Summary Statement: \_\_\_\_\_

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— CLINICIAN'S ASSESSMENT —

## WALLS OPPOSITIONAL DEFIANT SCREENING TOOL

**Directions:** Use this assessment to help decide whether oppositional defiant disorder is a possible diagnosis. The higher the overall score, the more likely the presence of oppositional defiant disorder. Also, "yes" needs to be endorsed on the applicable age question and the sibling question. Each statement or question has a rating of 0-5.

Rate each of these statements in relation to the child/youth. These ratings are considering behavior within the last 6 months.

|  | Never | Seldom | Sometimes | Half<br>the time | Often | Almost<br>Always |
|--|-------|--------|-----------|------------------|-------|------------------|
| There is a pattern of angry/irritable mood     | 0     | 1      | 2         | 3                | 4     | 5                |
| Child often loses temper                       | 0     | 1      | 2         | 3                | 4     | 5                |
| Child is easily annoyed                        | 0     | 1      | 2         | 3                | 4     | 5                |
| Child is touchy or easy to set off into a mood | 0     | 1      | 2         | 3                | 4     | 5                |
| Child has been spiteful                        | 0     | 1      | 2         | 3                | 4     | 5                |
| Child has been vindictive                      | 0     | 1      | 2         | 3                | 4     | 5                |
| Argues with authority and/or adults in general | 0     | 1      | 2         | 3                | 4     | 5                |
| Defies authority                               | 0     | 1      | 2         | 3                | 4     | 5                |
| Refuses to follow directions/requests          | 0     | 1      | 2         | 3                | 4     | 5                |
| Annoys others (on purpose)                     | 0     | 1      | 2         | 3                | 4     | 5                |
| Blames others for mistakes                     | 0     | 1      | 2         | 3                | 4     | 5                |
| Blames others for behaviors                    | 0     | 1      | 2         | 3                | 4     | 5                |

Total Score: \_\_\_\_\_ (Highest is 60)

Number of items at a 3 or higher: \_\_\_\_\_

**Children younger than 5:**

Have the behaviors occurred on most days during the past 6 months?      Yes      No

**Children over age 5:**

Have the behaviors occurred at least once per week during the past 6 months?      Yes      No

Have the behaviors occurred with 1 or more other people besides a sibling?      Yes      No



— SELF-ASSESSMENT —

## WALLS OPPOSITIONAL DEFIANT SCREENING TOOL

YOUTH 9 AND UP

**Directions:** Rate each of these statements considering your behavior within the last 6 months.

|  | Never | Seldom | Sometimes | Half<br>the time | Often | Almost<br>Always |
|--|-------|--------|-----------|------------------|-------|------------------|
| I feel angry                                     | 0     | 1      | 2         | 3                | 4     | 5                |
| I feel irritated                                 | 0     | 1      | 2         | 3                | 4     | 5                |
| I lose my temper                                 | 0     | 1      | 2         | 3                | 4     | 5                |
| I am easily annoyed                              | 0     | 1      | 2         | 3                | 4     | 5                |
| I am easily set off/sent into a bad mood         | 0     | 1      | 2         | 3                | 4     | 5                |
| I feel spiteful (revengeful)                     | 0     | 1      | 2         | 3                | 4     | 5                |
| I feel vindictive (I want to get people back)    | 0     | 1      | 2         | 3                | 4     | 5                |
| I argue with authority and /or adults in general | 0     | 1      | 2         | 3                | 4     | 5                |
| I defy authority                                 | 0     | 1      | 2         | 3                | 4     | 5                |
| I refuse to follow directions/requests           | 0     | 1      | 2         | 3                | 4     | 5                |
| I annoy others on purpose                        | 0     | 1      | 2         | 3                | 4     | 5                |
| I blame others for my mistakes                   | 0     | 1      | 2         | 3                | 4     | 5                |
| I blame others for my behaviors                  | 0     | 1      | 2         | 3                | 4     | 5                |

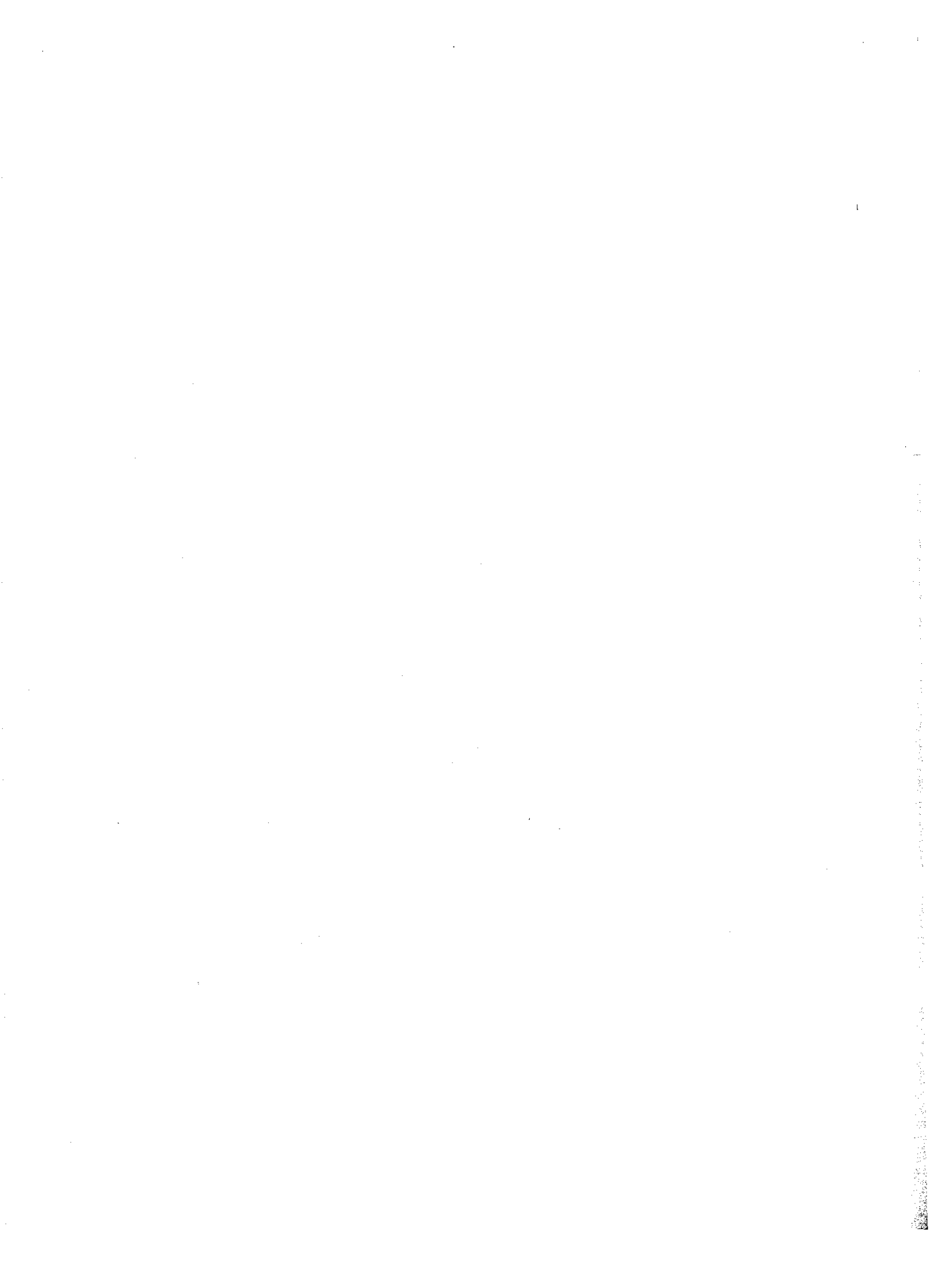
Total Score: \_\_\_\_\_

Number of items at a 3 or higher: \_\_\_\_\_

Have the behaviors occurred at least once per week during the past 6 months?      Yes      No

Have the behaviors occurred with 1 or more other people besides a sibling?      Yes      No

(I do these behaviors with other people besides brothers/sisters)



# Understanding Motivation

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Motivation is the key to why we behave in certain ways and why we maintain change or eliminate behaviors. In the previous chapter, we learned how to discern the function that certain behaviors play. Once the function of the behavior is discovered, we need to examine the motivation driving the behaviors. Thus we need to have tools to understand and assess motivation.

To gather information about what an adult or child finds motivating, start by building rapport. Doing so will help you help them change their behavior for the long term. You can gather information informally through a history-taking conversation about what a child finds motivating and reinforcing. Or you can make a formal written inventory using the Assessment of Motivational Schemes Tool (p.28). This scale can be completed by parents, teachers, coaches etc. There is also a self-assessment Motivational Schemes Tool (p.30) that the youth can complete.

When trying to get other people to change their behavior or even continue a positive behavior, it is essential to understand their motivation. Motivation is the key to why we behave in certain ways.

To help understand this idea and to have an organized method of looking at motivation, gathering information about the child or adolescent is an important step. You can do this by creating the following:

- **Formal inventories** are written menus of what a person likes and dislikes. It can include favorites, top 10 lists, etc. It is easy to make your own motivation assessment or rather, reinforcement inventory. I have developed an actual motivation assessment tool called Motivational Schemes Tool. This scale can be completed by individuals, parents, teachers/coaches, etc. to help ascertain the motivation an individual might have.
- **Informal inventories** are a question and answer session about what is motivating and reinforcing for the person.
- **Building rapport and developing a history** with a person will give you a lot of great information about what the person finds motivating. The longer you know someone, the more you know about them and what makes them do things and not do things. It is important to build rapport with the child you are working with, so you can help them change their behavior for the long term.

## COMBINE THE FUNCTION OF BEHAVIOR WITH MOTIVATION

Once the function of the behavior is discovered, you can now use the person's motivation type(s) as a guide for changing behavior. For instance, if the person is highly motivated by control, then using an approach that provides them some control is likely to have more lasting change.

Now you understand the function of behavior and motivation. In the no-nonsense approach, the idea is that teaching new skills and methods of behaving is important when trying to establish long term change. Teaching new skills to a child who behaves a certain way takes time, patience and a focused effort, but the work is well worth it. It is not enough to simply tell an oppositional young person that they should not be doing something when it is something they have been doing over and over. Rather, it is necessary to give them the tools for how to behave differently.

## MOTIVATIONAL SCHEMES

In order to set up behavior programs and reinforcement plans that are appropriate and effective, professionals need to understand the motivations that people have for maintaining, changing or eliminating their behaviors. Motivational schemes have been established to help describe and detail the different ways that we all are motivated. Overall, we all are combinations of these motivational schemes and rarely are we a 100% of any one scheme.

**Internal (Intrinsic)** — In general, people who are internally motivated are so because of the internal feelings that they have as a result of a behavior. These feelings range from a sense of mastery and satisfaction to a sense of control and contentment.

### Examples of Internal Motivation Schemes

- A sense of mastery/realization of an accomplishment
- Programs that create a sense of satisfaction
- Self-achievement, which gives the person more confidence
- Praise or acknowledgement
- Helping others, then feeling good about doing so

**External (Extrinsic)** — By contrast, externally motivated people are motivated by things or privileges that they receive. For example, receiving a paycheck for work is an external motivation. This works especially well for young children, as they try to earn a sticker, a star or a privilege to do something. Standard token economies are wonderful for students who are externally motivated.

### Examples of External Motivation Schemes

- Token economies
- Stickers, good marks, stars
- Behavioral charts
- Trophies, stripes, badges, etc.
- Money or other material items

**Social and Emotional** — Based on our personalities, environment and situations, we all have varying degrees of social and emotional needs that can be motivating factors. Some people are motivated by being included in large group activities and social events, while others are motivated by having more moments of solitude and quiet time. Everyone has different emotional needs and getting these needs met is a major factor in behavior continuance, modification or elimination.

### Examples of Social and Emotional Schemes

- Belonging to a peer group
- Being cared for/feeling loved and appreciated
- Belonging to a community, group, society, etc.
- Feeling safe and attached to others/bonding with caregivers
- Having friends, pleasant social contacts

**Attention** — The motivation to receive attention from others is another primary motivational scheme. With younger children, the motivation is usually to earn attention from the parent(s). Later, receiving attention from other adults becomes important. In adolescence, attention comes from a peer group. In adults, receiving attention from a larger group/community and for personal/professional accomplishments also can be important. At a basic level, any attention is better than no attention. Neglect or absence of any attention (even if negative) can be devastating.

### Examples of Attention Schemes

- Being recognized as an important person
- Being noticed for behavior (preferably positive behavior)
- Receiving acknowledgements for accomplishments, milestones and life events
- Being recognized for positive behavioral and personality attributes

**Control** — All people are motivated to some extent by the need to have control. The need to have control over oneself is very powerful. With children who have trauma histories or attachment issues, the need for control is powerful, even to the point of desperation. Even if actual control is not appropriate or allowed, the perceived sense of control (“I can choose this or that”) is just as important. Often, our perception is just as powerful as the reality. In terms of behavioral programs, allowing for a sense of control and choice will provide for better behavior overall and a much better chance at actual sustained behavioral change.

### Examples of Control Schemes

- Control over one’s environment and/or schedule
- Feeling safe and secure
- Power over decisions/the ability to make choices
- Control over emotions, reactions and life situations

**Sensory** — Regardless of whether or not someone might be aware of their sensory issues, it is very important that sensory issues are addressed in terms of motivation. Sensory needs can be a strong motivational factor in determining behavior. The basic sensory need of being warmer or cooler can be a motivation for behavior. Sensory needs are a vast and complex area, so simplifying the sensory area is not easy. We all have varying degrees of sensory needs and, in general, individuals with autism have even greater sensitivity to sensory stimuli. The importance of meeting at least basic sensory needs cannot be underestimated.

### Examples of Sensory Schemes

- Getting physical needs met
- Having sound levels increased or reduced
- Visual adjustments
- Avoiding or acquiring pleasant smells
- Eating desired foods/avoiding undesired foods

**Pain** — We all want to avoid pain, whether the pain is emotional or physical. If we are in pain (especially physical), our behavior will completely be altered by the level of pain we are in at that moment. A plan that helps someone lessen or eliminate pain altogether will be highly motivating. Even the chance to avoid future pain can be highly motivating. This is one reason why substance use can be so attractive to people as it helps them avoid current pain as well as any future pain they may have.

### Examples of Pain Schemes

- Avoiding pain altogether
- Getting assistance when in physical pain through medication or healing techniques
- Appropriate care for emotional pain through guidance, support, and nurturing

**Fear-Based** — In general, if we can avoid the things we are afraid of, then we are motivated by the behavior that allows that. If someone has strong anxiety, by engaging (or even thinking about engaging in) a certain behavior, then they will be

motivated by something or someone that helps them avoid or at least lessen that fear. For instance, if a student has a fear of speaking in front of others and we help them through that process, then we are providing some motivation for them. Or, if a young child will not go to bed because of a fear of the dark, then a night light becomes very reinforcing for them.

#### Examples of Fear-Based Schemes

- Allowing someone to avoid the fear entirely
- Mitigating the actual fear
- Developing coping skills for fears
- Accommodating for real or imagined fears.

**Escape** — When a child escapes from their environment, for example leaving their classroom, there may be several motivations for this behavior:

1. To leave the environment because what they are doing is too hard or they perceive that they cannot do the work.  
Perceived incompetence is the same in a young person's mind as actual incompetence
2. Confusion
3. To get attention (feeds into attention scheme as well)
4. To gain control (feeds into the control scheme)
5. Dislike of the environment they are in

#### Examples of Escape-Based Schemes

- Escape-based plans (times when escapes are assigned)
- Special jobs, passes and other appropriate escapes
- Creating different environments
- Making the current situation more reinforcing.

People usually have a combination of motivational schemes. The trick is to find out what the dominating motivational scheme is in order to set up the right reinforcement and/or behavior management plan.

## MOTIVATION-BASED REINFORCEMENT PLANS

Reinforcement plans develop and/or promote positive behavior by reinforcement of those behaviors. Reinforcement plans that are effective need to match the motivation of the individual as much as possible. Sometimes, plans are put in place and are labeled ineffective or worse, the student or client is identified as resistant or noncompliant. Actually, what is more likely the case is that the reinforcement plan does not fit the motivational scheme for that person.

An easy example to understand can be illustrated by the following: Student A is motivated in general by having control and feeling satisfied by doing creative work/independent work. She is placed on a reinforcement plan that is based on a standard system of earning + 's for following directions and completing tasks. This student does not progress or advance. The reason is because, for the most part, she is not motivated by earning the + 's and she needs to be given a better sense of control (even if only perceived) and she also needs to be recognized for her creative spark.

### Fitting Motivational Schemes with Reinforcement Plans

In some cases, it is very easy to figure out how someone is motivated and, in that case, the reinforcement plan is easier to develop. The Assessment of Motivational Schemes Tool (AMS) is an easy-to-use, brief instrument designed to help you quickly narrow down some motivational patterns/schemes to use in the reinforcement plan. What does the child/youth need or want through their behavior? What motivates them to change? While I recommend using

this tool first, older children and teens can also use the self-assessment instrument. For those of you working with older children and teens who are able to understand vocabulary (written or verbal), the self-assessment might be another avenue to pursue.

— CLINICIAN'S ASSESSMENT —

## ASSESSMENT OF MOTIVATIONAL SCHEMES TOOL

Child/Youth: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Assessment: \_\_\_\_\_

Behavior Description: \_\_\_\_\_

**Instructions:** Read each statement/question and then circle the answer that fits best. At the end, the scores can be totaled for an estimate on which motivational scheme(s) are most pertinent.

| Intrinsic vs. Extrinsic                            | Never | Seldom | Sometimes | Half<br>the time | Often | Almost<br>Always |
|--|-------|--------|-----------|------------------|-------|------------------|
| Child or Youth is motivated by                     |       |        |           |                  |       |                  |
| 1. A sense of mastery                              | 0     | 1      | 2         | 3                | 4     | 5                |
| 2. Realization of an accomplishment                | 0     | 1      | 2         | 3                | 4     | 5                |
| 3. A sense of satisfaction                         | 0     | 1      | 2         | 3                | 4     | 5                |
| 4. Self-achievement, thus confidence               | 0     | 1      | 2         | 3                | 4     | 5                |
| 5. Received praise or acknowledgment               | 0     | 1      | 2         | 3                | 4     | 5                |
| 6. Helping others and feeling good about it        | 0     | 1      | 2         | 3                | 4     | 5                |
| 7. Token economies                                 | 0     | 1      | 2         | 3                | 4     | 5                |
| 8. Stickers, good marks, etc.                      | 0     | 1      | 2         | 3                | 4     | 5                |
| 9. Behavioral charts                               | 0     | 1      | 2         | 3                | 4     | 5                |
| 10. Trophies, stripes, badges, etc.                | 0     | 1      | 2         | 3                | 4     | 5                |
| 11. Money or other material items                  | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Social/Emotional</b>                            |       |        |           |                  |       |                  |
| 12. Belonging to a peer group                      | 0     | 1      | 2         | 3                | 4     | 5                |
| 13. Being cared for/feeling loved and appreciated  | 0     | 1      | 2         | 3                | 4     | 5                |
| 14. Belonging to a community, group, society, etc. | 0     | 1      | 2         | 3                | 4     | 5                |
| 15. Feeling safe, attached/bonded with caregivers  | 0     | 1      | 2         | 3                | 4     | 5                |
| 16. Having friends, pleasant social contacts       | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Attention</b>                                   |       |        |           |                  |       |                  |
| 17. Being recognized as an important person        | 0     | 1      | 2         | 3                | 4     | 5                |
| 18. Being noticed for behavior                     | 0     | 1      | 2         | 3                | 4     | 5                |
| 19. Receiving acknowledgements (praise, etc.)      | 0     | 1      | 2         | 3                | 4     | 5                |
| 20. Recognition of personal attributes             | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Control</b>                                     |       |        |           |                  |       |                  |
| 21. Control over one's environment                 | 0     | 1      | 2         | 3                | 4     | 5                |
| 22. Control over routine and/or schedule           | 0     | 1      | 2         | 3                | 4     | 5                |
| 23. Power over decisions                           | 0     | 1      | 2         | 3                | 4     | 5                |



|   | Never | Seldom | Sometimes | Half<br>the time | Often | Almost<br>Always |
|---|-------|--------|-----------|------------------|-------|------------------|
| 24. The ability to make choices                   | 0     | 1      | 2         | 3                | 4     | 5                |
| 25. Control over emotions                         | 0     | 1      | 2         | 3                | 4     | 5                |
| 26. Controls reactions to emotional situations    | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Sensory</b>                                    |       |        |           |                  |       |                  |
| 27. Getting physical needs met                    | 0     | 1      | 2         | 3                | 4     | 5                |
| 28. Having sound levels increased or reduced      | 0     | 1      | 2         | 3                | 4     | 5                |
| 29. Visual adjustments                            | 0     | 1      | 2         | 3                | 4     | 5                |
| 30. Avoiding or acquiring pleasant smells         | 0     | 1      | 2         | 3                | 4     | 5                |
| 31. Eating desired foods/avoiding undesired foods | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Pain</b>                                       |       |        |           |                  |       |                  |
| 32. Avoiding pain altogether                      | 0     | 1      | 2         | 3                | 4     | 5                |
| 33. Getting assistance when in physical pain      | 0     | 1      | 2         | 3                | 4     | 5                |
| 34. Assistance with medication, adjustments, etc. | 0     | 1      | 2         | 3                | 4     | 5                |
| 35. Appropriate care for emotional pain           | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Fear</b>                                       |       |        |           |                  |       |                  |
| 36. Being able to avoid the fear entirely         | 0     | 1      | 2         | 3                | 4     | 5                |
| 37. Mitigating the actual fear                    | 0     | 1      | 2         | 3                | 4     | 5                |
| 38. Developing coping skills for fears            | 0     | 1      | 2         | 3                | 4     | 5                |
| 39. Accommodating for real or imagined fears      | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Escape</b>                                     |       |        |           |                  |       |                  |
| 40. Leaving environments provides satisfaction    | 0     | 1      | 2         | 3                | 4     | 5                |
| 41. Escapes due to perceived incompetence         | 0     | 1      | 2         | 3                | 4     | 5                |
| 42. Person leaves environment due to confusion    | 0     | 1      | 2         | 3                | 4     | 5                |
| 43. Person leaves to gain control or attention    | 0     | 1      | 2         | 3                | 4     | 5                |

**Totals:** Add up totals for each section.

- 1-6: Score: \_\_\_\_\_ Score of 19-30 is significant  
 7-11: Score: \_\_\_\_\_ Score of 13-20 is significant  
 12-16: Score: \_\_\_\_\_ Score of 16-25 is significant  
 17-20: Score: \_\_\_\_\_ Score of 12-20 is significant  
 21-26: Score: \_\_\_\_\_ Score of 19-30 is significant  
 27-31: Score: \_\_\_\_\_ Score of 16-25 is significant  
 32-35: Score: \_\_\_\_\_ Score of 13-20 is significant  
 36-39: Score: \_\_\_\_\_ Score of 13-20 is significant  
 40-43: Score: \_\_\_\_\_ Score of 13-20 is significant

Scores within 3 points of the maximum score are prominent. Areas with high scores indicate likelihood that the particular area is a strong motivational scheme. If a number of areas have high scores, behavior planning needs to take a comprehensive approach.

Comments: \_\_\_\_\_  
 \_\_\_\_\_

— SELF-ASSESSMENT —

## ASSESSMENT OF MOTIVATION SCHEMES TOOL

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Behavior Description: \_\_\_\_\_

**Instructions:** Read each statement/question and then circle the answer that fits best. At the end, the scores can be totaled for an estimate on which motivational scheme(s) are most pertinent.

|  | Never | Seldom | Sometimes | Half<br>the time | Often | Almost<br>Always |
|--|-------|--------|-----------|------------------|-------|------------------|
| <b>Intrinsic vs. Extrinsic</b>                     |       |        |           |                  |       |                  |
| I am motivated by                                  |       |        |           |                  |       |                  |
| 1. A sense of mastery                              | 0     | 1      | 2         | 3                | 4     | 5                |
| 2. Realization of an accomplishment                | 0     | 1      | 2         | 3                | 4     | 5                |
| 3. A sense of satisfaction                         | 0     | 1      | 2         | 3                | 4     | 5                |
| 4. Self-achievement, thus confidence               | 0     | 1      | 2         | 3                | 4     | 5                |
| 5. Receiving praise or acknowledgment              | 0     | 1      | 2         | 3                | 4     | 5                |
| 6. Helping others and feeling good about it        | 0     | 1      | 2         | 3                | 4     | 5                |
| 7. Token economies                                 | 0     | 1      | 2         | 3                | 4     | 5                |
| 8. Stickers, good marks, etc.                      | 0     | 1      | 2         | 3                | 4     | 5                |
| 9. Behavioral charts                               | 0     | 1      | 2         | 3                | 4     | 5                |
| 10. Trophies, stripes, badges, etc.                | 0     | 1      | 2         | 3                | 4     | 5                |
| 11. Money or other material items                  | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Social/Emotional</b>                            |       |        |           |                  |       |                  |
| 12. Belonging to a peer group                      | 0     | 1      | 2         | 3                | 4     | 5                |
| 13. Being cared for/feeling loved and appreciated  | 0     | 1      | 2         | 3                | 4     | 5                |
| 14. Belonging to a community, group, society, etc. | 0     | 1      | 2         | 3                | 4     | 5                |
| 15. Feeling safe, attached/bonded with caregivers  | 0     | 1      | 2         | 3                | 4     | 5                |
| 16. Having friends, pleasant social contacts       | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Attention</b>                                   |       |        |           |                  |       |                  |
| 17. Being recognized as an important person        | 0     | 1      | 2         | 3                | 4     | 5                |
| 18. Being noticed for behavior                     | 0     | 1      | 2         | 3                | 4     | 5                |
| 19. Receiving acknowledgements (praise, etc.)      | 0     | 1      | 2         | 3                | 4     | 5                |
| 20. Recognition of personal attributes             | 0     | 1      | 2         | 3                | 4     | 5                |
| <b>Control</b>                                     |       |        |           |                  |       |                  |
| 21. Control over my environment                    | 0     | 1      | 2         | 3                | 4     | 5                |
| 22. Control over routine and/or schedule           | 0     | 1      | 2         | 3                | 4     | 5                |
| 23. Power over decisions                           | 0     | 1      | 2         | 3                | 4     | 5                |
| 24. The ability to make choices                    | 0     | 1      | 2         | 3                | 4     | 5                |

|  | Never | Seldom | Sometimes | Half the time | Often | Almost Always |
|--|-------|--------|-----------|---------------|-------|---------------|
| 25. Control over emotions                          | 0     | 1      | 2         | 3             | 4     | 5             |
| 26. I control my reactions to emotional situations | 0     | 1      | 2         | 3             | 4     | 5             |
| <b>Sensory</b>                                     |       |        |           |               |       |               |
| 27. Getting physical needs met                     | 0     | 1      | 2         | 3             | 4     | 5             |
| 28. Having sound levels increased or reduced       | 0     | 1      | 2         | 3             | 4     | 5             |
| 29. Visual adjustments                             | 0     | 1      | 2         | 3             | 4     | 5             |
| 30. Avoiding or acquiring pleasant smells          | 0     | 1      | 2         | 3             | 4     | 5             |
| 31. Eating desired foods/avoiding undesired foods  | 0     | 1      | 2         | 3             | 4     | 5             |
| <b>Pain</b>  |       |        |           |               |       |               |
| 32. Avoiding pain altogether                       | 0     | 1      | 2         | 3             | 4     | 5             |
| 33. Getting assistance when in physical pain       | 0     | 1      | 2         | 3             | 4     | 5             |
| 34. Assistance with medication, adjustments, etc.  | 0     | 1      | 2         | 3             | 4     | 5             |
| 35. Receiving appropriate care for emotional pain  | 0     | 1      | 2         | 3             | 4     | 5             |
| <b>Fear</b>  |       |        |           |               |       |               |
| 36. Avoiding a fear entirely                       | 0     | 1      | 2         | 3             | 4     | 5             |
| 37. Mitigating the actual fear                     | 0     | 1      | 2         | 3             | 4     | 5             |
| 38. Developing coping skills for fears             | 0     | 1      | 2         | 3             | 4     | 5             |
| 39. Accommodating for real or imagined fears       | 0     | 1      | 2         | 3             | 4     | 5             |
| <b>Escape</b>                                      |       |        |           |               |       |               |
| 40. Leaving environments provides satisfaction     | 0     | 1      | 2         | 3             | 4     | 5             |
| 41. Escaping due to perceived incompetence         | 0     | 1      | 2         | 3             | 4     | 5             |
| 42. Leaving environment due to confusion           | 0     | 1      | 2         | 3             | 4     | 5             |
| 43. Leaving to gain control or attention           | 0     | 1      | 2         | 3             | 4     | 5             |

**Totals:** Add up totals for each section.

- 1-6: Score: \_\_\_\_\_
  - 7-11: Score: \_\_\_\_\_
  - 12-16: Score: \_\_\_\_\_
  - 17-20: Score: \_\_\_\_\_
  - 21-26: Score: \_\_\_\_\_
  - 27-31: Score: \_\_\_\_\_
  - 32-35: Score: \_\_\_\_\_
  - 36-39: Score: \_\_\_\_\_
  - 40-43: Score: \_\_\_\_\_
- Score of 19-30 is significant
  - Score of 13-20 is significant
  - Score of 16-25 is significant
  - Score of 12-20 is significant
  - Score of 19-30 is significant
  - Score of 16-25 is significant
  - Score of 13-20 is significant
  - Score of 13-20 is significant
  - Score of 13-20 is significant

Scores within 3 points of the maximum score are prominent. Areas with high scores indicate likelihood that the particular area is a strong motivational scheme. If a number of areas have high scores, behavior planning needs to take a comprehensive approach.

Comments: \_\_\_\_\_

\_\_\_\_\_

**BEHAVIOR PLAN IDEAS FOR EACH MOTIVATION SCHEME**

A behavior plan can exist in almost any setting. The plan can be formal, with detailed areas to monitor and track, or it can be very informal, almost like a deal. Typically, the more severe the behavior, the more detailed the behavior plan should be, especially when there are several other people working with the child and monitoring progress. There is a strong preference in individual work for the behavior plan to be more informal. The informal behavior plan can exist because of the relationship between adult and young person. The relationship is paramount in terms of working with children and youth with behavioral issues. Some ideas about a behavior plan:

1. Why would somebody want to follow the plan?
2. Have we defined the behaviors and defined the purpose of the behavior?
3. What will be the incentive for behavior improvement?
4. Is there an understanding about the motivation that this person has?

Below you will find the motivation schemes followed by an idea for a behavior plan. This is not an exhaustive list, but rather a way for you to think about a behavior plan for that particular situation. Whether or not the behavior plans are formal (written out with monitoring systems in place) or informal (an agreement between adult and child/youth) is up to you and/or the environment that you are working within.

**Extrinsic:** Plan should highlight the thing that they are getting. In other words, how do they earn the item? You might also want to think about short term versus long term. Sometimes it is helpful to have items earned very immediately, with bigger items earned for a series of behaviors.

**Intrinsic:** Plan is going to give the kid a sense of pride or the feeling of accomplishment and/or confidence. This might be displayed visually, but verbal recognition may have just as powerful an impact.

**Social/Emotional:** This plan will help the kid get their social and emotional needs met to the best of your ability. Perhaps the plan in place helps them by allowing them time with their peers? Or, perhaps the plan allows them time to get 1:1 time with someone close to them.

**Attention:** This type of plan helps the child gain attention from the person/persons that they want attention from. Perhaps they gain attention from the adults in their life or they get attention from peers? The plan needs to provide them some way of gaining positive attention for their accomplishments.

**Fear:** The plan will help by avoiding or perhaps mitigating the fear they might have about something. For example, after a student takes the first few steps in preparing their speech, the plan allows them to give the speech via video in order to quell their fear about public speaking.

**Sensory:** These plans have built in sensory time that can also be fun and great diversions. Some activity can be earned while other activities are simply built in as part of the schedule.

**Escape:** Escape-oriented plans have built-in time that allows the kid to escape appropriately during different parts of the day. For instance, if a student is working off of a structured schedule and they complete their tasks, then they earn time getting to do a preferred task.

**Control:** Control-based plans give the child either actual control or at least the perception of control. For instance, plans where they choose assigned activities and then choose the reinforcement gives them the perception of control even though everything is assigned to them.

**Pain:** Obviously this type of plan is going to help someone deal with the type of pain they are in or might be in. A basic treatment plan to help someone with their depression might fit this type of plan. Essentially, by following the plan, the person can feel less pain.

## CHAPTER 4

# Proactive Strategies

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### WHY SO MANY BEHAVIORAL APPROACHES FAIL

At times, it will be clear that a certain behavioral approach for a child is not working. This is evidenced by the lack of progress or even regression in behavior. Sometimes, the child is blamed for this or even the parents. It is important, though, to look at the overall program and consider changes that can be made within the programming, rather than simply blaming the clients for not improving and/or being resistant to change.

Most behavioral programs for kids with ODD seem to fail or even make matters worse for the following reasons:

- There is not enough work done in the beginning of the process to learn about why a behavior is happening in the first place. Behavior has a function, and a replacement behavior should not only help meet a function, but also be conducive/appropriate for the situation.
- There is very little information about what motivates a child to continue their behavior, making it difficult to change their behavior.
- There are not enough proactive/preventive measures within the program such as, teaching social skills, coping skills and problem-solving skills.
- Kids are not being told how to behave. Telling a child to stop engaging in a behavior is often necessary and, unfortunately, is not often done in many circumstances. Many approaches have been designed with the belief that giving kids choices about how to behave somehow builds their self-esteem and gets them to behave better. Nothing could be further from the truth. In fact, telling kids how to behave (what to do or not to do) is exactly how they learn to behave! The no-nonsense approach presented in this book provides this more workable alternative.

#### AN APPROACH DESIGNED TO FAIL

Sammy is eight years old and continually defies his mother by not picking up his toys.

**Current Approach:** Mom "Sammy, are we making good choices? What happens when we don't make good choices and don't pick up our toys?"

Sammy just keeps playing with his toys while his mother becomes more frustrated.

**Problem:** We have asked two questions that have no point. Sammy has already been told what is expected (clean up his toys) yet we are still talking with him about it.

**No-Nonsense Approach:** "Sammy, pick up your toys." Nothing else is said here because there is already an expectation of what will happen if the toys are not picked up. The parent should make the request once and if there is no compliance, then the parent simply moves on to the next step. An example of a consequence might be that Sammy cannot play with the toys for a week or loses a different privilege.

Another reason why most behavior programs fail is because reactive interventions are not based in the concept of positive behavior reinforcement. Take this statement from The American Academy of Child and Adolescent Psychiatry:

*“Experts agree that therapies given in a one-time or short-lived fashion, such as boot camps, tough-love camps, or scare tactics, are not effective for children and adolescents with ODD. In fact, these approaches may do more harm than good. Trying to scare or forcibly coerce children and adolescents into behaving may only reinforce aggressive behavior. Children respond best to treatment that rewards positive behavior and teaches them skills to manage negative behavior.”*

It is distressing that even with so many experts in agreement about what works and does not work with kids with ODD, many school districts and communities embrace these ineffectual and even harmful programs as the cure-all for ODD.

## **TEACHING KIDS SKILLS TO DECREASE OPPOSITIONAL BEHAVIORS**

Besides addressing the function of behavior and motivation, kids need to learn skills that will help them behave better, and improve their quality of life. Here is a list of general recommendations for how to help kids, with or without ODD, to live a healthy life.

### **Physical Movement and Exercise (Get Moving!)**

- All of us benefit from exercise. Exercise also has great benefits for us emotionally as it reduces stress, increases our energy and helps us feel better even many hours after exercise. This can be in the form of organized sports or other fun activities.
- Not all activity needs to be competitive. Non-competitive activity is often much better for kids with ODD and ASD (autism spectrum disorder).
- One reason I have my karate school organized as a non-competitive atmosphere is to create an environment of personal challenge, not competition. This works much better for kids with behavioral challenges, as well as kids without those challenges.

### **Promote and Create Resilience**

- Adversity is a natural part of life and being resilient is important to overcoming challenges and fostering good mental health. Kids with resilience tend to do better in the long run as they are able to keep moving forward in life despite potential setbacks.
- Building and working on these concepts can help promote:
  - Resilience
  - Connectedness to others
  - Competency (confidence)
  - Helping others
  - Successfully facing difficult situations

### **Develop Confidence**

- True confidence comes from achievement
- Sometimes we need to point the way to the path of achieving something, such as enrolling a child in an art lesson or simply letting them help on a project.

- Confidence allows kids to take appropriate risks, participate and engage with others on an appropriate, social level.
- Everyone has something that they can be good at.
- Kids who are overindulged need to be taught the difference between what they are good at, what they are not good at, and what they are trying to be good at. The wisdom of knowing the differences among these three will help them in the long run.

#### Build Competency

- Kids need to know that they can overcome challenges and accomplish goals through their actions.
- Achieving academic success, as well as developing individual talents and interests, helps kids feel competent. They will also be able to deal with stress much better.
- Social competency is also important; having buddies and staying connected to friends and loved ones can enhance mental wellness.

#### Foster a Sense of Belonging and Community

- Kids need to feel connected and welcomed. This is essential to children's self-esteem, self-identification, and a sense of trust in others and themselves.
- Building strong, positive relationships among students, school staff, and parents is important to promoting mental wellness.

#### Encourage Kids to Help Each Other

- Kids need to know that they can make a difference and that they are important.
- Pro-social behaviors build self-esteem, create connectedness to others, reinforce personal responsibility, and present opportunities for positive recognition.
- Helping others and getting involved reinforces being part of the community. This also promotes empathy for others, which is extremely valuable.

#### Ensure a Positive and Safe School Environment

- Feeling safe is critical for kids' learning and mental health.
- Promote respect, responsibility, and kindness.
- Prevent negative behaviors such as bullying and harassment.
- Provide easily understood rules of conduct and fair discipline practices and ensure an adult presence in common areas, such as hallways, cafeterias, locker rooms, and playgrounds.
- Teach children to work together to stand up to bullies and to communicate to adults when being bullied or when there are other behaviors adults need to be aware of.

#### Ensure Access to School-Based Mental Health Services

- Mental health professionals have the training, desire and ability to provide a continuum of mental health services for students, ranging from treating general mental health issues to the education and promotion of supportive ideas and concepts to staff and parents. The mental health professional can provide identification and assessment, early interventions, individual counseling, crisis intervention, and referral for community services.
- Having mental health support in school is as important as providing speech language, OT/PT, nursing, security and general education services.
- Information helps break down the stigma surrounding mental health and helps adults and kids recognize when and how to seek help.
- Remember that comorbidity is more the rule than the exception.

#### Use Reinforcement Programs that Work

- Addresses the functions of behavior: What does the behavior tell us?
- Addresses the motivation of behavior and behavior change: How is my child motivated? A program that fits their motivation will likely be highly successful.
- Teaching component: The program teaches skills that will help kids be successful. (Social skills, coping skills, etc.)
- The program is based on safety, dignity and respect.

#### Teach Social Skills

- Social skills are skills that we need throughout our lives. We should carve out time in schools, daycares and at home to teach basic through advanced social skills.
- Basic social skills involve manners and appropriate behavior for a given social situation.
- Advanced social skills include getting along with others, friendship/relationship skills and conflict resolution.
- If we don't teach social skills to kids when they are young, how will they be able to function independently as adults?
- Reach out to others in need and provide them with helpful referrals when possible.

#### Teach Coping Skills

- Kids need to learn how to cope with stress, change, and problems that come up in everyday life.
- Teach the child this easy coping strategy: Plan A and Plan B.
  - Plan A: When I'm stressed, or upset, I will talk to my counselor.
  - Plan B: When Plan A doesn't work because my counselor is unavailable, I will go for a walk or ask someone else for help instead.
- Coping skills can also be easily taught during social skills lessons.

#### Increase Executive Function Skills

- Executive function plays a big role in ODD. Special focus needs to be on:
  - Emotional regulation: An ability to regulate one's emotions in a given situation or environment.
  - Impulse control: An ability to control one's impulses, to think before acting. Acting on impulses can be destructive, leading to legal issues.

#### Establish and Practice Crisis Management

- People with mental health issues are prone to crisis situations.
- Establish a crisis response team. In a school, this could include; relevant administrators, security personnel and mental health professionals who collaborate with community resources.
- Be prepared to respond to a crisis. This is important to safeguard students' physical and mental well-being. Having a plan in place is incredibly helpful during crisis moments and gives everyone a format to follow when a situation arises.

## TYPES OF LEARNERS

When teaching kids skills or even ways to change their behavior, it is important to look at the manner in which they learn best. There are three basic types of learners:

1. Visual: Learn by watching others perform a task.



2. Auditory: Learn by hearing, listening to directions from someone or an audio guide.
3. Kinesthetic: Learn by doing, hands-on the subject being learned.

In reality, most people are probably a combination of these three, but when it seems like you are not getting your point across clearly, look at another way to teach the new skill or behavior.

When kids are engaging in refusal behaviors, one of the most basic avenues to consider is their learning style and how that method of teaching could be adjusted for a better fit. Instead of going through so much work on the reactive side, we can simply adjust the teaching/learning approach.

## SPORTS METAPHORS FOR ODD

Many years ago, I was working with a father and son, and the son was having a lot of behavioral issues. The father also happened to be a sports coach and, while he felt stress about what was happening with his son, his coaching success gave him a sense of pride. In order to better teach the father how to get to his son to change his behavior, I used a coaching analogy. I asked him "what kind of coach are you?" and, "what kind of player is your son?"

### Coach Types

1. **Boot Camp Coach:** Yells at the players and demands that they move faster and perform better. This coach creates an authoritarian atmosphere and even a fear-based one at times. This coach pushes the players hard and pushes other coaches, too. Players who thrive on this type of coaching do well and enjoy the competitive atmosphere.
2. **Analytical Coach:** This coach allows their players to perform at the best of their ability after analyzing or thinking about what positions the players should be in. There is a careful consideration about players' strengths/weaknesses and, for the most part, players have a great deal of independence. The coach is respected, but rarely will you hear boot camp yells or demands.
3. **Considerate Coach:** Often misunderstood as weak, this coach shows compassion and is often gentle with the players. There is never a public reprimand, but an emphasis on supporting each other is the guiding principle. Everyone is considered valuable on the team and many discussions with players are done in a manner that might resemble a parent talking to their child.

### Player Types

1. **Boot Camp Player:** This type of player responds and performs better by being yelled at or by being pushed. Players who enjoy a coaching style in this category might be highly competitive or even lazy, but when pushed directly, they are able to focus better and perform better.

2. **Analytical Players:** These players like independence and they often learn better by seeing and copying others, and then practicing over and over until they have it. These players do not really need anything emotionally from the coach, nor do they need to be pushed hard. Instead they need to be placed in positions of their strength while being educated on areas that they need to work on.
3. **Considerate Player:** Just as misunderstood as the coach, this player is sometimes seen as weak, but that is not true. Rather, this player is sensitive to their own needs and the needs of others. If you want to connect with this player, you need to understand that they want the praise and will accept a reprimand if it is done with compassion. Yelling at this player will cause them to shut down, but giving them thumbs up (or down) will show them that you approve or disapprove.

After discussing this analogy with the father, he realized his coaching style and his son's player style were not a match. The father typically used the boot camp approach in coaching and in parenting. His son was much more of a considerate player. When the father realized that he could easily change his approach, just like he could if he was coaching, he began to get different results from his son.

## THE OPPOSITIONAL CHILD AND THE TWO PEOPLE INSIDE THEIR HEAD

I was listening to an audiobook by Dave Ramsey entitled, *Entreleadership*, and in the book Ramsey provides an excellent and fun caricature of a typical teenager when it comes to common sense, money and life in general. I heard Ramsey's comparison and have looked at it from the clinical perspective in terms of how a young person thinks and how we, as adults, try to communicate with them when they are acting oppositional.

When looking at a teenager with ODD, it might be helpful to look at them as having two people inside of them. I do not mean this in terms of the diagnostic category but rather as a description of how to think about communicating with these kids.

Inside the brain of the average ODD kid there lives a young child and there also lives an adult. The young child cannot handle change very well, or understand rational or logical explanation. The young child wants what they want, when they want, how they want and cannot handle the answer "no" very well. The young child asks "why" a lot and the answer to any young child for anything from an adult should be "because I said so." Anything else as an explanation is considered gibberish, and this is especially true when the young child is upset.

Also inside the kid is the adult. Capable of making smart decisions, they can be quite logical and rational. The adult can handle explanations and so, when the adult emerges, the adult can in fact explain to the kid why they can or cannot do something and this can be a terrific learning experience.

It is important to figure out which side of the person you are dealing with at any given moment! This is a helpful concept to teach kids because when you are unsure, you can ask them, "Am I talking to the young child or the adult inside of your head?" Then, based on that information, you can easily decide on your approach.

Many of us grew up with the explanation for our questioning the adult with a response that resembled a statement like, "Because I said so." This is really the only thing a child needs to hear, especially when they are in the middle of throwing a fit. I'm not sure when parents started to believe that everything needs to be explained all of the time, nor do I understand why adults think they need to give a child a detailed explanation for the adult's rationale when clearly it will not help. Keep things simple, brief and to the point. Teachable moments occur when both student and adult are in a state that allows teaching to occur.

In terms of therapy with adolescents, I often teach them that they have these two people inside of them and then teach them how each one likes to behave, etc. Then, when we are having discussions, we can have a brief consensus on which person I am talking to (child or adult) and by doing this, I am engaging the teenage client on his/her metacognition skills. Essentially, I am getting them to think about how they are thinking; getting them to analyze their own thinking. This is a higher level cognitive skills, but one well worth pursuing.

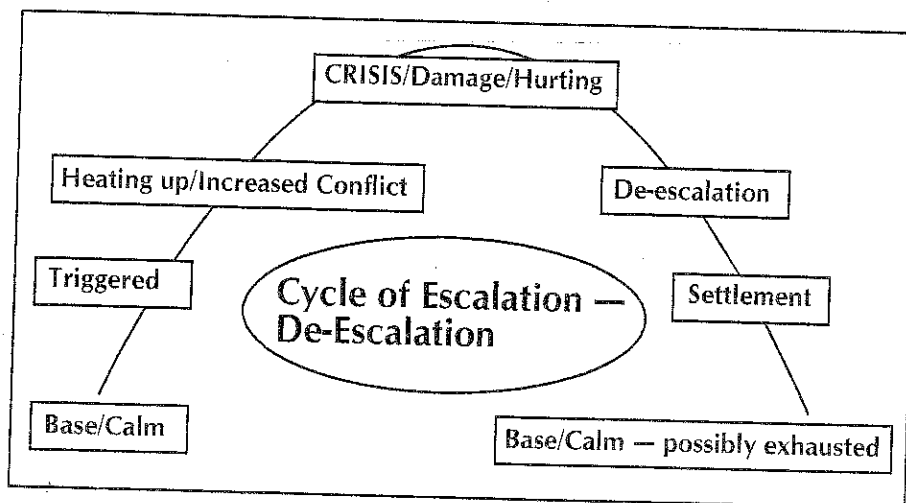


## CHAPTER 5

# Crisis and Intervention

### CYCLE OF ESCALATION AND DE-ESCALATION

People go through crisis situations either individually or with another person in the midst of a conflict of some sort. Depending on a variety of factors, the crisis can become very severe, involving safety of self and others, or less severe, but still impactful for that person and the relationships they have with others. There are several stages in the cycle of escalation and de-escalation.



**The Base/Calm Stage:** In this stage, the kid is doing well. They should be following a reinforcement/motivation plan to maintain good behavior.

**Triggered Stage:** If possible, try to eliminate triggers that were previously identified or at least mitigate the triggers. Think of a trigger as the spark for the fire. Eliminate the spark and the fire never gets going at all.

**Heating Up/Increased Conflict Stage:** In this phase, an individual is starting to become angry, or two or more people are engaging in conflict with each other. For the individual, it will be important to provide them with appropriate options within safe limits. For people engaging in conflict with each other, it is usually best to let them solve their conflicts as long as they can remain safe with each other. Rushing in and trying to solve an escalated conflict between people often does not work and then the intensity increases. The time to get involved is if there is a significant power differential between people and/or the conflict is becoming unsafe and/or abusive.

**Crisis/Damage/Hurting Stage:** At this stage, the person is in a total crisis and possibly emotional, or even physical, damage is occurring. People engaged in this phase will be hurting each other emotionally and possibly physically. At this stage, the response is rather simple, but difficult to do unless you are safe and calm. Interact only when necessary to maintain safety for all involved.

**De-Escalation Stage:** It is at this stage where cooling off procedures are the most effective. For instance, physical activities, or deep breathing, will be helpful for a person after a crisis. It is important to remember that de-escalation happens after a crisis but a person can go into another crisis quickly unless they are taught and sometimes assisted with appropriate ways to cool down from their crisis.

**Settlement Stage:** In this stage, the individual or the group involved in the conflict has reached a point where they are not in crisis and are able to be rational. They are calm and can process information. The conflict(s) is over and has been resolved at least for the time being.

**Base/Calm-Exhausted Stage:** The person has returned to their usual level of functioning. If a person was in a serious crisis, though, they might be exhausted and physically and mentally still at risk. (Especially true during restraint, physical altercations, etc.). It will be necessary to provide support and appropriate observation at this stage in order to maintain safety.

Again, it is important to remember that not everyone goes through a crisis in the same manner and people may hover in the trigger or heating up phase but not go into a full crisis.

Below is a quick guide for responses under each category.

- **The Base/Calm Stage:** Continue current plan, approach and programming. Adjust as needed.
- **Triggered Stage:** Remove the trigger if possible, remove person from the trigger, and utilize replacement skill behaviors.
- **Heating up/Increased Conflict Stage:** Offer appropriate choices within limits; do not engage in power struggles, allow people to safely solve their own conflicts.
- **Crisis/Damage Stage:** First thing is to keep everyone safe. Interact only when necessary; give space and time; utilize approved safety procedures.
- **De-escalation Stage:** Appropriate cooling off strategies. Avoiding re-escalation. Do not discuss the issue(s) at this time.
- **Settlement Stage:** Problem solving; assist in returning to routines, schedules, etc.
- **Base/Calm Stage:** Observation and support; possibly medical follow up, return to usual activities.

Do not return to the trigger activity.

## INTERVENING IN THE CRISIS CYCLE

Dealing with the anger and rage in the moment is most effective when dealing with a kid with oppositional defiant behavior. A crisis can be a tantrum, fit of rage or actual aggression towards self, others or property. This section of interventions gives you the tools to efficiently deal with crisis situations as they emerge. Simple, yet effective, steps are best when trying to manage crisis situations under stress. Below are the 3 D's to manage rage, tantrums and aggression cycles:

1. **Defuse:** Utilize immediate steps to break the rage up into smaller, manageable bits to make things easier to deal with. The best place to head off an escalation is to defuse the situation by either eliminating or mitigating a trigger for a behavior. The trigger can be removed or the person can be removed from the trigger. Remember, there is always a trigger in terms of behavior, so handling the trigger is the first and easiest way to address behavior.

Examples: Break up the task, utilize more frequent breaks, use a mini-schedule, offer some options that can help in the moment, remain calm.

2. **Distract:** Move attention towards something, somewhere or someone else. As the crisis or oppositional behaviors escalate, distraction offers options that are acceptable for the situation. For instance, "Joey, we can go for a walk or stay here and wait it out." Here, Joey is given two acceptable choices to distract him from his rage.

When we become angry, our ability to think rationally decreases the more we head towards a full crisis. So, our ability to remember what to do during a crisis is limited. This is why the distraction phase is so effective; not only are we helping them move towards something else, we are reminding them about the options that we have previously set up for them.

Examples: Leave the area, remove triggers, use visuals, and engage in jobs or diversionary activities away from conflict.

3. **De-escalate:** Help a person in crisis get to a better place physically and emotionally. The process of de-escalation comes at the moment of rage and after, not before. De-escalation is the process of cooling off and getting oneself back together. It is in this stage that we want to maintain safety and offer options to settle down, such as:

- **Temperature Regulation:** Offer methods to help someone cool off in terms of temperature. A wet towel, ice pack, splash of water in the face, cool shower, or jumping in the pool are great ways to cool off.
- **Breathing Regulation:** Getting someone to start breathing normally again is essential for de-escalation. Teach this method to the child. Take a deep breath and take in as much air as possible and then hold it for 3 seconds. Breathe out through the mouth like blowing up a balloon and then repeat two more times. Making a conscious effort at breathing helps calm the body, lower the heart rate and change the thinking patterns.
- **Body Relaxation:** Stress is tough on the body. Rage creates a lot of tension in the body and can leave the person physically ill and exhausted. The muscles can also be sore, so doing some relaxation and stretching exercises is helpful. Stretching can really help, as can relaxing in the shower, tub, etc.

Look at the de-escalation as the time when you are trying to get the person physically back to a normal state. Placing de-escalation before a crisis is ineffective because the person has not escalated in order for them to be de-escalated. Often, well-intentioned helpers try to install cool-down methods with kids with ODD, when they really should be looking at defusion or distraction techniques. Examples: Physical activities, such as walking, running, taking a shower or mental/emotional activities such as talking, counting, processing and resting.

### 3D Strategies to Manage Rage, Anger & Crisis

1. **Change the Channel:** There are several ways to change the channel during a tantrum or rage. Changing the channel is a type of diffusion and/or distraction. Essentially, you are doing something to change the pathway of the rage cycle. One way to change the channel is to simply change the topic. Changing the topic can offer an immediate diffusion and/or distraction.
2. **Change the Environment:** Do something to change the environment that will instantly change the mood.

Here are some ideas:

- Temperature: Turn a fan on, make it colder
- Turn the lights down or off
- Turn on some white noise
- Add music or change the music
- Change the décor or scenery

- Add a comfort item into the mix
  - Add a pleasant or comforting scent
  - Offer a snack
3. **Change the Players:** Switch out people. In other words, if someone is mad at you, tag someone else in. Having a new player involved will make the angry person have to adjust to this new person. The process of adjusting requires some thought and when someone is in a cognitive state, they are in more control of their emotions.
  4. **Change the Task:** Continuing to have someone attempt the same task while they are escalated is really a fruitless endeavor and can lead to greater problems. This works especially well when the child is in school or working on homework.
  5. **Physical Outlet:** When people are very angry or in a rage, a physical outlet will help them let out energy. Exercise helps to divert attention away from the source of the rage and channels feelings into a healthy activity. Usually, we go to a default response when we are in a rage, so we want to make sure the default response is productive, safe and healthy. Some ideas for a physical outlet:
    - Walking or jogging
    - Lifting weights, push-ups or sit ups
    - Jumping, parkour, hopping around, jumping rope
    - Rolling around on mats, bouncing on an exercise ball, trampoline
    - Yoga and Pilates
    - Puzzles
    - Yardwork: gardening, mowing, raking
    - Practicing a sport that requires focus (helps change the task too)
    - Using a comfort item or sensory item
- Note: I do not advocate activities like punching a bag or pillow and things like that. Remember, the default response is the first go-to response when someone is in a rage. While punching/kicking workouts are terrific cardio exercises, hitting when in a rage is not the desired default response.
6. **Wait It Out:** Sometimes the best intervention is just to wait out the rage. This is true for younger kids most of the time since they have little ability to understand logic when they are in a rage. Keep them safe, move them out of the area if needed and wait it out.

Of course, it is necessary to plug in these steps based on your individual situation but remembering the 3 D's can be a great framework from which to operate. Plus, as stated earlier, having a system for what you do, especially in a time of crisis, is the most efficient and certainly the easiest way to function. Finally, having the escalation plan reaction steps posted in a nearby area or by the safe area is another good way to help remember steps to take. We rely on visuals on a daily basis to help us remember what to do even in non-crisis situations. In a crisis, having visual reminders and even auditory reminders can make a major difference.



## PHYSICAL AGGRESSION

In terms of concerns from adults dealing with kids with ODD, physical aggression towards adults is at the top of the list. I suggest that, when working with kids with challenging behaviors, all staff should be trained in a reputable, certified and safe method of de-escalation, crisis management and physical intervention/restraint. Simply knowing what to do can provide confidence and safety and this makes a big difference. Personally, I have been trained in programs that are very safe and reliable. I have even been a trainer for using those models. I have also seen models of restraint that are dated at best and dangerous at worst.

### **Avoid de-escalation models and restraint methods that do any of the following:**

1. Utilize pain as a method of forcing compliance.
2. Use restraint for compliance rather than safety.
3. Utilize joint manipulation, or any technique that could potentially cause harm: Hands/arms behind the back, grabbing the head or neck, shoving, take downs, or any martial art technique such as a throw, arm lock, etc.
4. View physical force as a primary method to gain compliance.
5. Use punitive methods such as withholding of basic needs: Food, water, shelter, bathroom, etc.
6. Use dated and/or antiquated information about behavior and mental health conditions.
7. Lack oversight by qualified, medical professionals who understand the risk of restraint. There are several risks to restraint including but not limited to: Death due to compression, positional and stress induced asphyxiation, physical injury and emotional injury such as trauma or re-traumatization. A qualified, medical professional will have the scope of practice to monitor, assess and treat an individual experiencing symptoms related to a restraint-associated injury.

### **In terms of what to look for in programs that train people about de-escalation and restraint, look for these things:**

1. The insistence that dignity and respect are paramount and that safety of children is the reason for implementing the program.
2. The only reason for any physical intervention (restraint) is for the safety of self or others or to avoid property destruction that could also cause physical harm to someone.
3. The program contains systems and protocols for how to calm a person down while also helping them return to their usual routine. You will notice a system of checks and balances too, meaning that everyone involved is a member of the team, including the child. There is a strong sense of unity in that the team is trying to help rather than control someone.
4. Restraint methods are safe and, at a minimum, fit the standards set forth by state and federal laws and any institutional regulations. More important, though, is that restraint methods are designed for safety, not compliance, interrogation or any other reason besides safety.

### **Some important things to remember about aggression:**

1. Remember the escalation/de-escalation steps.
2. Tell the child that they can leave (or some other alternative) instead of being aggressive.
3. Utilize your surroundings to help keep you safe: For instance, put a table between you and the person who is aggressive.
4. Call for help. Simply the act of calling for help can get the person to stop.
5. If they are close to you, keep your hands in a position that is in front of you. The position will look like you are going to clap your hands or something similar. It conveys a confident but not aggressive stance but also allows you a better chance at blocking a strike that comes towards you. Never keep your hands behind your back or in your pockets when someone is being aggressive.

The following ideas are ways to think about handling aggression without actually becoming physically involved with a student and are especially helpful if you are working in a group setting such as a classroom, etc.

## ESCORTING FROM AN AREA

Systems should be in place ahead of time in the event a child will need to be escorted from an area. Specifically, adults need to know:

- A. When will we escort a child to another setting?
- B. How will we decide when that action is needed?
- C. Are staff able to do an escort safely?
- D. Where will we escort the child to?
- E. What is the return plan or plan after the escort has happened?

Certainly, it is always necessary to know your physical limits but also the regulatory and legal limits within your particular area. Of particular note is to realize that escorting someone to another environment during a time of crisis can often lead to a restraint type of situation.

### Clearing the Area with an Evacuation Plan

Sometimes, a better option than physically escorting someone into another environment is to have a system in place that allows for a safe evacuation plan of others in the area.

Again, having a system in place is vital. For example, it is common and often mandatory practice to have children practice fire drills. This is a system that is in place that works very well and in the event of an actual fire, everyone will know exactly what to do.

I suggest having a system in place that utilizes an easy to use phrase or cue with children that indicates it is time to evacuate the room. The evacuation could be for any reason such as: behavior episodes, a child gets sick, strange smell, insect or animal infiltration, etc. The reason for leaving is not important but rather that the children understand that when they are cued, they need to exit, safely and calmly.

To create the best chance of an evacuation working if needed it will be necessary to practice (just like a fire drill) so that everyone is on the same page. Also, it is important to remember that evacuations change the environment so this may help the person in crisis as there are fewer people around.

### CASE EXAMPLE

During an observation of a 3rd grade student, the student became very agitated and began pacing around his work area. Pacing was typically the beginning of a rage cycle. The team had worked out a plan that if this student (or other students) was going to be unsafe then the rest of the students were to evacuate the room to another classroom area close by.

The teacher engaged the classroom in the procedure while I stayed behind with the escalated student. Once the student that I was with was safe enough to leave; I escorted him to another area and the classroom returned to their usual environment. This was really a matter of minutes and very little classroom instruction time was lost. The key to this being successful was that the plan was established ahead of time and everyone knew what to do.

### Physical Aggression Towards Adults

Most of the time, when children are aggressive towards adults, it is because the adults are close enough to hurt. Often, this might be because proximity is being used for instruction (i.e., being close to provide a lesson, etc.) or other times, the adult is close in order to gain some compliance and the child lashes out.

When physical aggression occurs, the duty to provide and maintain safety falls upon the adult. As mentioned, I strongly suggest training with a reputable provider on methods of appropriate and safe physical intervention and this section should not be construed as a replacement for that training. For a summary, though, consider these actions when a child is being aggressive towards you:

1. If possible, back away/move away in order to prevent being hit.
2. Tell the child exactly what you want them to do and use their name: (Matthew, stop pushing me.) Be direct and to the point.
3. Keep your hands up in front of you to provide safety.
4. If they grab your hands/arms, this is better than getting hit but still unsafe; continue to try and de-escalate.
5. Ask/yell for assistance.

### Physical Aggression Towards Another Child

Seeing two or more kids being aggressive towards each other can be just as stressful of a situation. My suggestion is to use teamwork instead of going it alone. If, however, you are in the unfortunate situation of being alone (and I have been several times), see if you can get the kids to stop fighting/physically engaging by telling them to stop. You may need to yell at them in order for them to hear you.

Next, if you need to separate them:

1. If you know one of the kids better, grab that child as they are less likely to become aggressive towards you (if they like you).
2. If you do not have a particular relationship with either child that will help, put your attention towards the child that will be, physically, the easiest to move.
3. Use a firm tone of voice and insist that the other child back away.
4. Do not engage in problem solving/just separate the two and assess for safety.
5. If someone is hurt, render first aid and call for help.
6. Typically, once separated, most kids will sense the break and will back off.

### CASE EXAMPLE

A student to whom I was speaking was engaged by another student who happened to be out of her classroom. The two of them apparently had some sort of argument earlier that I was unaware of. My student was coming out of the restroom area and the other student got into the face of the student I was working with. Quickly the argument escalated into a physical shoving match. I decided to act by engaging with the student that I knew and got in front of her and told the other student to leave. The other student did leave but not without continuing the verbal insults while my student insulted her back. Since I was alone, I could not engage with both of the students, so I went with the one who knew me best. Had another adult been available, it would have been better if they could have handled the other student.

Interesting follow-up: These two students were/are actually friends, but apparently there was a major disagreement over some relationship issues involving another student. The next day, I was able to talk with both of them about what had happened and the problem was solved and they were back as a team.

## THE COMPLICATED BEHAVIOR OF VERBAL AGGRESSION

Physical aggression, in some ways, is easier to deal with than verbal aggression. Verbal aggression is often a reason cited in referrals for behavioral programming assistance.

First, it is important to clarify levels of verbal aggression. The most serious verbal aggression is when a threat (that is credible) exists and the kid making the threat has the ability to carry through on that threat. What follows is a ranking of verbal behaviors beginning with the most critical.

1. Verbal Threats - Credible and specific with an ability to implement the threat.
2. Threats: General in nature/non-specific, yet still credible
3. Threats: General in nature, specific or not and not credible or with any true ability to carry through with the threat.
4. Yelling/swearing at someone without threatening.
5. Yelling and/or swearing in general and not directed at anyone in particular.

(Note: Screaming is not considered aggression but rather a manifestation of a sensory difficulty)

### Verbal Threats

A credible threat is a threat to a specific person with an ability by the kid to actually carry through on the threat. For instance, "I'm going to stab you!" In this case, the kid is directing her verbal aggression precisely at one person and is holding a pair of scissors. So, this is a dangerous situation and/or pattern of behavior. A more general threat, but still serious, is when an entire group is threatened. This can be difficult because there is not just one potential target but many.

A threat without credibility or an ability to communicate should be looked at as valuable communication as to how the child is feeling at that moment. For instance, the child blurts out that they are going to "throw you off the tallest bridge I can find" is likely very upset and we can use the expression of that emotion later during discussion or some type of therapeutic intervention. Unless you are actually on a bridge, the threat is really nothing to be concerned about and a person should not take it personally (see below for not taking things personally).

Let us look at the more dangerous situations when the threat is the most credible. Essentially, there are three critical considerations:

1. Safety of yourself
2. Safety of others (if involved)
3. Safety of the person making the threat

Keeping yourself safe is the most important as it would be in any rescue situation (lifeguard, paramedic, etc.). Use your environment as much as possible to keep yourself safe while engaging in distraction-level interventions. Some of the following ideas are ways to think about being safe:

1. Use surroundings, such as desks, tables, chairs, etc., as barriers between you and the threatening person.
2. Try to maneuver yourself between the kid and an exit so you can escape if needed or guide others to safety should the need arise.
3. Maintain a relaxed but ready stance. Relaxed and ready looks like this: You are standing up with feet about shoulder's width apart with your hands in front of you. Your hands/arms should also

be relaxed like if you were messing with your watch, rings, etc. You want to look relaxed but be ready if something should come towards you.

4. Call for help. Just the action of doing this might delay the child's harmful actions. In addition, having back up is vital to staying safe.

I suggest that anyone dealing with kids with oppositional behaviors become trained in a reputable, de-escalation and physical response training model that provides the user with ready to use techniques to calm people down and keep them safe. Provided that you have that training, it is important to practice certain situations (rehearse) if you expect them to arise. When we know certain kids will become unsafe during certain moments, practicing what to do before it happens should be a part of overall planning.

### Swearing

Whether it is for moral reasons, religious reasons or other reasons, many people get very bent out of shape when it comes to kids swearing. There is a time and a place to teach language and the appropriate use of certain words and phrases, but during a crisis is not the time to teach. We can teach these skills at another time.

There seems to be a spectrum of swear words starting with simple swear words to very complex and even creative phrases. When a kid with ODD says one of these swear words and you react as if you are offended, they have you in the palm of their hand! They will be able to manipulate you and the entire situation and may even be able to get you to say or do something that you would never do otherwise. So, my recommendation is to leave your personal feelings out of the mix and not react to the swear words as they coming flowing out. This is going to be difficult for many people but necessary in order to truly be able to deal with the situation at hand.

Swearing is actually a very effective and, I think, more appropriate release (than violence) for pain, suffering, fear, confusion and stress in general. For instance, you become injured while engaging in an activity and the swear words come flowing out of your mouth. This is a release that actually triggers your brain to help! Your brain helps by killing the pain off or engaging your muscles so you can escape or yell out for someone to help you.

I know some readers may be vehemently disagreeing, but the no-nonsense method is to be as concise as possible to help you deal as effectively as you can with ODD behaviors. No, I am not suggesting that we teach kids to swear at will (they already know how to do that anyway) but during a crisis, reacting to swearing will not help but rather will worsen the current problem and possible make future interactions really difficult.

### The No-Nonsense Way to Address Verbal Behavior

Overall, there are really two quick ways to let someone know that you heard them and even to clarify what they are saying. First, address the content of what they are saying. Specifically, these are the words that someone is using. Next, address the emotion of what they are saying, that you understand the feeling behind what they are saying. Take a look at this situation:

"I hate your guts! You know I can't do this and you're making me do this anyway! Arrghh! You're so stupid!"

Addressing the content: "I hear you saying that you cannot do this work." Or, "I hear you saying that you hate me and think I'm stupid but that you also cannot do this work."

Addressing the emotion: "You seem really upset right now." Or, even better: "Thanks for telling me exactly how you feel; I can tell you're really upset."

Either way, we are validating to the person that they are being heard and that we understand. This notion is incredibly important, as the experience of not being heard can lead to further aggression or even unsafe behaviors. If you do opt to reach for the emotional content, be more careful because, if the kid unravels in front of you, then you will need to be able to deal with this behavior in the moment. Also, if the rant is in a public setting, you will be wise to address the content rather than the emotion so the child can save face and not be embarrassed publicly.

I think it is important to note here that, because the kid is yelling and screaming, they are communicating and this is, in some ways, a positive step. Let me clarify on why this is a positive step: The child is using language instead of behavior to communicate. Even though they might not be using the best language, they are still communicating in a manner that more clearly states their feelings instead of displaying behavior that is subject to interpretation.

### **Planned Ignoring**

At times, it is probably best just to ignore certain verbal behaviors, since the child is trying to get a reaction from an adult. The planned ignoring is being done to not engage with minor behavior but also pay attention for key bits of information coming out in the yelling: For example "I hate you! I just want to die! You're so mean!" In this statement, the middle section is more important than the other parts and, if a child is repeating statements like this, then it is even more pertinent.

### **Lying and Getting Kids to Be Honest**

Kids lie for two primary reasons: they do not want to tell the truth for some reason, or it is easier to lie than to tell the truth.

In a way, kids who lie actually have some good skills. I know this sounds strange so let me explain. Kids who are really good at lying tend to have enough intellectual ability to be convincing. They also have the ability to look ahead and realize what will happen if they tell the truth and therefore they avoid being honest. The adult has some control over lying.

If an adult knows the answer to something, don't ask a question. For example "Janey, did you take the cookie from the cookie jar?" (Mother knows that Janey took the cookies). Why ask this question? This type of question sets up the lie as Janey has figured out if I tell the truth I am in trouble. So, the mother in this case can just make the statement of fact and move forward: "I know you took the cookies, so no more cookies for you."

### **Teach about Appropriate Occasions to Lie**

Yes, there are times when it is okay to be dishonest. For instance, a stranger comes up and asks a 13-year-old, "Hey, don't you go to that school over there?" This is a probing question that the child should not answer, but rather should escape as quickly as possible. This would be a great time to not be honest.

When we teach rules, we need to teach conditions for those rules as well. If honesty is something that is highly valued, then teach that concept but the varying degrees of honesty that, in reality, we all sort of live by.

I teach kids (older kids) that we have different faces. For instance, I have a face that I show at work, a face with friends, and a face in public, etc. Even though I am the same person, I show a different side of myself based on the context of the relationship. Therefore, these interactions can result in different layers of honesty based on what is appropriate for that context.

If you really want kids to tell you the truth then you have to make it clear that the truth leads to much less heartache than lying. Explain that there are two roads to follow: one road is about the truth and even though there might be consequences at the end of the line, at least the information is clear and the adult can help. The other road is the dishonest path, and the consequences in the end will be more severe because of the diversion of the lying, etc.

Overall, we do not want to get into power struggles with getting kids to tell the truth, etc. This can quickly turn into arguing and manipulation. Set up your expectations and then build from that point forward.

## DEALING WITH DANGEROUS BEHAVIORS FIRST: CREATING A PROACTIVE SAFETY PLAN

Dangerous behaviors need to be neutralized before we can move forward with other work. Unsafe behaviors might be self-induced such as: cutting, burning, and suicidal threats, or even adult-induced such as restraint or isolation. Past suicide attempts place a person at a higher risk of an actual suicide. A safety plan is warranted and should be implemented immediately. I want to underscore the importance of having a plan before the crisis happens. A safety plan can be the difference between success and failure. There are four reasons to have a safety plan in place:

1. Safety of the child
2. Safety of others
3. A safety plan creates a system, or a recipe to follow during times of crisis. It is difficult to remember what to do in a crisis and having a written plan gives everyone some piece of mind.
4. A safety plan creates a layer of protection for professionals because the written document (signed by a parent) is an agreement for what will be done and not done during a crisis.

Some components of a solid safety plan are:

1. Description of the unsafe behaviors or event
2. Triggering events or emotions
3. What will help and what will not help
4. Crisis response plan and back up

On the following page is an example of a safety plan. It can be used as a model from which to develop a more individualized plan or to add to an existing plan.

— WORKSHEET —  
**SAFETY PLAN**

**Directions:** Use this general plan for teams of people to help create safe plans and reactions for crisis situations.

Child/Youth: \_\_\_\_\_

Date Plan Was Initiated: \_\_\_\_\_ Review Dates: \_\_\_\_\_

**Medical/Psychiatric/Mental Health Information:**

Medical Alert: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Description of Specific Unsafe Behaviors:**

|  |
|--|
|  |
|--|

**Warning Signs/Triggers**

**Strategies That Work**

**Strategies That Don't Work**



**Crisis Response Plan**

| What to do if the student exhibits above described behavior: | Who will do what/back up staff? |
|--|---------------------------------|
|  |                                 |

**Safety Team Members:**

| Name/Signature | Title | Date |
|----------------|-------|------|
|                |       |      |
|                |       |      |
|                |       |      |



## **SUICIDE SAFETY**

It is important to establish immediate safety as suicide is often an impulsive act. Past suicide attempts place a person at increased risk of suicide. Immediate safety includes the removal of self-harm implements such as firearms, razor blades, or drugs/medications, etc. It is also important to identify supportive people in the child's life so they can assist in the situation.

A cautionary note: Sometimes, a person will appear to be at peace or even happy even though they have had an episode of suicidal ideation and/or self-harm. This calm state can actually indicate a higher risk of suicide as the person may have found some peace in their decision and have concluded that suicide will be the best option.

### **No-Harm Contracts**

Some professionals are highly critical of no harm contracts or no suicide contracts with the explanation that the contracts are not binding, or believing that too much responsibility has been placed on the professional. I have used contracts with success and have kept people alive. I do not know if the contract itself was the important piece, or if it was the relationship, or the context in which the contract was made. However, I do know that I will use contracts or any other tool available to me to keep someone from hurting themselves.

Finally, people with autism spectrum disorders often have difficulty with communication, putting them at higher risk for unsafe behaviors. It is important to establish open, clear and easy communication in order to learn of someone's thinking, feelings and intentions. Highly oppositional kids are often untrusting of adults and having that connection with a person is not only therapeutic, but can be life-saving as well.

# PROTECTIVE PLAN

Child/Youth: \_\_\_\_\_ Age: \_\_\_\_\_

**Has person been suicidal in the past?** \_\_\_\_\_

**Past attempts:** \_\_\_\_\_

**Past hospitalizations:** \_\_\_\_\_

**Current:**

- Ideation \_\_\_\_\_
- Thinking about death/dying \_\_\_\_\_
- Plan \_\_\_\_\_
- Threats \_\_\_\_\_
- Attempts \_\_\_\_\_

**Safety Concerns:**

- Guns in the living environment \_\_\_\_\_
- Sharps (knives, razors, etc., easily accessible) \_\_\_\_\_
- Access to medications (self) \_\_\_\_\_
- Access to others' medications \_\_\_\_\_
- Vicinity or living in tall building/facility \_\_\_\_\_
- Access to ropes or other hanging devices and areas to suspend from \_\_\_\_\_
- Access to dangerous chemicals \_\_\_\_\_
- Other \_\_\_\_\_

**Supports (People that want you to be okay/safe):**

- Parent/Parents \_\_\_\_\_
- Grandparents \_\_\_\_\_
- Extended family \_\_\_\_\_
- Friends \_\_\_\_\_
- Significant other \_\_\_\_\_
- Peers (students, co-workers, etc.) \_\_\_\_\_
- Therapist \_\_\_\_\_
- Doctor/nurse \_\_\_\_\_
- Other professionals \_\_\_\_\_

- Coaches, teachers, etc. \_\_\_\_\_
- Others \_\_\_\_\_

**Non-Supportive (People who don't seem to care):**

- Family \_\_\_\_\_
- Peers \_\_\_\_\_
- Others \_\_\_\_\_

**Communication:**

- Is communication open \_\_\_\_\_
- Is there an established method to communicate \_\_\_\_\_
- Who is the best person to help \_\_\_\_\_
- Who is the 2nd best person to help \_\_\_\_\_

**Other:**

- Where is the safest place to be \_\_\_\_\_
- What person is the safest person to be around \_\_\_\_\_
- Is there anyone that client has promised to not hurt themselves \_\_\_\_\_

**Detail Questions:** (Interviewer can ask these questions and simply fill in the blank. This can also help to develop an overall plan)

1. The events or life circumstances that make me feel unsafe or want to hurt myself are: \_\_\_\_\_  
\_\_\_\_\_
2. The situation/fear I most dread is: \_\_\_\_\_  
\_\_\_\_\_
3. The times in my life I most want to hurt myself or die is: \_\_\_\_\_  
\_\_\_\_\_
4. To date, the thing or person that has given me the most reason to live is: \_\_\_\_\_  
\_\_\_\_\_
5. If something were to happen to me, the people who would be most devastated will be: \_\_\_\_\_  
\_\_\_\_\_
6. For absolute sure, the person/people I do not want to hurt is/are: \_\_\_\_\_  
\_\_\_\_\_

## SAFETY AGREEMENT

If \_\_\_\_\_ indicates through behavior or communication of some type that they are going to harm themselves and/or attempt suicide, the following plan will be activated:

1. \_\_\_\_\_ will be transported to \_\_\_\_\_ for immediate assessment.
2. If unwilling to go to location voluntarily, \_\_\_\_\_ (person in charge) will be asked about other transportation options such as \_\_\_\_\_ (friend, other family member, etc.)
3. If needed, emergency services will be accessed and the professionals will decide how and if to transport to \_\_\_\_\_.

Members of the team and contact information:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## CHAPTER 6

# Reactive Strategies

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I developed some different ways to react to behavior in order to keep the balance of power but also to preserve dignity and respect. When correcting behavior, we have to remember that, as the adults, the message we deliver can completely shape the behavior of the child and can also have lasting impacts (both positive and negative); we always want to maintain a respectful atmosphere. Also, when you deliver a message that is more therapeutic than punitive, as the deliverer of that message, you will feel better about what you are doing/saying which leads to less burnout, more success and certainly fewer headaches!

The following ideas are methods that deal with/react to behavior as it happens. Remember, all behavior is communication and it is important to remember that our behavior is communication back towards that child/youth and they will receive the message with both our verbal and more importantly, our non-verbal (facial expressions, body language, etc.) methods.

### **PRAISE, CORRECT, PRAISE METHOD — THE PRAISE/CORRECTION SANDWICH**

This method is used in several scenarios individually, in groups and in a conversational situation. The idea here is to avoid the immediate correcting and/or criticism but to go with recognition of positive behavior first, then correct and then praise again.

For instance, "Johnny, you're doing a great job getting started and now I need you to get seated; great job today being ready to work." This simple example illustrates the need to provide a correction while praising for behavior that we want to see. Johnny will be much more likely to comply because we have praised him for behavior (he's getting a good message) and we are telling him that he is noticed for what he does that is good. Let's analyze the request of wanting Johnny to take his seat:

"Johnny, you need to sit down." Often does not work with kids with behavior issues for several reasons. Maybe they are just tuning us out, or they might not hear us because they are talking or they simply do not want to comply with the adult.

"Johnny, I have asked you to sit down in order to get ready to complete your work." In this statement, we are explaining why we are requesting something. Unless the task is very difficult or mysterious, there should be little reason to explain to someone with a behavior issue why they should do something. This usually leads to arguing.

"Johnny, can you sit down for me please?" In this example, we are asking a child with behavior issues to do something by asking them if they can do it. Asking a question in this situation gives the person a door to say "no" or simply not do it at all. Using the praise, correct, praise method creates a positive atmosphere by recognizing the positive behavior and then placing the correction/request inside of the statement and following up with another quick praise.

During difficult moments, it might be hard to find a positive behavior, but you can always find an attribute to praise. Take a look at this list to reframe different behaviors into a fun but accurate attribute:

| Undesirable Behavior     | Reframe                                |
|--------------------------|--|
| Hyperactive behavior     | Abundance of energy                    |
| Complaining              | Using words to communicate             |
| Procrastination          | Careful, looking before you leap       |
| Angry face               | Showing how you feel while being quiet |
| Not following directions | Independent thinker                    |

The list can go on and on. You might want to take some time here to develop some of your own ideas for kids with whom you work.

Below are some general examples of how a praise, correct, praise statement might look with individuals:

“Mary, great job getting started on your assignment! Now, we need to make those error corrections on a few problems. I’m really glad you’re working so hard today!”

“Joe, thank you for getting here on time. I do need you to be less noisy though and thanks again for being so quick and getting here!”

“Billy, I appreciate you telling me how you feel because I know that’s hard. I need you to use non-swear words in this environment, though, and I know you’re trying your best right now.”

This method can easily be switch to a praise, point out the problem, praise approach if the “correction” part does not fit in your approach. Also, this method can be used in group approaches as well. Simply, you are praising the group for the behavior you want to see, then pointing out a problem or correction and then move on to praising/ motivation the group further to move on.

## DEALING WITH ESCAPE AND AVOIDANCE BEHAVIORS

For escape/avoidant type behaviors, take an overall approach that utilizes these steps:

- Figure out why the escapes are happening in the first place. (Take a look at the function of the behavior).
- Initiate a communication process of some type so the kid can let you know when they need a break.
- Utilize a visual schedule that can help depict where/when a break should take place.
- Provide special jobs or areas of responsibility or send students on missions.
- Have established routines for when a child is running around or has left an environment like a classroom without permission.

It is important to remember that not all escapes need to be external, meaning the child has left the immediate area. Allowing internal escapes wherein the child can still escape but stay within the immediate area can be positive. Some examples of this are:

- Quiet time -- head down relaxing.
- Helping the adult perform an activity. This can be the activity the child was trying to avoid or something different.
- Listening to music, reading, etc.
- Getting up, performing some off-task activity (getting a drink, etc.) and then returning back to the activity. Sometimes, all it takes is a quick break to re-set and move forward. Many of us take small, mini-breaks throughout the day and this helps us stay focused on the task at hand much better.

We always want to use the least restrictive way of interacting with an escalated student to avoid physically intervening. These strategies are more effective if used before the student rises too high in the crisis cycle. Some ideas to help with setting up an appropriate escape are:

1. Use of break card. This is particularly helpful in a school setting: The child can initiate the use of the break card to leave a classroom/area. Putting the card on the teacher's desk, leaving it on his/her desk, holding it up in the air as he/she gets up to leave or putting it in an envelope by the door on his/her way out are examples of how the student can use the break card. Adults, as well as kids, need to know where the child will take his/her break and what they will do during that time (put head down, walk two laps around the gym, look at a book, etc.); preplanning will need to occur. The goal here is to avoid further escalation in a large group to keep everyone safe.

The adult can also initiate the use of the break card by unobtrusively placing it on the desk or quietly saying "break time" as you near the student. The adult can also use a hand cue (pointing to the door for example) or some other sign that indicates that it is time for a break.

Kids (and adults for that matter) do not like to be called down in front of their peers. If a child is escalating, the adult can ask the child to have a conversation somewhere else away from their peers. The adult, especially one with a positive relationship with the child, might be able to calm them down enough to re-enter the setting successfully or if the child appears to still be escalating, the adult can direct them to where they need to go or ask for help. At least they are out of the setting already if they continue to escalate.

2. Using a visual schedule is a terrific way to communicate where/when to escape. The schedule indicates when it is okay to take a break and, in fact, can be quite reinforcing for the child at the same time. Remember, language of some type is a better communication device than behavior, so using these types of schedules can really help.
3. I am a really big fan of kids having special jobs or helper opportunities. In my karate school, we use the term areas of responsibility and this creates not only built-in escape time, but these tasks also create opportunities to demonstrate competence, caring and responsibility.
  - Feed the fish
  - Water the plants
  - Trim the plants
  - Dust the shoe shelf
  - Pick up the toys in the play area
  - Recycle bin
  - Trash
  - Vacuum (divided into many areas)
  - Check the changing rooms for supplies
  - Get items out for class
  - Fold uniforms for display
  - Place labels on postcards
  - Cut out attendance cards/place in files
  - Sort out attendance cards
  - Help the little kids with their class
  - Sort out packing bubbles and divide for students to take with them
  - Help get treats ready
  - Control the music selection
  - Fill the cooler with water
  - Sort through the treasure box and clean out

That list is a partial list of activities that my students do on a regular basis. All of these activities are done within my field of view, yet they are still an escape. Also, students receive a score at their belt testing for how well they do their activity, which is an added incentive for them to do that activity the best they can. Obviously, older kids will do the more difficult tasks while the younger kids will do the less difficult tasks.

Previously, I discussed the procedures for what to do when escorting someone out of an environment. But, what do you do if someone has left the environment (e.g. leaves your classroom, roaming, etc.)? It is important to remember these concepts when dealing with someone that engages in escape behavior:

- It is better to have a system set up in advance in order to deal with the situation before it arises. For instance, radioing someone to cover an exit, etc. Devise a plan and engage the plan when the behavior occurs. Whether or not you have a plan, don't panic. Usually, the behavior of leaving is communicating that I cannot (means it is too hard) or will not (choosing to) do a certain activity. The escape behavior is giving you, the adult, a clear message. Allow the child a reasonable amount of time to pull things together. Sometimes just a quick break will easily get them back on task once they return. Playing cat and mouse is a fruitless endeavor for adults (this is when we are chasing kids around). Don't chase them unless there is a clear and certain safety risk. You can keep an eye on them if you want but a highly oppositional child will attempt to engage you in a chase game.

Look at this list of comparisons about escape behavior both are escape behaviors but one is safe and one is unsafe. The comparison on the right indicates why we should be engaging kids right away versus waiting it out. Some of these will seem obvious but I cannot count the number of times I have seen these behaviors happen with the completely incorrect response:

| Safe Escapes                       | Unsafe Escapes                      |
|------------------------------------|-------------------------------------|
| Running down the hall              | Hanging over the stairway ledge     |
| Went onto the playground area      | Went out into the street            |
| Went outside in the yard           | Hid under cars                      |
| Stormed off to her bedroom         | Left parent at the park/rec area    |
| Angrily went to principal's office | Locked self in a staff bathroom     |
| Hid behind some plants             | Hid behind bushes close to a street |

The list can go on but you get the idea, knowing when to pursue and engage is obviously a judgement call, but gives us reason to plan this out in advance.

## LEARNING HOW TO SHAPE BEHAVIORS TO GAIN COMPLIANCE

Gaining compliance with oppositional kids is a key component to changing behavior. Seems obvious right? The approach of stopping noncompliance is often a fruitless endeavor resulting in high levels of frustration and increased behavioral issues from the kids.

In a sense, manipulating conversations and interactions is really what needs to be happening to gain compliance. I do not mean manipulation in the negative sense as many might construe it, rather manipulation in a compassionate manner to have the end result in a child being less oppositional and defiant and adults being able to manage kids more effectively.

I have spent some time illustrating and explaining how to look at behavior, analyze behavior and use motivation to set up a no-nonsense way of looking at behavior and setting up kids to be successful. By setting up proactive, strength-based programs, many negative behaviors will be eliminated or at least mitigated a great deal. However, when you are working with kids with behavior challenges, there will be times it will be necessary to deal with their negative behaviors in the moment, or sometimes, slightly after the moment the behavior happens.



## ACTING & REACTING

In general, the person acting is in control/has power in the interaction. The person reacting is generally not in control of the interaction. Almost all communication exists in this paradigm and most behavioral situations also exist in this paradigm. For instance, a parent gives a child a task to do and the child responds by saying "ok" and then does the task. The parent is acting and the child is reacting. Or, the teacher gives the class instruction and the class responds by asking questions, participating in the lessons, etc. These are appropriate and usual interactions.

When the usual interaction becomes unbalanced, as it often does in negative behavioral episodes, the adult ends up being reactive and the youth is in the acting position. This creates an imbalance and the power can shift too much towards the youth. On occasion, this is not an issue, but when a behavior cycle exists, this pattern can taint the overall program and even the relationship between professional and child/youth.

## WORKING EFFECTIVELY WITH ADULTS

When we are working with kids, we often end up dealing with oppositional adults as well. I like to use a two-tiered system to help manage behaviors. For instance, you are having a team meeting with an oppositional group of people, so set up the meeting with these two components:

1. Set a time limit for the meeting and then break that time into three segments. For instance, a 45-minute meeting is broken into three time slots is 15 minutes. The reason for this is to have a structured amount of time so as to not allow anger episodes to grow out of control, as well as allowing for greater opportunity for problem-solving.
2. The first section of the meeting (first 15 minutes) is all about strengths, positives and what is going right in the situation. The second part is weaknesses or what is going wrong in the situation and the last part is problem-solving/solutions utilizing those strengths and improving on the weaknesses.

Note: Everyone should have an agenda so it is clear and the meeting leader (therapist, case manager, etc.) needs to ensure that the kid is not being cornered or ganged up on. These meetings are difficult to have when the adults are angry, so it is important to maintain a problem solving approach. Brief meetings keep matters structured and prevent lecturing (which creates further oppositional behavior with kids).

The following is an example of how you might want to structure your meeting, followed by an example of one that is filled out with more details.

— EXAMPLE —

## TEAM MEETING

Team Meeting for: Josh Jones Date: 4/4/15

Start time of meeting: 3:00p Ending time of Meeting: 3:45p

Leader of the meeting: Scott Walls

### Rules for this meeting:

1. Everyone will follow the agenda below.
2. Everyone gets a chance to speak.
3. Any team member can choose not to speak.
4. No interrupting others. Everyone will be respectful towards others.
5. The leader of the meeting will do their best to keep the meeting moving.
6. The intention of this meeting is to develop solutions and/or to continue progress.

**People attending the meeting:** *Josh Jones, Ms. Jones (mother), Scott Walls (therapist), Mr. Smith (Principal at Josh's school), Mr. Wilson (Josh's teacher), Mrs. Johnson (Josh's teacher)*

### Strengths/Progress/Good behaviors:

*Josh: In less trouble, earning some things back and less people bothering me*

*Ms. Jones: Josh is listening better and things at home really seem to be getting better. Been getting fewer calls from school so that is good too.*

*Scott: Josh is making a lot of progress and seems to be understanding a lot better. Proud of him for trying hard.*

*Mr. Smith: Said from what he is hearing from staff that things are going better for Josh in school; he certainly has seen fewer office referrals for behavior which is always a good thing.*

*Mr. Wilson: Has Josh for several classes; notes that Josh is more calm and willing to stay in the classroom even when things don't go his way.*

*Mrs. Johnson: Has Josh for his resource class: Josh is bringing in his work for other classes (which he didn't used to do) and she is excited that his grades are coming up.*

Comment: Look at Josh's Reaction to the Positive Things being Said.

**Weaknesses/Areas to Improve on/Things that need to be worked on:**

*Josh: I want more time with my friends and to earn my video games back.*

*Mrs. Jones: Josh still has a temper and gets upset when things don't go his way. He has trouble waiting for his privileges to return. I also don't know all his friends so I'm a little stuck on whether or not he should be allowed to go do things with them.*

*Scott: Josh's friends are big deal to him so we will need to spend time thinking about how we can decide whether the friends are good people for Josh to be around. So, one at a time, we will discuss these friends to move forward.*

*Mr. Smith: I'm happy as long as I don't see behavioral referrals coming in.*

*Mr. Wilson: Josh has improved, but several grades are still much lower than his ability indicates. If he would turn in his assignments his grades would go way up.*

*Mrs. Johnson: Sometimes Josh just shuts down and when he does that I'm not sure how to get him back to work.*

**Solutions/New Plan:**

Take some time to brainstorm and anybody with a good idea can start. Group leader can ask for ideas or propose ideas.

**Ideas:** *Josh wants more time to spend with certain friends. So, after Ms. Jones gets a chance to get to know certain friends (Bobby, Joe and Nate) then Josh can earn some time with them first at home, then later at their homes.*

*-Josh needs to have passing grades in all subjects*

*-Since Josh is doing a lot better overall, he should get some video game time at night.*

**Plan:** *Ms. Jones to begin work on getting to know Josh's friends. Scott will help by discussing with Josh and his mother about friendships and rules around having friends over to the house.*

*School staff will email Ms. Jones on a weekly basis about Josh's grades. Passing grades means more free time with friends. Not passing=no friend time until grades are back up.*

*Josh can play video games approved by his mother if: He has completed all his chores and homework for the day. If it is time to put the games away, it is Josh's responsibility to shut the game system down for the night, otherwise, the privilege will be gone again.*

**Note:** This plan is putting Josh mostly in charge of his privileges yet the adults have the last say. So, if Josh really does want time with his friends and to play his video games, then he will need to follow through. Since he has made improvements, it is important to illustrate the pay-off for Josh if the behavior improvement is going to continue.

**Next meeting:**

1 month-5/4/15-3:00p-3:45p. Scott's office

— WORKSHEET —  
**TEAM MEETING**

Team Meeting for: \_\_\_\_\_ Date: \_\_\_\_\_

Start time of meeting: \_\_\_\_\_ Ending time of meeting: \_\_\_\_\_

Leader of the meeting: \_\_\_\_\_

Rules for this meeting:

1. Everyone will follow the agenda below.
2. Everyone gets a chance to speak.
3. Any team member can choose not to speak.
4. No interrupting others. Everyone will be respectful towards others.
5. The leader of the meeting will do their best to keep the meeting moving.
6. The intention of this meeting is to develop solutions and/or to continue progress.

**People attending the meeting:**

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**Strengths/Progress/Good behaviors:**

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**Weaknesses/Areas to Improve on/Things that need to be worked on:**

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**Solutions/New Plan:**

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**Next meeting:**

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## DEALING WITH REFUSAL BEHAVIORS & LACK OF FOLLOW THROUGH BEHAVIORS

Kids who refuse to start or complete required activities end up getting in trouble for failing to do what they need to do. Activities such as: performing or completing school work, doing household activities or chores and even doing things like completing activities that a parent may have registered their child for such as: swimming lessons, etc., are all included in this category.

Probably the most effective thing to do is to really teach skills based on several concepts:

1. Teach kids how to do things. This seems simple but often kids do not perform something to expectations because they do not know how.
2. If they do know how to do a given task, then we want to make sure we teach them how to manage their time and priorities. (Executive functions of beginning a task, time management, sustaining attention and planning).
3. Teach and enforce a basic cost/benefit analysis system. Essentially, there is a cost and/or a benefit of completing your work.
4. A positive behavior reinforcement approach works well in most situations and should be present.

Here are some ideas to try in terms of getting kids to move forward with getting things done:

1. **Write it down/Show what to do using a visual schedule or diagram.** Probably one of the easiest ways to organize someone is to have their directions or activities depicted in a visual manner. Also, it is very difficult to argue with a diagram, meaning there is less opposition because the paper/poster doesn't argue back. Having the visual in front of the child is a continual reminder of what is being asked of them and the steps to take.
2. **Using timers can be a fun way to challenge kids and break up time chunks.** For instance, have a kid work for just a certain amount of time and then switch to something else. Or, for kids who like a challenge, have them race against the timer. If they get a task done before the timer goes off, then they win, etc.
3. **Set up a simple cause/effect scenario.** "You have until (time) to complete (task). If it is not done by that time, then (consequence) will happen." For example, if the toys are not picked up by the end of the night, then the toys will be gone for a week. Or, if the room is not picked up by the end of the week, then I will pick up the room myself. Finally, if homework is not completed then video games are gone for the next 24 hours, etc. The idea is to build in the incentive and consequence all at once.
4. **For kids who struggle,** showing them over and over how to do something might be the spark to get them to start trying harder to work independently. Sometimes, oppositional kids are so independent that they will actually do what they are supposed to do just so the adult is not the one who gets to do it or be right.
5. **For older kids, it is easy to just suspend all privileges until they have done what they need to do.** There is no arguing, it is a simple approach: Nothing happens until they do what they are supposed to do. They will quickly learn that time flies by quickly when you are working hard and getting your jobs done. Also, they will learn that by getting things done, they get more of what they want.
6. **In a school setting, it is important to remember a few things.**
  - A. Avoid the power struggle over doing work and look at the process of what is happening. If a student is continually struggling with completing certain work requirements, there might be a legitimate reason. It will be important to look at their skill level and ability to complete a given task.

B. Utilize methods such as mini-schedules (visual schedule) to help illustrate the requirements but also break down difficult-to-perform tasks.

C. Remember motivation and how important it is to look at what is truly motivating to a person. Use that motivation to get them unstuck and moving forward.

## JOE'S TO DO LIST

(Mondays)

1. Right after school is soccer practice.
2. After returning home, get snack.
3. Begin homework, starting with math.
4. After math homework is complete, take a 10-minute break.
5. Get cleaned up for dinner.
6. After dinner, do reading homework.
7. Feed the dog.
8. If no more homework, then play time.
9. At 8 PM it is time to get ready for bed.

This is a simple list made for a child who can follow these directions but needs to follow an orderly list. By having the process designed for this child, it will be easier for him to do what he needs to do. I also placed a responsibility on his chart (feeding his dog) because that is one of his chores and the dog gets fed at that time.

School Example: This is an example using a mini-schedule

### MATH

Task #1: Listen to lesson

Task #2: Complete problems 1-5 on page 12 (from yesterday)

Task #3: Do questions 1-3 page 13

Break: After all 3 tasks are done, take 5-minute break

Mini-schedules are a great way to break up the day's work and illustrate what happens when you actually complete all of the work. In the above case, the student receives a break.

Another way to break up work requests is to prioritize the actual tasks. In the following example, the list is quite long because there are several things that need to be done within one night. The teenager is capable of completing all of the activities. The letter A, B or C will be next to each task. "A" is urgent/important, "B" is important and "C" is mildly important. Of course, we will want the teen to make sure all of the "A" things are done and then move on through the list.

**JILL'S WORK LIST**

(All of this is after school)

- Dentist appointment, 3pm on Monday — A
- Study for English test on Tuesday — A
- Before leaving the house, get school stuff ready for tomorrow — B
- Grandma's birthday party on Monday night — A
- Stop at store to pick up supplies — C
- We will get back late, finish studying — B

**Key**

- A — Urgent
- B — Important
- C — Mildly Important

The list could be longer, but the point is illustrated. All of the things on the list are important but the "A" things are the most important and urgent and must be done.

A few other ideas I like to try to get kids moving and follow through with completing activities are:

1. Give one direction at a time. This is so easy but often is not practiced. Instead of giving multiple directions at once, simply give one direction and then once that task is completed, move on to the next direction.
2. It can be a lot of fun to let kids make their own directions and rules for certain activities. Often, kids will come up with guidelines that best meet how they think but also how they perform. By having them make the lists, they can develop strong thinking skills in terms of planning, prioritizing and time management.
3. For kids who are challenging and always contradicting the adult: you can play the dumb role and act like you forgot the direction you were going to give them or give them the wrong direction on purpose.

**The Technology Diet**

When kids are engaging in ODD behaviors and also seem to be having some issues with their mood, one of the things I suggest performing is the technology diet. The technology diet follows very simple steps:

- Eliminate the use of all technology except as required by school. This includes cellular phones, tablets, gaming systems, computers, etc.
- All technology should be removed from the child's room.
- When technology is required, adults shall monitor and limit the use.
- Do this for 30 days.

This diet will help the parents in several ways. First, we are eliminating a primary distracting element from the overall oppositional situation. Second, we can better assess whether or not mood issues are related to the use of technology. Third, we can mitigate the contact with negative peers during gaming/communicating activities (text, messaging, etc.) Finally, technology is a privilege and since the child has been engaging in oppositional behavior, they have not earned the privilege of using their devices.

I have observed that the elimination or minimizing of technology has a positive impact on a child/teen's behavior and may even open doors to exploring other ways to spend free time such as engaging in physical activities, hobbies, socialization (in person) and a variety of other pro-social behaviors.



## KIDS WHO NAG

Nagging might be seen as a typical behavior of the average child. Nagging by anyone, though, is really a way to manipulate others to get what you want and we should do our best to stop this behavior. For kids with ODD, nagging takes on a different role and can lay the groundwork for an undercurrent of negative and toxic interactions.

### Train the Adults

If you are able to work with the adults (parents, guardians, etc.) then your work can start with them about two different parts related to nagging. The first part is in giving statements or directions to children. The second part is in how they respond towards requests made to them.

**Making statements:** The rule for giving directions to kids should be: "State your direction once." It is that simple. By repeating directions or requests you are really saying: "Don't listen to me the first few times I say this because it doesn't count. Only listen when I am really serious and/or raise my voice or threaten with punishment." By having the paradigm that "I will only say what I need to say once," you make your words count.

When we say pleasant things such as, I care about you, or I love you, we don't say it over and over to make sure someone understands. However, in many cases, the adult is repeating their words over and over (which is actually nagging too) thus creating a power differential as well.

**Receiving statements:** Typically, nagging is from the child to the parent to get something or do something. There are several different kinds of responses which increase the power of nagging:

- **The non-committal/weak adult:** The adult/parent feels compelled to say "No" to the child's request multiple times only to turn around and then say "yes". This maddening behavior happens a great deal and then the child uses this in other environments. Take a look at this example: "Mom, can I have ice cream?" "No" "Why? Come on, please!" "No" "But I said please. Come on, please can I have ice cream?" "I said no." "Please" "Did you hear me? I said no!" "But come on, I want some ice cream. Ice cream, ice cream, ice cream" "Oh, all right, but only a little bit."
- **The lazy adult:** This adult barely gives an answer if they even give an answer. The child knows that they just need to wear this person down a little more or to convince them that it will be better for the adult if they just give in. Because the lazy adult doesn't engage well, the child gets what they want. This adult also sets a horrible example about communication. For example: "Mom, can I have ice cream?" Mom: "I don't know." This is said in as lazy a tone as you can imagine with a sing song voice to match. The kid continues to badger and mother finally manages to sigh and finally give in. I feel tired just thinking about this one.
- **The passive aggressive adult:** This adult rolls their eyes, uses sarcasm and passive aggressive comments, but never really provides a clear yes or no answer and there is a strong undercurrent of anger, dislike or even hatred at times. When families engage in conversation at this level, there is a toxic element that needs to be addressed at some point. Example: "Mom, can I have ice cream?" Mom: In a half sarcastic/half loud tone and a dramatic eye roll answers: "Maybe, we'll see." Or perhaps the great line: "Keep on asking, see what happens." So, the ODD child takes on this challenge and responds in kind. It is almost as if the passive aggressive tone lit a fire in the ODD furnace of negative behaviors.

Kids with ODD and other conditions such as autism and anxiety do not respond well to the use of sarcasm and other forms of passive aggressive behavior. In fact, they can, in turn, respond with their own brand of the same behavior and often learn that the only way to communicate is via passive aggressive behavior. Kids in general don't respond well to passive aggressive behavior and should be learning assertive communication from adults.

- **Electronic nagging:** The behavior is occurring as a result of texting. Kids are texting their parents for permission to do or have something and parents are texting back. I recently witnessed this right in front of me with a parent that I know (not a client but during a business interaction). The parent was very agitated and was texting angrily -- the kind of texting when someone is texting really hard and showing anger on their face. A few seconds would go by and then she would angry text again and this went on for a while. At first, I thought she was texting her husband and thought to myself "just call him and talk this out, the texting is going nowhere fast." But, I was wrong. She was in a text battle with her daughter who was nagging her to go somewhere with a friend. This entire episode took place without either of them actually speaking to the other. This is happening a lot since every kid seems to have a cellular phone.

### **The No-Nonsense Method of Teaching Kids How to Ask for Things**

A few paradigms to think about:

- Kids should ask for privileges, items, etc., not demand.
- It is better if a kid asks you something in person, not via text and not over the phone.
- Kids should be told to not ask things in front of their friends (e.g., asking to have a friend overnight when the friend is standing right there).
- If you are going to allow texting from child to adult, realize that you are changing the dynamic and likely the result will not work in your favor. My rule is: Don't text something that you should be actually saying.

First, if you (the child) want to ask for something, we need to have eye contact. This insures that I am paying attention and not doing something else or speaking to someone else. The second part of this rule is that after you ask me once, if you ask me again the answer will always be "no." This teaches the kid several things, not the least of which is to avoid nagging. It also is a way to teach impulse control and delayed gratification.

For some kids, having something to imagine stopping their words from coming out of their mouth really helps them avoid that second request. For instance, "imagine after you have asked your questions that your lips become glued shut and no more words can come out of your face." Anything like that can help kids imagine something and it makes it a little more fun.

If the answer to a child's request is truly a "maybe" or "we'll see," then put the contingency on the answer so they know what they need to do in order to get to yes. Simply saying "maybe" is a weak answer and just sets up more negative behavior.

If for some reason, you don't want to decide right away or need to think it over then it is fine to say that you are going to wait to make that decision. The child will need to accept that answer or of course will end up with a "no" answer.

Many times, the answer to a child's inquiry will be in the negative, meaning that they cannot have or do what they wanted. This is life and so it goes. However, you can easily praise them for following the rules about asking the right way and for not nagging which, of course, is terrific reinforcement for the behavior you want to see. Even though the child still doesn't get what they want, they are learning a valuable lesson and obviously are being paid attention to and taken seriously.

### **Chores**

Many parents complain because their kids will not do anything in terms of chores, etc., or that unless they are paid their kids won't do the chores, etc. Some rules about chores:

1. Chores are to be performed by everyone in the house capable of doing so.

2. Only safe chores should be performed (no 4-year-olds mowing the lawn, etc.)
3. The older you get, the more serious or complicated the chore is likely to be.
4. Nobody gets paid for chores.
5. No chores mean no privileges.
6. Emergencies happen (people get sick, etc.); when that happens, we cover each other and perform their chore if we are able.
7. If I (the adult in charge) end up having to do your chore because you refused, there will be a price to pay.

Having a visual reminder of what chores or tasks are required and/or due can really help kids remember what to do. This is especially important for kids who are impulsive and forgetful. A visual reminder helps avoid the verbal instructions, which can sound a lot like nagging.

If a kid wants to earn money, say for something that they want, then it would be great to set up an agreement for how that money can be earned. This special opportunity is above and beyond the normal chore requirement, and should be something of substantial value.

If a kid is old enough and responsible enough, then it might be effectual to pay them to babysit on occasion if they are doing what a babysitter or child care provider does: Play with the kids, feed them, get them ready for bed, etc. If they are just sitting around and happen to be the oldest kid there, then that's not a payable job.

## DEALING WITH BULLYING & THE KID WHO JUST ANNOYS OTHERS

There are kids who bully, and then there are kids who just annoy others through their behavior. Bullying is a systemic issue and there is not just one approach to deal with all situations of bullying.

I am dividing this section into two areas: Prevention and Proactive Strategies and then Reactive Strategies. The first section is really more about teaching skills to kids so they do not bully and/or annoy others. The second section is designed for adults to have effective ways of addressing these behaviors as they arise.

## PREVENTION & PROACTIVE STRATEGIES

### Social Skills

Like other areas of behavior, social skills are a general area that should never be overlooked. Regarding bullying/annoying behavior, teaching kids how to make and keep friends is a life-time skill that we should continually be working on with kids, including bullies. Bullies need to know how to make friends and have friendships.

Pairing up kids in a way in which bullying is minimized leaves a better chance for success. For instance, a confident kid is paired up with a bully-type kid and this leads to a better interaction. These types of interactions also lead to the further development of social skills due to the positive interactions that occur. The bully learns to communicate with the peer on a different level because the bullying interactional pattern is not necessarily functional since the other child is confident, competent and quite frankly, does not take bullying as acceptable and provides those cues to that other child.

Social skills can be practiced in groups or individually in a variety of contexts. Learning new skills takes time and using role play, examples from real life, and even playing games, are different ways the child can learn how to be

around other kids without bullying others. I have seen some professionals do masterful work at teaching kids social skills; teaching such skills takes time, patience and diligence.

### **Teach Empathy**

Some bullies need to understand what it is like to take care of someone or something else. Empathy comes from experience not just talk. When kids experience situations or encounters and it taps into their ability to be empathic, it can create better understanding of others. For instance, something as simple as taking care of sick or injured animals can be another way of tapping into that empathy. Tapping into the bully's own experiences can be one way of working on empathy. By the bully needing to address their own experience, it is easier to be more understanding of others.

### **Consider Other Issues**

Bullies are at the same risk for depression and even suicide as the bullied. This sort of goes against the grain in terms of how we think about bullies. Our typical view of a bully is a tough, highly confident, aggressive child who gets a thrill out of intimidating others. However, that view is just one type of bully. Some bullies have mental health issues and others have been bullied themselves. Other bullies do so because of peer/group influences and others do so because of insecurity or situational-based interactions. We need to look at other issues that surround the behavior to open the door to what is really happening.

Example: I once worked with a kid who did a good deal of bullying. Quite simply, his history of trauma had a significant impact on his behavior and the way he coped was to be intimidating (powerful) towards other kids. Knowing this about the child did not excuse his behavior, but it gave some explanation and clarified for me some avenues to pursue. I was able to get this child involved in several activities, mostly involving sports.

As time went on, he developed more actual friendships, felt better about himself and developed multiple outlets for his frustration and emotional issues. He was getting into less and less trouble and by late middle school/early high school was more successful, had better grades and a lot of friends.

The cure, so to speak, was not one particular interaction or technique but rather allowing the activities to be curative in nature. It really is powerful to see how particular endeavors and activities can change someone's life and help them turn their behavior completely in another direction.

### **Proximity and the Numbers Game**

Kids who bully other kids can do so because of the absence of adult presence. Simply, adult presence changes kids' behavior and so two things that can be done right away to change behavior is to either increase the proximity of adults or increase the number of adults (ratio) to children.

There are three primary ways to reduce bullying issues simply by manipulating proximity and number of adults:

1. By having adults more present in bully prone areas (hallways, locker rooms, playgrounds), the chance for bullying is reduced. An example of this type of measure in a school setting is when all staff is in the hallways during passing periods. This is a simple method to limit the chance for bullying during transition times.
2. By having more adults available say for instance in a school setting, there is simply less chance for kids to get bullied. Instead of one adult supervising a large number of children, add a few more adults to increase the adult to child ratio. Additionally, the adults should be separated so that there is more coverage overall. I was once observing a playground and about 50 kids were out playing. There were three adults who were supervising, but they were all standing around together, chatting. This passive type of supervision does not really help. Rather, active supervision involves continually

scanning the area for safety concerns while also watching the interactions between children. This is especially important for known trouble spots or troublemakers.

3. By having adults monitor more closely kids' use of devices, electronic bullying is less likely to happen. In a world where bullying can take place via technology, the monitoring of those gadgets is clearly the responsibility of adults in charge. There should be zero tolerance for using technology to bully, harass and even threaten others. Kids need to understand that when they have privileges such as technology, they need to use them responsibly and with kindness.

### **Why Is the Child Bullying?**

Why is the bully doing what they are doing? What are they gaining, avoiding and/or communicating with their behavior? There are different types of bullies, so looking at the function of behavior can certainly point us in the right direction.

If a child is not necessarily targeting anyone specifically but rather is annoying others, there is also a function for this behavior. It is important to say that knowing the function of why a child is doing a certain behavior does not mean we are trying to excuse the behavior, we are trying to figure out why they are doing the behavior and maybe that helps us come up with a better plan.

## **REACTIVE INTERVENTIONS FOR BULLYING BEHAVIORS**

### **Catch Them Being Good**

When building up compliance, it is important to catch kids behaving well and then reinforcing that behavior. When a bully is demonstrating the behavior we want to see, we need to recognize that with as much influence as we do the negative behavior that we see.

### **Catch Them in the Act**

If we catch the child engaging in a bullying type act, then they need to feel the sting of their behavior. The reprimand for their behavior needs to be swift, certain and severe.

All too often, we mess around with reprimands and try to explain our delivered reprimands with all types of sophisticated adult logic. Simply, deliver the reprimand with a resounding boom! When a child feels the pain of their bad behavior, they are less likely to repeat that behavior.

After receiving a reprimand, the child may retaliate and attempt to regain their power. They will also need to feel the pain of that decision. If the reprimand (huge consequence) is implemented with swiftness, certainty and severity, the behavior will stop in one of two ways: 1) The child stopped their behavior, or 2) the kid was unable to continue their behavior because of the situation.

## AN EFFECTIVE RESPONSE TO BULLYING

A 13-year-old has been harassing another 13-year-old by texting, messaging and chatting with other child on various electronic gadgets. The bully has been sending threatening messages and teasing the other child. In addition, he has brought other kids into the discussion and, when they are in actual physical contact, they continue the harassment in person. The other child told an adult about the behavior.

**Response:** The bully clearly was intentionally committing the acts he was accused of and is declared guilty by the responsible adults. His consequences are as follows:

1. The immediate loss of his electronics that have message capability such as: Phones, computer and other devices. This immediate loss happens after an issued apology supervised by an adult. Once the apology is issued, electronics are banned and confiscated or shut off.
2. The loss of said devices is to last an entire quarter (45 days of school).
3. An apology letter is to be written (on paper) and delivered in person to the other child's parents and they can decide how to give that information to their child.
4. The electronics will need to be earned back one at a time through random acts of kindness and caring. These random acts of kindness and caring must be above and beyond normal, routine everyday responsibilities and chores.

Once the items are earned back, they are earned on a status of permanent probation: Should another bullying/harassment violation occur, the child will lose those items permanently.

In this example, the kid who did the bullying received consequences from his parents that were swift, certain, and severe. Some people reading might see this as far too extreme. However, it is more important to take a look at the impact of this kid's behavior on the other kid. Likely, this kid will not engage in this behavior again and if he does, his privileges are gone for good!

In addition, there is the apology component to this reprimand that teaches this child that if you hurt someone, you need to make up for your actions. The letter was delivered to the parents to create another level of responsibility and avoid further embarrassment of the other child who was being bullied.

You will also notice that, while the other kids were involved, the child receiving the consequences was held fully accountable. There is no blaming the other kids; this kid learns that he is responsible for his actions.

## AN INADEQUATE RESPONSE TO BULLYING

Let's look at the same situation with a different response from weak, hovering and enabling parents:

**Response:** The bully clearly was intentionally committing the acts he was accused of and is declared guilty by the responsible adults. His consequences are as follows:

1. There is a discussion about appropriate behavior and how what he was doing is not nice.
2. He loses his privileges for the weekend.
3. His parents tell him that he needs to apologize to the other kid when he sees him again.
4. The parents ask about the other kids who are involved and whether he (the son) thinks he is making good choices.

### Reparations for the Bully

The bully should be held accountable for their actions to the extent of making reasonable reparations to/for the target(s) of their behavior. Bullying is an action or behavior. Thus, it should be actions and behaviors that are instituted to make up for the behavior. By learning to make amends, they are learning accountability and responsibility. Take a look at the following offenses with the corresponding idea for a way for the bully to make reparations.

- Stole or extorted money from someone
  - A. Financial restitution
- Stole or intentionally did not return a borrowed item
  - A. Replace with a new version of the item
  - B. Provide financial restitution for amount of the item
- Publicly embarrassed someone
  - A. Apologize in public - if someone is bold enough to embarrass someone in public, then their apology should be public as well
- Threaten someone or physically harm another person
  - A. Apologize and promise they will never do it again
  - B. Sign a written statement as proof that they admit to committing the threats; the statement can be used later as evidence should another infraction occur
- Committed bullying in a group context
  - A. Apologize within the group context
  - B. If the person being bullied wants to remain in the social group, welcome the person back
  - C. Allow the group of kids to decide (with adult guidance) on what consequences the bully should have
  - D. If the person being bullied does not want to remain in the social group, the bully can make an offer to be friends outside of the group, or completely leave the other kids alone
- Bullying takes place over electronic means
  - A. Apologize over the electronic media with adult supervision
  - B. Apologize in writing with a statement to the parents of the bullied child
  - C. Loss of all electronic communication devices

In these situations, the consequences are related to the behavior, but also should have an educational component as well. The idea is to teach the kid a different way of behaving and end the cycle of bullying that impacts so many children.

### Working with Parents

Some parents of kids who bully do not understand or perhaps are unaware of their child's behavior. Other parents may enable the behavior or even act like bullies themselves. Most parents, though, will act appropriately when/if their child is bullying others, but they often need proof to understand exactly what is happening. The parents who are not so helpful also need proof and proof can come in several ways:

- An adult who has witnessed the bullying will provide strong evidence of this behavior.
- Another child or several kids can also provide information to tell the parents about what they witnessed.
- Reports from others to trusted adults about what they witnessed and then the adult makes a report.
- Report from the actual person being bullied.
- Saved conversations from texts, chats, etc.

The evidence of bullying should be presented in an objective fashion. While parents can make decisions about consequences at home, school professionals should utilize their discretion as to appropriate measures at school.

It is important to realize that bullies will often retaliate after being caught for bullying, so it will be necessary for some increased monitoring to occur.

### **Reporting Systems**

Having a system for how bullying gets reported will be crucial for any educational or residential setting. While this might be a proactive measure, the actual reporting is reactive since it is occurring after the fact.

A good system for reporting bullying will have these components:

- Established adults to go to in order to verbally report incidents.
- A safe place to go if/when being bullied on grounds.
- A safe place to go to actually make a report.
- An easy-to-use reporting form for kids who want to write out what has happened.
- Special contingencies in place for children with communication issues which might make it very difficult for them to tell someone about being bullied.
- Procedures to report to police if the bullying incident is criminal in nature.
- System for informing parents of the child being bullied. They should be notified before the bully's parents.
- A way for the child to exit the building safely.
- A way to re-enter the building safely upon their return.

### **Bully Prevention**

In an effort to help kids learn how to deal with bullying, I created an anti-bullying program entitled: *The 4 C's of Bullying*. Developed several years ago and utilized at my karate school, this program is designed to help kids on multiple levels. Each of the components has specific lessons practiced in classes and our program begins in August and runs the entire 1<sup>st</sup> semester of school.

**CONFIDENCE** — We work on a character education theme designed to help kids be more confident, so they are less likely to get bullied at all.

**CONVERSATIONS** — We work on a two-part step on communication about bullying, as well as learning how to solve conflicts peacefully.

**CHOICES** — The third step of the program is the largest component. In this phase, the students learn to react to being bullied by grading the bullying in terms of mild, moderate or severe. The students' responses are appropriate to the level of being bullied. For example, the bully is giving them an intimidating look; the response for this might be to simply walk away or ignore. But, if the bully is trying to fight them or one of their friends, the response is heightened accordingly.

**CONTROL** — The final phase of the bullying program is designed to teach students what to do if the bully is physically doing something like trying to tackle them, push them down, hit, etc. This is more the martial arts part of the program. It is not enough to just tell kids to run away; there are situations when a person cannot get away and knowing what to do in those situations will help them feel safe.



## CHAPTER 7

# Understanding Comorbidity

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Comorbidity means that two or more independent conditions are occurring in the same person at the same time. Comorbidity is more the rule than the exception but much of the time, problems are attributed to just one condition rather than looking for co-morbidities.

Conditions that typically co-occur with ODD are:

- ADHD
- Anxiety disorders
- Mood disorders (such as depression and bipolar disorder)
- Learning disorders
- Language disorders
- Autism spectrum disorders
- Attachment disorder, conduct disorder, trauma and post-traumatic stress disorder

Having some knowledge about each of these disorders will help in the context of the overall picture. ADHD is the most common comorbid disorder with ODD; anxiety and depression have the most significant impact on behavior and suicide risk, so more time will be spent on each of these disorders.

## ODD & ADHD

Many children with ODD also struggle with ADHD. ADHD is the most common comorbid disorder with ODD; these disorders share the symptom of disruptive behaviors. Kids who have both ODD and ADHD tend to be more aggressive, have more of the negative behavioral symptoms of ODD, and perform worse in school than those who have ODD alone. Typically, kids with ADHD and ODD also have more disruption in their families and with their relationships with authority figures than kids who do not have ODD. ADHD is also considered a medical issue, not just a mental health issue. There are three categories of symptoms of ADHD:

1. Hyperactivity
2. Impulsivity
3. Inattention

The symptoms of ADHD are listed below:

- Difficulty paying attention
- Frequently daydreaming
- Difficulty following through on instructions and listening
- Frequently has problems organizing tasks or activities
- Often is forgetful and loses needed items, such as books, pencils or toys
- Frequently fails to finish schoolwork, chores or other tasks
- Easily distracted
- Frequently fidgets or squirms

- Difficulty remaining seated and seems in constant motion
- Excessively talkative
- Often interrupts or intrudes on others' conversations or games
- Frequently has trouble waiting for his or her turn

## HELPING KIDS WITH ADHD & ODD

Certainly there is a lot of debate about the treatment of ADHD. There are some ideas that can be implemented by almost any professional regardless of other treatment that might be instituted. I am careful with parents of kids whom I am working with about explaining that it is important to be open to ideas but cautious at the same time regarding the treatment of ADHD.

There are some bad ideas floating around out there and it behooves us to steer well intentioned people away from those who are looking to make a profit off someone's desperation to make things better. Kids with ODD and ADHD present the challenge of having the oppositional behavior along with the hyperactivity, impulsivity and/or inattentiveness. Below is a tiered system that I like to implement with all kids with ADHD type behaviors. Some kids are medicated, of course, and others receive various types of treatment. Regardless, the ideas presented below can help and, at the same time, can also help with some ODD behaviors.

Considerations:

- Keep kids engaged in the learning process. This can be done by getting them moving around and keeping them moving. For instance, having them perform small tasks that require movement (walking, picking up things, etc.).
- Do a little work, take a little break and repeat. Instead of trying to do several things in a row, it will work better to break up tasks into subtasks. The breaks do not have to be long breaks, just brief enough to reset and then get back to work.
- Allow kids to do things while standing up or wiggling around. Having ADHD can actually be uncomfortable and requiring kids to sit down, not move around, etc., can be difficult and also might create more behaviors. I often use this comparison during my presentations: Imagine you have just arrived at my seminar and when you enter the room you notice there are no chairs, tables, etc. I announce that the seminar is going to be a standing seminar and then give you some made-up reason for why that is important. Now imagine just how uncomfortable that would be standing for several hours while listening, perhaps trying to take notes and of course, holding your coffee or tea or picking it up off the floor. I can attest to the fact that standing for a long period of time (since I often stand up during those presentations) is very uncomfortable. This is basically how it feels for a child with motor restlessness to have to sit in a hard chair and not wiggle around, lest they get in trouble.
- It is important to remember that we cannot talk someone out of being hyper or impulsive. So, my recommendation is to really try and curb the entire talking/telling a child to calm down, hold still, etc. Also, this behavior from adults sounds a lot like nagging and whining — perhaps because it is!
- Use a strength-based approach. Utilize the child's energy and ability to keep moving/keep going to perform small chunks of work. Even though the attention span might be quite short, there is no shortness of energy. Other strengths should be capitalized on as well. These kids are often kinesthetic learners meaning they need to touch things, perform the movements and sometimes even take things apart and put them back together. This type of learner needs to be engaged or they will quickly lose interest and/or not perform well.
- Elicit their help with activities—build opportunities to help. For instance, I might have the student come up to the front of the classroom to help me demonstrate a concept, do an experiment, or a role

play. Of course, they are helping/assisting me and at the same time are up close and learning in a hands-on manner incidentally.

- Teach the child systems and how to use those systems. Systems are methods of organization for a variety of skills and activities. In business, systems drive the activities and employee functions and help the business run like a well-oiled machine. Go into the average fast food business and it is typically staffed by young people. These young employees have learned the systems in the business for preparing the food, taking payments, cleaning, storage and a number of other activities and these systems are duplicated over and over. Here are some ideas for systems that can be set up for kids using everyday activities:
  - Morning routines
  - Bed-time routines
  - Breakfast
  - Chores
  - Homework
  - Practice for a sport or music
  - Getting ready for school
  - After school routines
  - School break routines
  - Cleaning a bedroom
  - Making something to eat

Obviously the list could go on and on. Here is a sample list for the first system listed, the morning routine:

(Posted on the bathroom mirror)

1. Wash your face using a wash cloth (use water)
2. Wring out the wash cloth
3. Hang on the rack
4. Get toothpaste from the drawer
5. Get toothbrush from the holder
6. Put toothpaste on toothbrush
7. Put the cap back on the toothpaste
8. Put toothpaste back in the drawer
9. Brush teeth--tops and bottoms
10. Spit and rinse
11. Put toothbrush back into holder
12. Go downstairs

This list might be a little too detailed but I wanted to illustrate the point. Perhaps later this could be shortened to just three steps: Wash face, brush teeth, put items away, etc. Typically in the beginning, the details need to be listed, though, or they will be skipped. For kids who are not reading or have difficulty, a picture schedule is a nice way to illustrate the steps to take. Also, having visual systems like this is a great way to avoid getting into constantly reminding the child to do things and the arguments that can happen as a result of not following directions all the way.

**CASE STUDY: CAYDEN**

Cayden was an 8-year-old boy with a history of acting out at home and at school. He was rather constantly engaging in defiant behavior with his mother and they even had a bit of an argument the first time I met them. Cayden had also been diagnosed with ADHD when he was younger and had been on several different medications with varying results. Overall, his behavior had not improved enough for him to continue on medications and the side effects were significant.

The plan for Cayden:

1. Introduce him into the culture and atmosphere of the karate school
2. Teach him the rules for conduct but also the rules for having fun. There are individual rules and then there are group rules. The better the group does, the more likely the entire group will find the class experience to be more rewarding.
3. Teach Cayden systems for organization. Cayden learned several systems to keep himself organized, prepared and successful. Starting with the basics such as getting his uniform on, etc. and then memorizing karate concepts such as how to count, sequences of movements and eventually, more complicated systems.
4. Have Cayden experience success! This goal probably had the most significant impact at home, because Cayden did very well at karate and felt better about himself. His mother could easily tell him to behave better or, "I'll tell Sensei," (Sensei is the teacher's title at a karate school).
5. Teach Cayden how to not nag, blurt out or interrupt adults. This takes time, patience and dedication but this skill, like so many others, can be learned.

The plan for Cayden's mother:

1. Explain to her the process of what her son will learn at the karate school and how this can be used at home.
2. Discuss with his mother how to manage crisis situations as they come up. (Safety plan is first. In this case, the plan was fairly easy as Cayden was not generally unsafe.)
3. Use systems at home for getting Cayden organized. Responsibility chart--this highlighted his responsibilities at home. He would not be able to do his fun stuff without meeting his responsibilities. The second system was a series of cue cards that reminded him of what or how to do something: Since he was so forgetful, having these cue cards in different places (e.g., by the front door) provided him with cues to get him to do something without an argument needing to take place.
4. Establish a simple, easy-to-use system of reinforcement and consequences for Cayden. Simply, if he did what he was supposed to do, he got to do the things he wanted and, if he neglected his responsibilities, he did not get to do the things he wanted.

Once he learned the skill of focusing himself on an activity, he was able to transfer that skill into other activities. He did not necessarily have the insight that he had the skills but that did not necessarily matter; he had the skills and was able to use them and that is what mattered.

## ANXIETY & ODD

Anxiety is the most common reason why kids act out. Anxiety disorders impact millions of people each year. As with many disorders, anxiety can show up differently in kids and so it is often missed. Certainly, whether diagnosed or not, looking at anxiety as a primary cause of behavior is very important.

Stress in small amounts (good stress) can actually be positive in terms of performance and can lead to better results overall. However, once stress becomes an anxiety disorder, it can impair someone drastically in terms of their overall performance, including activities of daily living. Anxiety, stress and even trauma are all born in the brain but live in the body. What we often see is behavior and somatic signs of anxiety. Take a look at the signs of anxiety and you will see how anxiety can be misinterpreted as ODD and also you can see how the two are related.

### Mood Signals of Anxiety:

- Nervous/anxious
- Irritable/angry
- Sometimes sullen
- Excitable/hypersensitive

### Somatic Signals:

- Breathing difficulty
- Muscle tension
- Extremities feel cold/sweaty
- Feeling hot/overheated
- Sick/nauseated

### Behavioral Signals:

- Aggression
- Avoidance/escape
- Panic/anxiety attacks
- Lashing-out
- Crying/meltdowns
- Inability to make decisions
- Lots of motor movement
- Giving up
- Attempting to control others or the environment

## ANXIETY, FEAR & PANIC

The emergency response system in your body will save your life if you are in danger.

Anxiety-based responses mimic the survival responses:

1. Flight: People run from danger as a response
2. Fight: People become aggressive in response
3. Freeze: People become numb, unable to move
4. Submit: (Rare) people give up, play dead

The survival responses do a great job in keeping us alive, alert and healthy; however, the brain also is a poor judge of real danger versus perceived danger. The thinking/logical part of the brain is hijacked by the fear part of the brain. Even though we know logically that something cannot hurt us, we fear it anyway and go into a fear-based response. Children have fewer coping skills and less ability to harness their thinking, so fear-based behaviors commonly occur. Depending on a child's experiences, past trauma, personality and environment, their anxiety-based behaviors will exist on a continuum between fight and flight. In other words, they will run first and then fight, or fight first and then run. Sometimes you will see freeze and rarely, you may find submit as a fear response. Children who have been traumatized may have trauma/anxiety-based behaviors that can magnify the intensity of behaviors. Because of the trauma, these kids are in a heightened state of their fear response and as a result, other behaviors, such as rage, aggression and flight are amplified. When you see sudden, abrupt changes in a child's mood and behaviors it is important to consider anxiety or trauma as the culprit rather than a mental illness. Mental illness develops over time, and unfortunately, trauma can happen in an instant, causing immediate changes.

## HELPING KIDS WITH ODD & ANXIETY

While the physiological symptoms of anxiety can be apparent, the cognitive issues are not always as clear. Behavioral symptoms are usually what we see in schools or other non-clinical settings, because in those environments a child is not typically talking about how they are feeling or what they are thinking. Behavior becomes the indicator or communicator about what is really happening. Behaviors resulting from anxiety primarily exist between the fight or flight components of anxiety. Many kids exhibit behaviors that have both components.

### Managing Anxiety

Of course, there is a great amount of material out there specifically on the subject of anxiety and this section is only going to be a quick review of strategies that I know work for kids with ODD and anxiety. That being stated, this section should be a great reference point to at least begin looking at interventions to help a child deal with their anxiety.

The most direct route to helping someone with anxiety is to work on the physiological component first. Anxiety is born in the brain and lives in the body and so a person needs to be able to physically deal with the anxiety. Teaching skills such as: deep breathing, relaxation and management of stress are great ways for anyone to deal with anxiety.

Things to remember during a crisis or panic situation: Panic is the result of too much stress or anxiety and so it is important to keep these things in mind.

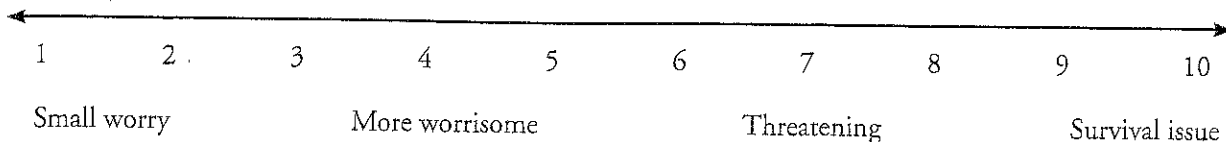
- When a person is in crisis, talk less.
- Do not put people in a corner. Most conversations (and requests) can wait a little longer.
- Keep yourself in mind in that same situation: what would help you at that moment?
- Using someone's name has a powerful, calming effect. So, if you do need to say something to the person, then use their name whenever possible.
- Body language is very important and tone of voice is next. Our nonverbal behavior will help a person or will escalate them. Body language should be communicating safety and calm.
- Tone of voice should calm, rather monotone if possible and slow in order for the person to understand best. I suggest only communicating for safety purposes during times of crisis. In a crisis, a person is much less able to be rational, thus they will have a difficult time understanding so again, talk less during a crisis.

There are several other ideas that can help with anxiety. I will give you a list of ideas and a brief description about each idea. Then, based on your situation or role (therapist, teacher, etc.) you can pick and choose which interventions to use with a particular child.

## Anxiety Interventions

Dealing with anxiety in the moment is typically going to require some quick and easy verbal techniques to get the person to think about the fear or anxiety differently. Take a look at these, in-the-moment techniques.

**Ask questions:** What is really scary? What should you really be afraid of? Helping define the difference between what you should really be afraid of versus things that you don't need to be afraid of can really help a person be more logical about their anxiety. Using a scale such as the one below might be helpful as well.



Anything in the 7-10 range is something worth really being anxious over. The child should be taught that it is okay to worry in these situations as fear of danger is not being weak, it is being smart and doing our best to stay safe.

**Proof that you survived:** Ask the child after a moment of anxiety whether or not they are still alive. Of course, I am really telling them that since they are alive, they are strong enough to handle whatever just made them anxious. This typically results in a nice confidence boost as well. This can also be done as a writing assignment which might work very well in a school setting.

**Practicing/rehearsing anxiety provoking moments:** Before a known moment of anxiety, it can be very helpful to practice those moments somewhat like rehearsing for a play. By rehearsing, the person is better prepared for when the moment actually happens and the result is that they are typically much less anxious. During the anxiety moment, it is helpful to be able to tap into the rehearsal if it was done before. If not, and the person is not in a full crisis, simply coaching them in terms of what to do/steps to take, etc., can be the quickest way to help them through the actual anxiety provoking moment.

**Reinforcement:** When a child is enduring anxiety, it is effective to reinforce them for being strong and courageous. It takes a lot of mental energy to be able to push your way through anxiety and if you are reinforced for that effort, that can offset the negative feelings that anxiety usually brings. Simply stating something like, "I know this is hard, but you are doing such a good job with being brave," can make a big difference. In terms of oppositional behavior, we are catching the kid in a moment of vulnerability but flipping it around as a positive. This might go a long way in building a relationship with this child as well.

## Working with Anxiety Outside of the Moment

**Exposure:** Gradually introducing an anxiety-provoking topic. Overall, gradual exposure is one of the most effective methods for helping someone overcome anxiety, because avoidance actually makes it worse. Take a look at these following scenarios of defiance and see if you can find the anxiety within the behavior.

- Mary continually skips her oral communications class and then gets in trouble for roaming the halls at school.
- Bobby throws a major tantrum before heading into swim lessons. His father becomes so enraged and embarrassed that he takes Bobby home and cancels the lessons.
- Suzy starts acting out whenever her mother tries to drop her off at daycare. The more Suzy acts out, the more trouble she gets into, resulting in restrictions at daycare and her mother continually getting phone calls at work.

- Brandon has been practicing for a musical performance at his school. When it comes time for the actual performance, he is nowhere to be found.

In the above situations, there are different oppositional behaviors. Were you able to find the anxiety within the behaviors? Gradual exposure will help in all of these situations. Using gradual exposure, a person is slowly engaged with the anxiety-provoking moment and is taught skills for how to deal with the feelings that come over them. Eventually, they can handle a much higher level of stress than initially, and likely the increased progress will help them feel more confident, competent and they will remember those skills for another instance in which they feel anxiety.

Usually, when a new student enrolls, they are nervous and do not always know what to expect. If they have had unpleasant experiences at other places then this makes matters worse. So, we gradually introduce them to our facility and classes. Here is a run-down of how this works:

1. Introduction to the adults
2. A quick tour--show them the restrooms, changing areas, etc.
3. Introduction to other students: However, we generally pick a student close in age and the friendliest student first to make this easy. If the entire group comes up at once, this can be a bit overwhelming.
4. Explain certain procedures: Where to put things, where to wait, etc.
5. If they want, they can join right in the class, but typically we do more of a 1:1 introductory lesson for a few minutes just so they can ease into the situation.

Think about using a similar system in your classroom, clinical setting, etc. I have even had kids do only 5 minutes of a 40-minute class just to ease them into the situation and not create a negative experience for them. Some might view this as too much work or unnecessary and I would argue with them.

**Reframing:** When did you do something scary/difficult but did it anyway? Engaging in conversation at this level teaches the kid that they can make it through those difficult moments. This can be done in the moment as well as an ongoing lesson.

**Courage:** Walking/guiding someone through something. Somewhat like gradual exposure, in this instance you are acting as a director, providing the actual steps to take. An easy way to do this is to make a list of steps to follow and then troubleshoot potential problem areas.

**Self-disclosure:** Share your own story, then guide the student through helpful steps. Self-disclosure is not always a bad thing. Within the context of a relationship, telling someone how you got through something that was scary can really make a difference for them.

**Visuals:** Visuals provide guidance, security and directions for what to do when you don't know what to do.

**Charting:** Make a chart with three parts. The worst thing that could happen, consequences of the worst thing and then steps on improving on the worst. Make another chart, worse case and best case scenario. Typically worse case never happens. By making things visual, the entire situation becomes clearer. Also, I really like the paradigm: "Hope for the best, plan for the worst." Usually, what actually happens is not nearly as bad as what could have happened.

**Keep a journal:** Help the student keep track of difficult moments and success and failure with those moments. Also, journaling is an excellent method of processing thoughts, and getting those thoughts down on paper or screen provides clarity. The brain seems sort of relieved to have the topic dealt with or at least organized.



**Highlight strengths:** Developing strength patterns helps the student realize what they have to fall back on when they are anxious. I love being able to tell a kid, "Hey, this is what you're really good at, so let's use the tools you have." Sometimes, it is hard to remember our skill-set because anxiety clouds our thoughts.

**Prescribed escapes:** Allow the student to leave on an assigned/controlled basis. By allowing appropriate escapes, we are allowing the function of behavior while also improving behavior. Prescribed escapes are opportunities to escape from the pressure and at the same time not get in trouble. Look at some of these ideas for prescribed escapes (of course, you may have seen these before as they are used for other behavioral issues):

- Send the student on a mission or special errand.
- Have kids engaged in special jobs or areas of responsibility. These special jobs can be anything from helper to feeding the fish. Kids get to escape while also contributing.
- Allow for breaks. Short breaks are a great way to provide escape and get more work done in the long run.
- Increase physical activity. Again, anxiety lives in the body; physical exercise/movement is vital for all of us but especially anxious and oppositional kids. Side note: The rather frequent occurrence of disappearing recess time in schools around the country is ridiculous. Kids need recreation time for exercise but also to engage in valuable activities like playing with others, socializing, etc.

**Visualize:** Engaging kids in some quick visualization exercises is a nice way to get them to think ahead and even become hopeful. An example of this is to write your graduation announcement or have the youth visualize themselves performing, etc.

**Teach Plan A and Plan B:** Plan A is the initial plan or expectation that I have for a given event or activity. Plan B is the plan I have if Plan A does not work out. For instance, I plan on being in New York to speak but my connecting flight is canceled. So, Plan B kicks into gear and I rent a car, or catch a different flight or some other option. Does it always work? Of course not, but having that plan in place gives me some peace of mind that things will be okay. Also, it provides some control over a situation which I might not have had before.

By helping someone learn steps to manage their anxiety and effectively deal with crisis situations as they may arise, the likely result is that their oppositional behavior will decrease. Of course, the kid will also feel better about themselves which can lead to additional gains.

The good news is, much of what is effective for anxiety is also helpful for depression. Depression and anxiety are sort of wicked twins and where one is, the other usually is not too far away.

**ODD & DEPRESSION**

Depression (major depressive disorder) is a mood disorder impacting the thinking, feeling and behavior of an individual and is very common. In fact, about 11% of teens will be diagnosed with a form of depression by the age of 18. Depression leads to missed days at school, medical visits, chronic health problems, and is also the leading cause of suicide. Depression is often misunderstood with children and teens. Their symptoms can be overshadowed by their behaviors, making it difficult to identify and diagnose. Depression often co-exists with anxiety. In kids, depression shows up a little differently than in adults.

**Somatic and behavior signals of depression in kids:****Mood**

- Negative attitude
- Irritability
- Sadness and crying
- Anxiety and nervousness

**Behavior**

- Aggression
- Withdrawal and avoidance
- Self-harm
- Substance use

**Somatic**

- Sleep disturbance
- Headaches
- Body/back aches
- Stomach aches
- Cold or sweaty hands
- Breathing difficulty
- Muscle tension
- Fatigue/low energy

**Depression and Anxiety Symptoms and Behaviors**

The left side of this chart displays symptoms of depression and anxiety specific to adolescents. On the right side are behaviors that can be displayed. The more behaviors we see on the right, the more symptoms there will be displayed on the left side.

| Characteristics in Adolescents<br>(Depression and Anxiety)        | What Behaviors Look Like<br>(School, Residential Environments)                          |
|---|---|
| Decreased self-esteem and feelings of self-worth                  | Self-deprecating comments   |
| Mild irritability   | Defiance with authority figures, difficulties interacting with peers, argumentativeness |
| Negative perceptions of student's past and present                | Pessimistic comments, suicidal thoughts   |
| Peer rejection  | Isolation, frequent change in friends   |
| Lack of interest and involvement in previously enjoyed activities | Isolation and withdrawal  |
| Boredom   | Sulking, noncompliance  |
| Impulsive and risky behavior                                      | Theft, sexual activity, alcohol or drug use, truancy                                    |
| Substance abuse   | Acting out of character, sleeping in class  |
| Anxiety, nervousness, panic                                       | Skipping classes, skipping school, avoiding activities                                  |
| Aches/pains, complaints of headaches, backaches, etc.             | Going to the nurse, calling home, wanting to rest.                                      |
| Sleepy, groggy  | Sleeping in class, dozing off, wanting to go to nurse to rest                           |
| Anxious, overwhelmed, stressed                                    | Shutting down in class, was working now has closed the book                             |
| Irritated, stressed, feels incapable                              | Roaming the halls, working on non-class work, texting                                   |
| Sadness, self-hatred, high anxiety                                | Self-harm, avoidance, risky behaviors   |

## HELPING KIDS WITH ODD & DEPRESSION

There are many different professionals using this book. The following items are different ways to help someone with depression. Of course, consider the context you are working in, but many of these strategies can be used universally.

With depression, all areas of life are impacted. Kids often lose interest in things they once liked to do and sometimes will isolate themselves. The biggest concern of course with the depression is suicide. All indications of suicidal behavior need to be taken seriously. Having a protective plan in place and ready to implement can make a big difference and, in the time of crisis, will be the tool that everyone can fall back on. It is worth repeating that in times of crisis, it is difficult to remember what to do and having a written plan will help everyone involved.

At particular risk of suicide are those with communication issues/difficulties and those who are isolating themselves. Also, if someone who was once depressed suddenly seems to be happy and peaceful, they may be at a higher risk for actually committing suicide and the safety/protection plan should be activated.

Professionals trained in mental health understand that there are treatments for depression for which there is evidence of effectiveness (CBT, medications, etc.). Research indicates that there are subtypes of depression and treatments vary in terms of effectiveness. For instance, some people respond very well to certain types of medication while some people do not. Therefore, it is important to use a variety of tools and techniques to help someone through depression.

### Considerations and Strategies for Working with Depression

- Set up a system for checking in and monitoring for suicidal thoughts. Not asking about suicide is the problem. Asking someone about suicide is helpful and will not make them commit suicide. If they are having thoughts of suicide, asking about it did not cause the thoughts.
- Get engaged in activities/get moving/get outside. Exercise in any form is one remedy for depression.
- Take care of something or someone. Providing care for something or someone can take a depressed person out of their shell and creates a connection and/or levels of responsibility that can make them feel needed and wanted.
- Identify and utilize supports: Parents? Mentors? Extended family? Bring in the aid of anyone who is supportive to the child.
- Give frequent feedback on academic, social, and behavioral performance. Depression is sort of like existing in a fog and insight can be very poor. Sometimes it is difficult for the child to have a realistic view of his performance.
- Change the academic task/allow for mastery of a subject before the difficult task comes. Often, people with depression have trouble with memory and concentration. This impacts their ability to do work, etc. Start with easy material and work up to more difficult work as tolerated.
- Set up a reinforcement/incentive. The reward/incentive might be related to the effort that they are making or the progress that they are making. Sometimes, people with depression experience a lack of joy from things that they actually like so, even if the kid is resistant, it is still important to have a good reinforcement system established.
- Teach the youth how to set goals and self-monitor. Setting small goals and then monitoring progress can be helpful.
- Teach problem-solving skills/coping skills. Teach that problems are temporary and teach how to solve/cope with problems.
- Coach the student in ways to organize, plan, and execute tasks demanded daily or weekly in school.

- Develop modifications and accommodations to respond to the student's fluctuations in mood, ability to concentrate, or side effects of medication. Assign one individual to serve as a primary contact and coordinate interventions.
- Give the youth opportunities to engage in social interactions. Isolation is very dangerous for someone with depression.
- Develop a home - school communication system to share information on the student's academic, social, and emotional behavior and any developments concerning medication or side effects.
- School professionals should utilize the skills of mental health professionals, since they are trained to address issues such as depression.
- In a school setting, it can be beneficial to perform a Functional Behavioral Assessment to define and address triggers specific to the student.
- Assign break/escape cards which prevent the student from using a break as an escape mechanism, but also allows for needed emotional breaks so as to not get overwhelmed.
- Utilize 3-point scales or some other type of visual instrument. These serve as a way for the kid to communicate in a nonverbal manner about how one is feeling, etc. This would be especially important for someone with communication difficulty.
- Visual charts of how you feel (similar to how medical professionals use pain charts) are other ways for the kid to indicate how they are doing.
- More hydration/allow for healthy snacks. Hydration prevents headaches and snacks help regulate blood sugar. Keeping the person adequately energized is important.
- Set up physical breaks for release of energy.
- Teach/help and/or provide a better sleep routine. Poor sleep impacts mood and depression can impact sleep. This can be a vicious cycle. One major thing that a parent can do is to set up the best environment possible for good sleep. Also, lack of sleep can actually trigger manic episodes in some people with bipolar disorder, and this creates an even more impactful sleep deficit. A good sleep environment should consider these things:
  - Cool, calm/quiet setting. The body relaxes better in a cool environment.
  - No technology around the bed/during bedtime. Cell phones should be off or not even in the room. Kids will often use the excuse of using the alarm on the phone but a regular alarm clock will suffice. Many kids are waking up through the night because they are receiving texts, etc.
  - Sometimes, it is difficult to sleep if it is too quiet, some white noise like a fan is a great way to lull someone asleep.
  - Limit caffeine in the evening.
  - Towards bedtime, create a relaxing, media-free atmosphere. Reading before bed is a great thing to teach kids and it will help them wind down.
- Bibliotherapy. Some kids respond very well to reading books that have a positive message about hope and moving on in life.
- Journaling, music or artwork for expression. Getting thoughts out in writing or some other type of expression is a method that can sometimes work much better than actually talking about the same thoughts/feelings.
- Establish a safe place/environment for crisis moments. Simply having a place or a person to be with during difficult times can make a big difference. An alternative to this is to have phone numbers available for quick messages or calls to/from each other. However, face to face interaction is preferred because if a person is actively suicidal, it is easier to address the issues and provide appropriate guidance and intervention if you are there with them in person.

## BIPOLAR DISORDER

In bipolar depression, a person will also have swings called mania. In a manic state, a person will have a flight of emotions and ideas, pressured speech, and an increase in goal-directed activities, and typically will be destructive and reckless. Abrupt increases in pressured speech (rapid, loud and virtually nonstop talking), pacing, impulsivity, irritability and insomnia are all common. While some individuals with bipolar disorder alternate between mania and depression, some never or seldom experience depression. They will exhibit manic behaviors alternating with usual or typical moods.

### Mood Changes During Mania

- A long period of feeling "high," or an overly happy or outgoing mood
- Extreme irritability
- Wild or silly behavior

### Behavioral Changes

- Talking very fast, changing topics quickly and/or racing thoughts
- Easily distracted
- Increasing activities, such as taking on new projects
- Being very restless
- Sleeping little or not being tired
- Having an unrealistic belief in one's abilities
- Behaving impulsively and engaging in pleasurable, high-risk behaviors

According to most sources, bipolar disorder in children is quite rare and it can be difficult to distinguish between true bipolar disorder and other disorders. The course of treatment for bipolar typically involves medications to reduce symptoms. In addition to recommended medications and adhering to prescriptions, patients with bipolar should also engage in these habits and behaviors to minimize the onset and severity of symptoms:

- Get adequate sleep. Lack of sleep can be a primary factor in the triggering of symptoms such as mania.
- Keep routines and schedules. Try to keep a consistent and steady pace on a daily basis.
- Learn to recognize symptoms and how the onset of symptoms is triggered. This can help minimize severity.
- Keep in touch with medical providers, especially in relation to medication side effects and the development of more severe symptoms.
- The list of recommendations provided earlier for depression will also be helpful to use with children diagnosed with bipolar disorder.

In addition, I recommend placing children and adolescents on an electronic diet for a period of 30 days (chapter 6). The point of this is to help sort out the obsession with technology versus symptoms of a greater mental health issue, but this diet helps to regulate sleep and should help calm down the child overall.

## ODD & LEARNING AND LANGUAGE DISORDERS

Learning disabilities and language impairments are often primary culprits in the development of ODD, but also serve as co-morbid conditions with ODD. Early identification and intervention is vital to help these children overcome their difficulties in these areas. Educators, speech-language pathologists, and other professionals have important roles in helping kids even if your role is not directly working with the behavior.

In school settings, it is frustrating to have kids acting out and this ultimately impacts their education. It is necessary to get behaviors under control before focusing on educational goals. When professionals work together with the student, it can have a positive impact on getting behaviors under control, while at the same time getting educational pieces and adjunct services in place, such as resource classes, speech language services, occupational/physical therapy, guidance counseling and other supportive services.

## ODD & CONDUCT DISORDER AND CONDUCT RELATED BEHAVIORS

There is some evidence that ODD can be a precursor to conduct disorder. Conduct disorder is a more serious behavioral disorder that usually involves legal issues and conflict with another person, societal norms, and rules, sometimes resulting in destructive antisocial behavior.

While ODD behaviors may start in early preschool years, conduct disorders usually appear when children are older. Also, a kid who has ADHD as a coexisting condition has an increased risk of developing conduct disorder. Conduct disorder puts kids at higher risk of developing a mood disorder (depression or bipolar) or antisocial personality disorder later in life. Youth with reading disabilities and conduct disorder have the highest risk for eventual incarceration. This highlights the importance of all professionals (mental health, educators, and support professionals) being allowed to provide high-quality services for these youth, as prevention is a powerful tool in keeping them out of incarceration.

Conduct disorder in youth is above and beyond oppositional and defiant behavior. In conduct disorder, there is a persistent pattern of behavior in which the basic rights of others, societal norms/rules and even laws are violated. The symptoms of conduct disorder are listed below. A person must display three or more symptoms in the last year and one of the symptoms needs to be displayed in the past 6 months.

### Specific Symptoms of Conduct Disorder

1. Aggression to People and Animals
  - Bullies, threatens, or intimidates others
  - Starts physical fights
  - Youth has used a weapon that can cause serious physical harm
  - Physically cruel or aggressive towards people
  - Physically cruel or aggressive towards animals
  - Confronted someone and stolen from that person (e.g., mugging, purse snatching, extortion, armed robbery)
  - Has forced someone into sexual activity
2. Destruction of Property
  - Person has deliberately set fire to something with the intention of causing serious damage
  - Person has intentionally destroyed someone else's property
3. Deceitfulness or Theft
  - Youth illegally entered into someone else's house, building, or car
  - Frequently lies to obtain goods or favors or to avoid required expenses
  - Without confronting a person directly, the youth has stolen items of nontrivial value
4. Violations of Rules
  - Frequently stays out at night against parents' commands, beginning before age 13 years
  - Youth has run away from home overnight at least twice
  - Youth is frequently truant from school, beginning before age 13 years

There are two subtypes of conduct disorders. The first type is known as childhood-onset type and this subtype is defined by the onset of at least one criterion characteristic of conduct disorder prior to age 10. Kids with childhood-onset type are usually male, frequently display physical aggression toward others, have disturbed peer relationships,

and may have had oppositional defiant disorder during early childhood. They usually have symptoms that meet full criteria for conduct disorder prior to puberty. These individuals are more likely to have persistent conduct disorder and are also more likely to develop adult antisocial personality disorder than are those with adolescent-onset type.

The adolescent-onset subtype is defined by the absence of any criteria characteristic of conduct disorder prior to age 10. Compared to those with the childhood-onset type, these individuals are less likely to display aggressive behaviors and tend to have more normative peer relationships (although they often display conduct problems in the company of others). These individuals are less likely to have persistent conduct disorder or to develop adult antisocial personality disorder. The ratio of males to females with conduct disorder is lower for the adolescent-onset type than for the childhood-onset type. For more information on conduct disorders and ODD and working with the behaviors see *The Big Guns* in Appendix I on page 121.

## ODD & ATTACHMENT DISORDER

Fortunately, true attachment disorder is a rare condition, but knowing about attachment issues is pertinent to learning about ODD. Some kids have attachment issues, but may not qualify for a diagnosis. Attachment disorder was re-classified as two distinct disorders: reactive attachment disorder and disinhibited social engagement disorder.

The important piece of information here is to realize that many times, traditional approaches of therapy and behavior management techniques used with kids with behavior problems can actually make behaviors with kids with attachment issues or attachment disorder much worse! Treatment approaches with kids with attachment issues or attachment disorder need to be more creative, less predictable and operate on a different praise/reprimand level than is typical.

**Trauma:** A big part of working with kids with attachment-related behavior issues is understanding the trauma surrounding them. Unfortunately, far too many kids experience trauma in a variety of ways. Take a look at the following signs of trauma based on age-groups:

### Children Age Birth to 2 years:

- Act withdrawn
- Demand attention through both positive and negative behaviors
- Demonstrate poor verbal skills
- Display excessive temper tantrums
- Exhibit aggressive behaviors
- Exhibit memory problems
- Exhibit regressive behaviors
- Experience nightmares or sleep difficulties
- Fear adults who remind them of the traumatic event
- Have a poor appetite, low weight and/or digestive problems
- Have poor sleep habits
- Scream or cry excessively
- Show irritability, sadness and anxiety
- Startle easily

### Children Ages 3-6 years:

- Act out in social situations
- Act withdrawn

- Demand attention through both positive and negative behaviors
- Display excessive temper
- Are anxious and fearful and avoidant
- Are unable to trust others or make friends
- Are verbally abusive
- Believe they are to blame for the traumatic experience
- Develop learning disabilities
- Exhibit aggressive behaviors
- Experience nightmares or sleep difficulties
- Experience stomach aches and headaches
- Fear adults who remind them of the traumatic event
- Fear being separated from parent/caregiver
- Have difficulties focusing or learning in school
- Have poor sleep habits
- Imitate the abusive/traumatic event
- Lack self-confidence
- Show irritability, sadness and anxiety
- Show poor skill development
- Startle easily
- Wet the bed or self after being toilet trained or exhibit other regressive behaviors

Children Ages 6-11 years:

- Nightmares, sleep disruptions
- Aggression and difficulty with peer relationships in school
- Difficulty with concentration and task completion in school
- Withdrawal and/or emotional numbing
- School avoidance and/or truancy

Adolescents Ages 12-18 years:

- Antisocial behavior
- School failure
- Impulsive and/or reckless behavior:
- School truancy
- Substance abuse
- Running away
- Involvement in violent or abusive dating relationships
- Depression
- Anxiety
- Withdrawal

As you can tell by looking at this rather daunting list of symptoms, trauma greatly impacts an individual and many of these behaviors could appear to be oppositional and defiant on the surface yet are based in trauma.



## HELPING KIDS WITH ODD & ATTACHMENT ISSUES

There is some debate out there about the actual prevalence of attachment disorder. Some people will have you believe that nearly all kids who are placed for adoption are going to end up being these rage filled, highly manipulative, and extremely controlling children who will never bond with their non-biological parent, etc. I do not believe this to be the case and, in fact, I think that most kids (even if filled with rage and with significant control issues) will, in fact, bond with adoptive parents or other caring adults.

This section is not intended to debate Attachment Disorder or really even discuss prevalence, rather what does a professional do when encountering ODD kids with attachment disorder-like behaviors? I call these kids **H.E.R.O. Kids (High Energy Resistant Oppositional kids)** and I want to give you some ideas that I have used to make working with these kids easier.

### Understandings about H.E.R.O. Kids

- Think of these kids as being sneaky, cunning and tricky - not manipulative, deceitful, and antisocial - having a more kid-friendly paradigm is a healthy start.
- Think of these kids as highly capable -- not inflexible and incapable of change.
- Think of these kids as masters of engaging adults -- not as kings/queens of sabotage and manipulation.
- Think of these kids as really liking choices -- not as control freaks or overbearing.
- Think of these kids as high energy. They use their high energy and resist change, but are capable of changing and adapting.

### Mistakes of the Past

Unfortunately, rather harmful therapies of the past, such as holding therapy and even re-birthing therapies, were brought into the fold as ways to treat kids with attachment problems.

It behooves us to make sure we are, at a very minimum, doing no harm to our clients, students and patients. We learn from mistakes of the past and poor practice standards of the past and move forward towards interventions and practice that provide the best chance of success and recovery without potentially harmful or even lethal consequences.

### Useful Tools to Help H.E.R.O. Kids

#### Mini Schedules

A mini-schedule is a great way to give these kids a visual guide for what to do and also provides some amount of control. Plus, the mini-schedule is very hard to argue with. Here's an example of a very simple mini-schedule for a 10-year-old in a physical education class:

**LONNIE'S PE SCHEDULE**

1. Warm up with the class: Jump rope
  2. Practice dribbling the basketball
  3. Practice passing
  4. Join other students in the game
- Break: Help Mrs. Wilson feed her fish in Room 100

In the above example, the steps for the class are listed out in writing because Lonnie is a good reader. He really likes feeding the fish so that is why it is listed under his break. In order to get to feed the fish, he must complete the first three individual tasks and then spend a small amount of time engaging with other kids in the game. This schedule provides instruction, and provides control.

**Providing Control**

Since these kids really enjoy having control and power, they will find having control and power as motivating. However, the control and power have to be clearly outlined by the adult or the child will take advantage and go too far. Providing some control through choice is going to be a good way to help with this.

However, providing a safe and secure atmosphere is actually far more important so, before moving forward with any type of plan, make sure these things are in place:

1. Safe climate/atmosphere
2. Stable situation/not chaotic and unstructured
3. Basic needs are met/child has access to basic things like water, restroom and food.
4. Person/people the adult is with are consistent and safe to the child.

One of my favorite tools to provide guidance and choice is simply called a choice map. A choice map provides different options. Essentially a high road (gets you what you want) and a low road (leads to what you do not want) and the child gets to make the choice. The choice map is based on a situation or an emotion:

**Situations**

1. Finished work early
2. Transition to next activity
3. Competing tasks
4. Following directions

**Emotions**

1. Feeling angry
2. Feeling silly
3. Feeling wild
4. Feeling bored
5. Feeling sad

The situation or emotion is presented with options for what to do listed after this. Then the child can choose Choice A or Choice B and the consequences of either choice is listed after that.

**JUST COMPLETED MY WORK**

**Choice A-**Do extra work, read a book, draw, sit quietly and wait.

If I do Choice A then I will get to go to recess on time and will not be in trouble.

**Choice B-**Make noises, bother other people, tear up things and leave my work area.

If I do Choice B then I will not get to go to recess and will spend time in the quiet area.

**FEELING WILD!**

**Choice A-**Use my coping skills (outlined on a picture chart), or use my stretchy bands

If I do Choice A: I might still feel wild, but I will not be in trouble. I will still get to do my choice (preferred activity) time.

**Choice B-**Choose not to use my coping skills, or do not use my coping skills or stretchy bands the right way

If I choose B: I will still feel wild, and I will not get to do my choice time.

(On both of these choice maps, the options are being presented in written form in a fairly simplistic manner just to make the point clear. However, some kids will do much better with pictures or a more complex/illustrative type map.)

**ODD & AUTISM SPECTRUM DISORDERS (ASD)**

Since there is a reasonably high rate of co-morbidity between ODD and autism spectrum disorders (ASD), including Asperger's syndrome and high-functioning autism, it is important to know how to address both disorders at the same time. When you see the eccentric social behavior, peculiar social skills combined with some unique features with sensory issues and motor skills, it is wise to consider Asperger's or high functioning autism (HFA) as a co-morbid condition.

**HELPING KIDS WITH ODD & ASPERGER'S/HFA**

1. Professionals should understand autism in general and related conditions. There is still bias regarding these conditions and while improvements have been made, autism spectrum disorders are often missed during assessment and treatment. There seems to be particular bias amongst professionals (school psychologists, counselors, social workers, etc.) due to a lack of education, knowledge and/or experience in this area. Bias might be further aggravated by a reluctance to look beyond certain diagnoses (ODD, ADHD). So, it is necessary to get educated about autism spectrum disorders. Also, parents often need education and even evidence through observation and assessment that such a condition is present.
2. Social skills training is vital. It seems that more and more often, the time to actually teach social skills and practice said skills is being removed from school curricula in order to spend more time on academics. Unfortunately, this is a mistake and, at a time we should be spending more time on the subject, it is certainly becoming more difficult. That being said, social skills can and should continue to be taught, and these lessons can be woven into almost any environment or curriculum. Social skills include beginning skills such as manners and making simple requests, all the way through more complex skills such as conflict resolution and relationships skills. For kids with autism spectrum disorders,

we should include basic communication, appropriate social behaviors (how to act) and then basic conversation skills.

3. **Bullying:** It is important to remember that kids with ASD have a communication disability and this results in various difficulties with communicating to others about being bullied and about how they are feeling in general. Also, kids with ASD are often targets of bullies and we should employ a system that includes:
  - A. A system of identification and recognition of bullying.
  - B. Methods for notifying supportive adults when a child is being bullied--in other words, who the child can go to when being bullied.
  - C. Continued and ongoing training for adults as well as children about bullying and what to do.
  - D. Direct training for kids so they can do their best to avoid being bullied as well as know how to deal with bullies should this happen.

Having an anti-bullying program that is action-based and user friendly (for the kids) is vital and should be implemented. The reality is that bullying is happening and is not going away so kids will need to learn steps to take in order to deal with this problem.

Earlier in the book, I described my anti-bully program entitled: "The 4 C's of Bullying." In this program, I teach skills such as: being and/or acting confident, communicating to others about bullying, solving conflict, reacting to bullying of various kinds and then defending yourself in the event someone is trying to hurt you. This program covers not only the verbal and emotional components of being bullied, but also the physical components of bullying such as being shoved, pushed etc.

4. Professionals need to consider how sensory issues are being addressed. Kids with ASD will likely have heightened sensory issues that will need to be addressed. Programming that is put in place should be adequate to address such needs. If sensory issues are not addressed, behavioral issues will likely increase.
5. **Meltdowns and ODD.** When kids with ASD become overloaded, they can go into a meltdown and the oppositional behavior can become escalated to an extreme point. It is important to identify triggers and coping skills for these kids so they are less likely to go into these highly escalated behaviors. The meltdown point will be much quicker than usual because of the higher sensory and social stimuli issues.
6. **Martial arts** can be a most useful tool for kids with ODD and HFA/Asperger's. The correct martial arts will have a profound impact on a young person with Asperger's. Specifically, martial arts utilize both sides of the body as well as incorporating focus, balance, endurance and speed to combine different techniques related to self-defense. The correct martial arts studio should have these attributes:
  - A. Non-competitive atmosphere - Students are only in competition with themselves.
  - B. A curriculum that is especially structured for young people -- not an adult curriculum that has been watered down for kids.
  - C. Instructors who are friendly, knowledgeable, patient and, of course, safe. Avoid instructors utilizing old and traditional training methods or attitudes such as scaring students, demoralizing students or the boot camp-style instructor.
  - D. Students should be friendly and welcoming.
  - E. Lessons should involve character development, physical fitness and self-defense training while also being a lot of fun.
  - F. There should be no pressure sales and the enrollment process should leave a parent feeling satisfied, not frustrated.

# Therapeutic Strategies

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Brief therapeutic moments can create wonderful opportunities for the therapist to connect with the client while also not being a tremendous interference in that kids' life. Such support is valued and often can make the difference during a crisis time such as a behavioral incident, family emergency and even during times of feeling suicidal. Keep in mind that by brief, I am not just suggesting that the actual course of therapy be brief, but more likely that the session length be brief. The actual therapeutic relationship may indeed last a long time, but it is not bogged down by continual sessions with no apparent end in sight. Keep these particular cases in mind:

1. 14-year-old male diagnosed with ADHD and ODD. Had been seen by his previous therapist for over 75 sessions during a 10-month period. When I was asked to take over the case, I needed to get special permission from the insurance company to even do an intake. Not only was the boy's behavior getting worse, he had been expelled from school, was taking the same medication for the past two years and seemed to have scripts memorized to deliver in therapy.
2. 15-year-old female with a history of depressive behaviors and behavioral outbursts with past diagnoses of ODD, ADHD, and bipolar disorder. She had been on several different medications including anti-depressants, stimulants and anti-psychotics. By the time I consulted on her case, she had seen four different therapists. Each therapist had seen her for a lengthy amount of time and she went through different types of therapy including: biofeedback (no improvement), neurofeedback (no improvement), EMDR (no improvement), as well as play therapy and general individual therapy. Family therapy was and never performed by any of the previous therapists.
3. 15-year-old male. History of hospitalizations, medications and individual therapy and then an eventual residential placement. The boy returned home and once again began individual therapy, twice per week - 50 minutes per session. The boy's behavior rapidly deteriorated upon returning home and he ended losing his school placement and being sent to an alternative school environment where he attended school with students with more delinquent behavior (his behavior was not delinquent at all but rather emotional). At the new, alternative school he once again was seeing a therapist 2-3 times per week.

**BRIEF THERAPEUTIC MOMENTS**

#1 Tell me the best part of your day:

Tell me the worst part of your day:

Tell me what you are going to do tonight:

In this case, you are gaining information while not being terribly intrusive. You can connect on a rather friendly level while still maintaining a pertinent topic of conversation. Instead of day you can easily replace with week or weekend, etc.

#2 Tell me the good news:

Tell me the bad news:

Tell me your ideas on what to do next:

This is a similar version designed to open the door to more conversation. Also, this allows the kid to come up with their own solutions for what to do. It is enlightening when an oppositional kid starts to tell you how they are trying to solve their problems. By keeping the conversation away from pathologizing, you can avoid the feeling of "something is wrong with me" within the child.

#3 Engage client (kid) in a pairing activity. A pairing activity is an activity or topic that the kid enjoys. For instance, if the kid is really into card tricks, it will be helpful to spend some time doing card tricks.

Or, maybe discuss the fishing trip that the kid was just on, etc. By engaging in a pairing activity, you create a balance in the interaction that is important for oppositional kids. They need to feel safe and in control and a pairing activity allows for this.

While building rapport is important, it is more important to build safety and security. Also, pairing may involve meeting a basic need such as getting something to eat. Eating together is an excellent bonding experience and can create a climate of caring and concern which can truly make the difference between success or not.

Our professional identification is important to us and for our actual job/duty responsibilities. However, titles, credentials and all the letters behind our names mean nothing to these kids. What is important, though, is how we connect to them and the work that we do to help them get better. Ego is often a big culprit in interfering with overall success.

The teacher engaged the classroom in the procedure while I stayed behind with the escalated student. Once the student that I was with was safe enough to leave, I escorted him to another area and the classroom returned to their usual environment. This was really a matter of minutes and very little classroom instruction time was lost. The key to this being successful was that the plan was established ahead of time and everyone knew what to do.

**RE-VISITING THE THREE CASES**

1. *14-year-old male diagnosed with ADHD and ODD: Had been seen by his previous therapist for over 75 sessions during a 10 month period. When I was asked to take over the case, I needed to get special permission from the insurance company to even do an intake. Not only was the boy's behavior getting worse, he had been expelled from school, was taking the same medication for the past two years and seemed to have scripts memorized to say in therapy.*

After finally getting the permission to do an intake and being able to get a good history (with the parent first), I was able to develop a fairly solid plan from the beginning. I wanted the boy evaluated by a different physician to see if he

really needed to be on medication at all. He really didn't have any significant ADHD symptoms, but his depressive symptoms were more evident. He was re-evaluated and eventually was prescribed a low dose of an anti-depressant which had positive results. He slept better and had a better appetite, which is always a good thing and leads to better behavior overall.

I worked with his mother (single parent) first and only worked with the kid minimally. The work with mom was focused on moving away from looking at the behavioral problems as a clinical issue but rather a situational issue that could be remedied in a variety of ways. At the same time, my minimal time with the boy was spent learning about his interests and what he wanted to do, etc. We spent minutes together rather than hours.

His mother decided that it was time for her son to take school more seriously and so, when his expulsion was complete, she had him moved to a different school with a fresh start with some tighter contingencies in place. He would not be allowed video games until homework was done and conduct in school had to be satisfactory in order to do anything with his friends.

I worked with them on setting him up in various things he wanted to do including: Getting a job (he was able to land a summer job which really gave him a boost) as well as pursue some interests which we previously didn't know about.

Finally, I was able to check in with him during the school day on a weekly basis for usually 10 minutes or so and, during that time, we chatted about how things were going, etc. His mother would stay in contact via phone or email and the school was allowed to contact me as well. I ended up being a reference for this kid on several job applications that he filled out. He eventually graduated and still holds down a regular job.

2. *15-year-old female with a history of depressive behaviors and behavioral outbursts with past diagnoses of ODD, ADHD, and bipolar disorder. She had been on several different medications including anti-depressants, stimulants and anti-psychotics. By the time I came into contact with her as a consultant on her case, she had seen four different therapists. Each therapist had seen her for a lengthy amount of time and she went through different types of therapy including: Bio-feedback (no improvement), neurofeedback (no improvement), and EMDR (no improvement), as well as play therapy and general individual therapy. Family therapy was never performed by any of the previous therapists.*

This girl had been through so much therapy that I knew she was going to be resistant in continuing and perhaps with good reason. I needed to make an instant connection to her so, much to the disappointment of the team, I told the girl that she would not have to participate in any therapy unless she wanted to and then of course I would be glad to talk with her.

She lived with her father (mother was not available) and the grandmother was also involved. I began family consultation and we were able to get a plan moving forward that would eventually include: de-pathologizing the girl's problems, getting her off medications in a medically-approved manner. Then, building on her strengths, we would work on incentives for her to maintain her behavior. There was therapeutic work to be done at some point, as she was experiencing grief as a result of her mother not being in her life.

By de-pathologizing, we moved the problem from something is wrong with the girl to moving towards a solution-focused approach of utilizing strengths to overcome obstacles.

Everyone was quite concerned about getting her off of medications except me and the girl. She hated being on the medications and, while she did have some depressive qualities, my thinking on this was two-fold: Grief was more likely the issue than depression or some other mental health condition and, perhaps she had some medical or physical issues that should be considered more closely. In time, she was off all psychotropic medications and she was thrilled by this. I referred her to a female physician who did a wonderful job in working with the girl and actually placed her on birth control for hormonal regulation as well as contraception with excellent results. The girl did have some conversations with me at times, but we decided that this was not time to deal with the grief that she had experienced about her mom. Rather, she was tired of getting in trouble and wanted to do things (sports, work with animals and spend time with her grandmother and friends). She wanted people to stop rescuing her and she wanted to make her own decisions.

She did end up graduating from a smaller high school program and in fact invited me to her graduation. She used to always have a notebook with her, which she allowed me to write in. I wrote in her notebook: "This too shall pass." She reminded me of what I wrote and how she would always look at that phrase. I saw her years later at a store and she immediately launched into how her life had been and reminded me of that phrase. Obviously, it had meaning to her and she used it as a mantra.

3. *15-year-old male: History of hospitalizations, medications and individual therapy and then an eventual residential placement. The boy returned home and once again began individual therapy, twice per week - 50 minutes per session. The boy's behavior rapidly deteriorated upon returning home and he ended losing his school placement and was sent to an alternative school environment where he attended school with students with more delinquent behavior (his behavior was not delinquent at all but rather emotional). At the new, alternative school he once again was seeing a therapist 2-3 times per week.*

I was fortunate enough to inherit this case when the therapist at the alternative school decided to no longer continue with the case. I am forever grateful for the opportunity to take over the case as, to this day, it is probably one of the most rewarding cases I have worked on. Because of my position at the time, I had limited access to the parent, so we did phone consultations as needed. I did work extensively with this boy's school team and then individually with the boy as well.

I utilized a brief session (short sessions usually 5-15 minutes long) to meet with the kid and deal with the issues of the day or week. We had an arrangement that he was welcome to call me whenever he needed. This paradigm proved to be very important during crisis moments that would eventually arise.

I continually challenged his school team to move forward and look at strengths. I was running a meeting once, and the team was focused on negative behaviors and didn't seem to want to move towards problem-solving mode. I stopped the meeting (I was sitting next to the student at the time) and stated: "If we cannot say at least one good thing that he (the student) is doing then we probably don't need to talk at all." I noticed the student out of the corner of my eye, he sat up straight, smiled and then began to speak about what he thought he could do to behave better. In front of seven other adults, he did a fantastic job of articulating some good points and showed some accountability at the same time. Needless to say, I did not make any friends at that meeting, but I was not there to make friends; I was there to help my client move forward.

In this case, doing so also opened the door for that student because he felt like someone was sticking up for him for once. This alliance proved to be beneficial for the next 5 years that I worked with him.

I mentioned before that this student could call me if needed. Usually, when he called, he was in some type of mental health crisis or was suicidal. It was beneficial, to say the least, to be able to drop back and utilize a previously developed safety plan to help manage the crisis.

He ended up graduating and later attended college. He ended up pulling himself off of his medication and while initially that had some consequences, he was able to tough it out and has remained stable.

However, my involvement in these cases should be seen as that of a guide rather than a direct therapeutic venture. I think the impact I had was to act as a captain so to speak; to give others some guidance and in some sense, to stop the cycle of unsuccessful treatment. Many people were involved to allow success to happen and ultimately, it was these kids doing the work that took them from being highly oppositional and unsuccessful to rather successful.



## GETTING STARTED WITH THERAPY

Brief therapy with oppositional children and teens can be a very effective intervention. Brief therapy is more focused and less intrusive overall. This creates a more efficient and more inviting atmosphere for therapeutic change.

The emotions from ODD kids can be extremely intense and change abruptly. Working with emotions will be an essential part of therapy with kids with ODD. In counseling, the identification of feelings and how to cope with those feelings can be a healthy way for the young person to get in touch with appropriate (non-risky) ways to deal with how they are feeling. So many kids with ODD are out of touch with how they are feeling and anger, irritability and rage take over.

Anger, irritability and rage are really secondary emotions and are driven by more primary emotions such as sadness, despair, pain, etc. Getting in touch with the source emotions that drive the anger-based emotions might lead to some degree of insight on behalf of the youth. Then, therapy can address the source of the emotions and subsequent thought patterns and behaviors resulting from said behaviors.

The following worksheets are intended for the kid to use during or outside of the therapy session. The first sheet is simply to identify times/opportunities that lead to certain feelings. In addition, information might be obtained as to people in the kid's life who may contribute to how the kid is feeling. The second sheet is to help begin the process of identifying responses/habits for certain emotions. Having action steps at least initially identified is a great starting point.

## IDENTIFYING FEELINGS

1. The thing that makes me the angriest is: \_\_\_\_\_
2. The time I remember being the angriest was: \_\_\_\_\_
3. The person I have been the angriest with is: \_\_\_\_\_
4. The person angriest with me is: \_\_\_\_\_
5. The time I was the most scared was: \_\_\_\_\_
6. The thing I fear most is: \_\_\_\_\_
7. The person I fear most is: \_\_\_\_\_
8. The person most afraid of me is: \_\_\_\_\_
9. The time I felt the saddest was: \_\_\_\_\_
10. The thing in my life that makes me feel sad is: \_\_\_\_\_
11. The time I was the happiest was: \_\_\_\_\_
12. The person I have made the saddest is: \_\_\_\_\_
13. I feel happiest when: \_\_\_\_\_
14. The person I feel happiest around is: \_\_\_\_\_

15. The person I make the happiest is: \_\_\_\_\_

16. The time I was the most bored was: \_\_\_\_\_

17. The thing that makes me the most bored now is: \_\_\_\_\_

18. The person that bores me the most is: \_\_\_\_\_

19. The person I bore the most is: \_\_\_\_\_

20. The time I remember being the most excited was: \_\_\_\_\_

21. The thing that excites me most is: \_\_\_\_\_

22. The person I make the most excited is: \_\_\_\_\_

23. The time I was most disappointed was: \_\_\_\_\_

24. The thing that disappoints me most now is: \_\_\_\_\_

25. The person I have disappointed the most is: \_\_\_\_\_

26. The person that has disappointed me the most is: \_\_\_\_\_

27. The thing I have done that I am most proud of is: \_\_\_\_\_

28. The thing that makes me the most proud now is: \_\_\_\_\_

29. The person I am the most proud of is: \_\_\_\_\_

30. The person who is the most proud of me is: \_\_\_\_\_

31. Fill in any other ones you have here: \_\_\_\_\_

— WORKSHEET —  
**COPING SKILLS**

1. The best thing for me to do when I am angry is to: \_\_\_\_\_

\_\_\_\_\_

2. The best thing for me to do when I am sad is: \_\_\_\_\_

\_\_\_\_\_

3. The best thing for me to do when I am excited about something is: \_\_\_\_\_

\_\_\_\_\_

4. The best thing for me to do when I am confused is to: \_\_\_\_\_

\_\_\_\_\_

5. The best thing for me to do when I am sad is to: \_\_\_\_\_

\_\_\_\_\_

6. The best thing for me to do when I am scared is to: \_\_\_\_\_

\_\_\_\_\_

7. The best thing for me to do when I am happy is to: \_\_\_\_\_

\_\_\_\_\_

8. The best thing for me to do when I am bored is to: \_\_\_\_\_

\_\_\_\_\_

## CHAPTER 9

# Working with Families and Support Systems of Children with ODD

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There are many dynamics to be considered when working with parents/families of children with ODD. While many are quick to blame parents for causing ODD in children and sometimes this is the case, the reality is that ODD is caused by a combination of factors rather than just caused by parental issues, bad parenting or family dynamics and dysfunction.

However, if family is the cause of the ODD within a child, then within the family exist the solution and remedy! Bold statement perhaps, but anyone familiar with the history of family therapy understands this concept and continues to practice the idea of using family to help family.

At the same time, this book is used by many professionals, including people who do not practice therapy. So, in this section I have listed out some considerations for working with parents in a number of ways, as well as some considerations about special family topics and issues.

### WHAT WORKS FOR ODD KIDS CAN ALSO WORK WITH THE PARENTS

Simply put, parents will benefit from positive behavior reinforcement and from professionals utilizing parent strengths rather than coming from a position of judgement and critique. For instance, praising a parent for working with you and telling you what is happening and then working with their strengths to develop a plan, is a much better option than indicating to them everything that they are doing that is wrong.

### PUTTING DEPOSITS IN THE BANK

Often, when professionals such as school administrators or even daycare staff contact parents about the child with ODD, the contact is about behaviors that have occurred. The parent(s) quickly become defensive and even though the intention of the professionals is generally good, the message that comes across is not positive. In addition, the parent becomes programmed to expect bad news and when they see the phone number on the caller identification or the sender's email address, they immediately know it will be bad news. Even worse are the school meetings that can happen when an entire team is telling a parent about all the behaviors their child is doing and about how bad things are.

I suggest a rather constant communication pattern to parents about their child. The majority of these contacts should be about positive behaviors or even just everyday behaviors and activities. Consider such calls or memos as deposits. A withdrawal is when we need to report a negative behavior or incident and possibly need the parent to take some action step. Just like finance, we need more deposits in the bank than withdrawals.

Take a look at this example of 10 days worth of emails from a school administrator to a parent. Note how brief the emails are and also look at the number of deposit-type emails versus withdrawals.

**CASE EXAMPLE**

**Day 1:** Mrs. Jones: Danny had a great day today and we are proud of him. I wanted you to know that on Friday of this week we will have a special program in the auditorium and so students will have a little different schedule on that day but we will prepare Danny ahead of time. Thanks.

**Day 2:** Mrs. Jones: Danny had an okay day. It did seem like he was a little tired so hopefully he'll get some sleep tonight. Thank you.

Response: Principal Smith: Danny wasn't feeling well last night which could explain why he was tired. Thanks for letting me know. Hopefully tomorrow is better.

**Day 3:** Mrs. Jones: Danny was back in a good mood today and although he struggled in the afternoon we can definitely tell he is doing better. Thanks.

Response: Principal Smith: Good to hear! We had a terrible morning at home but I'm glad he had a good day!

**Day 4:** Mrs. Jones: Hello. Today was a hard day for Danny. He struggles a great deal in the morning. However, after lunch he did seem calmer and we were able to manage the day. Tomorrow is the special program so I hope he is looking forward to this.

Response: Principal Smith: Okay. Thanks for letting me know. I'll remind him that he needs to behave in order to go to this special event.

**Day 5:** Mrs. Jones: Danny did great today and handled the program very well. I was keeping an eye on him as he was sitting with some other kids that he has been in trouble with in the past but all was well. Keep up the good work and let us know if there is anything we can do. Thanks.

**Day 6:** Mrs. Jones: Unfortunately Danny was unable to maintain today and needed to be escorted out of the room. I do want to tell you though that even though he was angry, he did calm down much faster than in the past and this is a good sign. Thanks.

**Day 7:** Mrs. Jones: Much better day and some improvement. We will keep you posted. By the way, Danny forgot his backpack at school. Thanks.

Response: Principal Smith: Hi, I saw your email from yesterday. Sorry he had a bad day. Also, thanks for letting me know about the backpack.

**Day 8:** Mrs. Jones: Danny does not feel well and the nurse will be calling you soon. Just wanted to give you a heads-up. Hope he feels better soon. Thanks.

**Day 9:** (Danny absent from school but principal still emails mom) Mrs. Jones: I know Danny is out sick today. I hope he gets better soon and that we see him tomorrow! Thanks.

Response: Oh thanks. It was a long night but hopefully he'll be there tomorrow.

**Day 10:** Mrs. Jones: I think Danny still is not 100% but he did manage to get through the day. Have a great weekend. Thanks.

Notice the number of positives or simply news-like statements that were made including the day Danny was absent from school. These deposits help keep the mother involved as well as make it clear that the school is watching out for her son. When the school had to report the bad news, it was done the midst of a number of deposits. The mother is more likely to see that as simply the news that she needs to hear/read about rather than the school has singled her son out as a trouble maker.

## **ENGAGING PARENTS: UTILIZE A STRENGTH-BASED APPROACH**

It is important to remember that regardless of their ability to help their oppositional kids, for the most part, parents know their kids best. However, the strategies or techniques they were doing using before might not have been working or perhaps might have been making things worse.

Just as with kids, it is important to utilize a strength-based approach and build upon already existing skills and then move forward. It is easy for professionals to quickly pass judgement and then act in the position of expert. While there is nothing wrong with being the expert, acting as such can often push people away rather than attracting them to your willingness to help them with typically quite outrageous behaviors.

One way to quickly get an overall view about parent strengths is to do some information-gathering about family activities and how things like conflict play out overall. For convenience, I have provided a format that you can follow to get an idea about the family dynamics. This is a conversational piece where the professional makes a statement or asks a question and the parent responds accordingly. The format might also be used as a starting point for family therapy or parent behavior management classes, etc.

— EXERCISE —

## PARENT INTERVIEW

**Family Members and Ages:**

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On average, our family spends how much time together \_\_\_\_\_

On a typical weeknight, what does family time look like? \_\_\_\_\_

On a weekend, what does family time look like? \_\_\_\_\_

Our family could be compared to \_\_\_\_\_

The types of activities we enjoy doing with each other are \_\_\_\_\_

**Our family is (circle all that apply)**

|               |              |              |          |                     |             |
|---------------|--------------|--------------|----------|---------------------|-------------|
| Traditional   | Modern       | Unusual      | Typical  | Conservative        | Liberal     |
| Wild          | Unbelievable | Loving       | Caring   | Cold                | Unforgiving |
| Compassionate | Generous     | Amazing      | Horrible | Dysfunctional       |             |
| Criminal      | Hateful      | Helps Others | Friendly | Center of Attention |             |

Other: \_\_\_\_\_

**Explanations for circled items**

The most difficult thing about our family is: \_\_\_\_\_

Our strengths as a family are: \_\_\_\_\_

Our weaknesses as a family are: \_\_\_\_\_

The #1 thing that stops people from being happy in our family is: \_\_\_\_\_

The #1 thing that dominates our time in this family is: \_\_\_\_\_

Are there important people (outside of people living with you) who you consider family even if they are not related by blood? \_\_\_\_\_

The thing we most look forward to changing in our family is:  
\_\_\_\_\_



## DISCOVERING HOW BATTLES PLAY OUT IN THE FAMILY

Conflict in families is inevitable and helping families learn strategies to resolve conflict is important. First, it is necessary to figure out how battles (conflicts) play out within the family. Usually, you will be able to pick up on patterns of conflict. The key to helping families is to then give them strategies to get unstuck or to help them solve the conflict more efficiently.

After an initial interview/information-gathering period, try to do something immediately to give the parent some sort of relief. Instead of giving them a complicated and complex activity or intervention, pick something easy to do that can quite readily change how the conflict happens. Also, this type of quick relief can easily build a relationship between professional and family as they see rather immediate benefit and are more likely to work with you moving forward. Look at this example:

### CASE EXAMPLE

Mary was the single parent of a 12-year-old oppositional child. She also had two other older children in the home. She worked full-time and her problems with her child were starting to come to a head. Her partner was supportive and had a positive relationship with her three kids; however, he was gone a great deal for work so a lot of the conflict happening was without her supportive partner being at home. Mary had been to several therapists for her son. The more things she tried, the worse it seemed to get. After some information-gathering, I asked her to do one simple thing: At night, no matter how the day had gone, I wanted her to sit with her child as he was getting ready to go to bed and to just tell him how much she loves him and wants the best for him. Even if he argued, she was to kiss him or hug him good night and then let it be. The impact of Mary showing affection towards her child was rather immediate and honestly, more impactful than I had anticipated. Their relationship strengthened and both knew that no matter how the day/night went, it would end on a positive note. As an afterthought, I later found out that they had made another connection that would last a lifetime. Whenever they spoke (in person, on the phone, etc.) the last words spoken were, "I love you." I even heard him say it one day when she had dropped him off for an individual appointment.

After this meeting with Mary and the subsequent discussion, I asked her to do another thing for me: I asked her to take her child to a local allergy/immunology clinic for an exam. My hunch was that her son was suffering from allergies and that his attitude was due, in part, to allergies. She complied and later it was discovered that he did have rather severe allergies and after undergoing treatment ended up having a much better attitude. It is amazing what can happen when you sleep better, feel better physically and can be more active with sports, playing outside, etc.

Mary was successful in her goal to get more compliance, less arguing at home and more control as a parent through simple, easy-to-do interventions. Most important was that Mary trusted me and did not feel overwhelmed by my suggestions nor did she feel blamed about her son's behavior. Success builds success.

You may often hear inspirational words or phrases such as: "failures are simply opportunities for learning" and "the more failures you have, the more chances you have taken," and many others like that, and indeed they might be true. But for families that continually struggle on a daily basis, this paradigm needs adjustment.

I prefer to build success upon a platform of success. If there is failure and someone can be successful out of that, then great. However, more often than not, we need to set up situations in which a person can be successful at a given activity or intervention and then build upon that success, however small.

The parent (Mary) was able to move forward because she operated from a position of success, not failure or even frustration. There are many ways to build upon success and, overall, these points should be considered when giving parents ideas for interventions, behavior management and family change.

1. As much as possible, realize current strengths as they are.
2. Consider motivation and where the person is in terms of readiness for change: Are they just considering doing things differently? Are they actively thinking about change? Or, has the person indicated that they really are ready for the action steps to change?
3. What have they tried before?
4. What successes have they had before?
5. Is there anything/anyone in the way of things being different?

### **BREAKING BOARDS (SMALL STEPS AT SUCCESS)**

At my karate school, one of the most popular things a student can do is to learn how to break a wooden board. While we do not require breaking boards for promotions, we do offer board breaking for several different reasons: It is very fun, it builds confidence, requires focus and requires courage. The result is excitement, confidence and even an improvement in focus and concentration.

To set up a successful situation, it is important to follow the system we have in place for breaking a board. Without the system, a student could get hurt, or more likely they will not break the board and feel defeated. The student with low-confidence anyway will then feel horrible and will not want to take other risks or try again. So, we set up successful board breaks using this system:

1. We show the student proper hand positioning and striking form.
2. We practice the striking form on a piece of x-ray paper which is about the size of the board and makes a really neat cracking sound when the paper is hit.
3. Once that is done, we get out a soft pad and let the student hit that out of the instructor's hand. If they can knock the pad out of the instructor's hand, this means they have enough power to actually break the board.
4. We get out a board. Put the student's name on it and have other students sign the board as well. The date of the board break is also on the board. Now there is ownership of the board: "This is my board and I need to break it." There is even an X on the board that shows the student where to break.
5. Finally, the instructor actually holds the board during the break insuring the student will strike the right spot and there are no factors getting in the way that can be avoided (sliding off of a holder, hitting in the wrong spot, etc.). Then, the board is broken by the student. Almost always, a student will want to do this activity again.

What do you think would happen if the board did not break or the student missed, etc.? This example of breaking boards, while a reality for my karate school, is a metaphor for those of you providing education, therapy or other clinical services for kids with behavioral issues.

## PARENT MISBEHAVIOR

For professionals providing counseling, the therapist always needs to be in charge of the conversation. The person asking the questions is in charge. This is an important aspect of the interaction and if the therapist is not in charge of the conversation, the parent can quickly begin misbehaving by: blaming another parent, yelling at their child, manipulating factual information and twisting therapeutic intervention to fit a personal agenda.

If a therapist cannot be in charge of the therapeutic conversation and the session does more harm than good, then the case should be referred immediately to a professional who is skilled in the particular area of concern. Too often, these types of scenarios happen and it sets up further mistreatment and potentially contaminates other professional services. Remember, at a minimum, "Do no harm."

Concerning school meetings/team meetings, etc., as I mentioned earlier in this book, it is important to have an agenda and a time limit for meetings. In cases where the parent is of the volatile type, sometimes it is necessary to have a pre-meeting. A pre-meeting is a meeting with the professionals before the meeting with the parent/family. When professionals are not on the same page or, even worse, undermine each other, this is not therapeutic for the family and can lead to increased issues.

A pre-meeting should have an established agenda of setting up a plan for what will happen, but also a response plan should the parent become upset or start accusing people of not doing their jobs, etc. If the professionals cannot agree on what to do, imagine what will happen in front of a parent/family that is already having issues.

In a meeting of any type that is going wrong, it is okay to ask someone to leave until they can behave. Sometimes people need a break and then can return to the situation in a better frame of mind. If asking them to leave is too awkward, then you can leave the situation. I have done this during times when a parent or professional is becoming unkind. I will leave the meeting (with or without explanation) and then return if and when I am ready. Generally, this acts as a re-set and we are able to move forward. As much as we are trying to get others to take responsibility, we must also model that behavior and take responsibility for ourselves. In this case, leaving the meeting might very well serve as an educational tool as well. Essentially, you are demonstrating one way of coping with a stressful situation, but then returning to the situation to help problem-solve.

Of course, most parent misbehavior is out of session, at home or in the community and is not right in front of us. This can be very frustrating if you are working with a child and making progress but yet the parent is acting out/misbehaving. They are not necessarily doing anything illegal, it is more that they are contributing to the problem. When parent misbehavior is happening, there are a few things you can do to directly address the issue after, of course, becoming aware of the occurrences(s).

1. Point out what is happening. When a behavior is brought out into the open, it can create an awkward or unpleasant feeling. This can be enough to get the person to modify.
2. Acknowledge that many times they are doing what they think is best, even if it is not working. So, offer them suggestions on how they can modify what they are doing: "You can do it this way or this way, which is better for you?" This type of approach puts them into the thinking/problem-solving mode as well.
3. Deflect, deflect, deflect — don't take it personally! Most of us tend to get defensive when someone suggests that our behavior is not so good. It is wise for us to maintain our professional stance and remain in that mode during these more difficult moments.
4. Praise/correct/praise works for the parents too. This approach, covered earlier, is another great way to suggest different ways to act.

## ABUSE & NEGLECT SITUATIONS

Abuse and neglect reporting is mandated for professionals and we need to follow the procedures required of us within our jurisdiction and work settings. Unfortunately, too often abuse/neglect situations tend to ruin professional relationships between caring adults and children because of all of the facets that occur with the reporting but also the emotions that end up as a result of the reporting.

An important aspect is for everyone to remember their role. If your role is to investigate the actual report then you will have a certain set of obligations and protocols. The mistake happens when the person who does not have that role (investigator) acts as if they do and then disturbs the entire system. The professional who does investigation-related procedures who does not have that role can cause problems for the child/family/case in several ways:

1. They may actually taint or completely ruin the actual investigation by not following legal and/or department of child services procedures
2. They can create boundary issues with clients
3. They might be practicing outside of their scope of practice

They could re-traumatize the client with reporting; we need to get the facts and then report. If the child is in immediate danger, of course you respond accordingly. The details of abuse or the motives, etc., should be ascertained by the appropriately delegated/assigned investigators in your district.

Even when professionals follow procedure, abuse/neglect situations are tough on kids. It is vital to keep your relationship intact in order to maintain some sense of stability and, of course, your position is to actually help them.

## SELF-REPORTING

When a report is required, when possible I have a parent submit a self-report. Meaning, they are calling to file the report. Then, I call the agency to verify that the report was filed and then let investigators do their work.

This creates a dynamic that I find more helpful in a rather unpleasant situation overall. First, the parent is taking responsibility for their actions; next, since they are the reporting source, they are in the acting position which is more empowering for them. I am calling to verify that the report was made and to clarify factual information and this also meets my mandate for reporting issues.

Of course, you should check with your local guidelines to make sure this procedure is allowed, but in general this makes sense and, since the information is getting reported from the parent and a professional, the information is likely going to be more helpful for the investigative team.

Keeping the relationship intact with the family is also helpful because so many times, connections are lost after a report is made and then resulting behaviors become worse. In the end, it is the kids who suffer, so keeping those professional relationships in good standing has a positive impact.

## RE-ENGAGING: THE COLLABORATIVE APPROACH

Continuing to work on behaviors is necessary and using a collaborative approach means that the professional is working with the family as a part of an overall team. There can be tension as a result of the incident(s) leading to the reporting and from the pending investigation. Re-engaging the parents about moving forward keeps them from getting stuck. We also want to send a message that, in order for the kids to stay at home and not go into the system, we need to work together. It is important for parents to know that, in almost all families, the kids want to be home with their natural family. The oppositional behaviors from children are communicating their feelings. In these instances (investigations, etc.) it will be most important to work on safety/stability within the family rather than addressing all of these behaviors.

## FOSTER CARE

Unfortunately, most kids who enter the foster care system lose many contacts in their life: friends, coaches, teachers, family, etc. And, in many cases, the foster child ends up in a number of different placements due to several factors. My suggestions for workers who deal with kids in foster care are:

1. These kids need to be in activities that they enjoy; Immediately and without contingencies. In other words, if the girl was in dance classes before, every effort should be made to keep her in dance classes.
2. School placements should not change, keeping the same school provides for consistency.
3. The fact that they are not at home is seen as a punishment. Punishing for misbehavior results in loss of placements, further abuse, outrageous behaviors in school and mental health symptoms. Consequences should be logical and short-term. This helps by limiting the emotional ramifications that punishment can bring, and at the same time, will help guide the child about appropriate behaviors in the placement.
4. Therapists can support foster parents by handling the emotions of the children and also by coaching the foster parents. They cannot simply parent; they need to support and engage the child as mentors. They are not replacements for mom or dad.
5. Foster parents should actively engage foster kids with their interests. Too often, I see kids with foster parents who are not engaging kids in parts of their former lives: Going to soccer games, taking the kids to school functions, etc.
6. Foster parents should be supported by other professionals regarding basic needs and also behavioral issues.
7. A professional should be involved to bridge the connection between the biological family and foster parents. Since, in most situations, a foster child will be returning home, it is important to keep communication open and intact. This helps provide stability for the child and support to adults. Any disagreements can be arbitrated by the professional.

## PARENTAL SEPARATION & DIVORCE SITUATIONS

When parents separate and eventually divorce, there is always an impact on kids. Divorce always has consequences for the kids. I am often amazed at how many parents will tell me, "the divorce was good, the kids have handled it really well." It is nice to think positively, but not in ignorance of the true impact of this massive change in a child's life. Unfortunately, many kids are blamed (directly or indirectly) for the separation/divorce and this worsens the impact.

The reality is that the adult relationship/marriage/partnership is the responsibility of the adults to manage, nurture and repair, but all too often the kids end up suffering much more during this process because adults have a hard time separating out parental duties from their relationship issues. Again, divorce always has an impact on kids; parents who attempt to minimize the impact the divorce has on their children are either misinformed or clearly do not understand the psychological stress this situation and subsequent life changes will bring.

I am not suggesting that people should not ever divorce. In some cases, divorce is a good option for all involved. But, it is worth repeating that divorce does impact kids for many years or even a lifetime.

### Pending Divorces/Separation

I am adamant in my stance about taking cases (counseling) when parents are in the process of divorce. I refuse, to the best of my ability, to allow therapy to be used as a tool in court during divorce proceedings. In other words, I will not take a case if the divorce/custody is still in progress and all proceedings have not been finalized. In this case, child behavior issues quickly turn into "the other parent is wrong" sessions. The therapy being done can actually be subject to one or both parents using the findings of therapeutic discussion as a weapon against the other during divorce and custody proceedings.

The reason I take this stance is to not place the children in the middle of this mess more than they already are. Also, I believe there is an ethical implication in taking such cases. Confidentiality is threatened unusually so by the nature of the current state of affairs. The mother or father's attorney is representing the mother or the father and not the children's legal interests and certainly not mine.

More important is that the stability in the child's life is being threatened from multiple angles. Where will I live? What school will I go to? What about my friends? Where will I spend the holidays? The list goes on and on. All of these are legitimate concerns and older kids or teens are very aware of all of the changes that are pending. Adding an element of therapy into the mix at this unstable point often makes things more difficult for the child because the therapist does not have the answers or the remedies and, in essence, the discussion ends up being about a whole bunch of stuff that is out of the child's control. This is frustrating at best, and maybe even damaging to some degree.

Some will argue that their divorce is the best thing for them and their children. Certainly, in cases of domestic/family violence, the end goal is to have the kids in a safe environment with the safe parent/family member and professionals helping with that process who will make sure a safety plan is implemented.

Avoid using therapy during times of separation and divorce. Wait until the dust has settled. If you have ever been subpoenaed or court-ordered to provide testimony in these situations, you will have learned quickly the tremendous stress, responsibility and even legal repercussions that such activity can bring to you.

What if you are not a therapist, but still a professional involved in the child's life? It is very important to be careful not to take sides and remain supportive to the child. Basically, listen to the parents, but keep doing your job and remain that consistent person in their child's life. Safety and stability outside of the chaotic home life can make the difference to that child.

Taking a side, or worse, saying things about one parent or both parents will likely get back to those parents in some fashion. How do you explain your statements? What if the other parent sees you as a helpful part of their case? What if the other parent sees you as an enemy? Regardless, the child is stuck in this battle. Keep your opinions to yourself and do not hop on the gossip train that can sometimes happen in these situations. Divorce is one of the most stressful things that can happen to a child; do not add to the problem.

### **Divorce Happens When You Already Have the Case**

When, as a therapist, you currently have a case and then the parents, decide to divorce, you cannot simply drop the case. This would amount to abandoning a client and this is different than simply not taking the case.

In this instance, it is necessary to go into damage control mode:

1. Quickly establish what you can and cannot do based on your scope of practice and what you can do therapeutically. Having boundaries helps everyone involved.
2. Remind clients about confidentiality and remind them that continuing in therapy is their option, but that you will not be willing to take sides to help them in their legal proceedings. (If you are willing to be involved in the legal proceedings, you should be clear on what that will look like too.)
3. Re-establish the treatment goals due to the change in the family status. Since the change of status, treatment goals are different. It might be wise at this point to be clear about your intentions to help everyone cope with this change so that everyone sees your role more clearly.

Without a doubt, these are difficult situations and have to be dealt with on an individual basis. In cases of domestic violence, family therapy with the abuser is not advised. Rather, work should be done with the non-violent partner on establishing a safety plan and building up resources and I recommend referring the other partner to another

professional. Working with both the violent and non-violent partner can be damaging and possibly dangerous. There might be legal/ethical implications of doing such work.

### **Divorce and Custody Is Final**

At this stage, we can begin working with the parents to work together as much as possible to be better parents. If you can help the parents learn to get along, that will go a long way with helping the child. This might include negotiating rules for different households, more clearly delineating duties, and methods of communicating. Just as in an intact family, kids need to know their parents are on the same page for at least the big issues and discussions can be had over such issues.

Finally, individual therapy with kids can focus on adjusting to different households and possibly different rules. Kids should learn how to cope while at the same time knowing that they need to follow rules. Also, kids experience grief during this loss and professionals can help them through the grieving process, which can look a lot like depression at times.





## CHAPTER 10

# Summary of Best Practice

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There have been many approaches that have been used to treat oppositional defiant disorder. If you have thoroughly reviewed this book, you will have realized how complex the actual condition really is. Besides having so many causes for the disorder, there are several co-morbid conditions and other complicating factors to consider.

The American Academy of Child and Adolescent Psychiatry has indicated that several approaches do show the most promise. They are listed below with some ideas to consider about each one.

**Parent-Management Training Programs:** Teaching parents how to manage behavior is important for not only ODD, but also other conditions such as autism spectrum disorder. Early intervention with younger children tends to have a fairly positive impact.

**Family Therapy:** Family therapy shows a great deal of promise as it teaches parents and other family members how to manage the child's behavior. Since often the problems occurring are stemming from family issues, working in the context of the family is very important. Family therapy can also uncover and alleviate dysfunctional family dynamics and interactional patterns that may have a rather drastic impact on a child's functioning.

**Cognitive Problem-Solving Skills Training:** Essentially, teaching kids how to think through and solve problems or conflicts gives them a tremendous skill to have throughout life. Cognitive problem-solving skills reduce inappropriate behaviors by teaching the child positive ways of responding to stressful situations. Children with ODD often only know of negative ways to deal with situations.

**Social-Skills Programs:** These teach children and adolescents how to relate more positively to peers and ways to improve their behavior overall. These programs are most successful when they are conducted in a natural environment. Social skills is a large category that includes basic social skills, but also more complex skills such as conflict resolution and relationship/friendship skills as well.

**Individual Therapy:** This style of intervention can certainly have a positive impact in helping a young person deal with stress, learn better coping skills, process feelings, work with trauma issues and learn life skills in general. It is important, though, to have unsafe behaviors managed as much as possible and that the therapist be skilled enough to actually help and not make the behavior worse.

## THE PASS SYSTEM

A system of cognitive problem solving that I have developed for older kids and teens is called the PASS System. This easy-to-use system is designed to help kids recognize the problem at hand and the associated risks of the problem. Next, the system gives them a clear way to analyze the problem with solutions that they can actually carry out.

**P: Problem** - What is the problem exactly?

**A: Assess** - Assess the situation. Look at safety first and then look at whether or not the problem is within your ability to solve or do you need help? Often, with older teens, I will have them assess the problem like this:

1. Can this kill me? (If I do this will it kill me, or someone else?)
2. Can this hurt me? (or someone else)
3. Is this activity/problem illegal? (If I get busted, what will happen?)

4. Is this something I want to do? (Does it fit with my beliefs, values, etc.?)

**S:** Strategies - Identify strategies to get you through the problem

**S:** Solution - Pick a strategy and implement it. Continuing to think about it will not get you out of the problem. This is the action step.

### CASE EXAMPLE

James is a 17-year-old who was just discharged from a residential drug treatment program. He is living with his father and is adjusting to life outside of treatment. He wants to stay clean and sober. We engaged in discussions centered on the PASS System. Here is a quick synopsis of our discussion about James going to parties with his friends while trying to stay clean.

**Problem:** James: "Going to a party (not the problem) where drugs that I used to use (problem) will likely be present.

**Assess:** Can these drugs kill me? "Yes" (James had a lot of knowledge about which drugs could actually kill him and which drugs, while potentially harmful, are very unlikely to lead to death. James did not like alcohol and was not concerned about the presence of alcohol. Since the drugs could potentially kill James, the assessment does not really need to go any further.

**Strategies:** James developed several strategies on his own and then I offered some ways to put those strategies into motion or pointed out how a strategy might not work

1. Call/text my girlfriend to come pick me up. Girlfriend has her own car but had to work that night.
2. Stay at the party and tough it out
3. Walk somewhere else. Party was during the winter and quite far from his home.
4. Just not go to the party at all.

**Solution:** After pointing out pros/cons of each situation, James was most wanting to just text or call his girlfriend if drugs showed up at the party and he wanted to get out. I pointed out that he did not yet have a cellular phone, so he needed to plan out how he was going to get in touch with her. Also, if by chance she could not pick him up, he needed a Plan B.

**Result:** James went to the party and, sure enough, drugs showed up. James felt triggered to use again and texted his girlfriend using a friend's phone and then waited outside until she came to get him. They went somewhere for a while and he was home by his curfew. James was surprised how easily he was triggered but proud of himself for not using. So was everyone else who cared about him.

Certainly, it could be easy to be judgmental in this case or even take a rigid stance about James not going to the party in the first place or perhaps even setting himself up to use drugs again. However, in reality, taking such a stance was not going to help James. James had been through treatment and was 17 years old. He was determined to go to the party, and my role (therapist) was not to enforce rules or lecture him, but to guide him to make a good decision that he was comfortable with.

There was a lot more to our conversation than is presented here, but I wanted to illustrate how teaching problem-solving skills can be useful. Certainly, this model or similar models can be used for less drastic situations, but the key is that the system needs to be easy to use. If the system being taught is too cumbersome then, within the real world, it will not be functional.

Following is a worksheet guide for the PASS approach that might be helpful to use during intervention and the development of problem-solving skills:

# PASS PROBLEM-SOLVING GUIDE

**Problem:** (Define the problem in easy to use terms):

1. Problem or Situation: \_\_\_\_\_

Are there any complication parts to this problem? \_\_\_\_\_

**Assess:** (Assess the problem in terms of risk)

1. Can \_\_\_\_\_ (problem) kill me or someone else?

2. Can \_\_\_\_\_ (problem) hurt me or someone else?

3. Is \_\_\_\_\_ (problem) illegal to do?

4. Is \_\_\_\_\_ (problem) something I want in my life or is it right to do?

Assess or test the problem out; is this a problem I can solve? Or, is this something I cannot solve?

\_\_\_\_\_

**Strategies:** (Identify Strategies that you can use)

Think of some ways you can cope or deal with this problem that you are okay with. All ideas are okay to list here. You can choose the actual solution in the next section.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Solution:** (Pick a solution - This is something you can live with/accept as a solution)

Look at your strategy list. Which strategy is the one you are most comfortable with choosing? This can be your way to deal with the problem that you have identified.

## CONCLUSION

The reality is that most kids with ODD actually get over the issues and will go on to live their lives. Many kids outgrow their oppositional and defiant behavior and others learn new skills or improve their behaviors because their parents learn new skills. Some kids improve because their school provided different programming or they got into an activity and this made the difference.

We do not always know what one thing will make a difference and change a child's behavior. Probably, it is not one thing that changes behavior, it is the combination of several different things that have changed the behavior. The one thing we can always rely on is that children grow! And, with growth, they mature and end up being more compliant, less disruptive and better able to manage authority in their lives.

This book has a lot of content designed to help you, the reader, in your work with kids with ODD. The content was presented in a direct no-nonsense manner because action is what creates behavior change. Action based on knowledge acquired through this text will lead to behavior change.

I tried to leave no angles or aspects unaddressed and, at the same time, I wanted to be as concise as possible and not bog readers down in unnecessary information. Certainly, we the workers in the trenches, the ones working directly with these children, need skills, ideas and interventions that we can use easily and with success.

You likely noticed this book does not contain a lot of theory, statistics and analysis. There is a place for that information but when you have a classroom or a caseload of oppositional kids you are working with, you want practical information and ready to use ideas.

All of us have the responsibility to do our particular work with kids as effectively as possible. We also have the privilege of doing this work and all of us should be reminded that everyone is important in terms of helping kids with ODD. The parents, teachers, therapists, coaches, etc., all have vital roles to play.

The most important person in the work performed with kids with ODD is, of course, the kid. It is their personality, strengths, skills, knowledge, and of course, behavior that is the biggest factor in their future. Meaning, by paving the roads to success or at least making them a little less bumpy, kids can recover, move forward and no longer be oppositional, defiant, and disruptive children and youth.

# The Big Guns

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The Big Guns of the youth behavior world are:

1. Drugs/Alcohol
2. Running away from home
3. Psychiatric symptoms (including self-harm, suicidal behavior)
4. School failure
5. Delinquent behavior - breaking the law and out-of-control behavior

If kids are engaging in these dangerous behaviors, it will be necessary to first institute action approaches to shift the power back to the parent and at the same time to create safety and stability. When these behaviors are occurring, kids are in a dangerous state of behavior and there is a risk of death, injury, out-of-home placement or disintegration of the family unit.

Essentially, what has happened is that there has been a shift in power/control and parents (who should have the power) end up not having power or control and kids end up having too much power, which result in an imbalance. Power/control is earned through acts of responsibility, maturity and, of course, time plays a role as well. As a person ages, they earn more power and control to do things they want and to have a say over their own lives.

However, in these situations, what has happened is that the kid's power has increased and the parent's parent power has decreased. What should happen is that parent power stays in place while kid power and control increases as they become more mature. When kid power reaches high levels and parent power reaches low levels, behavior starts to go from just ODD-like to more like conduct disorder and anti-social behavior.

- Ultimate kid power and control without parent power results in parental assault, criminal and/or delinquent behavior, drug and alcohol emergencies, running away and even eventual out-of-home placement and hospitalizations.
- When these dangerous behaviors are occurring, it is essential to work with families in order to neutralize the behaviors and help the family regain control of a dangerous situation.
- Whenever I have a case with these dangerous behaviors and I'm working with the parent, I use some variant of the model I will describe in following text.
- If I am in the situation when/where I do not have access to a parent, I make every attempt at working with the kid in terms of stabilizing and being safe. However, the much more effective approach is to work with the parent(s).

## CAP MODEL OF NEUTRALIZING DANGEROUS BEHAVIORS: COMPASSION, ACTION AND POWER

### Steps:

1. Categorize/prioritize the behaviors
2. Action steps to stabilize
3. Re-establish power and control with the parent
4. Repair/mend past dysfunction
5. Look to the future

### Step 1: Prioritize the Behaviors

Hopefully, you will not have all of the Big Guns in play at once. If you do, then it is important to systematically begin the process of taking actions steps to neutralize behaviors. If there is just one or two of the Big Guns at play, then pick the most life-threatening or serious one and begin with that.

Explain to the parent the concept of power and control and diagram it if that will help. Have them explain where they think they are and take a brief inventory of their resources: family, friends, etc., and after connecting with them about what you want to do, begin the process of laying out the behavioral problem in manageable chunks.

Overall what has happened here is that the parent went from an actor position to a reactive position and it needs to be the other way around: Parents should be in the actor position and kids should be in the reactive position most of the time.

**Caution #1:** I do not suggest doing this with the kid present. This is not the time for the kid's input; that will come later. The kid has been getting into an immense amount of trouble, so the time for their input is well past.)

**Caution #2:** If the parent is presently using (substances) and/or engaged in their addiction, they will rarely be able to carry through with any type of recommendation, so the course of action might actually be to help them into a recovery program.

**Caution #3:** If the parents are in the process of divorce and are arguing between themselves, you will spend a lot of time dealing with this issue, so it might be better to just develop a safety plan and wait on additional interventions.

### Step 2: Action Steps & Neutralize Behaviors

This is probably the most work-intensive phase, since action steps are taken to neutralize behaviors. The Take Control-Parent needs to establish a different environment within the home. This creates a sense of urgency, immediacy and overall change. This is not considered punishment, but rather implementation of a new way of life.

- Start with the home and clear the kid's bedroom so everything is gone except a mattress
- Go through it every night, too, in order to confiscate items/illegal materials
- Clothes can be given out by the parent each morning
- Take the door off the hinges
- Create a sense of urgency; behavior needs to change now or else
- Privileges are simply gone, not on hold
- Cellular phones, gone; internet, gone; car, gone
- Take away the ability to communicate (as much as possible) with negative peers
- Quickly re-establish family time of some sort; dinner routines, etc.

**Drugs/Alcohol:** If allowed in the home, then the problem will continue. So, there might need to be a discussion about the dangers of allowing drugs/alcohol in your home. Assuming drugs/alcohol possession is not allowed, kids need to know that the police will be called. No kid wants their drugs confiscated, etc. If they have drugs, it is for the reasons of using the drugs, selling them and/or keeping them for someone else. In any case, they will not want their drugs confiscated.

- The bedroom has already been neutralized, so check other areas in the house. Think like a kid and search areas of the house/premise as if you were the kid hiding things. If they had a car, check throughout the car. Make drug possession really difficult. Watch out for OTC and prescription medications too.

**Running Away:** When we neutralize running away from home, we will also help with the drug use since there are fewer places to go. If running away is continuous, eventually we need to take a look at family dynamics and discover the entire process of why this behavior is happening. However, for the action step here, we will want to:

- Throw garbage in the soup. At least spit in it. Consider the soup as the social world the kid lives in and the parent is going to contaminate the soup.
- Make contacts/re-establish networks. Connect with the parent(s) at homes the kid is likely to go (boyfriend, best friend, etc.) and make a pleasant but direct connection with the other adult, informing them that your child is having a lot of difficulty and is not allowed to go anywhere. Also, at this time, other kids are not allowed in our home either for safety's sake. This is nothing against them at all, it is simply a safety measure. Most parents are going to be agreeable to this type of approach since it is not a good idea to harbor a runaway.
- Other places a kid might go to when they are on the run include other friends and even other family members like an older sibling, aunt, or recreation centers. I once did some work with a teen who would go to a local recreation center to see other kids and get other clothes, shower, etc.
- Have a system in place for if/when the kid does run away: Call list, timeline and a crisis response plan for when to involve the police, etc. This gives the parent some type of security knowing that they have a plan for if/when their child decides to take off.

**Self-Harm:** There are many dynamics to this behavior. Essentially, a kid has developed psychiatric symptoms as a response to some type of dynamic in the family. Worst case scenario is when the kid threatens to hurt themselves as an attempt to gain control and/or to manipulate. These behaviors always need to be taken seriously. Basic steps to take:

- Remove any immediate or accessible obvious threats to safety. This might be: Guns, knives, medications, etc.
- Remove guns from the house; not locked up, gone
- In certain cases, knives will need to be locked up
- Remember, the bed room has been cleared, so all other stuff (knives, blades, etc.), was previously confiscated
- Remove medications
- Establish a safety plan
- With any threat of self-harm: immediate follow-up with a call to 911 or take the kid straight to the emergency unit in your area. The response the parent should have is that they will do whatever they can to keep their child safe regardless of the behavioral/emotional concerns that are happening. Suicide is often an impulsive action and kids are horrible at controlling impulses when they are highly agitated. So, having a safety plan is vital.

**School Issues:** The other big area of problems for youth is at school. While there are many things that schools can do to prepare, this particular intervention is for the parents.

- Parents should connect directly to the school. So, any communication about school is between the adults in order to avoid confusion and also to keep the adults in charge and avoid manipulation. Communication directly to the youth is unnecessary unless they bring it up first.
- Attendance is first. In the beginning, simply be concerned that they are in school when they are supposed to be. Do not demand anything with grades, simply point out what happens if they do not attend school. Remember, eventually the kid will want to be able to do stuff, attend school events, earn something back, etc. Nothing happens until attendance is 100%
- Allow school to issue the necessary truancy consequences as deemed appropriate. Hopefully, the school will do whatever they can to keep the kid/student in school and will only suspend for safety reasons.

## **BREAKING THE LAW & DELINQUENT BEHAVIOR**

Typically, in order to get legal services involved, there will need to be a pattern of activity established (unless the offense is a felony). I do not think just involving the legal system is the answer; rather it is a response that teaches kids that there is a result when you are doing things that are illegal. It is better to teach them this concept when they are young. Instruct parents to call every time. If there is a law violation in the home, then the parents should report this. Even if the violation is in the home (vandalism, receiving stolen property, etc.), it is still a crime. Youth need to know that, if they are going to use physical aggression to maintain control in the home, bad stuff will happen to them. In other words, kids should clearly understand that, if you are going to hurt someone (like mom or dad, etc.), then imagine your worst case scenario happening. This should be something very significant to get the kid to stop and think before doing something like hurt someone in their family.

### **Step 3: Re-establishing Power/Control with the Parent**

When Big Gun behaviors are neutralized, the parent is now back in the position of acting instead of reacting. This is the time to work with the parent on establishing family routines and conditions that they want in their home and with their family.

The parent should be empowered to be in control (in a compassionate manner, though) and enabled to make decisions as a parent. The parent should be encouraged to parent, not be a buddy to their kid, and to help guide their child to the right path. A parent should also be encouraged to continue to teach their kid right from wrong as well as encouraging positive decisions and actions. Kids can change very quickly, so gaining ground is common. It is important for the parent to notice positive changes just as strongly as they noticed negative behavior.

### **Step 4: Repair and Mend**

This is where family therapy can be so powerful. If family is the cause of the issues then, quite simply, family is also the path to recovery.

There were reasons why the kid(s) was engaging in such serious behavior. Work at this stage should involve apologies, taking responsibility and rekindling former elements in the family that were once the foundation (family dinners, activities, etc.).

In this stage, I often see true change and, honestly, it is the most rewarding part of the process. What happens here is healing. Families are repaired and people are safe. Families have a way of helping each other that are not easily explained but nonetheless more powerful than we will ever know.



## **Moving Forward**

At this stage it might be more important to do individual work with the kid to help them resolve issues they have. Or, it might be more about helping the family to look forward by setting reasonable goals for such things as how life is going to be from now on.

Older kids might benefit from some easy-to-follow goal setting strategies, so they can look forward to the future while walking away from their once tumultuous past.