UNDERSTANDING AND TREATING THE EXPLOSIVE CHILD

GABRIELLE LAWRENCE, PH.D
OUTLINE

• Defining Explosive Disruptive Behavior Disorder
• Identifying the causes of DBD
• Early attachment and impact of loss on DBD
• How we manage feelings
• Intake assessment of the explosive child
• Treating the DBD child using play therapy
• Coaching for parents of Explosive children
Disruptive Behavior Disorders in children are characterized by poor social relationships due to extremes of aggressiveness, lying, defiance, irritability, blaming others, cruelty, stealing, destructiveness, and rage.
CHARACTERISTICS OF THE INFLEXIBLE-EXPLOSIVE / BEHAVIOR DISORDERD CHILLD

- Limited capacity for flexibility and adaptability and incoherence in the midst of severe frustration
- An extremely low frustration threshold
- An extremely low tolerance for frustration
- The tendency to think in a concrete, rigid, black-and-white manner, can be very stubborn.
- The persistence of inflexibility and poor response even when faced with severe consequences
- Inflexible episodes may have an out-of-the-blue quality
- May have a combination of diagnoses
- Falls completely apart under stress

Gabrielle Lawrence, Ph.D. 2010
DISRUPTIVE MOOD DISORDER (DMD)

- Disruptive Behavior Disorders (312.9)
- Conduct Disorder (312.8)
- Bipolar Disorder (296.xx, 296.89, 301.13)
- Depressive Disorders (296.xx, 300.4, 311)
- Attention-Deficit Hyperactivity Disorders (314.xx)
- Oppositional Defiant Disorder (313.81)
- Conduct Disorder (312.xx)
- Generalized Anxiety Disorder (300.02)
- Separation Anxiety Disorder (309.20)
- Obsessive-Compulsive Disorder
- Tourette’s Syndrome (307.23)
- Post Traumatic Stress Disorder (309.81)
- Acute Stress Disorder (308.3)
- Reactive Attachment Disorder (313.89)
- Bereavement (V62.82)
- Pervasive Developmental Disorder
69% CO-MORBIDITY OF DBD WITH MOOD, ANXIETY AND/OR OBSESSIVE–COMPULSIVE DISORDERS

Comorbidity of Juvenile Obsessive-Compulsive Disorder. *Anx*, any non-OCD anxiety disorder; *DBD*, disruptive behavior disorder; *Mood*, mood disorder; *OCD*, obsessive-compulsive disorder.

Gabrielle Lawrence, Ph.D. 2010
THE CAUSES OF DISRUPTIVE BEHAVIOR DISORDER

- Neurological based – organic/chemical deficiency
- Pervasive developmental disorder
- ADHD
- ODD/CD
- Bipolar/mood disorder
- Anxiety disorder
- Environmentally Created
- Failure to attach to attachment figure
- Disrupted attachment
- Inappropriate parent child relationship – abuse/neglect
- Environmental problem other than with parent – school, social, other adults
Why Do Children Get Angry?

• Their anger is the only voice they have
• They feel helpless in their environment
• They do not know how to tell parents and others that they are:
  – Afraid
  – Hurting
  – lonely
  – Embarrassed
  – Grieving
  – Afraid
  – Chemical
  – Feeling unloved
  – Isolated
  – Wanting closeness
  – Developmentally
  – Delayed and can’t
  – function like other
  – Imbalance
  – children

Gabrielle Lawrence, Ph.D. 2010
Why Do Children Get Angry?

• Understanding he or she wants to comply but can not due to a developmental delay which cause problems with:
  – Flexibility
  – Adaptability
  – Problem-solving
  – Frustration Tolerance

Ross Greene, Ph.D.  Gabrielle Lawrence, Ph.D. 2010
Why Do Children Get Angry?

• “Challenging behaviors occur when the demands of the environment exceed a child’s capacity to respond adaptively

• Collaborative problem-solving is required”

ROSS GREENE, PH.D.
COLLABORATIVE PROBLEM-SOLVING MODEL
ASSESSMENT OF DBD

- **Thorough Assessment of:**
  - Developmental history
  - Family history (mental health & attachment)
  - Medical history
  - Academic history
  - Peer relationship history
  - Referrals from other professionals
  - Referral for Medication

- **Testing to Identify the source of the DBD**
  - Neurologically or Environmentally based
  - Developmental delays, Sensory Processing Disorder, ADHD, Bipolar Disorder, OCD

Gabrielle Lawrence, Ph.D. 2010
TREATING EXPLOSIVE DISRUPTIVE BEHAVIOR DISORDERED CHILDREN

YOUR MOST IMPORTANT TOOL IS YOUR RELATIONSHIP WITH THE CHILD

Gabrielle Lawrence, Ph.D. 2013
COLLABORATIVE PROBLEM-SOLVING

• “Challenging behaviors occur when the demands of the environment exceed a child’s capacity to respond adaptively
• Collaborative problem solving is required”

Ross Greene, Ph.D.
COLLABORATIVE PROBLEM SOLVING

1) EMPATHY

**GOAL:** To gather information from the child about his or her concerns

**PARENT OR TEACHER:** states the problematic behavior and simply asks the question:

“What’s up?”

If the child does not answer, the teacher waits and continues to non-judgmentally probe for the reason for the behavior — Ross Greene, Ph.D.
2) DEFINING THE PROBLEM

**GOAL:** For the parent/teacher to neutrally saying his concern and stating why:

“My concern is… because…”

Three categories of concern are: Safety, Learning, How problem behavior impacts others

Ross Greene, Ph.D.
COLLABORATIVE PROBLEM SOLVING

3) INVITATION

GOAL: To brainstorm solutions together, to address both the parent/teacher’s concerns and the child’s concerns and end with a win/win solutions that works for both

Ross Greene, Ph.D.
KEY ELEMENTS FOR TREATING EXPLOSIVE DBD CHILDREN

• TO FOSTER EMOTIONAL AWARENESS
  • Recognizing physical changes that occur when anger begins
    • Notice in the Hot and Cool systems: Face flushing, muscle tightening, getting emotional

• TO PRACTICE ANGER MANAGEMENT SKILLS
  • Distraction: imagine you are doing fun stuff
  • Deep breathing / relaxation
  • Coping self-statements:
    • “As long as I keep my cool, I’m in control”
    • “It is not worth it to get angry”

Gabrielle Lawrence, Ph.D. 2010
KEY ELEMENTS FOR TREATING EXPLOSIVE DBD CHILDREN

• TO PRACTICE SOCIAL PROBLEM-SOLVING
  • To identify triggers and potential problems
  • To generate a range of possible solutions
  • To evaluate the likely consequences
  • Decide what you would like to have happen instead
  • Think how that would feel

Lochman, Boxtmeyer & Powell (2009)
WORKING WITH PARENTS

- Work with parents to create a safe, usable structured and nurturing environment for the child
  - Teach parents Collaborative Problem-solving
  - Teach parents to do empathic listening
  - Teach parent good parenting skills & Filial Play Therapy, PCIT and Floor time
  - Create a family plan for good joint parenting
  - Teach parenting that has good balance of structure and nurture

Gabrielle Lawrence, Ph.D. 2010
FORMULA HEALING LOSS

- **ACKNOWLEDGE**
  State the facts about the anger causing event

- **EMPATHIZE**
  States the child’s feelings

- **SOOTH**
  Console, make amends, assure, nurture

- **IDENTIFY NEW COPING**
  Help the child find new ways to dealing events and feelings

© 2007 Gabrielle Lawrence, Ph.D., 480-607-5030
THE MAGIC FORMULA

- LOTS OF GOOD STRUCTURE
- LOTS OF GOOD NURTURING
- EQUALS = SAFETY FOR THE CHILD
- COMPLIANT BEHAVIOR FROM HIM
PARENTING PLAN FORMAT

• FOUR CATEGORIES OF RULES;
  Safety
  Citizenship/ Good Behavior
  Life Skills
  School

• CONSEQUENCES

• REWARDS
Parenting Plan - 4 to 12 years

Safety

♥ Always sit in car seats or boosters seats while under 80 pounds – always buckle up
♥ Always wear bike helmets and pads while on bikes, skates, scooters, etc.
♥ Do not go near a pool of water without an adult to watch
♥ Never leave house without telling parent where you are going
♥ If your safety is threatened inform a trusted adult
♥ Bedtime is 8pm – Need 10 ½ hours every night
♥ No TV watching in bed at bedtime. Bedtime is for sleeping only. Asleep by 8pm.
♥ All TV programs must be approved by parents. No TV programs after 8pm. No PG-13. PG is okay if previously reviewed by parent
♥ Sunscreen everyday. Re-applied every two hours if playing outside.
♥ Use stove only when supervised
♥ No playing in street

Life Skills

♥ Help with cooking, laundry,& cleaning
♥ Chores completed before play
♥ Personal Hygiene: Brush teeth twice a day, comb hair, bath
♥ Clean up your own messes: clear your plates from the table, put clothes into hamper, put toys away, make bed. Keep room clean, care for pets
♥ Learn how to handle money

Citizenship/Behavior

♥ Conduct: no lying, no cheating, no arguing with parents, no whining, no disobeying, no screaming, no name-calling, no hurting others, no hair pulling or pinching
♥ Responsibility: no blaming others.
♥ Respectful: Share.
♥ Personal Self-reliance: no trying to get others to take care of your responsibilities: if you need something get it yourself.
♥ Manners: Use please and thank-you’s
♥ No means No
♥ Do things when asked; Listen to parents
♥ When you go to bed, stay in bed

School

♥ Maintain agreed upon GPA
♥ Homework completed before play
♥ Hand in homework

Consequences

♥ Time out on chair or room
♥ Loss of TV privileges
♥ Loss of allowance
♥ Loss of object of desire (toys, computer)
♥ Discussion with parent on what was wrong and how to correct
♥ Apologize – make amends

Rewards

♥ Full Allowance
♥ Surprises (games, movies, clothing)
♥ An object of desire (gifts)
♥ A place of desire
♥ Win back privileges
POSITIVE PARENT-CHILD SPECIAL TIME

- Praise the child often
- Show interest – ask questions
- Do not criticize or reprimand - no matter what happens
- Defer all Problems to a later time
- Avoid Controversial subjects
- Have fun just being together
- Allow the child to choose the activity
- Participate fully in whatever activity that they choose

Lockman, Boxmeyer & Powell (2009)
Gabrielle Lawrence, Ph.D.
5040 E. Shea Blvd., #268
Scottsdale, AZ 85254
480-607-5030 office
480-948-9054 fax
gabrl1@cox.net
www.health4relationships.com