

# *UNDERSTANDING AND TREATING THE EXPLOSIVE CHILD*

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# 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.*



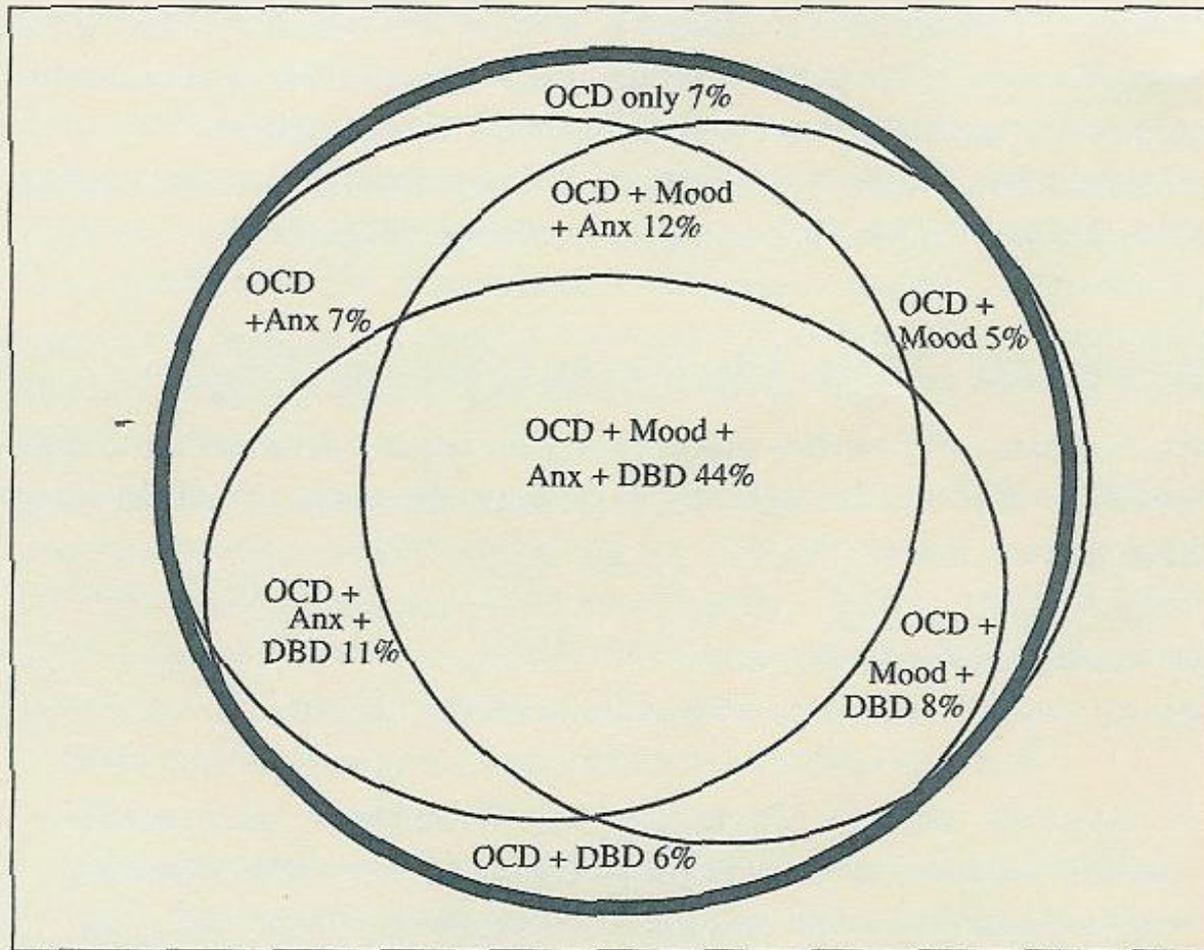
## ***CHARACTERISTICS OF THE INFLEXIBLE-EXPLOSIVE / BEHAVIOR DISORDERD CHILLD***

- ***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***

# 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.

# ***THE CAUSES OF DISRUPTED 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*      - *Frustrated*
  - *Hurting*      - *Feeling unloved*
  - *lonely*      - *Isolated*
  - *Embarrassed* - *Wanting closeness*
  - *Grieving*      - *Developmentally*
  - *Afraid*      *Delayed and can't*
  - *Chemical*      *function like other*
  - Imbalance*      *children*



# *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*



# 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 \* Neu

  - \* Developmental delays, Sensory Processing Disorder, ADHD, Bipolar Disorder, OCD

# TREATING EXPLOSIVE DISRUPTIVE BEHAVIOR DISORDERED CHILDREN



YOUR MOST IMPORTANT TOOL IS  
YOUR RELATIONSHIP WITH THE CHILD

# 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.*

# COLLABORATIVE PROBLEM SOLVING

## 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”



# 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 the likely consequences
  - Decide what you would like to have happen instead
  - Think how that would feel

Lochman, Boxmeyer & 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



# 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*



# *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.
- ♥Respect Belongings: Put things away. Share.
- ♥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)



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