

Psychoeducational Intervention with Families of Children with Bipolar Disorder



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Depts of Psychiatry & Psychology

Childhood Bipolar Disorder—On the Rise?

Lofthouse & Fristad, 2004, *Clinical Child & Family Psychology Review*

- Literature review—174 articles/chapters
 - 26 before 1980
 - 36 during the 1980s
 - 66 during the 1990s
 - 46 from 2000-2002
- Amazon search—18 books
 - 15 from 2000 to 2003
- Websites—5 since 1999
- Time—cover article, Aug 19, 2002

2005 Google Internet Search

Leffler & Fristad (2005)

<i>Topic</i>	<i>Number</i>
childhood mood disorders	517,000
adolescent mood disorders	577,000
childhood depression	3,100,000
adolescent depression	3,630,000
childhood bipolar disorder	483,000
adolescent bipolar disorder	757,000
childhood mania	248,000
adolescent mania	645,000

Presentation Goals

1. ***Describe assessment of bipolar disorder in children***
2. Describe rationale for using psychoeducation with children who have bipolar disorder
3. Share results from two OSU clinical trials—Multi-Family Psychoeducation Groups (MFPG) and Individual Family Psychoeducation (IFP)
4. Review specific therapeutic techniques to use with children diagnosed with bipolar disorder

Assessing Bipolar Disorder in Youth

Quinn CA & Fristad MA (2004). Defining and identifying early onset bipolar spectrum disorder. *Current Psychiatry Reports*, 6, 101-107.

1. Create a **timeline** to determine ***episodic nature*** of symptoms and their ***relationship to relevant developmental issues***
2. Conduct a **structured interview** to determine ***differential diagnosis and/or comorbidities***
3. Generate a **3-generation genogram** to determine ***family history & family dynamic information***
4. Administer a **symptom severity rating scale** to ***monitor treatment over time***
5. Complete a **global rating scale** to track ***outcome***
6. Generate a **mood log** so the family can ***monitor treatment*** and ***share results*** with treatment providers

Lifeline—Document

Above line: pregnancy, labor and delivery, age in yrs, calendar yrs, moves, life stressors, child care arrangements, school placement

Below line: physical health (onset, offset) & treatment, mental health (onset, offset, mood & co-morbid diagnosis) & treatment, current functioning (home, school, peers)

Pregnancy

L &D

Child Care

School History

Moves

SLE

DOB

DOI

Sx Hx

Tx Hx

Home:

School:

Peers:

Early Development

- Date of birth and age
- Pregnancy
 - Drug/alcohol abuse, stressors during pregnancy?
 - Pregnancy/Labor/Delivery complications
- Developmental milestones
 - Walking, talking, potty training (On time? Delays? Age reached?)
- Temperament/Early development
- Child care
 - Birth to school – If parent(s) employed who took care?
 - After school care?

Home Environment

- Who lives in the household? Any changes in caregivers? Why?
- Moves
 - What age(s)? From where/to where?
- Major life events
 - Family - deaths, domestic violence, jail, alcohol/drug abuse, physical/sexual abuse, accidents, major health issues
 - Parents - divorce or separation

School Functioning

- Preschool
- Age at kindergarten?
- Grades completed. Any Repeated? Why?
- School district(s)/school name(s)
- School transitions? Why?
- Problems in school – academic? behavioral?
- Grades and general functioning in school
- Services (IEP, 504, etc)

Physical & Mental Health

- Physical health
 - Major or chronic illnesses, hospitalizations, surgeries, injuries, etc.
 - Medications for above
- Mental health
 - Symptom onset (offset?)
 - Mood
 - All comorbid conditions
 - Treatment history

Children's Interview for Psychiatric

Syndromes *Weller, Weller, Rooney & Fristad,*

1999, American Psychiatric Press, Inc. (www.appi.org)

- Does NOT assess
 - personality
 - cognitive capacity (mental retardation, learning disabilities)
 - tic/Tourette, autistic spectrum, panic disorders
- Does NOT replace a clinician
- DOES provide a standardized initial assessment procedure for clinical and research purposes
 - Brief
 - Thorough coverage--20 disorders & stressors
 - Psychometrics available for 6-18 year olds
 - Easy to administer, score, interpret
 - Storage requirements are minimal

Comorbidities & Differential Diagnosis

- Differential Diagnosis
 - ADHD
 - Acute/post-traumatic stress disorder
 - Psychosis
 - Substance use/abuse
- Comorbidities
 - Very common, children > adolescents
 - Behavior
 - Anxiety
 - Developmental disorders
 - Eating disorders
 - Speech/language, learning disorders

Paper-and-Pencil Measures

- Youngstrom EA, Findling RL, Youngstrom JK & Calabrese JR (2005). Toward an evidence-based assessment of pediatric bipolar disorder. *J Clinical Child and Adolescent Psychology*, 34, 433-448.
 - Parent report: best source of information
 - Child report: doesn't provide incremental data
 - Teacher report: not validated
- Recent option: **Child Mania Rating Scale**
Pavuluri MN, Henry DB, Devineni B, Carbray JA, & Birmaher B. (2006). Child Mania Rating Scale: Development, reliability, and validity. *J Amer Acad Child and Adolescent Psychiatry*, 45(5): 550-560.

Global Functioning

- School (as described)
- Peer relationships
 - Number of friends, best/closest friends?
 - Quality of friendship, activities, frequency
- Family relationship
 - Mother, father, siblings, other household members/important adults
- Work (adolescents)/chores

How is _____ feeling today?



-5

-4

-3

-2

-1

0

1

2

3

4

5

M.....

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S.....

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How to Conceptualize Family-Based Intervention

- Historically, families
 - Have been blamed
 - Have not gotten useful information/support/skill building
- This can result in families being “skittish” or “defensive” about family-based intervention

Causes of Caregiver Stress

Hellander, Sisson, Fristad, in Geller & DelBello, 2003

- Care of a high-needs child
- Need to advocate in schools
- Worry about the future
- Exhaustion
- Physical illnesses
- Financial strain
- Isolation
- Stigma
- Guilt and blame

Impact of EOBPD on Family Functioning

- “...we were a functioning family until you turn in the mix and add Jason into our family; we become dysfunctional...”
- “...logic and education helps us to a point [parents are both college grads], but then again we are human beings and it is just really tough living with Jason. It affects our whole relationship. It affects our marriage...”
Mother of a 11 year old boy with BPD-NOS

Relationships In and Out of the Family Suffer

- “I also find it very difficult to facilitate relationships within our household between the siblings and...neighbors or his teacher or other people. I feel like I’m always having to facilitate when his moods are switching very rapidly or he’s highly anxious.”

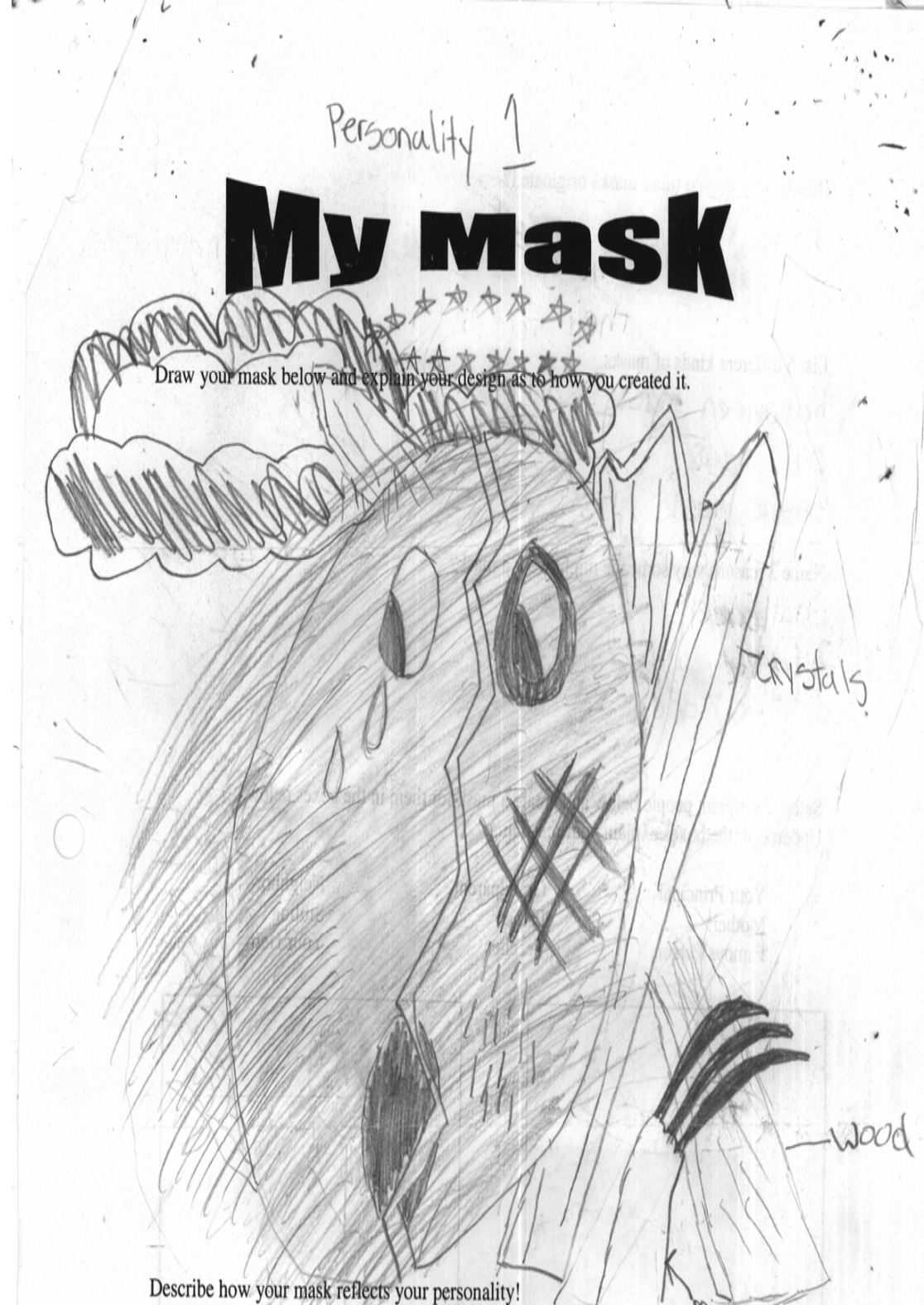
Mother of an 11 yr old boy w/ BPD-Mixed

Siblings Suffer

- “My husband and I sometimes will argue over what to do with Maria, and the older child believes that she’s not getting enough attention because Maria’s sucking all of it up”

Mother, 11 yr old girl w/ BPD-NOS

- Describe how your mask reflects your personality!
- The black eye represents all the mental punches I get from people. The stars circling above my head represents how I'm confused. My searching eyes represent that I'm trying to find the right path, but I'm lost so I can't find it. My broken face represents that I'm a broken person. The hair across my face shows that I can be whipped around easily. The tears are of loneliness. The crystals = dreamer/pretender. Claw and hand = outcast.



MFPG—Treatment Goal

- *If you give a man a fish, he will eat for a day. If you teach a man to fish, he will eat for a lifetime.*



The OSU Psychoeducation Program

- Orientation
 - Nonblaming/growth-oriented
 - Biopsychosocial—uses systems and cognitive-behavioral techniques
- Education + Support + Skill Building → Better Understanding → Better Treatment + Less Family Conflict → Better Outcome
- Two formats
 - groups of families (MFPG)
 - single families (IFP)

Goals of Psychoeducation

- Teach parents and children about
 - The child's illness & its treatment
- Provide support
 - Peers (“I’m not the only one”)
 - Professionals - understand the disorder
- Build skills
 - problem-solving
 - communication
 - symptom management

MFPG Session Format

- Children aged 8-11 (any mood disorder)
- 8 sessions, 90 minutes each
 - Begin/end with parents/children together
 - Middle (largest) portion-separate groups
 - Children receive *in vivo* social skills training (in gym) after formal “lesson” is completed
 - Therapists: 1-parents; 2-children
 - Families receive projects to do between sessions

8 Session Outline--Parents

1. Welcome, symptoms & disorders
2. Medications
3. “Systems”: school/treatment team
4. Negative family cycle, WRAP-UP 1st 1/2
5. Problem solving
6. Communication
7. Symptom management
8. WRAP-UP 2nd 1/2 of program & graduate

8 Session Outline--Children

1. Welcome, symptoms & disorders
2. Medications
3. “Tool kit” to manage emotions
4. Connection between thoughts, feelings and actions
(responsibility/choices)
5. Problem solving
6. Nonverbal communication
7. Verbal communication
8. Review & GRADUATE!

Our Mottos

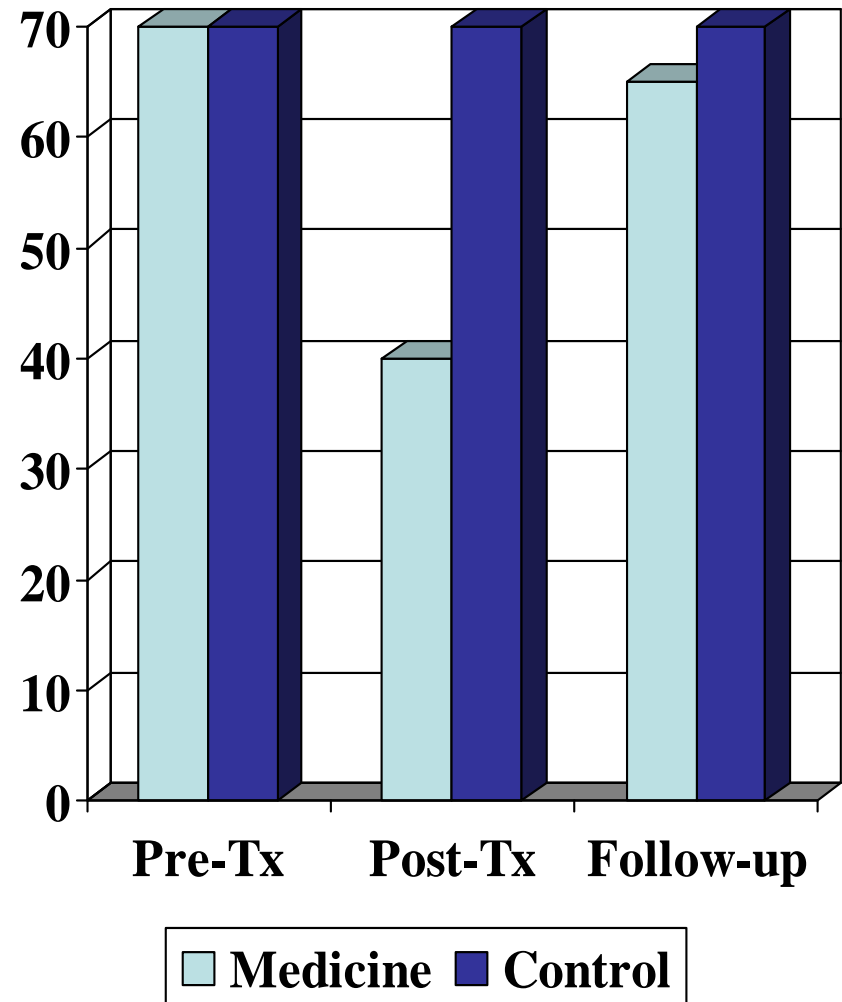
- The CAUSE of mood disorders is fundamentally *biological*, their COURSE can be greatly affected by *psychosocial events*
- We don't get to pick the genes we get or the genes we pass on
- “It's not your fault but it's your challenge”

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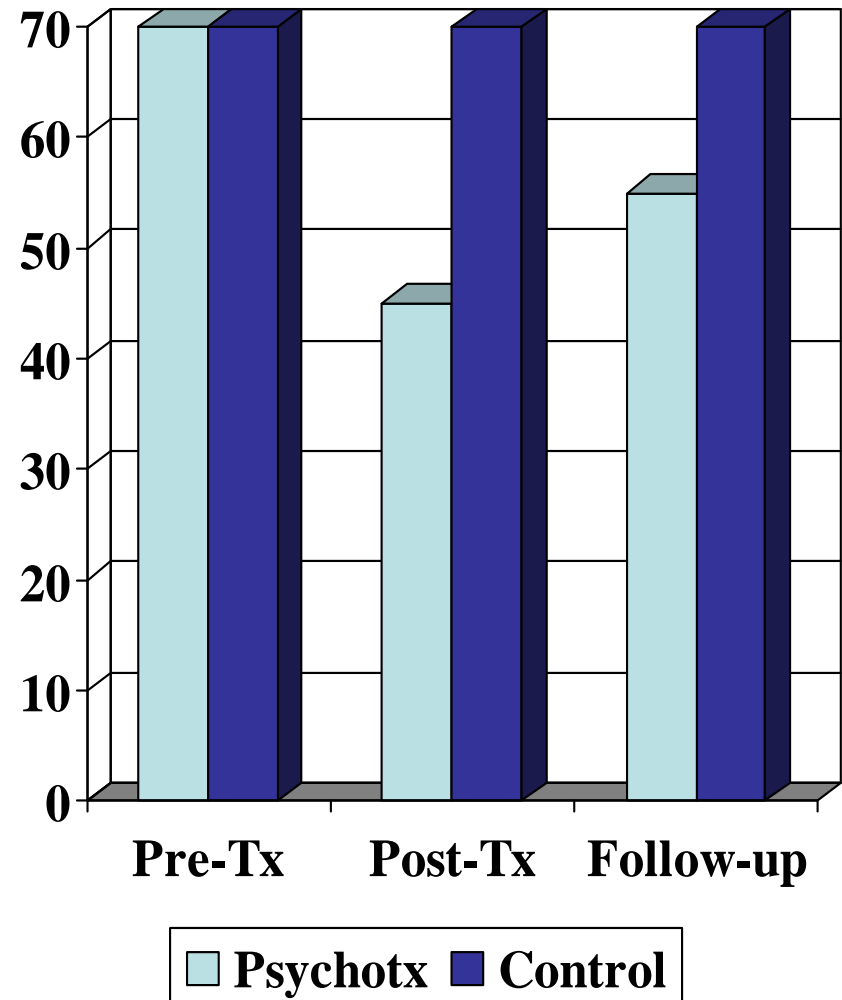
Prototypic Medication Trial

- Beneficial medicine
 - Works while being taken
 - Does not accrue benefit when d/c'd
 - Most child trials are acute (ie, < 12 wks)



Prototypic Psychotherapy Trial

- Beneficial psychotx
 - Begins to work as skills take hold
 - Continues to work after tx ends, but decrement occurs
 - Most child trials are acute (ie, < 6 mos)



Empirically Supported Psychosocial Adjunctive Treatments for Childhood Bipolar Disorder

- Fristad, Goldberg-Arnold & Gavazzi, 1999
Bipolar Disorders
-None
- Past 5 years
 - Pavuluri et al, youth aged 5-18
 - Miklowitz et al, adolescents, 13-18
 - Fristad et al, children aged 8-12
 - All have psychoeducation in common

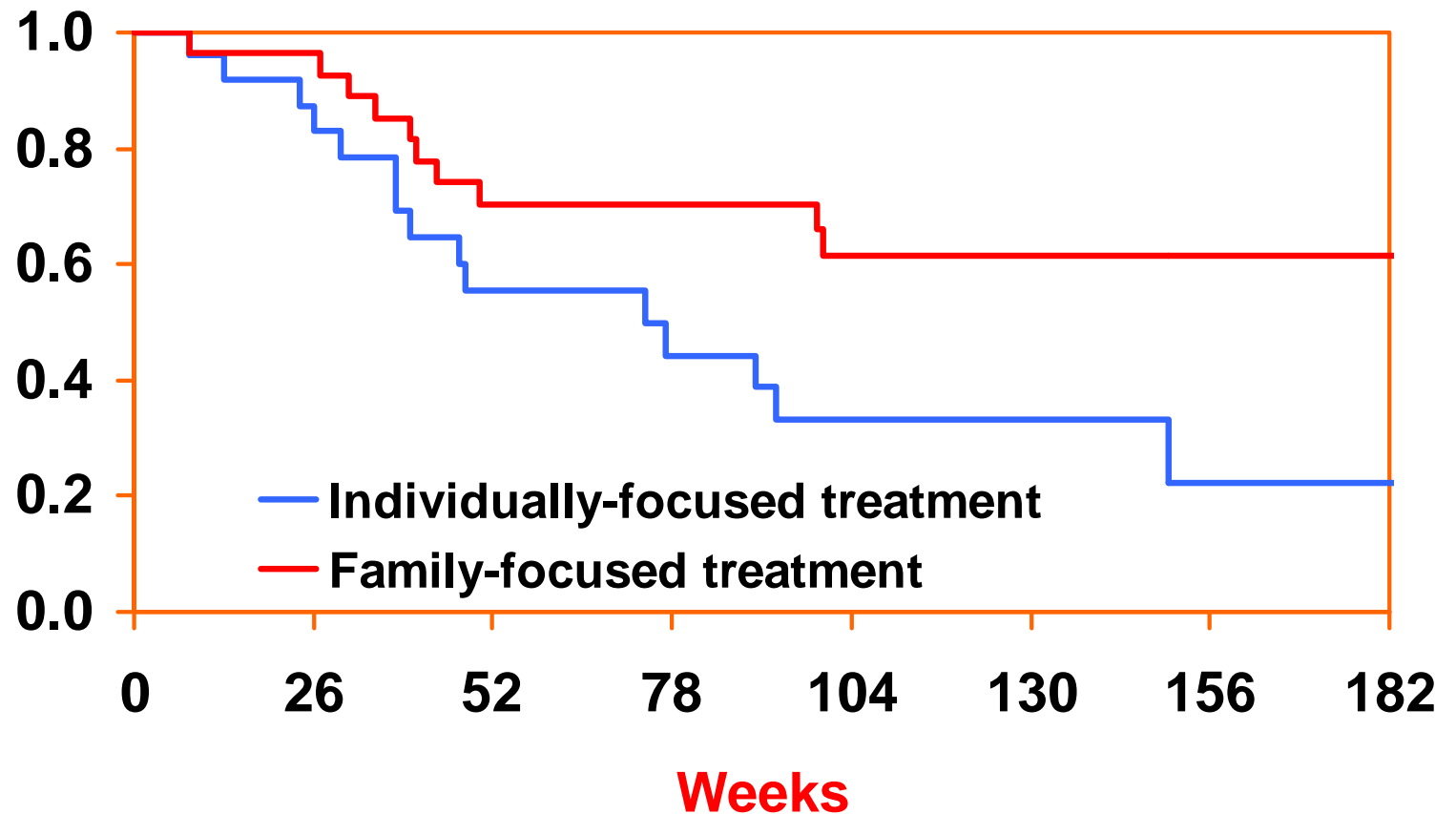
Psychoeducation: Adults w/ BPD

Miklowitz et al, Arch Gen Psychiat 2003

- Colorado study, $N=101$
 - Delays relapse: 74 vs 53 weeks
 - Reduces mood symptoms: gain begins at 6 mos, continue through 24 mos

Adults—BPD *Rea et al, JCCP, 2003*

- UCLA study, $N=53$: delays rehospitalization



Adolescents w/ BPD

Miklowitz et al, 2003

- $N=20$, open trial
- Improved mood and behavior following treatment—ratings every 3 mos (0-12)
 - K-SADS Depression, 2.1→1.7
 - K-SADS Mania, 2.4→1.8
 - CBCL Behavior Problems, 86 →46
- Randomized trial planned

Children & Adolescents

w/ BPD *Pavuluri et al, 2004, JAACAP*

- *N*=34, aged 5-18, nonrandomized trial
- Children on medication and in RAINBOW program had decreased scale scores for:
 - mania
 - depression
 - aggression

ODMH Study

Fristad, Goldberg-Arnold & Gavazzi, JMFT,

- 35 children and their ²⁰⁰³ parents
 - 54% depressive; 46% bipolar disorders
 - M=3.6 comorbid diagnoses/child (range, 1-7)
 - C-GAS=51 at baseline
 - 29/35 (83%) on meds
 - 8-11 years old (average, 10.1 yrs)
 - 77% boys
- 6 month wait-list design
- 6 sessions, 75 minutes/session, manual-driven

ODMH Findings

Fristad, Goldberg-Arnold & Gavazzi, JMFT, 2003

- Parents
 - *Increased* knowledge of mood disorders
 - *Increased* positive family interactions
 - *Increased* efficacy in seeking treatment
 - *Improved* coping skills
 - *Increased* social support
 - *Improved* attitude toward child/treatment
- Children
 - *Increased* social support from parents
 - *Increased* social support from peers (trend)

Many Contributors...

- **Parent Group Therapists**
 - Jill S. Goldberg-Arnold, PhD*
 - Catherine Malkin, PhD
 - Kitty W. Soldano, PhD, LISW
- **Child Group Therapists**
 - Barb Mackinaw-Koons, PhD
 - Nicholas Lofthouse, PhD
 - Colleen Quinn, MS
 - Jarrod Leffler, PhD
- **Graduate Student Interviewers/Co-Therapists/Lab Members**
 - Kate Davies Smith, PhD
 - Kristen Holderle Davidson, PhD
 - Dory Phillips Sisson, PhD
 - Nicole Klaus, MA
 - Jenny Nielsen, MA
 - Matthew Young, BA
 - Ben Fields, MEd
 - Colleen Cummings, BA
 - Radha Nadkarni-DeAngelis, BA
- **Data Analysis/Management**
 - Joseph S. Verducci, PhD
 - Cheryl Dingus, MS
 - Kimberly Walters, MS
 - Elizabeth Scheer, BS
 - Hillary Stewart, BA
 - Christina Theodore-Oklata, BA
 - 693 Students
- **Graduate Student Interviewers/Co-Therapists**
 - Kristy Harai, PhD
 - Anya Ho, PhD
 - Rita Kahng, MA
 - Becky Hazen, PhD
 - Kari Jibotian, MA
 - Lauren Ayr, MA
- **165 Families**

*Consensus Conference Reviewer

NIMH Study Design, N=165

Group ^a	Time 1 Month 0	Time 2 Month 6	Time 3 Month 12	Time 4 Month 18
MFPG + TAU ^b	Baseline: Pre- treatment	Follow-up	Follow-up	Follow-up
WLC + TAU ^c	Baseline	Follow-up	Pre- treatment	Follow-up

^aFamilies were enrolled in 11 sets of 15 (7-MFPG/8-WLC) = 165 families

^bMultifamily Psychoeducation Group + Treatment As Usual

^cWait-List Control + Treatment As Usual

MFPG Recruitment—N=165

- 225 families screened
- 203 (90%) passed the screen
- 171 (84%) arrived at baseline assessment
- 165 (96%) met study criteria
- Referral sources:
 - 62% health care providers
 - 19% media
 - 19% other
- Rural/geographically remote, 22%
(round trip, 56 ± 64 mi; range=2-344 mi)

Study Sample - Family Characteristics

Variable	MFPG	
	MFPG+TA U (n=78)	WLC+TAU (n=87)
Family Structure		
Married bio par	46%	40%
Step-family	17%	23%
Married adop par	5%	7%
Single bio par	21%	17%
Single adop par	1%	1%
Other	10%	12%
Income	<20K to >100K M=40-59K	<20K to >100K M=40-59K

Demographics: MFPG Total Sample & BPD Sub-Sample

Variable	TOTAL N=165	BPD N=115
Comorbid D/O		
Anxiety	67%	70%
Behavior	97%	95%
ADHD	87%	80%
Two-parent families (includes step-families)	74%	65%
Average round trip	56 mi (range: 2-344)	70 mi (range: 14-344)

Demographics—Various Samples

Variable	BPD-ITT n=115	Treated BPD n=89
Age	9.8	9.7
% Male	72	69
% White	91	94
% Fam Hx- Mania	53	55
% Fam Hx- Depressio n	73	72
% Fam Hx- Either	84	83

Questions

1. Does MFPG work? (intent-to-treat analyses)

IMM=55

WLC=60

2. How does MFPG work for treatment completers?

IMM=54

WLC=35

Outcome Measures

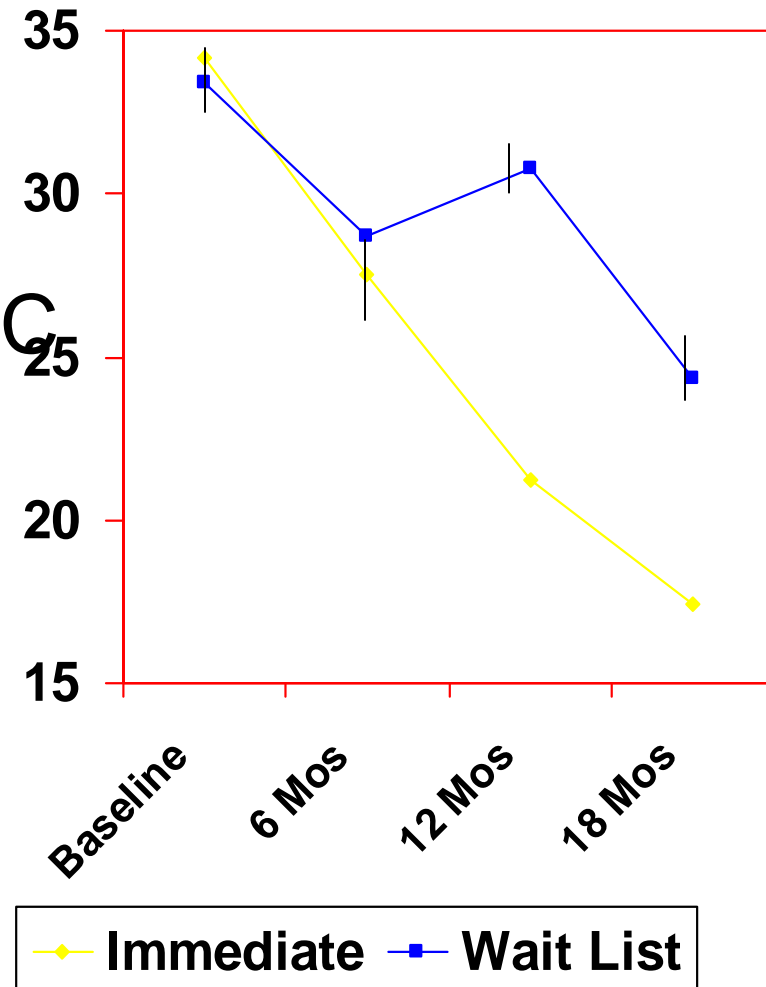
- MSI=Mood Severity Index
 - CDRS-R + MRS (equal contributions)
 - <10: minimal symptoms
 - 11-20: mild symptoms
 - 21-35: moderate symptoms
 - >35: severe symptoms

Outcome Measures

- Rage Index
 - MRS irritability + disruptive-aggressive items
 - <3: minimal symptoms
 - 4-8: mild symptoms
 - 9-12: moderate symptoms
 - 13-16: severe symptoms

Mood Severity Index (Parent, Current) MFPG BPD Sample

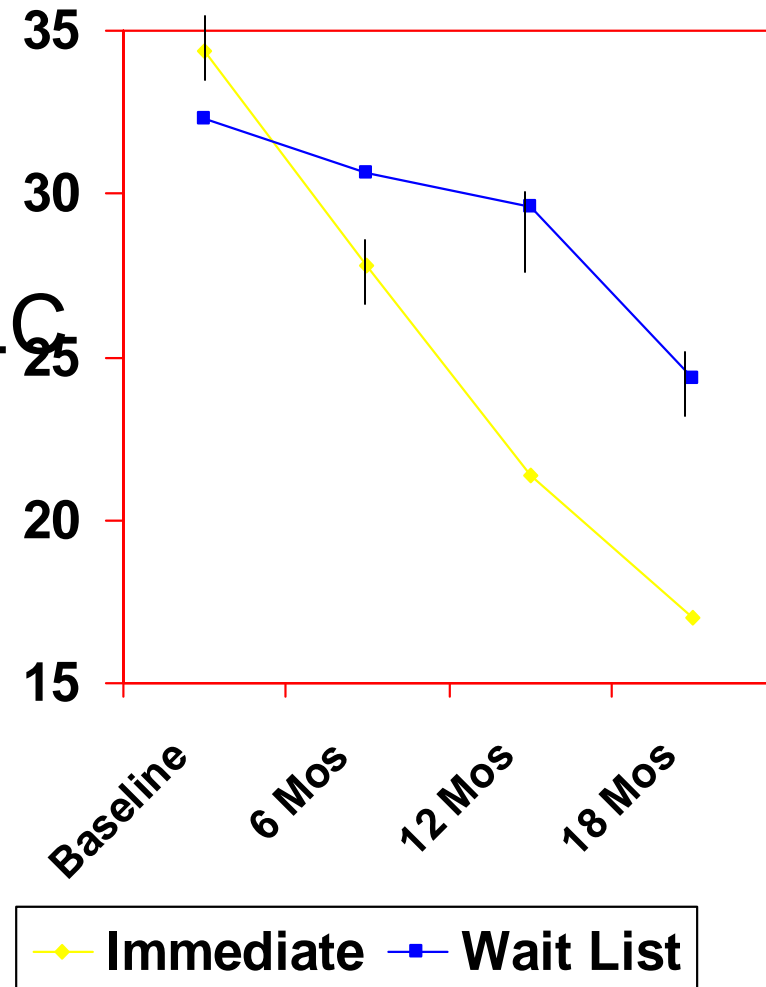
- N=115, all BPD
 - n=55 Immediate
 - n=60 Wait List
- Pre-post Imm=WLC



Mood Severity Index (Parent, Current) MFPG Treated BPD Sample

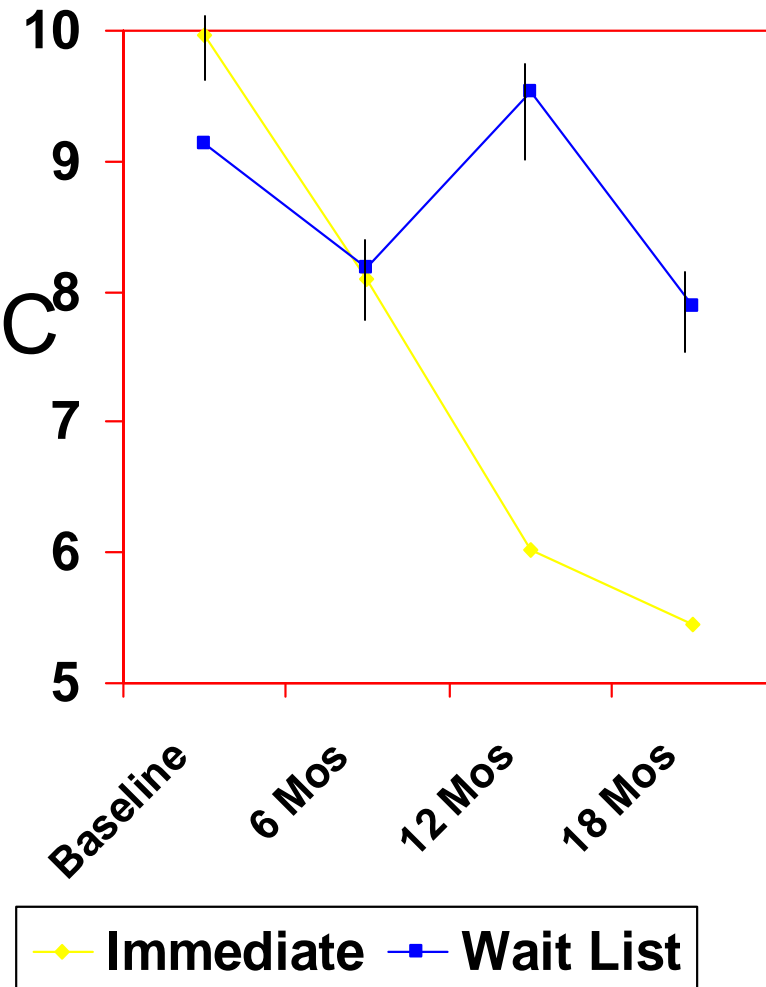
- N=89
 - n=54 Immediate
 - n=35 Wait List

• Pre-Post Imm=WLC



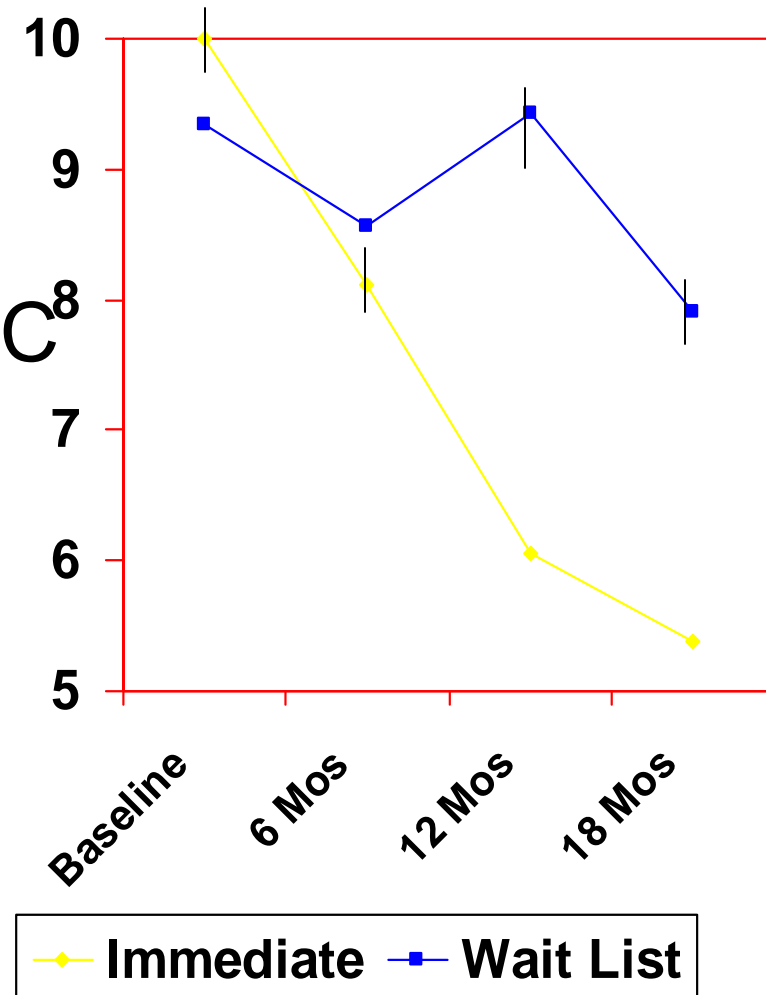
Rage Index (Parent, Current) MFPG BPD Sample

- N=115
 - n=55 Immediate
 - n=60 Wait List
- Pre-post Imm=WLC⁸



Rage Index (Parent, Current) MFPG Treated BPD Sample

- N=89
 - n=54 Immediate
 - n=35 Wait List
- Pre-post Imm=WLC⁸



Anecdotal Evaluations--Parents

- *No matter how bad the situation is...there is hope and treatment. Don't give up. This program was an eye opener for me. I also was encouraged and relieved to find out that I was not alone.*
- *Listen to what they are saying. They can really help you. Learn what is going on with your child. Stay focused on what is going with your child and do not give up on your child.*

Anecdotal Evaluations-- Children

- *You get to meet new people you never knew before. They help you with your symptoms.*
- *They're nice and they're helpful. And you guys support us and give us snacks. You've been nice to us and treated us with respect.*
- *It really helps out if you let it.*

Individual-Family Psychoeducation:

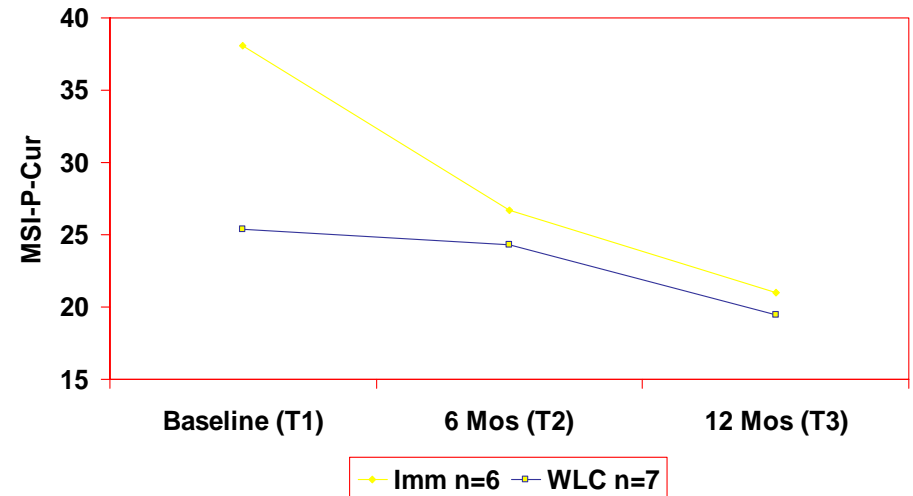
IFP *OH Dept Mental Health, 2002-2004*

Fristad (in press) Development & Psychopathology

- N=20
- 16 sessions
 - Alternate child and parent with parent
 - Same content + Healthy Habits
 - diet, exercise, sleep
- Comparable design to MFPG

IFP Primary Outcome: MSI-Parent-Cur—Power Analyses

Variable	N per Condition	Effect Size
MSI-Parent-CUR T1-T2	64	.45
MSI-Parent-CUR T1-T3	36	.60



IFP: Parent Evaluations

- Anonymous evaluations completed after treatment
- Parents report (1-5 rating, overall 1.6)
 - ↑ knowledge re: symptoms, medication, accessing treatment
 - ↑ skills re: working with schools and treatment team, managing symptoms at home
 - Feeling supported/not blamed

IFP: Children's Evaluations

- 1-5 Rating Scale
 - Overall rating, 1.7
 - Item Range: 1.3 (therapist) to 2.2 (learned about medications)
- ↑ knowledge re: mood symptoms, medication
- ↑ ability to get along with family, friends and at school
- ↑ skill re: symptom management
- ↑ support/ ↓ isolated, “not the only one”
- parents' behavior toward them better

Books for Children

- Brandon & the Bipolar Bear -- *T. Anglada*
- My Bipolar, Roller Coaster, Feelings Book & Workbook—*B. Hebert*
- The Storm in My Brain -- Child & Adolescent Bipolar Foundation (CABF): 1-847-256-8525, www.bpkids.org
- Kid Power Tactics for Dealing with Depression -- *N. & S. Dubuque*
- Matt, The Moody Hermit Crab -- *C. McGee*
- Anger Mountain—*B. Hebert*

Books for Adolescents

- When Nothing Matters Anymore: A Survival Guide for Depressed Teens -- *B. Cobain*
- Recovering from Depression: A Workbook for Teens -- *M. E. Copeland & S. Copans*
- Conquering the Beast Within: How I Fought Depression & Won...& How You Can, Too -- *C. Irwin*
- Everything You Need to Know about Bipolar Disorder & Manic Depressive Illness -- *M. A. Summers*

Books for Parents

- Raising a Moody Child: How to Cope with Depression and Bipolar Disorder -- *Fristad & Goldberg-Arnold*
- New Hope for Children & Teens with Bipolar Disorder—*Birmaher*
- The Ups and Downs of Raising a Bipolar Child -- *Lederman & Fink*
- If Your Child is Bipolar – The Parent-to-Parent Guide to Living with and Loving a Bipolar Child -- *Singer & Gurrentz*
- Parenting a Bipolar Child– *Faedda & Austin*
- The Bipolar Child –*Papalos & Papalos*
- Intense Minds – *Anglada*

Books for Adults

- Out of the Darkened Room: Protecting the Children and Strengthening the Family When a Parent is Depressed --*Beardslee*
- Living Without Depression & Manic Depression --*Copeland*
- An Unquiet Mind -- *Jamison*
- Thoughts & Feelings: Taking Control of Your Moods & Your Life --*McKay, Davis & Fannin*
- The Bipolar Survival Guide: What You and Your Family Need to Know -- *Miklowitz*
- Winter Blues: Seasonal Affective Disorder- What it is and How to Overcome it -- *Rosenthal*

More Books to Read

- **General Parenting**
 - How to Talk So Kids Will Listen & Listen So Kids Will Talk -- *Faber & Mazlish*
 - The Explosive Child -- *Greene*
 - The Optimistic Child -- *Seligman*
- **Sibling Issues**
 - Siblings Without Rivalry -- *Faber & Mazlish*
 - Turbo Max: A Story For Siblings of Bipolar Children -- *Anglada*
- **Understanding Psychiatric Disorders**
 - It's Nobody's Fault -- *Koplewicz*
- **Understanding Psychiatric Medications**
 - Straight Talk About Psychiatric Medications for Kids --- *Wilens*
- **Miscellaneous**
 - I Am Not Sick, I Don't Need a Help!--*Amador & Johanson*
 - The Thyroid Sourcebook --*Rosenthal*

Educational Websites

- **Information re: BPD for Parents, Children and Educators**
 - www.bpchildren.com
 - www.schoolbehavior.com
 - www.bpkids.org
 - www.josselyn.org/Store.htm
 - www.steppingstonesmentalhealth.com
- **Special Education Advocacy--**
www.wrightslaw.com
- **National Association of Therapeutic Schools and Programs—**www.natsap.org
- **Internet Special Education Resources (ISER)**
 - www.iser.com/index.shtml

Groups/Websites – Adults, Families & Children

- National Alliance for the Mentally Ill (NAMI)
– 1-800-950-6264 www.nami.org
- National Mental Health Association (NMHA)
– 703-684-7722 www.nmha.org
- Depressive & Bipolar Support Alliance (DBSA) 800-826-3632 www.dbsalliance.org
- Child & Adolescent Bipolar Foundation (CABF) www.bpkids.org
- Juvenile Bipolar Research Foundation (JBRF) www.bpchildresearch.org
- BP Children www.bpchildren.com
- Parenting Bipolars: A Survival Guide for Parents www.parentingbipolars.com

Additional Resources

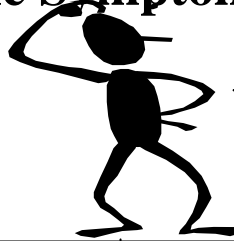
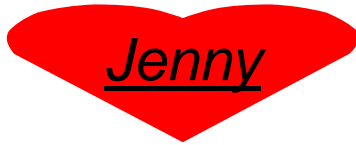
- **Light Therapy:**
 - Circadian Solutions
 - 1-800-545-9667 www.circadiansolutions.com
- **Nutritional Intervention:**
 - EMpower Plus
 - 1-888-878-3467 www.truehope.com
 - Eat Wild – Provides nutritional information about food sources
 - www.eatwild.com
 - Omega-Brite
 - 1-800 383 2030 www.omegabrite.com

Thank You, The End

- Fristad.1@osu.edu
- Clinic #: 614-293-9600
- 1670 Upham Drive Suite 460G
Columbus, OH 43210-1250

Session 2 Family Project - "Naming the Enemy"

The Symptom-Self Exercise



Jenny's Symptoms

Depression

Low energy
Irritable, disrespectful
Cries
Hate myself

Mania

Talks too fast
Sleeps much less
Aggressive
Acts wild, silly and inappropriately

ADHD

Unorganized
Homework struggles
Can't concentrate

Other

Hears voices

Caring

Good helper

Good swimmer

Very loving

Good student

Likes computers

Good at basketball

Smart

Shares well with siblings and friends

Session 3 Child Project – Taking Charge of the Mad, Bad, Sad Feelings

My Tool Kit

Creative

Coloring.
Drawing pictures

R&R

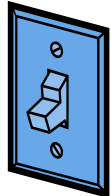
Read a book in
my room Take
a shower

Social

Going outside
to play with
friends. Talk to
mom

Physical

Playing
soccer. Do
jumping jacks



I felt mad/sad/bad when.

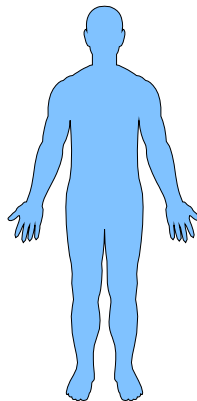
..

(triggers)

When my
sister took my
toy without
asking

My body felt...

(Signals)



How I remembered to
use my tool kit...

Parent reminded me
by..

Telling me to think
of my tool kit

or I
remembered by...
Putting it on my
bedroom door

From my tool kit

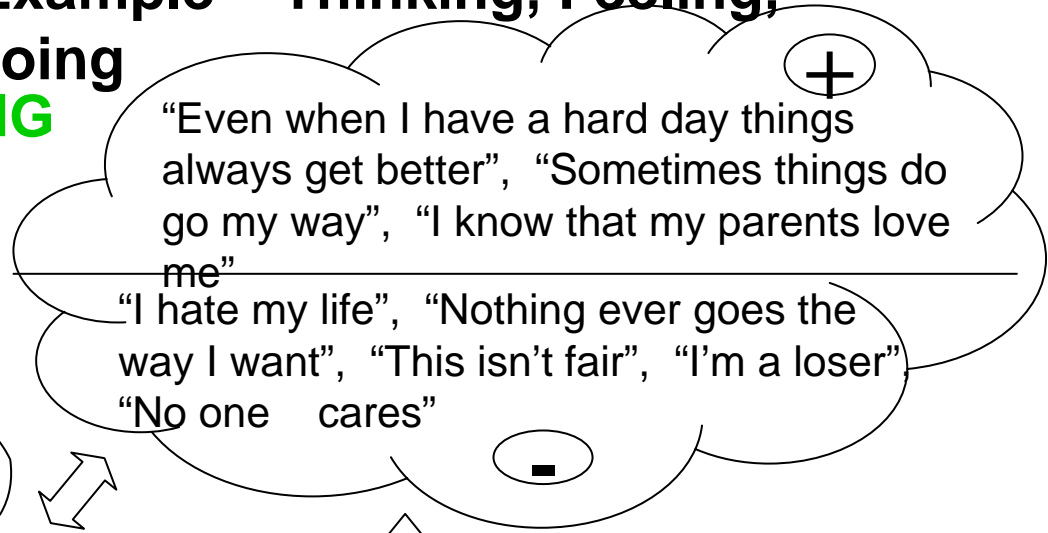
I used...

I did 10
jumping
jacks to
calm myself
down

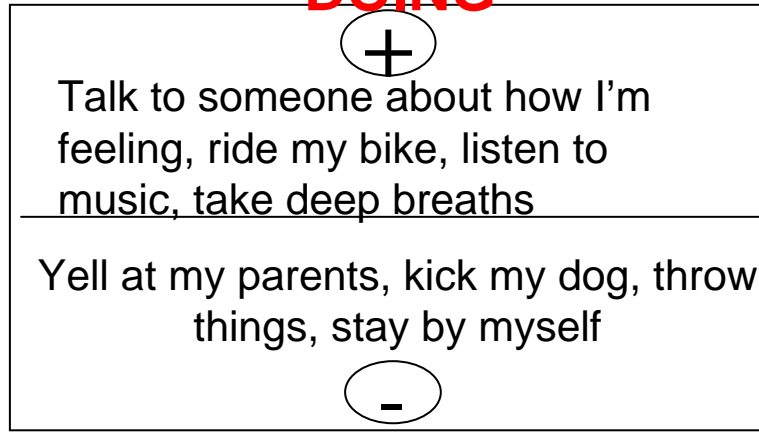
Session 4 Child Project Example – Thinking, Feeling,

- (+) *Helpful*
- (-) *Hurtful*

Doing
THINKING



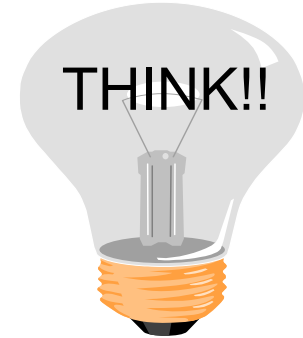
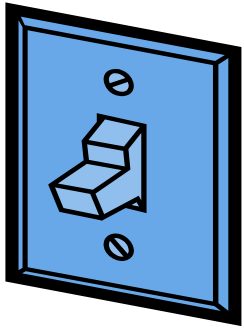
DOING



SOMETHING HAPPENS!

The kids at school teased me!

Session 5 Child Project Example - Problem Solving



This is what happened:

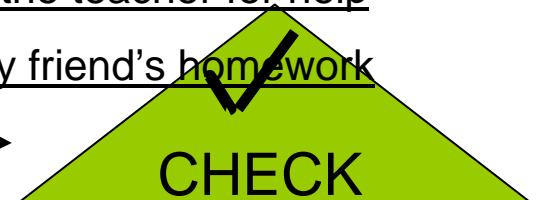
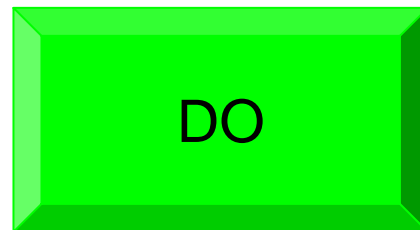
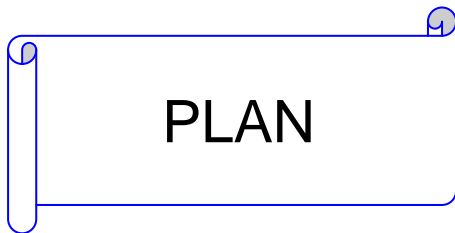
I got angry 'cause I don't understand my homework!

I used this tool to calm down:

I took deep breaths

What can I do to solve my problem?

1. Never do my homework!
2. Ask my mom for help
3. Ask the teacher for help
4. Copy friend's homework



Which solution seems the best?

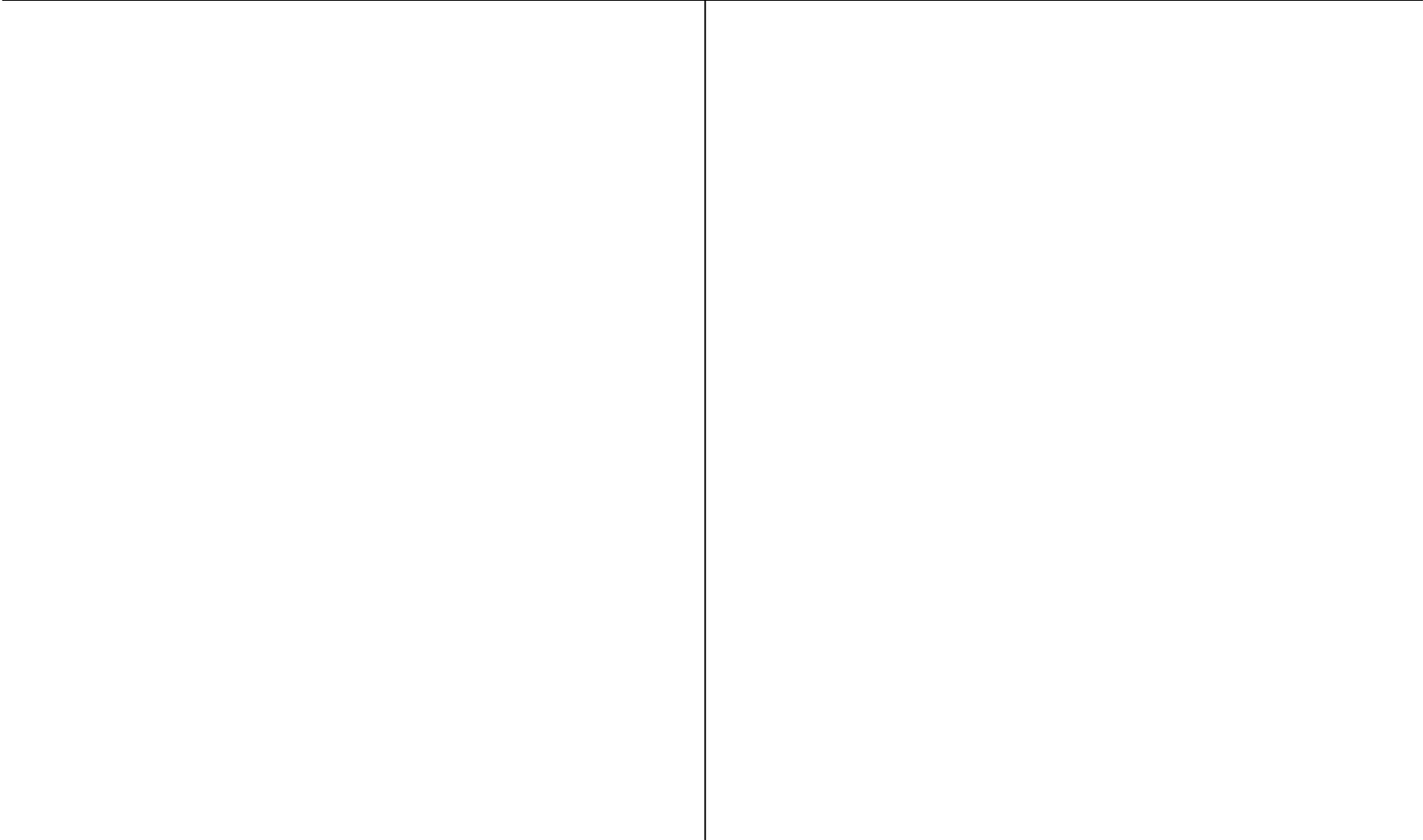
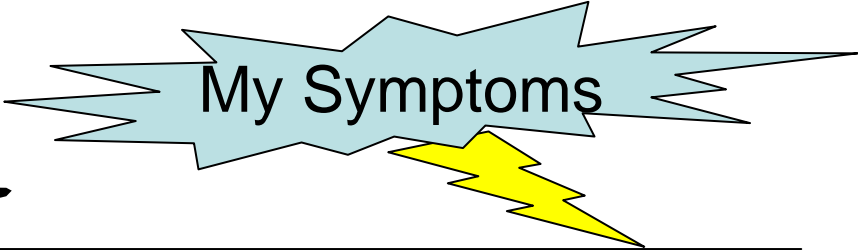
3

Do

3

Did it work? Yes

Next time I will Ask the teacher more often



Taking Charge of the Mad, Sad, Bad Feelings

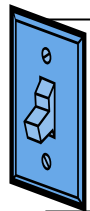
My Tool Kit

Creative

R&R

Social

Physical



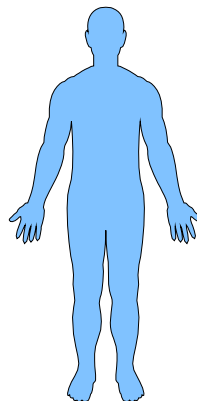
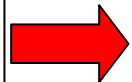
I felt mad/sad/bad
when...(Trigger)

My body felt...
(Signals)

How I remembered to
use my tool kit...

From my tool kit
I used...

An empty rectangular box intended for writing a trigger event.



Parent reminded me
by..

or

I remembered by...



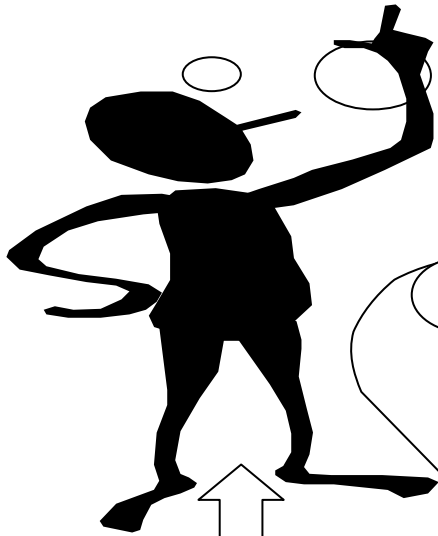
An empty rectangular box intended for writing which tool kit item was used.

Thinking, Feeling, Doing

THINKING

(+) *Helpful*

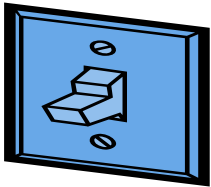
(-) *Hurtful*



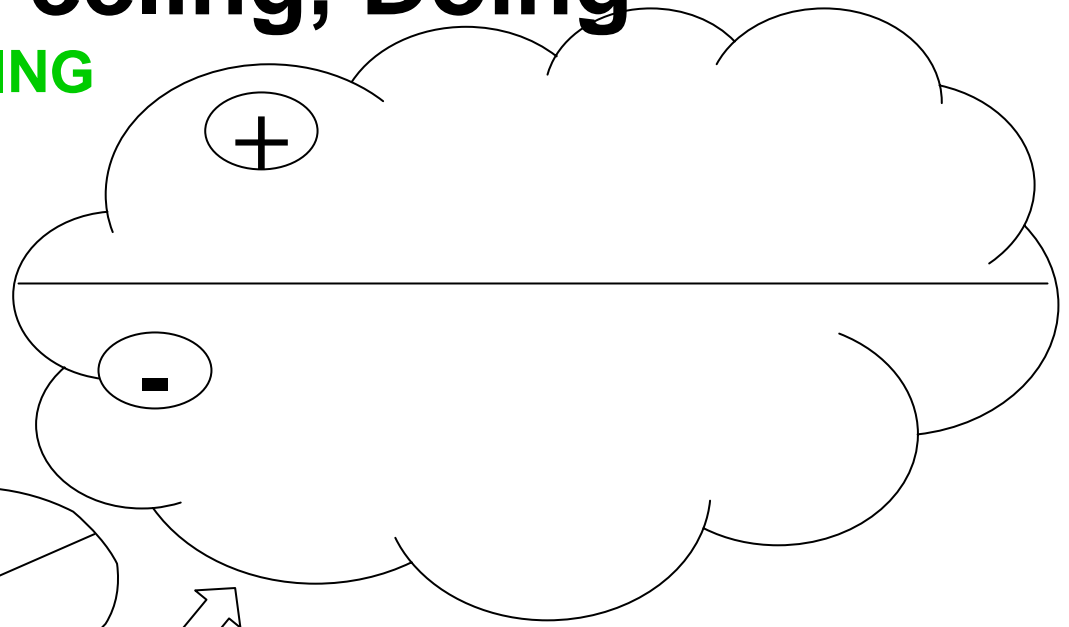
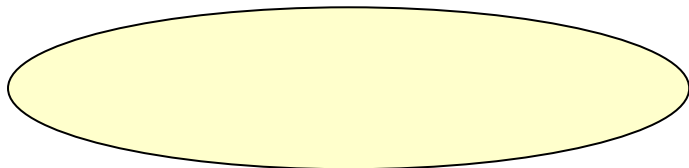
FEELING

(+)

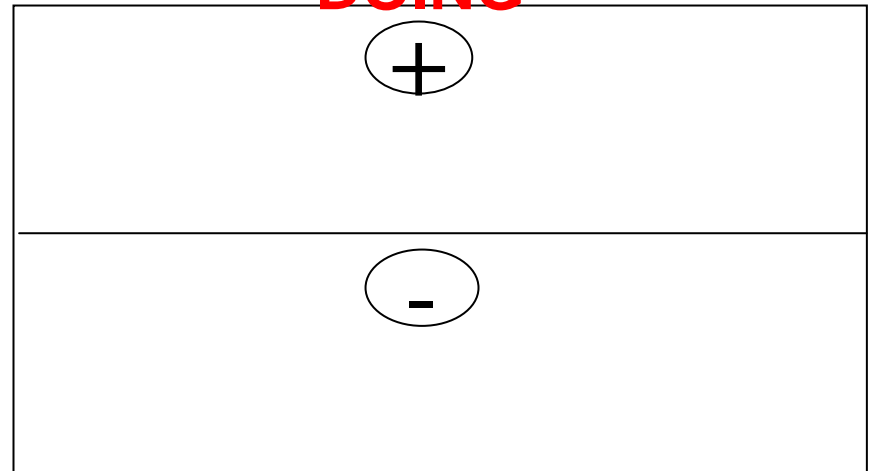
(-)



SOMETHING HAPPENS!



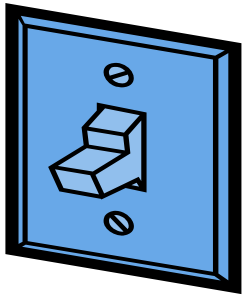
DOING



Name: _____

Subject #: _____

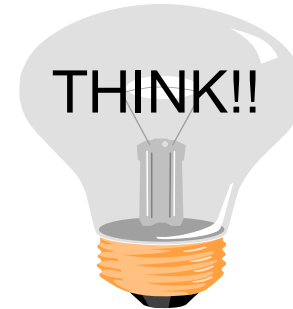
Session 5 Child Project- Problem Solving



This is what happened:

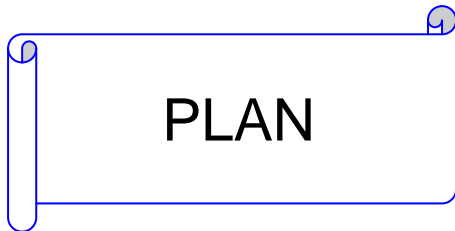


I used this tool to calm down:



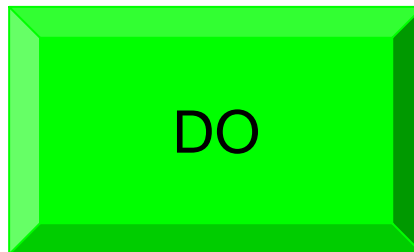
What can I do to solve my problem?

- 1.
- 2.
- 3.
- 4.



Which solution seems the best?

#



Do #



Did it work? Yes No

Next time I will