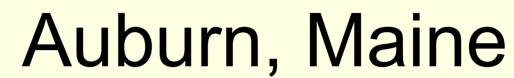


May 6, 2011

Things to Think About

- 1. Psychotherapeutic treatment models for treating mood disorders in children are just beginning to be developed and are generally modeled on adult models.

- 2. Early-onset mood disorders derail a child and parent at the primary functional emotional developmental levels of:
- (a) attention and regulation, (b) engagement, (c) two-way co-regulated affective chains of communication; (d) behavioral organization.

- 3. Medication with children helps about 40% of children. Even with medication we need a model that addresses core developmental capacities.

- 4. Parent and child development is so severely derailed that we need a model that repairs parent/child relationships at the earliest levels of development.

Things to Think About

- 5. Intervention must consider:
- (a) Neuro-regulatory mechanisms
- ANS/CNS reactivity
- (b) Sensory Profiles
- (c) Temperament Match or Mismatch
- (d) Emotional Regulation Dynamics
- - Reactivity and Rise Time
- - Initial Intensity/Peak Intensity
- - Child and parent’s range of emotions
- - Lability of emotions
- - Recovery from upset states
- (e) Level of emotional competence

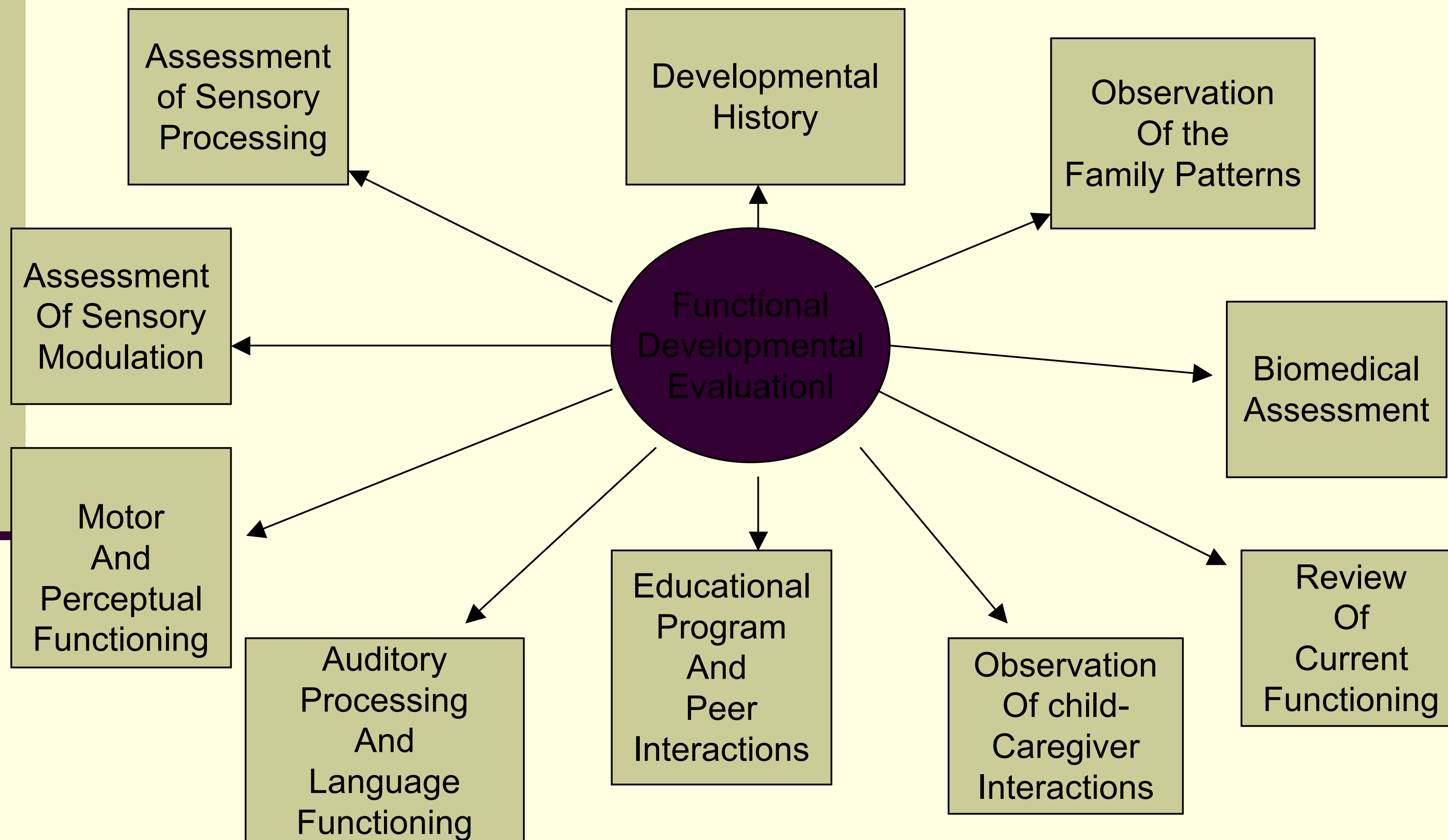
Things to Think About

- 7. Mood disorders ***derail*** a parent's self-confidence and positive feelings about being a parent.
- a. Parents experience unpredictable traumatic experiences. They are afraid to take their children outside and to places typically populated by children and parents.
- b. Because there are so few adults who understand the illness, parents tend to feel alone and isolated.
- c. Parents feel rage that they fear will come out when they are with other family members and friends.
- d. Parents feel fearful of their own safety as well as the safety of the child. They are often needing to use control measures that evoke feelings of shame and guilt.

Things to Think About

- 6. Clinicians often do not recognize the “traumatic effect” of mood disorders on the parent and siblings. Parents experience an affective state that is similar to post-traumatic stress. They are fearful of interactions. We need to work on the basics of emotional interactions focusing on the “dancing dialogue” and considering:
- (a) the rhythm of the interaction- the way verbalizations and actions are grouped together, e.g., the movements are smooth and the back-and-forth interaction is even.
- (b) the tempo of the interaction- e.g., fast vs. slow, over-stimulating vs. under-stimulating.
- (c) contour of the interaction- e.g. bursts of interaction, sluggishness, attentiveness of parent, spacing, etc.

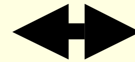
A Comprehensive Treatment Model

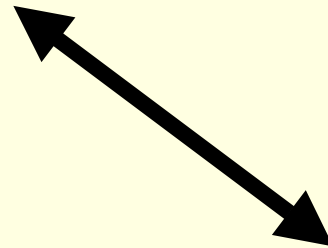


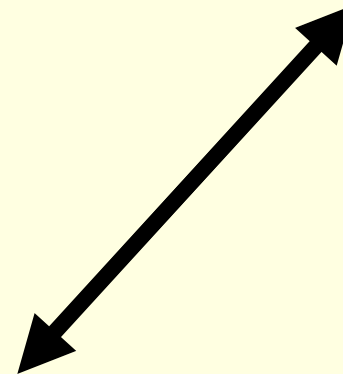
The “Nuts and Bolts” of Effective Treatment

- Our own “Ghosts in the Nursery”
- Flexibility, Flexibility, Flexibility!
- Two Magic Words: “Safety” and “Calm”
- Teacher Training
- “It Takes a Village”

A Model for Intervention

- Sensory Reactivity and Modulation  Relationships
- Sensory Processing
- Sensory Affective Processing
- Motor Planning and Sequencing
- Motor Tone





- Emotional Thinking
- Sharing Ideas

Two-Way Affectively Based Communication

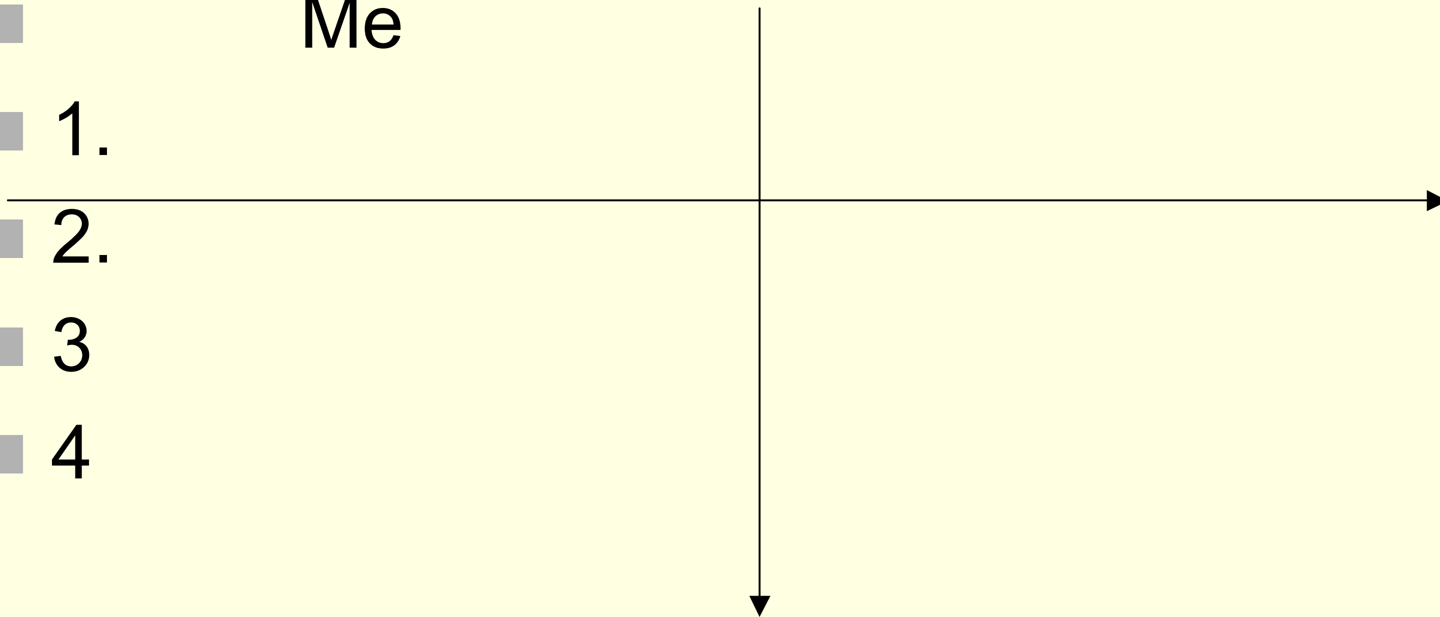
- Engagement
- Regulation, Attention, Interest in the World

Psychotherapy with Young Children Diagnosed with Bipolar Disorder

- 1. See mother and child simultaneously.
- 2. Focus on the dyadic interaction and the “dance” between parent and child.
- 3. Work on the rhythm, tempo, and pacing of the “dance.”
- 4. Work on spontaneous back-and-forth verbal and non-verbal communication.
- 5. Make sure child understands mother’s communication.
- 6. Work on “matching” and “balancing” the interaction.
- 7. Help mother to “down-regulate” as child “up-regulates.”
- 8. Meet with parents to review taped therapy sessions.
- 9. Work with mother in adult therapy to help with grief and loss.
- 10.Work closely with parents and educational professionals in a “tripartite” model.

Treatment for Explosive Kids

- Session 2: Naming the Enemy
- Things I Like About My Symptoms
- Me

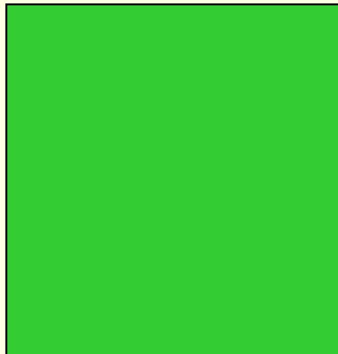


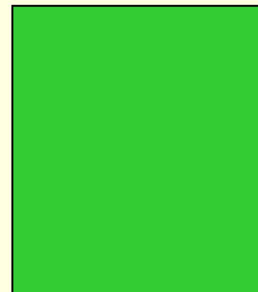
- 1.
- 2.
- 3
- 4

Treatment for Explosive Kids

- Session 3
- Review naming the Enemy
- "Taking charge of Mad and Bad Feelings"
- ***You are not to blame for anger but you are responsible***

What makes Me Mad   My Body Felt   How I Remembered to use my toolkit   From My Toolkit I Used…





Treatment for Explosive Kids

- My Tool Kit

Creative

Music
Drawing

Physical

Running

Bike Ride

Social

Talking to a
Trusted person

Playing with
A friend

R& R

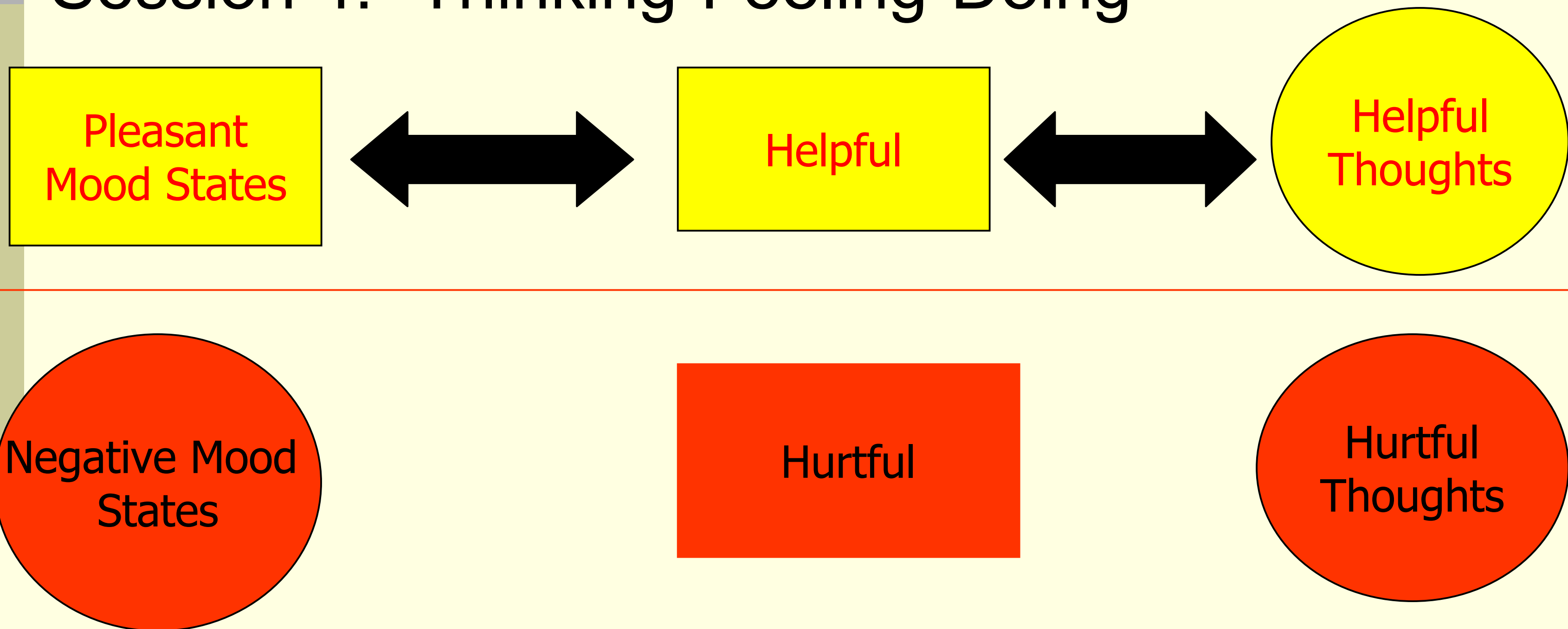
Restorative
Activities

Getting a Snack

Going to a
Private Place

Treatment for Explosive Kids

- Session 4: "Thinking-Feeling-Doing"



Treatment for Explosive Kids

- Session 5: Problem Solving
- "Stop-Think-Plan-Check"
- 1. "Stop"- involves calming down enough to think (anger management strategies taught in session 3). Group members volunteer problems they have experienced recently.
- 2. "Think"- explore helpful actions and thoughts.
- 3. "Plan"- group discusses and votes on the best strategies for dealing with the problem.
- Examples of problems include sibling conflicts, dealing with suicidal thoughts, coping with an unreliable non-custodial parent.

What Severe Mood Dysregulation Looks Like in the Classroom

- **1. An expansive and irritable mood;**
- **2. Depression;**
- **3. Rapidly changing moods lasting a few hours to a few days;**
- **4. Explosive, lengthy and often destructive rages;**
- **5. Separation anxiety;**
- **6. Defiance of authority;**
- **7. Hyperactivity, agitation, and distractibility;**
- **8. Sleeping little or, alternatively, sleeping too much;**
- **9. Strong and frequent cravings, often for carbohydrates and sweets;**
- **10. Excessive involvement in multiple projects and activities;**
- **11. Impaired judgment, impulsivity, racing thoughts, and pressure to keep talking;**
- **12. Dare-devil behaviors;**
- **13. Inappropriate or precocious sexual behavior;**
- **14. Delusions or hallucinations;**
- **15. Grandiose belief in one's own abilities that defy the law of logic.**

The Educational Needs of the Child With Severe Mood

- 1. Preschool special education testing and services;
- 2. Small class size (with children of similar intelligence) or self-contained classroom with other emotionally fragile (not “behavior disorder”) children for part or all day;
- 3. One-on-one or shared special education aide to assist child in class;
- 4. Back-and-forth notebook between home and school to assist communication;
- 5. Homework reduced or excused and deadlines extended when energy is low;
- 6. Late start to school day if fatigued in the morning;

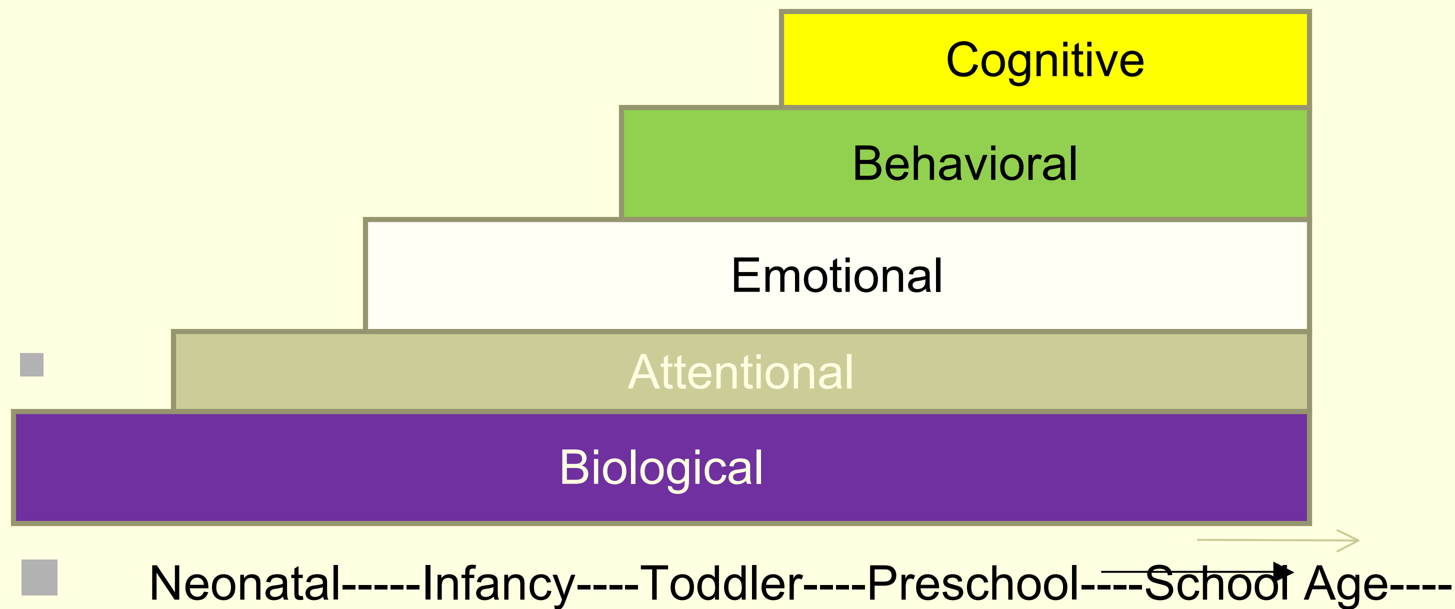
The Educational Needs of the Child With Bipolar Disorder

- 8. Recorded books as alternative to self-reading when concentration is low;
- 9. Designation of a “safe place” at school where the child can retreat when overwhelmed;
- 10. Designation of a staff member to whom the child can go as needed;
- 11. Unlimited access to the bathroom;
- 12. Art therapy and music therapy;
- 13. Extended time on tests;
- 14. Use calculator for math;
- 15. Extra set of books at home;
- 16. Use of keyboard or dictation for writing assignments;
- 17. Regular sessions with the school social worker or school psychologist;
- 18. Social skill groups and peer support groups.

A Comprehensive Treatment Model

- A. Helping parents to become reflective.
- 1. A parent's capacity to make sense of his/her own and his/her child's mental state plays a crucial role in helping the child
- (a) develop flexible and adaptive means of regulating himself;
- (b) establish productive and sustaining relationships.
- 2. It is the parent's capacity to tolerate and regulate his/her own internal, affective experience that allows him/her to tolerate and regulate these experience in the child.

Self-Regulation Across Multiple Domains



- Neonatal-----Infancy----Toddler----Preschool----School Age----

Biological Regulation

- I. The body's ability to control basic physiological processes, such as heart rate and respiration(Calkins & Williford, 2009)
- A. Certain underlying biological processes and functions form the underpinnings of later regulatory behaviors in attentional, emotional, behavioral, and cognitive domains.
- **1.Frontal lobes-** specialized for approach/avoidance when child is emotionally aroused.
- 2. **Hypothalamic-pituitary-adrenal system** and biological stress responses.
- 3. Maturation of the **parasympathetic nervous system** for regulation of state, motor activity, and emotions.
- 4. **Temperament**
- **5. Arousal States**

Attention Regulation

- I. The ability to organize, attend to, and maintain focus on selected stimuli while resisting distractions from extraneous stimuli.
- A. In early infancy, attention self-regulation is controlled by biological mechanisms.
- B. By 3 months, primitive and more reactive attentional self-regulatory mechanisms of orienting and attentional persistence assist in control of behavioral state and emotional reactivity.
- C. 3-6 months- ***voluntary control to control one's arousal (attentional control mechanisms and motor skills).***
- D. 6 months- use of attention engagement and disengagement in contexts that evoke negative affect. Infants can engage in self-initiated distraction, and moving attention away from sources of negative arousal.

Attention Regulation

- E. Voluntary control of arousal coincides with the development of several related attentional systems.
- 1. The development and integration of attentional systems provides the neural mechanisms necessary to regulate reactivity through:
- a. orienting;
- b. redirecting;
- c. maintaining attentional focus;
- d. engagement and disengagment;
- e. looking at the big picture vs. details
- f. ***EFFORTFUL CONTROL (toddlerhood and preschool years)***

Emotion Regulation

- I. " Skills and strategies that serve to manage, modulate, inhibit, and enhance emotional arousal in a way that supports adaptive social and non-social responses (Calkins & Williford, 2009).
- A. Displays of affect and affect regulation are powerful mediators of interpersonal relationships and socioemotional adjustment, including behavioral self-control.
- B. By the end of the first year infants become more active and intentional in their attempts to control affective arousal.
- C. By toddlerhood language and motor functioning facilitate more autonomous behaviors.

Cognitive Regulation

- I. The development of executive skills:
- A. Working memory
- B. Inhibitory control
- C. Planning
- D. Reflection
- E. Internal organization.

Behavioral Regulation

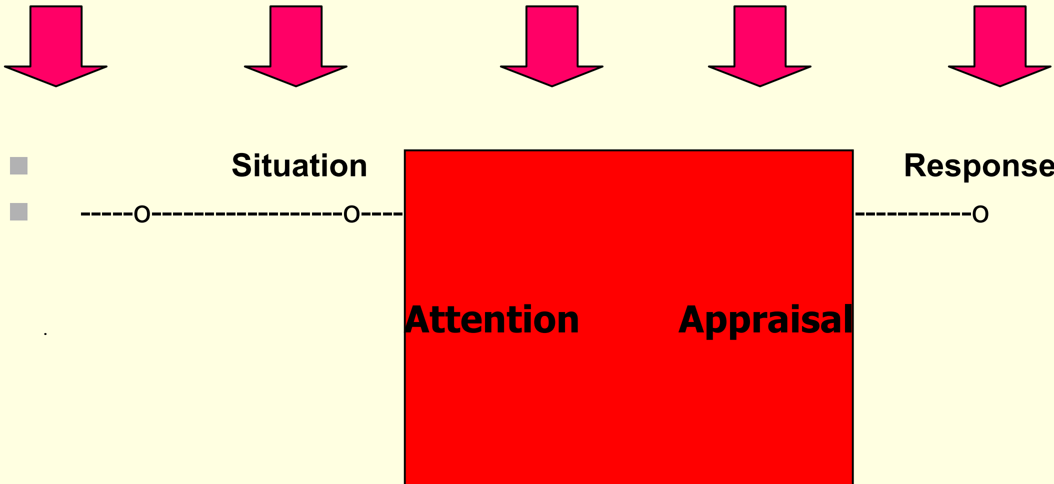
- I.“ The ability to mange or control one’s own behavior, including compliance to adult demands and directives, the ability to control impulsive responses, delay engagement in specific activities, and monitor one’s own behavior (Calkins & Williford, 2009).”

- A. Committed versus situational compliance.

- B. Effortful control and conscience development.

Where Do We Intervene?

- Situation Situation Attention Cognitive Response
- Selection Modification Deployment Change Modulation



Situation Selection

- I. Taking actions that make it more (or less) likely that we will end up in a situation we expect will give rise to desirable (or undesirable) emotions.
- A. Situation selection requires an understanding of likely features of remote situations and expectable emotional responses to these features.
- 1. Looking at past and future situations.
- 2. Short term costs versus long term benefits
- 3. Child care arrangements, predictable schedules, scheduling breaks to help a child cope, managing the broader climate of family life.

Situation Modification

- I. Directly modifying the situation so as to alter its emotional impact.
- A. Scaffolding a child’s performance.
- B. Verbal prompts to assist problem-solving.
- C. Confirming the legitimacy of an emotional response.
- D. Modifying ***external, physical*** environments.
- E. When parents respond supportively and sympathetically to the emotional expressions of offspring, children cope more adaptively with their emotions in the immediate situation, and acquire more positive emotion regulation in the long run.

Attention Deployment

- I. How individuals direct their attention within a given situation in order to influence their emotions.
- A. Attention deployment is one of the first emotion regulatory processes to appear in development.
- B. Attention deployment is used when it is not possible to change or modify the situation.
- C. Attention deployment may take many forms:
- 1. Physical withdrawal of attention
- 2. Internal redirection of attention (distraction or concentration)
- 3. Responding to others' direction of our attention.

Cognitive Change

- I. Giving the situation ***meaning*** and evaluating their capacity to manage the situation. Changing how we appraise the situation we are in to alter its emotional significance,
- A. Changing how we think about the situation. Changing a situation's meaning in a way that alters its emotional impact.
- B. Thinking about our capacity to manage the demands that the situation poses.

Response Modulation

- I. Response modulation occurs late in the emotion-generative process, after response tendencies have been initiated. It involves influencing physiological, experiential, or behavioral responding as directly as possible.
- A. Exercise
- B. Psychopharmacology
- C. Regulating emotional expressiveness
- D. Children seem to be more capable of regulating emotions if they can find ways of expressing them in adaptive rather than maladaptive ways, e.g., telling a toddler to “use her words.”

Our Model!

GROUP DIALOGUE	YOGA POSES Child Lead	RELAXATION MEDITATION Susan Kaiser-Greenland Linda Lantieri Ready, Set, Relax
DRAMA DIALOGUES	ATTENTION ACTIVITY Attention Games	KNOTS FACIAL EXPRESSIONS I CAN PROBLEM SOLVE
PARENT PSYCHO-EDUCATION/ PARENT SUPPORT		