

The EXPLOSIVE CHILD Program

A Parent Guide to the Treatment of INFLEXIBLE-EXPLOSIVE Children

(Summarized and expanded by Dr. Brian Richardson from The Explosive Child by Dr. Ross Greene)

On a popular children's Saturday morning cartoon from a few years back, the "Animaniacs," there is a rare appearance by a character named "Katie KaBoom," so named because the smallest, most trivial frustration of her desires causes her to "blow up." In cartoon fashion, she literally blows up like a piece of dynamite, leveling her house and leaving her family cowering in fear. In the cartoon, Katie's parents have no idea how to cope with these explosions, and everyone walks as if on eggshells around her. The cartoon is funny because it can remind us of real life experiences, which are anything but funny. Many families become totally chaotic and the siblings perplexed and resentful when there is an inflexible-explosive child in their midst. In his book, The Explosive Child, Dr. Ross Green described the explosive child and describes a method of treating the problem.

In a real example from The Explosive Child, Dr. Green cites the case of Helen, who blows up over not getting what she wanted for dinner. The night before, she asked her mother if she could have chili the following day. Mom's chili recipe took a lot of preparation time, but Mom agreed and got off early from work the next day to prepare the chili. When Helen got home, she was tired, and she asked for macaroni and cheese. Mom told her she made her the chili that she had asked for, and all Helen could do was restate "But I want the macaroni and cheese!" Mom knew she loved chili and told her that was what she was going to have for dinner. Helen could not get the idea of macaroni and cheese out of her head, and she and her mother argued back and forth. Before long, Helen lost it and ended up screaming, crying swearing, and insulting her mother. At that point, Helen was sent to her room with the message she could leave when she was ready to eat chili. For the next hour, Helen screamed, cried, and banged on the mirror in her room and broke it. Mother tried to go up and calm her down, but it was impossible at that point. Helen was in a total meltdown and could not be reached. At one point, Helen could not even remember what she was angry about.

This is but one example of a child with a remarkably limited capacity for flexibility and adaptability and incoherence in the midst of severe frustration. Although there are many different types of explosive children, all of them share certain traits. These common traits allow us to develop a general treatment strategy that is helpful for all inflexible-explosive children.

CHARACTERISTICS OF THE INFLEXIBLE-EXPLOSIVE CHILD

The explosive child seems **unable to shift gears** in response to parent's commands or change in plans and **becomes quickly overwhelmed** when a situation calls for flexibility and adaptability. As the child becomes frustrated, he or she is **unable to think through ways of resolving frustrating conflicts** with others in mutually satisfying ways. The

child has great difficulty remembering previous learning about how to handle frustration and recalling the consequences of previous inflexible-explosive episodes. They do not respond to reasoned attempts to restore rational coherence to their thoughts, and may deteriorate in response to punishment.

From a parent's perspective, it is hard to imagine how such a child could be yanking your chain or pushing your buttons when the child is not even thinking clearly in the midst of their frustration. Certainly the child does not enjoy these incidents, so it does not seem to make sense that they would intentionally behave in this way that makes both themselves and their families miserable. Actually, these children are not especially angry, but they are extremely frustrated. If they are actually angry, it is because they feel they are being misunderstood. Adults are constantly trying to "teach them lessons" about their behavior – punishing them for blowing up and melting down as if they had a real choice in the matter. Adults often demand that they explain their actions, and are perplexed when the child either says he or she doesn't know, or just melts down further and starts a new round of swearing, insults, or destructiveness.

Inflexible-explosive children have an **extremely low frustration tolerance**. The child gets frustrated far more easily and by seemingly trivial events than other children his or her age. Consequently, they perceive the world as one filled with frustration and uncomprehending, uncaring adults.

Not only is the child frustrated more easily, but he or she **experiences the emotions of frustration more intensely** and tolerates them far less adaptively than do other children. In response to frustration, the child becomes extremely agitated, disorganized, and verbally and physically aggressive. The explosive meltdowns occur seemingly **out of the blue**. The child can be in a good mood, and then a trivial frustration sets off a horrible episode unexpectedly.

The inflexible-explosive child tends to **think in concrete, rigid, black-and-white manner**. The child tends to see people as all bad or all good depending upon whether they gratify or frustrate him or her. For example, an explosive child might say, "Mrs. Robinson is always mean. I hate her!" rather than "Mrs. Robinson is usually nice, but she was having a really bad day and nothing seemed to please her." They apply oversimplified, rigid, inflexible rules to complex situations, and they may impulsively revert to such rules even when they obviously don't apply to their situation. For example, a child might say, "We always go out at 10:30 for recess. I don't care if there is an assembly today, I am going out for recess!" and be oblivious to the fact that the school administration can't change the schedule just for them.

The inflexible-explosive child continues to have **frequent, intense, and lengthy meltdowns even though they may be highly motivated** by firm, clear, and believable consequences. Normal parenting, or even specialized parenting techniques for "Oppositional Defiant" children, seem ineffective and may even make the problem worse. Children who are oppositional and defiant may throw a tantrum when they are punished or stopped from doing what they want, but they can handle the frustration, so they will

calm down relatively quickly when their tantrum is ignored and doing them no good. The oppositional child is more manipulative and strategic in their temper outbursts, but will ultimately respond to consistent rewards and punishments. The inflexible-explosive child is different – their problem is not a lack of motivation to comply with adult requests or rules but an inability to handle frustration and their inability to calm themselves down or let others help them calm down when they get worked up into a meltdown. They become irrational and disorganized in response to frustration much quicker than other children, so they are unable to think of alternative solutions even if they were able to consider their situation from a less rigid, black-and-white perspective. If you were offered a thousand dollars to drive a friend to the airport, you would have no trouble complying. However, if you were offered 10 million dollars to play basketball like Michael Jordan, you would be highly motivated but still unable to comply. In a similar fashion, you cannot motivate an inflexible-explosive child to avoid meltdowns by any known scheme of rewards and punishments. Before treatment, they simply will lack the capacity to respond to frustration any differently.

PREDISPOSING CONDITIONS FOR INFLEXIBLE-EXPLOSIVENESS

In normal development, a child grows out of the “terrible twos” by developing skills to handle frustrations without meltdowns, tantrums, or outbursts of aggression. Due to many factors, the explosive child does not automatically grow out of the “terrible twos.” These predisposing conditions may include genetically-transmitted temperament problems, hyperactivity and an inability to sustain a focus of attention, executive function deficits, difficulties processing spoken language, nonverbal learning disabilities, social skills problems, mood swings, social anxiety, or sensory integration problems. Dr. Richardson’s Diagnostic Screening Survey is helpful in identifying which factors might be contributing to your child’s explosiveness.

All inflexible-explosive children have a type of difficult temperament called “poorly adaptable.” There are other types of difficult temperaments that can exacerbate the frustrations of an explosive child. Some children with difficult temperaments are highly intense in their emotional responses, whether they are miserable, angry, or happy. These children respond intensely to frustration – so intensely, in fact, that their emotional arousal interferes with their ability to think rationally in terms other than black-and-white. One researcher, John Gottman, has found that during an argument if someone’s blood pressure rises just 15+ points, they are unable to think rationally or even listen to what the other person is saying. Some children with difficult temperaments are moody and irregular in their habits. You can never tell when this child will be hungry or tired, so there are frequent conflicts over meals and bedtimes. These children are often moody, easily irritated or thrown into despairing, morose moods. Some children with difficult temperaments are insecure and will cling, protest, or tantrum if forced to go forward in a new situation.

Most inflexible-explosive children also have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Children with ADD or ADHD usually have deficits

in a set of crucial cognitive skills called “executive functions.” Executive functions that may be lacking in the explosive child include:

1. Shifting cognitive set, or the ability to shift from one mind-set to another. An explosive child has trouble shifting from their own agenda to their parent’s agenda through understanding and adaptation. In a similar way, some adults are known to have similar problems shifting from a “work” mindset, where they are the boss, to a “home” mindset, where they have to respond more empathetically and sensitively to other family members.
2. Organization a planning, e.g. the anticipation of problems and the selecting, monitoring, and adjustment of strategies in response to problems. A child who wants to watch television a few more minutes before coming in to dinner must efficiently – within a few seconds – organize and plan a coherent response to a parent who is expecting rapid compliance. This is why some parents say that their explosive child do just fine unless something doesn’t go their way.
3. Working memory, that is, the ability to “hold that thought” until the brain has a chance to think something through. If children are unable to hold a thought long enough to think through possible solutions to the problem (“My Mom wants me to come in for dinner, but I want to watch television for a few more minutes”), they are likely to respond with their first impulse (“No, I’m not coming and you can’t make me!:). This, of course, only makes the situation worse.
4. Separation of affect, or, the ability to “shelve” an emotional response long enough to think through various solutions to problems. The inability to separate affect from thought can help to explain the rigid, self-centered thinking patterns, lack of empathy and social tact, and the inability of these miserable children to achieve insight into their condition. The reasoned statement, “I got angry today after Ms. Robinson called me in from recess early so I could catch up on some missed assignments” becomes “Ms. Robinson is a mean teacher. I hate her and I never want to go back to her class” without the ability to separate affect.

Some children with Attention Deficit Disorder have **Auditory Processing** problems. They have difficulty processing spoken language, which also lowers their tolerance for frustration and makes them more inflexible-explosive. They are less efficient at understanding language, categorizing and storing current and previous experiences (in language form), thinking things through, or expressing themselves out loud. These children are easily frustrated in dealing adaptively in conflictual interpersonal situations. Language skills are crucial for the development of many types of thinking, including reflecting, self-regulating, goal-setting, problem solving, and managing emotions. Thinking is actually a form of unspoken speech. Children who have difficulty understanding language are often at a loss in even interpreting social events, since so much human interaction takes place through language. It is easy to imagine how these children would be easily frustrated in dealing with others who can think and talk rings around them. No wonder they compensate for their confusion by blowing their tops. Some children have difficulty categorizing and labeling emotions, so they have no mental “handle” by which to remember and recall previous experiences in dealing with a particular emotion. When children have a limited repertoire of words for feelings, it is no

wonder why in the midst of frustration they will say things like “I hate you,” “Shut up,” “Leave me alone,” or even more colorful vulgarities.

There are children who understand language fine, but have a **nonverbal learning disability**. We can identify these children by their significantly lower scores on nonverbal sections of IQ tests. They often have poor mathematical skills; difficulty comprehending reading material despite the ability to read single words; difficulty with problem solving, flexibility and adaptability; difficulties in social perception, social judgment and social interaction skills. These children learn well by rote and have benefited from the “back to basics” approach to learning in elementary schools. However, social interactions require a lot more problem solving, flexibility and adaptability than rote memorization and the application of concrete rules. Dr. Greene mentions an example of a boy who had a temper tantrum because his parent decided to take a different route home because the boy did not know any other way home. If they did not go home by the route he was familiar with, then it wasn’t the right way home!

Some explosive children have **social skill** problems and suffer significant social rejection, especially as they become older and their peers become more critical of any child who appears different than the norm. These children may be “out of sync” and operate at a slower or faster pace than other kids. They may be insensitive to interpersonal space and stand too close or too far from others. Some may need a high level of physical contact and engage in roughhousing that is too aggressive, while others may dislike being touched at all. Some of these children will convey “bossiness” or “defensiveness” through their gestures or postures. Some of these children will be unable to read emotions in another’s facial expression. Some do not make eye contact, or have a perpetual frown of their faces, or do not smile at others when approaching them. Sometimes a child’s speech will be too fast or too slow, too quiet or too loud. Or, they will speak in a monotone or have accents on the wrong syllables. These types of social skill problems happen with some explosive children, which only increases their frustration and embarrassment in social situations. These children are unskilled at recognizing the impact of their behavior on others. They may apply the same rote interpretations of others they do not understand (e.g., “He doesn’t like me” or “That’s not fair”). They may have a limited repertoire of responses and end up applying the same response (hitting, screaming, crying, or exploding) to a wide range of social situations. (In order to learn more about children with social skill problems, please refer to [Helping the Child Who Doesn’t Fit In](#) by Nowicki and Duke).

Some inflexible-explosive children have a **mood disorder**. These children are constantly in an irritable, agitated, cranky, and fatigued state of mind. This chronic mood problem will severely tax a child’s capacity to be flexible and deal with others adaptively and fairly. When these mood problems are severe and unrelenting, many mental health professionals diagnose these children with “bipolar disorder” and recommend medication to help them feel better so they can tolerate more frustration in the give-and-take of normal social interactions.

Some explosive children have severe **social anxiety**. Like anger, anxiety is a state of high physiological arousal that prevents a person from thinking rationally. Children who have severe social anxiety cannot engage in problem solving when with others because they are too anxious and self-conscious to think clearly. Consequently, they can't think of new solutions to their problems so they end up with a limited repertoire of social responses. In the absence of rational thought, some of these children will start to engage in ritualized forms of thinking and behavior to relieve the intense anxiety that they feel. These children may go on to develop obsessive compulsive disorder (OCD). Since an emotional explosion is another way to "release" the energy of their emotional arousal, some children with severe anxiety will become inflexible-explosive. Unfortunately, the behavior of an explosive child (or OCD child) only alienates them further from others and increases their insecurity and self-consciousness.

Some young children who are explosive also have developmental problems referred to as "sensory integration" problems. A child with sensory integration problems might need higher or lower levels of physical stimulation than other children. One child might crave messy activities, while another child loathes them, but either child, if explosive in temperament, may have a tantrum if frustrated in getting these needs met. Some children with tactile sensitivity insist on certain items of clothing having a certain texture, and melting down if they can't wear their favorite clothes. Seams in socks or tags on the backs of shirts can be intolerable to these children. Some children might be picky about the taste, smell, or texture of certain foods, and tantrum if forced to eat them. Some may become easily overwhelmed and disorganized by loud noises or excessive visual stimulation. Some may have a tantrum if they have their vision blocked. Some of these children will become tired easily and become cranky and easily frustrated when opportunities for food or rest are delayed. (In order to read and understand more fully about Sensory Integration Disorders, please refer to [the Out-of-Sync Child](#) by Carol Stock Kranowitz.)

THE EXPLOSIVE CHILD TREATMENT PROGRAM

If you think that your child is explosive, then you may follow these step-wise procedures to begin to bring your child's explosiveness under control and bring some sanity and peace back to your home. The steps are as follows:

1. Evaluate the child for inflexible-explosiveness. Fill out the Diagnostic Screening Survey and go over the results with Dr. Richardson.
2. Have Dr. Richardson evaluate both parents for depression if stress levels are high. In order for any behavior program to be successful, parents have to remain calm and in control – and be patient for proper results.
3. Learn ways to manage your stress. Parents have to be able to soothe themselves in times of stress before they can teach their children to soothe himself or herself when explosive episode is imminent.
4. Schedule 15-20 minutes of time each day to give special positive attention to your explosive child. If your explosive child is under 10 years old, this may take the form of a "Special Play Time." If your child is over 10, then find time to enjoy mutual fun activities together.
5. Learn to recognize the signs of an impending meltdown.
6. Create a Frustration-Friendly Environment
 - a. Make a list of Problem Behaviors and Situations
 - b. Sort these behaviors and situations into the Three Baskets
 - c. Implement the Three Baskets approach
7. Train the child in Problem-Solving skills to improve his or her frustration-tolerance.
8. Train the child in Situation Interpretation and Perspective-Taking
9. Have the child evaluated for medication management of the predisposing condition(s) the inflexible-explosiveness, including depression, bipolar disorder, ADD or ADHD, social anxiety disorder, etc.
10. If your child shows significant signs of Sensory Integration Dysfunction, have the child evaluated and treated by an Occupational Therapist trained in the assessment and treatment of sensory integration disorders.
11. If your child has siblings, then they will need to be informed of his or her special difficulties so that they begin to understand why he or she is being treated differently than they are.
12. Evaluate family communication styles. If the family uses dysfunctional communication patterns, begin to change to healthier communication styles.
13. Coordinate this Explosive Child Program with your child's teachers and other school personnel. All of the adults who supervise an explosive child should be familiar with and support this approach for it to be most effective.

IS MY CHILD AN EXPLOSIVE CHILD?

If your child conforms to the description of the inflexible-explosive child that has been outlined above, he or she may indeed be an explosive child. If your child is inflexible-explosive, he or she will handle frustration very poorly and be prone to tantrums that are long and hard to stop. Your child would also exhibit the rigid thinking style that underlies the explosive child's inflexibility, especially when under stress. Your child will also have one or more of the predisposing conditions that we have outlined above that contribute to the development of explosiveness. It is recommended that you read some of the reference materials on these predisposing conditions.

A common childhood condition that can be confused with explosiveness is Oppositional Defiant Disorder (ODD). A child with ODD actively defies and refuses to comply with adult requests and rules, has frequent tantrums, argues with adults, deliberately annoys people, blames others for his or her mistakes or misbehaviors, is angry and resentful, and may be spiteful and vindictive. The ODD child does not have a problem handling frustration and can control their behavior (and their tempers) if they are properly motivated with appropriate parenting and behavior management techniques. The ODD child resists all attempts to control them and will persist in their defiant behaviors as long as they can get away with them. One way to tell if your child is explosive or ODD is to implement a standard behavioral management program. If after a month you decide that your child's tantrums are occurring more often and last just as long, then it is likely that your child's problem is low frustration tolerance and inflexible-explosiveness. If your child is ODD, however, he or she will stop the angry outbursts when he or she realizes that the tantrums are getting them nowhere.

PARENTAL STRESS AND DEPRESSION

All parents of explosive children are stressed out, but not all of them are depressed. If a parent is depressed, especially the mother, then it becomes almost impossible for any program to improve a child's behavior to succeed. If it is determined that either parent is depressed, then before treatment for the child can get underway, the parent should be treated.

AM I DEPRESSED? If you are depressed, then five (or more) of the following symptoms will have been present during a two-week period and represents a change from your previous functioning.

1. You feel depressed most of the day, nearly every day (i.e., you feel sad, empty, hopeless, helpless, etc.)
2. You have greatly diminished interest or pleasure in most (or all) of the activities that formerly gave you pleasure. You feel less interested in other people or activities than you used to.
3. You have experienced significant weight loss (without dieting to lose weight) or weight gain. You may notice an increase or decrease in your appetite. If you are eating more than usual, you may find that you eat to comfort yourself rather than to satisfy your hunger.
4. You notice a significant change in your sleep patterns. You find it difficult to sleep at all, or to stay asleep. You may be getting up too early in the morning and are

- unable to fall back asleep. Or, you may be sleeping a great deal more than you used to. However much you sleep, you usually feel tired when you awaken.
5. You feel wound-up and restless, or you find that it seems difficult to get yourself moving at all.
 6. You feel tired and fatigued nearly every day.
 7. You feel worthless, or you feel excessive and inappropriate guilt nearly every day.
 8. You have a diminished ability to think or concentrate. You find that you cannot seem to make decisions.
 9. In serious cases where evaluation and medication are necessary, you have recurrent thoughts of death, or recurrent ideas or feelings that you wish you were dead.

If you have any of these symptoms, please be open with your psychologist and discuss whether treatment for depression is warranted.

Whether or not you are depressed, it is certain that you experience a great deal of stress since you have an explosive child to care for. Parents with mild to moderate levels of stress can use a variety of coping strategies.

1. **Relax.** Learn to relax your body through various relaxation procedures. Dr. Richardson may suggest certain proven relaxation strategies, such as meditation, guided visualization, body scan, progressive relaxation, and others. Tapes and CD's can be ordered from Dr. Richardson which will help you learn to relax.
2. **Take time away from children and family.** You can rejuvenate yourself by scheduling an activity that you enjoy. You may need to arrange for a babysitter. If there are two parents in the home, you might take turns caring for your children so each of you can go out occasionally.
3. **Take time to be with your spouse/partner (if applicable).** If parents just spend some time with each other 1-on-1 (without kids), their marriage most always improves, and they will have more energy and patience to deal with the kids.
4. **Seek out social support.** If you are overwhelmed and isolated, you could benefit from seeking out active support from family members, neighbors, or mental health professionals. This support could involve getting a babysitter, talking and sharing feelings with friends and family members, asking for help from friends or family, getting individual therapy, and so on.
5. **Schedule pleasant events.** You can relieve stress by scheduling specific pleasant events that you participate in. You could go to a concert, go out to dinner with a friend, take a walk in the park with the kids, go to a baseball game, and so on.
6. **Develop good health habits.** Increasing exercise, eating right, getting enough rest, and relaxing periodically throughout the day can improve your capacity to cope with stress.
7. **Utilize effective problem solving.** If you are always dealing with the same problems, then start to use some of the problem solving techniques that we describe later in this essay. You may want to consult your psychologist or

counselor for some ideas how to use these methods with your particular problems.

8. **Learn to think more accurately and rationally.** Often, stress is caused by the way we think about ourselves, others, and life in general. You can learn to reevaluate and change your thinking patterns. Sometimes we have exaggerated expectations of ourselves or others that may make us (or our families) miserable.
9. **Learn to control your own anger.** Disobedient and explosive children all respond with renewed mischief when their parents lose their cool. The defiant child sees their parent's loss of control of their anger as a victory for them, so their misbehavior continues. The explosive child needs a parent to model good ways to handle frustration rationally and calmly. You cannot train your child to tolerate frustration until you are calm enough to handle the frustration of having an explosive child.
10. **Spend special time with your child.** All children benefit from one-on-one attention from a loving parent. Much misbehavior stems from the child's attempts to gain a parent's attention. Explosive children cause so much frustration for their parents that the parent has to work to restore a calm atmosphere and supportive rapport that will allow the child to learn the frustration-tolerance skills that are crucial to the success of this program.
11. **Join a parent support group.** If your child has a serious, chronic behavior problem, you may benefit from joining a parent support group.
12. **Plan lifestyle changes.** In order to manage your stress, you must change your life in the ways we have described. Changing your life involves effort and planning to make it work. You might try sitting down every Sunday and scheduling stress management activities and priorities into the following week.
13. **Take parent stress management seriously.** Take care of yourself and you will be better able to care for your explosive child.

STAYING CALM

1. **Recognize Stress** – Be aware of stress signals.

Body Signals	Thought Signals	Action Signals
Breathing rate is higher	"That brat!"	Punch or hit
Tense muscles	"I can't take it anymore!"	Yell or threaten
Increased sweating	"I'm a worthless parent"	Cry
Face turns red	"I hate him/her!"	Tremble
Body turns hot	"I give up"	Withdraw

2. **Relax your body.** Do deep breathing, tense and release muscles, count to 10, etc.
3. **Use "Coping Self-Talk"** For example:

"Take it easy"	"Stay cool"
"Don't let it bug you"	"Relax"
"I can handle this"	"I'll try my best"
"I'm going to be OK"	"This too shall pass"
4. **Take effective action.** Walk away, ignore it, take a walk, try to discuss it with someone, express your feelings, use problem solving, and so on.

DEVELOPING POSITIVE ATTENTION

Special Play Time – for younger children, 11 years or younger.

- Schedule a 15-20 minute period every day or two to spend playing with your child. When it is time for special playtime, approach your child and say, “It is now our special playtime. What would you like to do?” It is important that the child decide on the activity. It can be anything but watching TV together. Ideally, it would be imaginative play with toys. If the child does not want to choose an activity (often for kids over 8 years), then watch for a time when he or she is playing quietly alone, and sit down and watch him play.
- **NO OTHER CHILDREN ARE TO BE INVOLVED!** Special playtimes are always 1-on-1
- Sit back and RELAX. If you are tense, you won’t help your child tune it and stay calm. Casually watch your child play and join in as it seems appropriate.
- As your child plays, begin to NARRATE his play. This is done like you are a sportscaster describing a game over the radio. Put excitement and energy into your voice as you describe the play. This shows the child you are interested in him or her. All children show their inner conflicts and concerns in their imaginative play. So, by playing with the child in this way and “joining” with their emotions through your narration, you are touching the child in an emotionally-satisfying way. This is a very powerful method of developing rapport with a child, and it can go a long way to restoring a positive family atmosphere. Follow your child’s lead and interact.
- Even if your child is developmentally delayed, special playtime will help. If she is moving a car, move your car near hers. See if she will interact; if not, offer a race or playfully block her car. If he wants to read together, then read together. Challenge him to point to pictures; discuss what you see or read; turn reading into an interactive game. If your child wants to build a block tower and wants you to assemble the blocks, be sure he directs the activity. If he wants nothing to do but look out the window, look out the window with him and comment on what you see; see if he will point and say something. Point out birds flying by. Laugh as dogs walk by. Imitate the sound of cars roaring past. If the child seems to be avoiding you, try to make a game out of it.
- **ASK NO QUESTIONS AND GIVE NO COMMANDS.** When you ask a question during imaginative play, you are “taking the child out” of his imaginative world and asking him to relate to you as an adult. This is a profoundly disruptive event for the child and will lead to some power conflict or meltdown.
- Empathize with your child’s emotional tone. If your child is tired or troubled, let him know you see and understand. Use a warm and understanding voice and kind gestures. For an overloaded, tired child, special play time might involve lying on the floor together and letting your child show you or tell you where he likes his back, arms fingers, or toes rubbed. For an energetic child, special play time may involve pretend play with a lot of action. By empathizing, you can make this special play time a pleasurable, meaningful, and developmentally facilitating experience regardless of the mood the child is in.
- Be aware of your own feelings, because they will affect how you relate to your child. If you are stressed out and under time pressure to get something done, it will be hard to tune into your child. If you are depressed, your interactions will be slower and the child will feel emotionally disconnected from you.
- Occasionally, give your child sincere praise about what you appreciate about his play. Please, no fawning flattery. Kids spot phony praise in a minute. Make frequent

nurturing physical contact with the child, such as hugs, pats on the head, touching the shoulder, or kisses.

- If the child misbehaves, simply turn your back briefly. When you are giving your child concentrated positive attention during play time, this becomes a powerful method of curbing misbehavior. If the child continues to misbehave, however, then tell the child that special play time is over.

SPECIAL INSTRUCTIONS FOR PLAYTIME WITH PRE-SCHOOL EXPLOSIVE CHILDREN

If your child has Auditory Processing Problems.

Some explosive children have Auditory Processing problems, which can make it especially difficult for him to tune it to you because he may miss, or misinterpret, some of your signals. He may not be comforted by your soothing voice, or he may become angry for no apparent reason. To help him out, talk slowly, making your sounds clear and distinct and energetic, using lots of hand gestures and facial animation to give him additional cues. If your child is over-reactive to sensation, be careful to keep your voice and gestures soothing so as not to overwhelm him. Children with Auditory Processing problems learn to recognize word and patterns of sound that are expressed with great emotion or that have special meanings.

If your child is older, he may have a hard time understanding your instructions about cleaning up after playtime is over. Compensate for his listening problems by making your instructions visual as well. Sing a cleanup song to prepare her for what will happen next. Take one toy and put it back. Back up your gestures with slow, clear speech. Say goodbye to each toy as you name each one.

If your child has Sensory Integration and Social Skill Problems

Look for ways to bring in a variety of sights and sounds, movements and textures, and auditory- and visual-processing challenges. Use different auditory and visual cues in your games, such as different voices and noises and different body postures. In this way, you will find things that give him pleasure and gradually stretch his abilities in weaker areas. Try introducing shaving cream, Play-Doh, wet and dry sand, beans, rice, finger paint, and other textured items to give your young child experience with a variety of textures. Play complicated chase games, games of opening boxes or screwing on jar lids to get desired objects, and imitation games such as Simon Says or reciting nursery rhymes with hand gestures to help your child practice motor planning.

Respect your child's sensory preferences. If your child dislikes sticky textures, don't have a lot of sticky stuff around. But you might have one sticky thing – say, double-stick tape or a little ball of Silly Putty – that your child can voluntarily explore when he is ready. If he sees you use it several times perhaps he will be curious to try it. Let him explore at his own pace, and don't push it. If your child is sensitive to loud noises, let her control the volume of your voice while you play. Ask, "Should I talk louder or softer?" and follow her instructions in a Simon Says kind of game. If you gradually (over several weeks) increase the volume, you can help her build her tolerance for louder sounds.

If your child has Visual Processing Challenges

Children with visual-spatial challenges often have problems with gestural communication because they lack a clear picture of the world. He may misread your facial expressions, body posture, or hand gestures. Help him to compensate by using your voice. Give him a continuous flow of auditory information. Talk constantly and animatedly so that he can always rely on your voice to stay in touch.

Positive Parental Involvement - For explosive children age 12 and older.

As with younger children, spend 15 minutes with the teen, during which time the teen whatever he or she enjoys doing, and you refrain from asking questions or giving commands. Make only positive or neutral, descriptive comments.

The teen is doing something that he or she enjoys. You might simply tell the teen that you have 15 minutes to spare and you would like to do something with him or her – what would they like to do? Many teens, especially younger ones, can be surprisingly enthusiastic about this. They get to choose the activity, as long as it is “within reason,” i.e., it should not be a formerly forbidden activity, nor one that is too time-consuming or expensive. Go for a walk, play catch, bowl, ride bikes, play one-on-one basketball or “HORSE”, play a game, talk, build something, play with cars or dolls, go for a drive, bake or cook something, or do a spontaneous, unplanned activity. Another possibility is to wait for a time when the teen is already engaged in an activity that lends itself to this exercise, and then “hang around” for a while, making positive comments as appropriate. This approach works best for the cynical or suspicious teen who is overtly disinterested in spending time with you. Alternately, use your time spent driving to the store or to a doctor’s appointment with a teen to chat with them. If it’s in the spirit of the exercise, it can be considered one-on-one time.

As before, the parent asks no questions, makes no corrections, gives no instructions or directions. Adopt a non-judgmental, positive tone, and temporarily give up your role as an authority figure. Questions direct the conversation, so they must be eliminated so the teen can direct the interaction. Corrections, directions, and instructions can all be received by the teen as judgmental and controlling and must be eliminated to create a brief period of non-coercive “being with” the teen.

Make positive comments, or neutral descriptive comments. Genuinely look for an opportunity to say something positive (“Nice job” or “I like the way you did that.”) Don’t make up phony praise. You can always be purely descriptive (“That music has both guitars and a synthesizer.”)

Touch. Try to make non-intrusive physical contact with the teen – whatever contact the teen can tolerate and does not irritate them. This contact can be a touch on the shoulder, pat on the back, pat on the head (watch the hairdo!), a hug or a kiss.

Ignore minor misbehavior. If the teen is annoying, simply turn your back briefly and stop talking until the behavior stops. If the misbehavior stops for even a moment, make a positive comment. If the behavior continues, then stop the exercise and correct the behavior.

RECOGNIZING THE WARNING SIGNS OF AN IMPENDING MELTDOWN

Understanding the early warning signs of an impending meltdown is central to the appropriate management and treatment of the inflexible-explosive child. These tantrums only appear to occur out-of-the-blue (unless the child has temporal lobe epileptiform activity, associated with brain damage). The first stage in a meltdown is *vapor lock*, which refers to how frustration breaks down the explosive child's capacity to think clearly, causing him to become less coherent and rational. During vapor lock, a child may still have the capacity to compromise or consider other options if he or she is helped. The second stage in a meltdown is the *crossroads*, which is the last chance for adults to avert a full meltdown. After the crossroads, there is only the meltdown, which may last for hours. These stages might sound like this:

Parent: Joe, it's time to come in now.

Joe (*vapor lock*): I want to stay outside and play a little longer.

Parent: Uhhmm. . .

Joe (*deeper vapor lock*): You always make me come in before everyone else! It's not fair!

Parent: Now, wait just one minute! I let you stay out until 6:00 yesterday!

Joe (*crossroads*): Everyone gets to stay out longer than me. I'm not coming in and you can't make me!

Parent: Oh, yeah? Well, we'll just see about that! (stomping outside to drag Joe inside)

Joe (*meltdown*): I hate you! You're a m----f---er! (running away)

Sound familiar? Notice how the child slips quite easily into an irrational sense of victimhood (not fair), which doesn't respond to counter-evidence because of the vapor lock and results in rebellion. The parent (justified in the moral sense) tries to put a stop to it with coercion, but is met with a total meltdown.

What does NOT work in helping the inflexible-explosive child. Treatment of the explosive child varies with the contributing conditions that are present. However, there are common ways of treating the explosive child. The first step is to acknowledge that the previous methods of behavior control and intuitive parenting simply do not work with these easily-frustrated kids. These typical methods include:

- Teaching parents to issue fewer and clearer commands (not a bad idea, but by itself is ineffective).
- Providing the child with lots of positive attention to reduce the desirability of negative attention (again not a bad idea, but will not teach the child to deal with their frustrations without getting upset).

- Teaching the child that compliance is expected and enforced on all parental commands and that the child must comply quickly because the command will only be issued once before punishment ensues (a really bad idea with explosive children, and can actually cause a lot more frustration and make the problem worse in the long run).
- Delivering punishments or consequences based upon the child's compliance with adult requests and rules (does not help by itself, since the explosive child does not learn to control their frustration with consequences for meltdowns).
- Teaching the child that his parents won't back down in the face of any and all tantrums (sounds like a good idea, but will increase the child's frustrations and escalate the frequency and intensity of the meltdowns, and will make the problem worse).

These techniques, so effective with typical oppositional-defiant children are either ineffective or counterproductive if the child does not possess the capacity to manage their frustration and predict what the consequences for their misbehavior would be. Explosive children are not capable of quickly shifting gears between their agenda and someone else's agenda. They are not capable of remaining relatively calm, coherent, organized, and rational when frustrated by their parent's commands so that they can utilize their knowledge that compliance is necessary, that compliance would lead to rewards, and that non-compliance would result in consequences or punishment. When a child (or adult, for that matter) becomes enraged, they lose the capacity to consider what is in their own best interests, and lose any memory of previous consequences for non-compliance or meltdowns, *so they can't learn from the experience*. Oppositional-defiant children, while they have a capacity to have a tantrum when thwarted, are ultimately able to calculate what is in their own best interests and learn from firm, consistent consequences

Creating a "Frustration-Friendly" Environment

Instead, it is recommended that the adults who parent or supervise these explosive children take a two-step approach. First, parents need to create a "**Frustration-Friendly**" environment – a home environment in which the child's deficits in these areas of mental flexibility and frustration tolerance is less of a handicap. This sets the stage for when you can begin to work with the child's frustration-intolerance with the "**Three Basket Approach**." A "frustration-friendly" environment is intended to help you, the parent:

- Be more realistic about which frustrations your child can actually handle and more open to eliminating unimportant, unnecessary frustration, which reduces the chance of *vapor lock* and *meltdowns*.
- Think more clearly when your child is in the midst of vapor lock and understand that you – the parent – not your child determine whether the situation develops into a full-blown meltdown.
- Be more attuned to the situations that routinely cause the greatest frustrations for your child.

- Move away from an adversarial relationship with your child while maintaining your role as an authority figure.
- Not take your child's explosive episodes and ensuing verbal abusiveness so personally.
- Teach the child frustration-tolerance skills to the point that he or she will no longer need a "frustration-friendly" environment, and will be able to deal with the normal frustrations of the real world. Ultimately, our goal as parents is to help our children to become emotionally self-sufficient enough to handle the real adult world. Explosive children are woefully inadequate to the task of handling the normal frustrations of the real adult world.

A **Frustration-Friendly** environment has a number of important characteristics:

1. It is one in which all the adults who interact with the child have a clear understanding of their unique difficulties, including the specific factors that fuel his or her inflexibility-explosiveness.
2. Parenting goals must be judiciously prioritized, with an emphasis on *reducing the overall demands for flexibility and frustration-tolerance* being placed on the child.
3. The adults try to identify *in advance* specific situations that may routinely lead to meltdowns.
4. The adults read the warning signs of *vapor lock* and being at the *crossroads* and take action quickly when these signals are present. These actions may include
 - a. Being empathetic towards the child's difficulties
 - b. Using distraction to change the topic
 - c. "Downshifting" in these situations to gradually allow the child to consider other options.
 - d. Teaching compromise and negotiations skills to the child to avert meltdowns.
5. Adults can interpret incoherent behaviors for what they really are – incoherent, irrational behaviors. Adults learn to not take personally what an explosive child says during a meltdown.
6. Adults understand the manner in which they may be fueling a child's meltdowns.
7. Adults learn to use a more accurate common language to describe the various aspects of a child's explosiveness. Rather than labeling the child as being bad, disobedient, manipulative, irresponsible, or defiant, adults talk about how the child is "easily frustrated," how they have problems "thinking clearly" when they are frustrated, how parents can help them "stay calmer," "think things through," and "consider their options" when they are frustrated. They discuss the early warning signs of *vapor lock* and the circumstances that lead to *meltdowns*.
8. Adults coming to a more realistic vision of who the child is, what they can realistically expect from their child, and what they how to create in the child and in their relationship with the child.
9. Adults work to improve the tense emotional atmosphere in the home and improve their rapport with the child.

Step Two: The Three Basket Approach

Basket A contains those behaviors that you are willing to induce and endure a meltdown. In addition, these must be behaviors that your child is exhibiting on a consistent basis and those that you are willing and able to enforce with consequences and punishments. If these behaviors are such that you cannot observe them directly, such as sexual behavior or drug use in a teen, then these behaviors cannot go into Basket A, as important as these behaviors are. Since our number one goal is to reduce these episodes, Basket A does not have many behaviors in it. *Safety of the child or others is always in Basket A, and sometimes the only thing in Basket A.* School attendance is typically Basket A as well. Since homework is an area of great conflict with most explosive children, it would be better if you work with the school so that homework assignments are judiciously prioritized and reduced to the barest necessities. It is best if the school supervises the completion of homework, at least until the explosions are under better control. Swearing is not a safety issue and should never be placed in Basket A, no matter how obnoxious or immoral it is.

If you are going to use any motivational strategies (rewards and punishments), it is best to do this with behaviors in Basket A. However, you must be confident that the consequences you impose after a meltdown are going to be accessible to their memory in the future and meaningful to the child the next time he or she is frustrated. If you are not confident that your child would benefit from punishment by reducing the behaviors being punished, then these consequences would be of limited benefit. It would be better to forgo punishment and put the behaviors in Baskets B or C. It is nevertheless productive after a meltdown to have a discussion with the child how they can “make amends” for any destructiveness or hurt feelings that they committed during their meltdown.

Basket B is the most important basket, which includes behaviors you and Dr. Richardson have decided are high priorities but over which you are not willing to induce a meltdown. What do you do instead? Communicate. Negotiate. Compromise. When a behavior is in Basket B, you need to help your explosive child negotiate, make compromises, or come up with solutions other than just doing it his or her way. Compromise and “brain-storming” alternative solutions are the pathways to hanging in and staying coherent in the midst of their frustration so that the child and the parent can resolve the conflict in a mutually satisfactory manner. Let’s see how this would work with our previous example of Joe.

Parent: Joe, it's time to come inside.

Joe (*vapor lock*): I want to stay outside and play a little longer.

Parent: Ummm . . .

Joe (*deeper vapor lock*): You always make me come in before everyone else! It's not fair! I hate . . .

Parent: Whoa! Slow down! I don't really think this is one to get all upset about. I may actually be willing to compromise about this if you could chill a little.

Joe: (more coherent): Everyone gets to stay out longer than me.

Parent: Yes, so I heard you say. Let's think about this for a second. I want you to come in right now and you want to stay out longer. How much longer do you want to stay out?

Joe: Twenty minutes!

Parent: Hmm. Sounds like we definitely need to compromise. You want to stay out twenty minutes and I was thinking more like ten extra minutes. Can you think of a good compromise?

Joe: No! Ten minutes isn't enough!

Parent: Now, don't get yourself all worked up again. . . I told you I'd be willing to compromise. But we have to figure this out. Let's try to think of a good compromise.

Joe: I can't do it. I can't think.

Parent: Well, fifteen minutes is in between ten and twenty. . . Would fifteen minutes be a good compromise?

Joe: Okay, yes! Fine!

Parent: Before you to running off, I just want to remind you that in fifteen minutes I expect you to come in with no problem at all. Do we have a compromise?

Joe: Yes! Geez!

If you are unable to calm your child down enough for him to think clearly and reach a compromise with you, it is best to drop the matter rather than induce a meltdown.

Basket C contains all of those behaviors that you are going to forget about completely, at least for now. Basket C is very full, and will contain all of the behaviors that will no longer frustrate your child. The idea behind Basket C is that you don't even mention it anymore, let alone induce meltdowns over it. Things that go into Basket C would be things like eating a variety of vegetables, being sure they have their hair combed before school, and other non-essential behaviors. We also advise that swearing be placed in Basket C, at least at the start of the program. When an explosive child swears, it is because they are usually in vapor lock and not to simply defy you or push your buttons.

Creating a “Frustration-Friendly” Environment: Implementing the Three Baskets

“Basket thinking” works like this – before and during *vapor lock* and at the *crossroads*, you should ask yourself the following question: “*Is this behavior important or undesirable enough for me to induce and endure a meltdown?*” If the answer is yes, - and except for safety issues, it won’t be often – the issue is in Basket A and is non-negotiable. If the answer to the question is No, but the issue is still a high priority, the issue is in Basket B, and you negotiate a mutually satisfactory compromise. In “negotiator’s parlance”, you find a WIN-WIN solution where everyone gets at least something of what they want. If the answer is No and the issue is relatively unimportant – and that’s what is going to happen a lot more than it used to – the issue is in Basket C, and your lips shall be sealed.

When you are working with your child on Basket B items, you are starting to teach them the skills necessary to learn to eventually manage frustration on their own, which is the second major goal of treatment, besides establishing a “Frustration-Friendly” environment. During these negotiations, you will be teaching your child ways to manage their frustration. Children may start to ask for help when they start to enter *vapor lock*, rather than progressing to a meltdown. They may start talking about “information overload:” they may ask you to “Slow down, I can’t keep track;” they may say “I don’t know what to do” when they are confused; they may start letting you know about their *vapor lock* without immediately swearing or expressing defiance, “I feel really bad right now,” and when they need some time to calm down and organize a response, they might say “I think I need more time here.”

Implementing the Three Baskets approach involves a process of unlearning old parenting strategies, typical rewards and consequences for misbehavior, and carefully adjusting what behaviors can go in the three baskets. As your child becomes more able to problem solve and handle some level of frustration without melting down, you can move more behaviors from C to B, and from B to A. When this happens, then your parenting shifts over to more traditional parenting strategies for childhood disobedience. However, don’t make these shifts without carefully considering what your child is really capable of handling without melting down. Discuss this transition with Dr. Richardson. Don’t worry, you don’t have to do this perfectly, and all parents will make mistakes here. What is important is to realize what is working and face what is not working. If you have doubts, first be cautious in what you expect your explosive child to handle.

Teaching Frustration Tolerance: Problem Solving

You will also start to teach them basic problem solving skills. A typical format for problem solving for children is this five-step “IPOSE” model:

Identify the problem at hand

Possibilities – Think about possible solutions

Outcomes – Think about the likely OUTCOME of each possible solution

Select the solutions that would seem to lead to the best outcome

Evaluate – Monitor and evaluate the outcome

Helping solve problems with concrete solutions. Some children who think in an especially concrete way need the skills of problem solving to be confined to a narrow set of common solutions. A five-year-old with ADHD had his mantra “If I get frustrated, I need to tell Mom and ask her for a hug.” This seems like a trite, all-in-one solution, and not likely to work in 100% of cases, but for an inflexible 5-year-old, this might be a workable solution most of the time. A seven-year-old with ADHD and expressive language delays in school might say to herself, “If I start getting frustrated, I need to ask the teacher for help.” For a twelve-year-old with bipolar disorder, she might say, “When I start to argue and get heated up, I need to leave for a while and come back and talk later after I cool off.”

In addition to helping your child with solving problems that are occurring in your presence, you may also begin to help your child understand the interpersonal problems that get themselves into with their friends, schoolmates, teachers, etc. Inflexible-explosive children make mistakes in how they interpret situations, and they do not think of other’s perspectives. (In this way they can appear very self-centered). Situational interpretation and perspective-taking training helps children to think about their own thoughts in order to evaluate how accurate they are and to think of other’s perspectives. This requires abstract thinking skills that young children under the age of eight simply do not possess. Some of the predisposing conditions for inflexible-explosiveness also make it difficult for the child to take another person’s perspective. Children with language processing disorders have a hard time understanding what others are saying, much less accurately determining what the other person was thinking or feeling. Children with non-verbal learning disabilities or social skill deficits do not read social cues well, so they miss out on the “signals” that people give each other to convey their mood or thoughts. If your child has these problems, you will need to spend much more time helping them to interpret the words and behaviors of their friends. A book that can assist you in understanding and helping your child with these problems is “Helping the Child Who Doesn’t Fit In” by Nowicki and Duke. Children with social anxiety cannot engage in problem solving when with others because they are too anxious and self-conscious to think straight. Usually, these children will need to be medicated with an SSRI to be calm enough to start problem solving in social situations. Likewise, explosive children with Attention Deficit Disorder might need to be medicated so that they will be able to focus sufficiently on the situations that they are presented with so that they can begin to solve

their problems. Children with depression or bipolar disorder may be too disengaged, irritable, or psychotic to benefit from problem solving training until their moods are brought under control. Children with Sensory Integration problems typically have severe problems in social relationships, and need to receive Occupational Therapy so that they can begin to take another person's perspective and begin to use a problem solving process. If your child has a Sensory Integration problem, an excellent reference is "The Out-of-Sync Child" by Carol Stock Kranowitz. Dr. Richardson can help you decide how to best work with your child, and can talk to the child about how they could have handled recent problems, and how to handle anticipated future problems.

When you begin to teach your child problem solving skills, it is important to start with easy problems, and then later apply these skills to more difficult problems. If the child is younger than 10 years old, it would be best to use the IPOSE model. However, if the child is 10 or older, is of average intelligence or better, then they may be able to start training in Social Problem Solving.

Social Problem Solving

The steps in social problem solving are as follows:

1. Stop! What is the problem?
2. Who or what caused the problem?
3. What does each person think and feel?
4. What are some plans to solve the problem?
5. What is the best plan?
6. Do the plan you decide upon.
7. Did the plan work?

This strategy is very similar to the IPOSE method, except that this incorporates new ideas in Steps 2 and 3. These steps ask the child to begin to interpret the situations in a rational manner and to begin to use empathy in understanding how another person involved might be feeling or thinking (perspective-taking). Of course, taking another person's perspective is just the skill that inflexible-explosive children have a great deal of difficulty with. Working with your child on these skills can be frustrating for you, but it is necessary for your child to mature in his or her ability to tolerate frustration and problem solve in social situations.

Situational Interpretation and Perspective-Taking

The basic idea in situation interpretation training is to help your child understand how people see things differently. Start by talking about some simple situations where different people see things differently. For example, one umpire might call the base-runner safe and another call the runner out. Another example is a child who is bumped by another child while walking in the hall. One child in this common situation might think the person bumped them on purpose, while another child might view the bump as a mistake. Then, ask your explosive child about when he or she made mistakes in

interpreting other people's behavior and how that lead to further conflict. Next, explain that people can stop and figure out if they are seeing situations correctly or not. For example, a plate umpire calls the runner safe at home, and the catcher protests the call. The plate umpire could ask the third base umpire for another opinion based upon their different viewing angle. A person who thought being bumped in the hall was on purpose and get mad might reconsider and pass off the bump as an accident and let it go without getting into an argument. Then, ask the child of past, real-life situations where he or she melted down because of a misinterpretation of another person's behavior. **Ask the child for evidence as to who caused the problem.** Looking for evidence is the key to seeing "sticky situations" accurately. Tell the child that when something happens, it is important to stop and think of "who or what has the problem."

The basic idea in perspective-taking training is to help your child put herself or himself in "the other guy's shoes," to understand other's thoughts and feelings. This exercise is especially helpful, but very difficult for the child with social skill problems or non-verbal learning disabilities. Page through a magazine, look at pictures, and ask your child to think of each person's thoughts and feelings. Next, ask the child to reflect on past, real-life situations when he or she was involved where things did not go very well. Perhaps he or she took a toy from a playmate the other day, and you could ask what he or she thinks his or her friend might have been feeling.

MODEL PROBLEM SOLVING. Next, you can begin to demonstrate problem solving in action by talking through a problem in front of your child. For example, you could talk about what to make for dinner, plans for the evening, etc. Show how it is possible to take multiple perspectives into account, including the perspective of the explosive child. Later, you could use problem solving strategies for more difficult or emotional situations, such as how to cope with a boss at work, or problems with a friend. *Do not discuss adults-only personal problems, especially marital or financial problems with the child.* This would have the unfortunate result of entangling the child in your personal marital difficulties and cause a damaging "misalliance" with the child against the other parent.

DIRECTED DISCOVERY QUESTIONING. Try to guide your child to apply problem solving in real-life situations. Directed discovery questioning involves asking your child questions to help him or her discover how to solve a problem on his or her own. This cannot be done when the child has entered a meltdown, but can be helpful if the child is entering *vapor lock*.

Directed discovery can be done using either an *open-ended format* or a *forced-choice format*. The more emotional the child becomes, the more it becomes necessary to move to a *forced-choice format*.

Examples of *open-ended directed discovery questions* include the following:

1. "What can you do?"
2. "I am confused. Explain it to me. How could you solve the problem?"
3. "How are you going to solve that problem?"

4. “What is the first step? Then what do you do? OK, now what’s the next step?”

Examples of *forced-choice directed discovery questions* include:

1. “You could try this (option 1) or that (option 2). What do you think would work best?”
2. “It looks like you have two options – this (option 1) or that (option 2). What do you think would work best here?”

The Therapist’s use of EMDR in helping your Explosive Child learn new Social Skills

Dr. Richardson is trained in the techniques of EMDR, which can be used in reducing the explosive child’s emotional reactivity in some social situations. EMDR techniques can help the explosive child to “desensitize” their hot-buttons. EMDR stands for Eye Movement Desensitization and Reprocessing. It is a technique that was developed to help those who have extreme reactions to reminders of psychological traumas. In this procedure, the child is asked to describe a recent event where they lost their cool. When the child reviews the “internal filmstrip” of the event, the child is directed to make a set of eye movements, while the therapist reminds them how their bad choices led to a bad outcome. Next the child and therapist decide what would be a good choice to deal with the event. Then, the therapist narrates the new scenario as he directs the child in more eye movements, while reminding the child of “Good Choice, Good Outcome.” This technique can help a child connect the cause-and-effect of his or her meltdowns, but is only effective when the child trusts the therapist sufficiently.

DETAILS IN IMPLEMENTING THE EXPLOSIVE CHILD PROGRAM

Change the words you use to describe your explosive child and his behavior.

Certain words and phrases that parents typically use with inflexible-explosive children need to be reconsidered, dropped, or changed. *Manipulative* is a word often used with these children, but is only applicable with Oppositional Defiant children. Manipulation requires forethought, planning, affect modulation, and calculation – qualities that are in short supply for inflexible explosive children. *Taking responsibility* is an overused and almost meaningless phrase, and usually involved coercing a child to admit to one of their misbehaviors. It is better that a child be taking his difficulties with frustration seriously and actively trying to change than force him to say “Alright, I did it.”

Changed daily routines to drastically reduce frustration, especially at vulnerable times.

In order to reduce frustrations, changes usually must be made in certain daily routines, such as morning and evening routines. If your explosive child melts down frequently at these times, then you must consider reducing the behaviors you expect of him to perform at these times by either forgetting about them or doing some of them yourself. It is better to let the child go to school with his hair ruffled, clothes hastily thrown on in the car, and a banana stuck in his hand for breakfast than to endure countless meltdowns over insisting that the child get up by 6:30, take a shower, make his

bed, come down for breakfast by 7:15 and out the door by 7:45. Remember! It takes a lot less time to help your child get moving in the morning than it does to deal with a meltdown.

Dealing with sibling rivalry. One of the challenges in helping an explosive child is dealing with sibling rivalry. The explosive child's siblings will resent the extra leniency he receives in certain situations, e.g. when he is allowed to make his bed after school instead of beforehand. It is important to explain to the siblings that each child has their own specific needs, and that if a child is handicapped, it is up to the family to help him. If a child was in a wheelchair, we would not expect him to climb downstairs without assistance, so we don't expect an explosive child to handle frustration well without assistance. There are times when the atmosphere between an explosive child and a sibling is so toxic that the only solution is to always keep them in separate rooms.

Develop good family communication skills. Families with an explosive child will need to develop good communication skills in order to reduce the stress on the explosive child's limited capacity to deal with frustration. Each family member is only allowed to comment on his or her own thoughts or motivations in order to keep from "pathologizing" or imputing manipulative motivations to the explosive child. Families need to avoid overgeneralization: drawing global conclusions from isolated instances. Of course, the explosive child, with his black-and-white thinking pattern, shows this pattern of overgeneralization frequently. When parents engage in this practice, watch out!

Mother: "Billy, maybe you can tell Dr. Richardson why you're not doing your homework." (*A general statement implying that Billy is not doing any homework.*)

Billy: "What are you talking about? I do my homework every night!" (*Implying incorrectly that he always does his homework.*)

Mother: "Your teachers told me you have been missing a few assignments this semester." (*An accurate statement of fact, but too late. Billy is already in vapor lock*)

Billy: "So does everybody!" (*Overgeneralizes that everyone misses assignments like he does*) "What's the big f---ing deal? I miss a few assignments and you're ready to call in the f---ing cavalry!" (*Crossroads point – Billy is exaggerating Mother's point to make her sound more unreasonable than she is being.*)

Mother: "Why do you always give me such a hard time?" (*"Always/" – an overgeneralization that is not literally true.*) "I just want what's best for you." (*A true statement, but one that Billy can't appreciate because it is loaded to induce guilt.*)

Billy: "Stay out of my f---ing business! That's what's best for me!" (*meltdown*)

Another communication error families make is “perfectionism,” where the parents fail to acknowledge the progress a child is making. There is no better way to stop a person from trying further to improve themselves than to speak as though their current progress is unimportant compared with how far they still have to go. Sarcasm is always destructive in families, but more so for the explosive child, since his rigid thinking patterns tend to make him think that the sarcastic person actually means what they are saying literally. Family members need to guard against put-downs (“What’s the matter with you? Why can’t you be more like your sister?”), catastrophizing (“We’ve resigned ourselves to the fact that Johnny will probably end up in jail some day”), interrupting, lecturing (“How many times do I have to tell you . . .”), and talking in the third person (“I’m very upset out this, and your father is going to tell you why . . .”)

It is usually necessary to include school personnel in creating a “Frustration-Friendly” environment for the explosive child. Not all explosive children have serious problems at school. Perhaps they would be too embarrassed to meltdown in front of friends, or they aren’t as confused as to what to do when they can just “follow the herd” and do what their peers are doing. Perhaps their medication helps them keep it together at school, or that they have enough energy to hold it together at school, then they “let it out” in the secure home environment. Nevertheless, many explosive children do meltdown at school. If so, the teachers need to practice creating a “Frustration Friendly” environment. Sometimes school have a problem with this, reasoning that to give one child special “privileges” will cause other kids to act out. The characteristics of a “Frustration Friendly” environment at school are the same as at home.

MEDICATIONS FOR EXPLOSIVE CHILDREN

Medications are often used for the contributing conditions of inflexible-explosiveness in children. Stimulant medications like Ritalin, Adderall, Concerta, Focalin and others are often used for children with hyperactivity and attention problems. These medications may also help the explosive child’s inefficient thinking patterns and help them to organize their thoughts and think through problems better. If stimulants are ineffective in treating inattention and hyperactivity, novel antidepressants such as Wellbutrin (bupropion) and Effexor (venlafaxine) are often helpful, especially if the child has a mood disorder as well. Antihypertensive drugs like clonidine and guanfacine (Tenex) are also used to help hyperactivity and poor impulse control, but may cause sedation and may not be well tolerated by an active child. SSRI antidepressants, like Prozac, Zoloft, and Lexapro have been used to treat irritation, agitation, and aggressiveness in children, but must be used with care because of recent warnings about increases in suicidal thinking in children with the use of these substances. Extreme mood instability, often associated with bipolar disorder, can be treated with lithium, Trileptal, Depakote, and Neurontin. Depakote is well tolerated by adults, but can cause liver toxicity in children, so the pros and cons of taking this drug must be carefully weighed. In extreme cases, risperidone, olanzapine, quetiapine, and novel antipsychotic medications have been used successfully with very aggressive and out-of-control teenagers and children, especially if their thought processes are extremely impaired during meltdowns. In most cases of

inflexible-explosive children, an evaluation by a child psychiatrist is recommended to treat the underlying contributing conditions that contribute to a child's explosiveness.

SUMMING UP

To summarize, we take a two-pronged approach in the treatment of the inflexible-explosive child. First, we create a "frustration-friendly" environment, which reduces the frustrations that lead to meltdowns and make the child more vulnerable over time to more frequent and extreme meltdowns. Then, we teach the child the negotiating, compromising, and coping strategies necessary to deal with frustrations without melting down.

In order to implement this approach, we must first evaluate the child for explosiveness. We have parents fill out Dr. Richardson's Diagnostic Screening Survey and have the doctor look over the results. If it is determined that the parent has a problem with depression, then they need to be evaluated for the appropriateness of medication management or individual psychotherapy for their mood problem. We then teach ways for parents to manage their stress. Parents are trained to spend 15-20 minutes each day with the explosive child to give special positive attention. Next, we teach the parent to recognize the signs of impending meltdown in their child.

At this point, the parents work to create a "Frustration-Friendly" environment. They make a list of problem behaviors and situations, and sort each of these into the Three Baskets. We then train the child in Problem Solving skills to improve his or her frustration tolerance. The child is trained in situation interpretation and perspective-taking.

The child needs to be evaluated for medication management of the predisposing conditions for explosiveness, including depression, bipolar disorder, ADD or ADHD, social anxiety disorder, signs of temporal lobe damage, etc. If your child shows significant signs of Sensory Integration Dysfunction, have the child evaluated and treated by an Occupational Therapist trained in the evaluation and treatment of sensory integration problems.

If your child has siblings, then they will need to be informed of his or her special difficulties so that they begin to understand why he is being treated differently than they are. We evaluate family communication styles. If the family uses dysfunctional communication patterns, we work to change them to healthier communication patterns.

Finally, we coordinate the Explosive Child Program with your child's teachers and other school personnel if the child is showing signs of explosiveness at school. All of the adults who supervise an explosive child must be familiar with and support this approach for it to be maximally effective. The good news is that explosive children *can* be helped to deal with frustration, although the process is not brief and it takes considerable commitment on the part of adults who parent, teach, or supervise these children.

Teaching Frustration Tolerance: The IPOSE Problem Solving Strategy

In order for your child to deal with frustrations without melting down, use this easy 5-step method to solve problems with your child.

Identify the problem at hand

Possibilities – Think about possible solutions (Brainstorming)

Outcomes – Think about the likely outcomes of each possible solution

Select the solution that would seem to lead to the best outcome.

Evaluate – Monitor and evaluate the outcome of your chosen solution.

Try this example: It is the family's bowling night, but your child wants to go horseback riding. How could this problem be solved without a meltdown?

Identify the problem at hand. "I see what the problem is – we can't go bowling and horseback riding at the same time." (Stating the obvious, but not so obvious to a child who can't think clearly in the midst of frustration).

Possibilities – Brainstorm about possible solutions:

- "Perhaps you have a friend at the stable whose family like to ride horses and who might be able to take you instead."
- "Perhaps if you yell and scream loud enough we will change our minds and take you horseback riding instead."
- "You could go horseback riding to next day with the family if you go bowling with us tonight."

Outcomes – Have the child think about the possible outcomes for each solution.

- "My friend's family is in Florida. This will never work."
- "This is what I feel like doing, but my Dad will just send me to my room."
- "At least I would get to go horseback riding with this solution, even though it would be tomorrow. It is better than getting angry and not going horseback riding at all."

Select the solution that would lead to the best outcome.

- "I'll compromise by going bowling with the family tonight and me going horseback riding tomorrow."

Evaluate – Monitor and evaluate the outcome of the solution.

- "Well, it worked out alright. My family got what they wanted by going bowling on "bowling night" and I got to go horseback riding after all. I guess this "compromise thing works!"

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