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Fix this Kid?

Teachers and other professionals are often asked to "Fix this kid!" Before any "fixing" and whether the kid needs any "fixing" in the first place, one needs to understand what is going on for the child. Five simple questions guide adults to understand how what appears as problematic behavior may be logical consequences of life situations and circumstances for the child. In other words, often a "difficult child" is responding normally to difficult life issues. From such revelations, adults can offer the support and intervention the child may require to give up problematic behaviors- that is, be "fixed!" Several tools for assessment are included in this extensive training.

Key question: Why do you pick a baby that is crying?

Is this a _____ child?

Why Difficult Children Are "Difficult" (Examples)

1. Post Traumatic Stress Syndrome – refugee that had flashbacks during class time.
2. Learning Disability – child with retrieval problem.
Child with auditory or visual deceptive disability (missing social cues).
3. Molested in early childhood – underlying rage.
4. Abuse and neglected – testing availability of new caregivers; testing of anger response: abandonment, rejection, abuse.
5. Fulfilling the IP role – mother who needed a disabled child.
6. A.D.H.D. or A.D.D. child – "the far north pasture"
7. The rebel or scapegoat in the alcoholic family system.
8. Academic failures.
9. Defying the step parent (new boy friend) in a newly blended family.
10. Depression and anxiety.
11. Cultural Issues
12. Peer and gang influences.
13. Drug and alcohol issues.
14. Poor parenting (and the development of bullies).
15. Other...

How and Why Punishment Works... and Doesn't Work

Strategy for Confronting Resistant Parents or Parents in Denial.

4 E's and Data, Interpretations, Recommendations

Incentive Based Behavioral Modification Program for Oppositional Defiant Children

RIPS- RESPECT, IDENTITY, POWER & CONTROL, SECURITY



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From ASSESSMENT & THEORIES to RESULTS

3 Keys to Discipline
1) Nurture
2) Set Limits
3) Consistency

BASIC BEHAVIORAL INTERVENTION PLAN
1) Identify the Negative Behavior
2) Identify the Underlying Issue
3) Prevent the Negative Behavior
4) Provide/Promote the Alternative Behavior that serves the Underlying Issue

ASSESSMENT

What Happened? What is Happening? Data, Experiences, Observations, Interactions, History,



THEORIES

Why? What for? Benefit, Gain, Avoidance, Sensory Stimulation? Compelling Need(s), Cause, Origin



STRATEGIES

Direct, Peer, Authoritative, Nurturing, Clarification, Limit Setting, Reward, Alliances, Collaboration, Mentoring, Rule Setting, Punishment, Threats, Referrals (Counseling, Education, Social Services), Empowerment, Community, Give Responsibilities, etc.



INTERVENTIONS

Specific Programs or Actions (i.e. Behavioral Incentive Plan, Referral to Mental Health, Social Services, Educational Support, Communication w/ social Worker, Probation Officer, Savings Account, IEP, specific classes or training, etc.)



STYLE

Gentle, Firm, Nurturing, Direct, Indirect, Authoritarian, Authoritative, Avoidant, Challenging, Confrontational, "Hard Ass", Paradoxical, Confident, Confused, Shaming, Sarcastic, Humorous, "Buddy", Educational, Parental, etc.



****RESULTS**
boundaries**

6 S's: Safety, Security, Stability, Structure, Serenity, Sanity

change & growth

Behavioral, Attitudinal, Hope/Vision, Trust, Risk-taking, Peers, Relationships, Vocational, Economic, Educational, Social, Self-Care, Self-Esteem, Stabilization, Healing, Progression, etc.



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BUILDING SELF-ESTEEM IN THE ADULT-CHILD SYSTEM

With the 90 Second a Day Self-Esteem Prescription Plan

1) The role that Self-Esteem plays in our lives and society.

Abusers, Victims, & Survivors- The Differential Outcomes of Ineffective to Effective Self-Esteem Building.

2) Where Self-Esteem begins and Where and How it begins to be lost.

The self-concept, behavior, environment and feedback endless loop.

3) Acceptance, Power & Control, Moral Virtue, and Competence- The four cornerstones of Self-esteem.

4) **THE FOUNDATION: Seven fundamentals to building Self-Esteem in the Adult-Child System.**

- Know Yourself
- Being a Model of Self-Love
- Take Care of Yourself...First!
- Being Emotionally and Physically Available
- Separate
- Distinguish Love & Like
- Understand Your Child

5) **THE BUILDING: Eight guidelines to Building Self-Esteem in Children.**

- Validate Your Child
- Teach Responsibility without Shame, Blame, & Fault
- Teach that not one should be allowed to abuse him/her (including you).
- Teach him/her to always take care of him/herself
- Challenge / Not Push; Have Expectations / Not Demands
- Praise Appropriately
- Create Internalized Motivation
- Do the Right Thing even when it's the Hard Thing

6) The Trap & the Message of being the Perfect Parent or Perfect Teacher.

7) **The 90 Second a Day Self-Esteem Prescription Plan**



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DIAGNOSTIC ORDER FOR UNDERSTANDING & APPROACHING DIFFICULT OR CONFLICTUAL BEHAVIOR

1) Developmental factors (including life cycle issues for adults)

CAUSE: development, age, maturation

TREATMENT: satiation of developmental needs

IMPLICATIONS/JUDGEMENTS: person is reacting normally to normal development

TOLERANCE: high (if developmental stage is recognized)

2) Situational factors (other children/colleagues, availability of toys/resources)

CAUSE: situation

TREATMENT: change the situation

IMPLICATIONS/JUDGMENTS: person is reacting normally to the immediate situation only; the behavior is not something he/she does all the time

TOLERANCE: high

3) Physical condition

CAUSE: fatigue, hunger

TREATMENT: treat condition- rest or feed

IMPLICATIONS/JUDGMENTS: person is reacting normally to the condition; condition changes, then behavior changes

TOLERANCE: high

4) Emotional condition (situational)

CAUSE: fear, anxiety, joy, sadness, grief

TREATMENT: validate emotions, teach appropriate expression

IMPLICATIONS/JUDGMENTS: person is reacting normally; colleague or supervisor may have judgment about appropriateness of the feeling

TOLERANCE: high (depends on own comfort w/expression of emotions)

*5) Temperamental factors

CAUSE: personality

TREATMENT: adjust for temperament/ socialize

IMPLICATIONS/JUDGMENTS: person is reacting based on innate normal traits for him/her

TOLERANCE: *high for temperament, *low for behavior

*6) Environmental/ecological factors (family, school, work systems)

CAUSE: family/school systems, turmoil, constraints- dysfunctionality

TREATMENT: alter system, change environment

IMPLICATIONS/JUDGMENTS: person is reacting normally to an adverse environment; victim of the environment

TOLERANCE: high- sympathetic (colleague/supervisor may have guilt)

*7) Pathology (psychological)

CAUSE: person's psychological problem/disorder

TREATMENT: treat problem/disorder- "sick" patient

IMPLICATIONS/JUDGMENTS: something is wrong with the person

TOLERANCE: low to high?

**8) Morality

CAUSE: evil or rotten essence

TREATMENT: abandonment, punishment, damnation, or seeking of spiritual intervention

IMPLICATIONS/JUDGMENTS: person is unsalvageable by another's activity or intervention

TOLERANCE: none to ?



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TEMPERAMENTAL TRAITS

1. Activity Level: How active generally is the child/person from an early age?
2. Distractibility: How easily is the child/person distracted? Can s/he pay attention?
3. Intensity: How loud is the child/person generally, whether happy or unhappy?
4. Regularity: How predictable is the child/person in his/her patterns of sleep, appetite, bowel habits?
5. Persistence: Does the child/person stay with something s/he likes? How persistent or stubborn is s/he when wants something?
6. Sensory threshold: How does the child/person react to sensory stimuli: noise, bright lights, colors, smells, pain, warm weather, tastes, the texture and feel of clothes? Is s/he easily bothered? Is s/he easily over-stimulated?
7. Approach/withdrawal: What is the child/person's initial response to newness- new places, people, foods, clothes?
8. Adaptability: How does the child/person deal with transition and change?
9. Mood: What is the child/person's basic mood? Do positive or negative reactions predominate?

*Important to note that high or low in any trait is not implicitly good or bad.

TEMPERAMENTAL EVALUATION & GOODNESS OF FIT EVALUATION

TRAITS	SELF	SPOUSE	CHILD1	CHILD 2	CHILD3
1. Activity Level	---	---	---	---	---
2. Distractibility	---	---	---	---	---
3. Intensity	---	---	---	---	---
4. Regularity	---	---	---	---	---
5. Persistence	---	---	---	---	---
6. Sensory threshold	---	---	---	---	---
7. Approach/Withdrawal	---	---	---	---	---
8. Adaptability	---	---	---	---	---
9. Mood	---	---	---	---	---

TEMPERAMENTAL TRAITS EASY ←-----→ DIFFICULT

Activity Level	LOW ←-----→ HIGH
Distractibility	LOW ←-----→ HIGH
Intensity	LOW ←-----→ HIGH
Regularity	REGULAR ←-----→ IRREGULAR
Persistence	LOW ←-----→ HIGH
Sensory threshold	HIGH ←-----→ LOW
Approach/withdrawal	APPROACH ←-----→ WITHDRAWAL
Adaptability	GOOD ←-----→ POOR
Mood	POSITIVE ←-----→ NEGATIVE

FIVE ELEMENT PROGRAM

- 1) EVALUATION- defining the problem, study your child, family reactions.
- 2) REGAINING ADULT AUTHORITY- think temperament and to deal with behavior instead of responding emotionally or instinctively to what you perceive as the child's motives. Learn to:

disengage, to become neutral in attitude, to think and evaluate before responding, to understand behavior as it is related to temperament, to replace why is he doing this to me w/ how can I understand his behavior.
- 3) MANAGEMENT TECHNIQUES- management is different from discipline. Labeling, cooling off, sense of timing, dealing with change, eye contact, choices, introducing gradually, understanding manipulative versus temperamental tantrums. **Engage in self-monitoring and understanding your child.**
- 4) FAMILY GUIDANCE
- 5) SUPPORT GROUPS

Book recommendation: The Difficult Child, Stanley Turecki, M.D., Bantam Books, New York, 1989. \$9.95 in paperback.



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Culture of Challenged Children

To serve self-esteem and to emotionally, psychologically, socially, and spiritually survive, challenged children often develop the following cultural beliefs, attitudes, values, and behaviors:

1. Try to be the same as others
2. Hide or avoid their differences or difficulties (including emotional distress)
3. Deny or minimize their differences or difficulties (including emotional distress)
4. Work hard or harder than others
5. Quit trying
6. Compensate for differences, difficulties, or challenges

By recognizing unsuccessful activation/attempts from the first five strategies, adults can guide children to the sixth strategy, successful compensations.

TEMPER TANTRUMS!!
Understanding and Helping Children in Emotional Need
with "The One-Minute Temper Tantrum Solution!"
 INDULGE - NURTURE – SHAME - PUNISH - IGNORE – DISTRACT?

Types of Tantrums and Emotional States

Effectiveness or Resultant Problem to Adult Response or Intervention Based on Type of Tantrum		Manipulative Tantrum	Upset Tantrum	Helpless Tantrum	Cathartic Tantrum
Response or Intervention	1) Set Boundaries	<u>*Effective*</u>	Problem: Child intensifies distress & potentially leading to despair.	Problem: Child feels helplessness confirmed & deepening despair.	Problem: Child distracted from & interfered with stress release behaviors.
	2) Nurture/Validate	Problem: Child uses adult nurturing to further manipulate.	<u>*Effective*</u>	Problem: Child experiences despair validated and despair deepens.	Problem: Child experiences minor distraction or annoyance
	3) Empower	Problem: Child intensifies anger & continues attempts to manipulate.	Problem: Child has greater distress & frustration.	<u>*Effective*</u>	Problem: Child distracted from stress release behaviors & potentially insulted.
	4) Permission & Guidance	Problem: Child increases anger and attempts to gain manipulate.	Problem: Child's distress increases- potential to turn into despair.	Problem: Child feels abandoned & despair increases.	<u>*Effective*</u>

- **Telling the Difference**



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DAILY BEHAVIOR REPORT

Name:			Date:
Child Scoring	Teacher Scoring	Activity*	Comments
		Line up / Into Class	
		Class Time	
		AM Recess	
		Class Time	
		LUNCH	
		Class Time	
		PM Recess	
		Class Time	
		Dismissal Transition	

_____ / 45 _____ / 45 TARGET _____

POINT GUIDE**

POINTS	DESCRIPTION
5	Perfect/ No Problems or Issues out of hand; Issues resolved well by child's actions & initiative
4	Good Behavior; Minor Teacher Interventions to gain resolution
3	Fairly Good Behavior; Greater Teacher Intervention needed; Issues not fully or easily resolved
2	Problematic Despite Teacher Intervention; Issues still recurring
1	Oppositional / Defiant Behavior; Lack of Resolution
0	Tantrums / Fights / Behavior Code Violations

*Teachers/Adults should adapt the Activity list to those that are relevant to the child's and classroom's (or household's) particular schedule.

** Note: This is strictly a BEHAVIOR guide. It is not intended to be about academics per se. The focus is feedback on behavior that would preclude academic, social, and emotional progress. In other words, a child can and should earn a score of 5 points, for example for good behavior even if he/she is performing poorly academically.

The child scores him/herself 0-5 on behavior for each time period. The teacher scores the child 0-5 on behavior for each time period after the child self-scores. The teacher can take a minute to do this for the entire morning at the lunch break, and for the afternoon at the end of the day. Any scoring differences should be used to TEACH and CLARIFY specific behavior expectations to the child. Comments help the adults (including parents) more precisely identify target behaviors or situations to address.

Based on an average score of 3 points (3 meaning fairly good behavior w/ significant teacher intervention), a total score of 27 out of 45 possible (3 x 9 activity periods) may be an initial and acceptable target goal. 36/45 would be very good (4 x 9), while 45/45 would be exceptional.

With success, the target goal score should be raised. Rewards (daily, weekly, monthly as appropriate to the child's experiential time frame) may be attached to the scores.

This is a daily behavior report. For some children, a weekly report may be more appropriate. The day is broken into parts to help identify both successful and unsuccessful periods of the day (as opposed to the whole day being described as a "bad day"). Fatigue, low blood sugar, subject matter (and potential learning style or disability issues), transition issues, structure vs. unstructured times, and other factors may be revealed if patterns of when unsuccessful periods are noted over several daily reports.



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THE WORKING IT OUT PLAN

PART I: TELLINGS

First, one person speaks while the other person listens carefully without interrupting.

SAY: What I FELT.

What I WANTED.

What I LIKED or DIDN'T LIKE.

THEN SAY: What I think YOU FELT

What I think YOU WANTED

What I think YOU LIKE or DIDN'T LIKE

Now, the other person says the same things to you while you listen carefully.

PART II: HAPPENINGS

First, one person speaks while the other person listens carefully without interrupting.

SAY: What I DID when I was upset.

What I want to happen INSTEAD.

What I can do DIFFERENTLY or BETTER next time.

Now, the other person says the same things to you while you listen carefully.

PART III: CONTRACT AND CLOSE

TOGETHER decide

What WE can do differently or better.

PLAN for the next time.

CLOSE by shaking hands or hugging.