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**"WHAT IS WITH THIS KID!?"**

**TEMPERAMENTAL EVALUATIONS IN THE ADULT/CHILD (or ADULT/ADULT) RELATIONSHIP**

**DIAGNOSTIC ORDER FOR APPROACHING 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	___	___	___	___	___

<u>TEMPERAMENTAL TRAITS</u>	<u>EASY</u> <-----> <u>DIFFICULT</u>
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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### QUICK CHECK FOR LEARNING STYLE

When you get a new gadget or new game, what is your instinctual reaction? a) start playing around w/it, b) read the instructions, c) have someone tell you how to do it.

To learn how to get to somewhere new, what is your preference? a) have someone take/show you, b) look at a map, c) have someone verbally give you instructions.

In a classroom or seminar situation what format do you prefer? a) discussion, b) visual aids, c) lecture.

MOTOR-KINESTHETIC LEARNERS tend to favor answers (a).

VISUAL LEARNERS tend to favor answers (b).

AUDITORY LEARNERS tend to favor answers (c).

If you favor a combination of these choices or if it is hard for you to choose one over another, then you probably have strengths in more than one learning style.

#### **Auditory (listening)**

##### **Strengths:**

Spelling, Phonics, Vocabulary, Ten Verbal Excuses, Talks a lot, Reads out loud well.

##### **Weaknesses:**

Poor Reading, Poor Following Directions, Can't Hear Differences between sounds, Says "gizmo", "whosit", Poor comprehension.

#### **Visual (seeing)**

##### **Strengths:**

Enjoys books w/ pictures, Recalls location of objects, Comments on clothing, Puzzles, Drawings, Notice/comment on visual detail.

##### **Weaknesses:**

Short attention for paper/pencil tasks, Poor printing, Poor visual memory, Poor spacing when writing, Skip words when reading aloud.

#### **Motor Kinesthetic (movement, touch)**

##### **Strengths:**

Bear hugs, Thump buddies on back, Loves climbing-never spills, Touch everything, Makes airplanes & fans from paper, Loves clay, sandbox.

##### **Weaknesses:**

Illegible handwriting, Dislikes drawing, Awkward, clumsy, Poor speech, Lacks interests other than TV, Exhibit body tension.

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Many of the children who can't sit still, are always touching things, and tantruming that you have difficulty with in the classroom or at home have strong motor-kinesthetic tendencies. Traditional classroom teaching is largely visually oriented. Most teachers are visual learners, and thus, visual teachers.

As you recognize the learning style of each child, you can teach to that style; and you can help the child learn how to compensate for learning style weaknesses. Examples are:

Auditory learners and knowing the time;

Motor-kinesthetic learners and touching inappropriately or violating personal space;

Visual learners and short pen-pencil attention span.

Creating ways for and allowing the high energy, moving, touching motor-kinesthetic child to satisfy these needs prevents the frustration of being unable or not being allowed to meet these needs in a strongly visually or auditorially oriented program. And, once these needs are satisfied, the motor kinesthetic child is better able to attend, to sit quietly, to not touch and so forth. In other words, what is seen as "giving in" to the child is really a means to bring him/her into the group.