

Spotting Camouflaged but Common and Dangerous Pediatric Rattlesnakes

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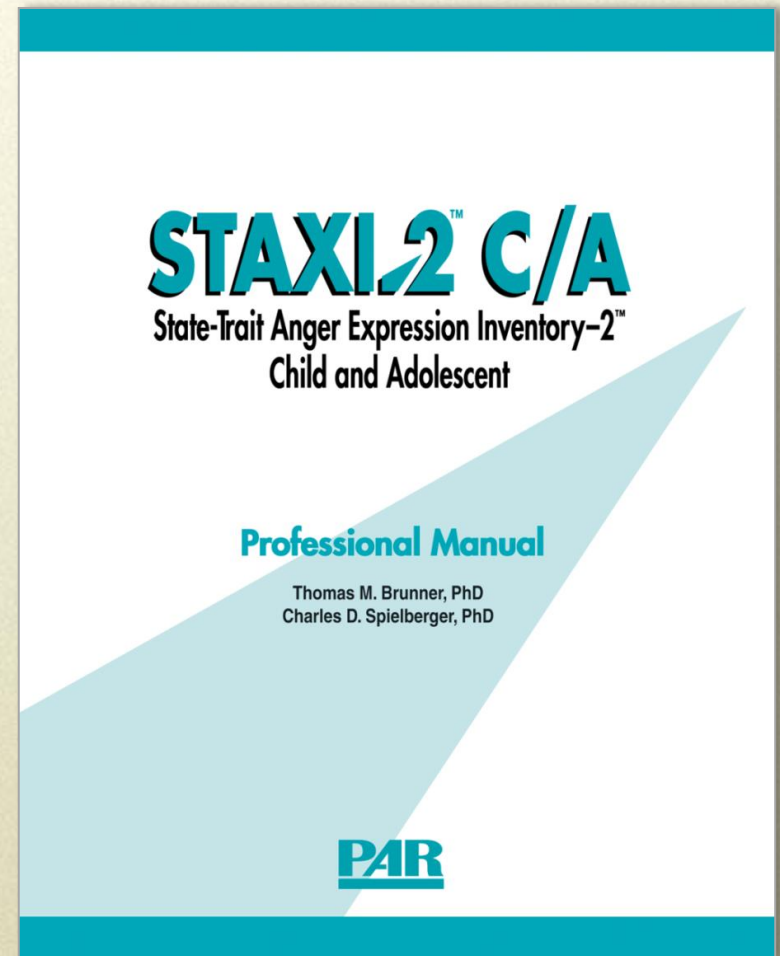
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Health Psychology (USF)*

*Sponsored by the University of Arizona College of Medicine
at the Arizona Health Sciences Center*



Disclosure

- Senior author: STAXI-2 C/A





Housekeeping

- Email or text “slides” now or later:
-loganhooker@doctorbrunner.com
-520.850.0459
- Slides (audio?) currently posted on my website!!

<http://www.doctorbrunner.com/blog/>

Note: Order & questions



Bites and holes





“10 Character Flaws That Can Derail Even Good People”

| Jan 09, 2013

- <http://greatpeoplescience.com/10-character-flaws-that-can-derail-even-good-people/>





Goals

- Highlight derailing “rattlesnake” groupings**
- Clarify key features to aid identification**
- Brief treatment recommendations**
- Inspire multidisciplinary approaches**



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Under-identified but Frequently Occurring (UFO) objects



- S.I.D.?
- A.S.D.?
- L.D.?
- E.D.?
- A.D.D.?
- A.D.H.D.?
- O.C.D.?
- P.D.D.?
- N.V.L.D.?
- P.T.S.D.?
- B.P.D.?



If you see a UFO....





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Common mistakes with UFO's or elusive/shadowy phenomena...

- Defer to Generic categories:
e.g., PDD/ADHD/LD/SID
- “They’ll grow out of it!”
- “Let’s revisit this”





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Behavioral Diary

Date	Time	Antecedent(s)	Behavior	Duration (mins)	Intensity (1-10) 1-irritation 10-rage	Coping methods	Parental Method/reaction
4/9/14	2:15	Denied candy	Crying, stomping	20	9	Hitting head	Give candy
4/9/14	3:30	Head Touch	screaming	30	8	Scratch self	Cold shower



The List: Philosophy & Framework

- Under the radar but prevalent (UFO's)
- “Groupings” best term?
- May be better names or redundancy/overlap
- Goal ultimately dimensional vs categorical

You're Invited

Thursday,
March 6th, 2014

Aloft Hotel
1900 E. Speedway
Tucson, Arizona 85719
Room: Tactic 2

5:30 PM to 7:45 PM
Presentation Starts
at: 6:00 PM

Common, but Dangerous, Developmental Derailers that Professionals Often Miss

Presented by:
Thomas M. Brunner, Ph.D.
Julia Grover, OTR/L, CHT



Please RSVP by March 3, 2014 to:
Mari@CentralHandTherapy.com
or Call: (520) 321-1495
www.centralhandtherapy.com

math - higher order (algebra)

Symbolic

pass verbal, need long strong recorer

Skill Imbalance

~~cog sluggish / slow processing~~

Obsessive & compulsive (subtle)

~~poor eye contact / sensory irregularity~~

~~phy uncoordinated (cluttered desk)~~

~~Intense anger / rages~~ - **Emotional Dysreg.**
anger out / vocalization / rages

visual / hand/eyes / lost in space

Executive Functions

only complaints in hand
(IAS)

Autistic

→ functional

→ int intention

lack of intersubjective interaction
understanding of mind - reading
social programs, motor conditions

SN

Retained Primitive Reflexes
ATNR, STNR, etc.

BW

poor proprioceptive system
processing 2^o to execution during
developmental stages

poor internal locus of control
controlled by environmental
stimuli (ADHD)

poor auditory processing
lack awareness of self

SN



Common & Dangerous Pediatric Rattlesnakes

1. Deficient proprioceptive, auditory or ocular motor processing
2. Poor low arousal functioning
3. Academic imbalance
4. Impaired executive functioning
5. Emotional Dysregulation
6. Explosive anger
7. High sensation seeking/impulsive
8. Verbal/behavioral preoccupations/themes
9. Social awkwardness
10. Trauma
11. Familial dysfunction
12. Thorny but attractive persona



*Prelude to **specifics***

- Role of handout - Features/Labels/Decisions
- What would you most likely....
 - Miss/ignore
 - Think they will grow out of
- Who **most reminiscent** of each grouping?
- Appreciate the nooks and crannies!



Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Deficient proprioceptive/auditory and/or ocular motor processing</p> <p>“Lost in space” “Hypersensitive”</p>	<p>Lacks body/spatial awareness</p> <p>Needs hands-on/multisensory instructions</p> <p>Paper & pencil difficulties</p> <p>Reading/language delays</p> <p>Subtle fine/gross motor delays</p>	<p>ADHD</p> <p>ASD***</p> <p>LD</p> <p>Anxiety/Mood</p> <p>DO****</p> <p>PDD</p>	<p>(SLT) OT or Speech-language or Visual eval</p> <p>(OT) Multi-sensory challenges/exercise</p> <p>(VT) visual training</p> <p>(BS) Neurocognitive rehabilitation</p>



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Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Poor low arousal functioning</p> <p>“Out of sight out of mind”</p> <p>“Bouncy”</p>	<p>Need very rich visual fields</p> <p>Struggle with auditory/may visually excel</p> <p>Hate reading/writing</p>	<p>ADHD</p> <p>LD</p> <p>Anger</p>	<p>Psychoeducation @ technology</p> <p>(BS) Processing evaluation (BRIEF)</p> <p>-Visual vs Auditory</p> <p>(BS) Neurocognitive rehabilitation</p> <p>E.g., Cogmed.com</p>



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Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Academic imbalance</p> <p>“Gifted or narrowly developed”</p> <p>“Blinding brightness”</p>	<p>Towering strengths/glaring or subtle gaps</p> <p>Parents have “covered for them”</p> <p>E.g., girls poor math/boys poor reading/writing</p> <p>Abstract reasoning deficiencies</p>	<p>Gifted or “ok for now”</p> <p>LD</p> <p>ASD</p>	<p>(BS)Psychoeducational testing - identify exact gaps</p> <p>Academic tutoring</p> <p>Curriculum augmentation (E.g., Kumon)</p>



Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Impaired executive functioning</p> <p>“Slowed or atypical processing”</p> <p>“Messy or poor judgement”</p>	<p>Distractible, Disorganized, or Impulsive</p> <p>Poor self or speech monitoring</p> <p>Low frustration tolerance</p> <p>Dramatically vary (i.e.,swiss cheese profile)</p>	<p>ADHD</p> <p>LD or ED</p> <p>PDD</p> <p>ASD</p>	<p>Enhance environmental organization</p> <p>Time management/Study skills</p> <p>(BS) Neurocognitive rehabilitation (e.g., Cogmed)</p> <p>Medication</p>



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Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Emotional dysregulation</p> <p>“Run too hot or too cold”</p> <p>“Low frustration tolerance”</p>	<p>Emotional outburst or highly internalized</p> <p>Poor self –soothing</p> <p>Difficulty transitioning</p> <p>Low frustration tolerance</p>	<p>ED</p> <p>Anxiety</p> <p>Mood DO</p> <p>Bipolar</p> <p>OCD</p>	<p>Rule out hypersensitivities/trauma</p> <p>(OT) OT screening/sensory habituation work</p> <p>(BS) cognitive-behavioral training</p> <p>(BS) Relaxation training/hypnosis</p>



Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Explosive Anger</p> <p>“Intense tantrums or explosive”</p>	<p>Frequent/elongated tantrums</p> <p>Biologically/Environmentally or Parent driven</p> <p>Problems with criticism or</p> <p>Wide variety – anger is complex</p>	<p>ED or LD</p> <p>ADHD</p>	<p>(BS) Anger profiling (STAXI-2 C/A)</p> <p>(BS) Psychoeducation</p> <p>(BS) CBT, Relaxation, Hypnosis</p> <p>Familial education</p> <p>Medication</p>



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“Age of (D)Anger”

- Dominant problem
- Obvious: School shootings, ODD, noncompliance
- Subtle: Suicide, bullying, LDs
- Scientifically/Diagnostically
 - Lack of prominence
 - Anger “snuck up”



Table 1.1
Overview of the STAXI-2 C/A Scales and Subscales

Scale/Subscale	No. of items	Scale/Subscale range	Description
State Anger (<i>S-Ang</i>)	10	10-30	Measures the intensity of angry feelings and the extent to which a youth feels like expressing anger at a particular time.
State Anger-Feelings (<i>S-Ang/F</i>)	5	5-15	Measures the intensity of the angry feelings a youth is currently experiencing.
State Anger-Expression (<i>S-Ang/VP</i>)	5	5-15	Measures the intensity of current feelings related to verbal or physical expressions of anger.
Trait Anger (<i>T-Ang</i>)	10	10-30	Measures how often angry feelings are experienced over time.
Trait Anger-Temperament (<i>T-Ang/T</i>)	5	5-15	Measures the disposition to experience anger without specific provocation.
Trait Anger-Reaction (<i>T-Ang/R</i>)	5	5-15	Measures the frequency with which angry feelings are experienced in situations that involve frustration and/or negative evaluation.
Anger Expression-Out (<i>AX-O</i>)	5	5-15	Measures how often angry feelings are expressed in verbally or physically aggressive behavior.
Anger Expression-In (<i>AX-I</i>)	5	5-15	Measures how often angry feelings are experienced but not expressed (i.e., suppressed).
Anger Control (<i>AC</i>)	5	5-15	Measures how often a youth tries to control the inward or outward expression of angry feelings.



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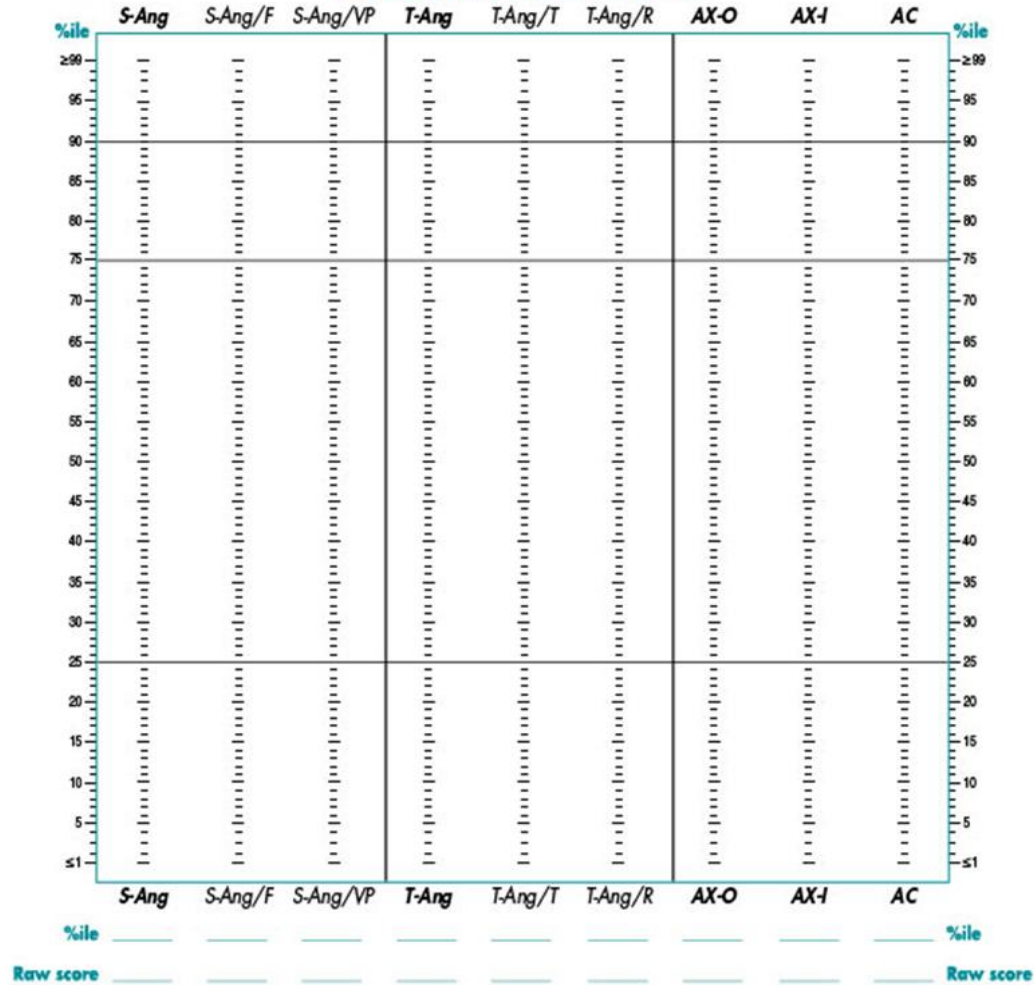
STAXI 2C/A

Profile Form

Thomas M. Brunner, PhD
Charles D. Spielberger, PhD

Name _____ Gender: Male Female Today's date ____/____/____
Age _____ Grade _____ School _____ Examiner _____

STAXI-2 C/A Percentile Profile



Normative table used: _____

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Table 5.5
Guidelines for the Interpretation of High and Low STAXI-2 C/A Percentile Scores

Scale/Subscale	Characteristics
Trait Anger (<i>T-Ang</i>)	Youth with high <i>T-Ang</i> scores may frequently experience angry feelings, especially when they perceive that they are being treated unfairly by others. Whether individuals with high <i>T-Ang</i> scores are more likely to suppress, express, or control their anger can be inferred from their scores on the <i>AX-I</i> , <i>AX-O</i> , and <i>AC</i> scales.
Trait Anger-Temperament (<i>T-Ang/T</i>)	Youth with high <i>T-Ang/T</i> scores may be quick-tempered and, if they also have high <i>AX-O</i> and low <i>AC</i> scores, may readily express their anger with little provocation. Such individuals often are impulsive and lacking in anger control. Individuals with high <i>T-Ang/T</i> scores and high <i>AC</i> scores may be strongly authoritarian and use anger to intimidate others.
Trait Anger-Reaction (<i>T-Ang/R</i>)	Youth with high <i>T-Ang/R</i> scores may be highly sensitive to criticism, perceived affronts, and negative evaluation by others and frequently may experience intense feelings of anger under such circumstances. Low <i>T-Ang/R</i> scores suggest that the youth may be too open to criticism and may lack self-advocacy skills. Low scores also may be seen with internalizing youth.



Table 5.5
Guidelines for the Interpretation of High and Low STAXI-2 C/A Percentile Scores

Scale/Subscale	Characteristics
Anger Expression-Out (AX-O)	Youth with high <i>AX-O</i> scores may tend to express their angry feelings via aggressive behavior. Anger-out may be expressed physically (e.g., assaults, hitting, slamming doors) or verbally (e.g., criticism, sarcasm, insults, threats, extreme use of profanity).
Anger Expression-In (AX-I)	Youth with high <i>AX-I</i> scores may tend to suppress intense angry feelings rather than express them, either physically or verbally. Those who also have high <i>AX-O</i> scores may express their anger in some situations and suppress it in others.
Anger Control (AC)	Youth with high <i>AC</i> scores may expend a great deal of energy on calming down and reducing their anger as soon as possible. The development of internal controls over the experience and expression of anger is generally seen in a positive light, but also can suggest decreased awareness of the need to respond with assertive behavior when this might facilitate a constructive solution to a frustrating situation. Low scores may suggest that respondents place too little effort on controlling anger, particularly on using internal controls (e.g., deep breathing, thinking relaxing thoughts). Youth with low <i>AC</i> scores who also have high <i>AX-O</i> and <i>AX-I</i> scores may be at risk of developing medical problems.

Note. High includes scores in both the Elevated and the Very High percentile ranges. Low refers to scores in the Low percentile range.



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Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
High sensation seeking/impulsive “Driven by a motor”	Adrenaline junkies Very active Very frequently injured At risk for non-depressive suicide	ADHD LD “Great Athlete”	Ensure physically highly engaged Possible educational freedoms /modifications (BS) Psychoeducation about risks of behaviors



Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Verbal/behavioral preoccupations/themes</p> <p>“Obsessive or one-dimensional”</p> <p>“Socially disengaged or odd”</p>	<p>Con conversationally Repetitive</p> <p>Media obsessed (video games/movies)</p> <p>Thematically absorbed</p> <p>Socially awkward</p> <p>Neurological delays speech or motor skills</p>	<p>ASD</p> <p>OCD</p> <p>ADHD</p>	<p>Termination of “eye candy”</p> <p>Increase or adjust family dynamics</p> <p>(OT) Enhance organized physical skill production</p> <p>Social skills group or one-on-one training</p> <p>Cognitive-behavioral training (CBT)</p>



Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Social awkwardness</p> <p>“Out of sync socially”</p>	<p>Odd or eccentric</p> <p>Quiet loner or isolative</p> <p>Loud or obnoxious</p> <p>Often OT issues as well (e.g., coordination)</p>	<p>ASD</p> <p>Anxiety</p> <p>Depression</p>	<p>Social skills group or 1-on-1 training</p> <p>Cognitive-behavioral training</p> <p>(OT) Body awareness/sensory work</p> <p>Enhance organized physical skill production</p>



Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Trauma</p> <p>“Hypervigilant pleasers”</p>	<p>Physically odd, secretive, or provocative</p> <p>Poor emotional control/boundaries</p> <p>Socially withdrawn or controlling</p> <p>Avoidance of unpredictable events</p> <p>Hypervigilant, ritualistic, or somaticizing</p>	<p>ADHD</p> <p>Anxiety/Depression</p> <p>OCD</p> <p>LD</p> <p>Body image (e.g., BDD)</p>	<p>Ego strengthening therapy</p> <p>Hypnosis</p> <p>Cognitive-behavioral training</p>



Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Familial dysfunction</p> <p>“Enabling and unrealistic”</p>	<p>Enabling/Enmeshed dynamic</p> <p>Self-absorbed</p> <p>Absentee/latchkey parenting</p> <p>Low nurturance/praise</p> <p>Substance abuse/ignored DO’s</p>	<p>ADHD</p> <p>Anxiety/Depression</p> <p>OCD</p> <p>LD</p> <p>Body image (e.g., BDD)</p>	<p>Direct & honest feedback</p> <p>Family or marital counseling</p> <p>(BS) Child strategizes path to “grow beyond”</p> <p>Broaden coping repertoire/ Develop healthy relationship model</p>



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Potential Developmental Derailers	Key Features (not all necessary)	Common Labels	Team Interventions may include:
<p>Thorny but attractive persona</p> <p>“The rosebush”</p>	<p>Prickly quality amidst beguiling beauty</p> <p>Quality is a derailer en route to train wreck</p> <p>Fly under radar</p>	<p>“funny”</p> <p>“charismatic”</p> <p>“odd”</p>	<p>Family systems work</p> <p>Straight talk</p> <p>Going out of your comfort zone</p> <p>The pouch analogy</p>



How do we help make a difference?



...THE difference!!



Multidisciplinary Attitude

- More experience=more Humility
- Truly Integrative=frequent communication
 - Team orientation=quicker resolution
 - Co-assessment
 - Avoid “speaking in tongues”
 - Skills focused, not categorically focused
 - Thick skin
 - Open to being challenged



Final Recommendations

Add few more questions to your intake!

Assess for skill gaps

- Ultimate question: what skill(s) missing?



Is there one child you can work with more effectively now?



THANK YOU!

