

MENTAL HEALTH MATRIX

Provided courtesy of The TranZed Institute and Kros Learning Group



ANXIETY/STRESS DISORDERS			ATTENTION-DEFICIT HYPERACTIVITY			CONDUCT DISORDER		
<p>What's Going on With Me?</p> <p><i>Appears tense, edgy and "on alert" Trance-like state in class Often looks bored and disconnected Short-term memory limited with difficulty prioritizing Often makes careless errors in work Decreased social contact Loss of creativity Seems to be sick more often than peers Not disruptive but disconnected</i></p>			<p>What's Going on With Me?</p> <p><i>Rarely finishes work Calls-out answers in class Easily and consistently distracted Exhibits weak follow through Wants everything right away Personal areas disorganized Struggles to sit still Doesn't appear able to reflect and learn from the past Forgetful Limited time management skills</i></p>			<p>What's Going on With Me?</p> <p><i>Extreme emotional outbursts with random acts of destruction Intentionally hurtful toward peers Verbally intimidating Refuses to follow directions Consistently challenges authority Loud and aggressive communication pattern Bullying Cruelty to animals Prone to defensiveness, deception, and blame</i></p>		
OVERVIEW	SYMPTOMS	POSSIBLE CAUSES	OVERVIEW	SYMPTOMS	POSSIBLE CAUSES	OVERVIEW	SYMPTOMS	POSSIBLE CAUSES
<ul style="list-style-type: none"> Stress is both a psychological and a physiological response to the perception of an aversive situation over which one has limited control Often difficult to identify by non-mental health pros 7.1% of children ages 3-17 years (approximately 4.4 million) have diagnosed anxiety An estimated 9-15M children have undiagnosed stress disorders Can significantly alter the brain if severe/chronic Highly correlated w/trauma experience Can be effectively treated 	<ul style="list-style-type: none"> Boredom and listlessness Looks like they're "checked-out." Lack of energy or enjoyment Short-term memory impairment Weakened episodic memory More likely to use substances to "self-medicate" Limited attention, focus, concentration Reduced neurogenesis, impaired memory, accelerated aging 	<ul style="list-style-type: none"> Genetic predisposition in estimated 33% Prenatal and Postnatal exposure to physical and psychological stress (i.e., smoking, drugs, partner-on-partner violence, death of caretaker, injury, disease, etc.) Chronic exposure to distress (excess stress hormone: cortisol) Post-partem depression Today's 24/7 lifestyle is stressful on children and youth— supportive home and school environments are critical 	<ul style="list-style-type: none"> Most commonly diagnosed behavioral disorder in youth (approx 9.4% of children 2-17) 6.1 million kids Symptoms appear before age 7 Symptoms last at least six months Frequently treated with medications (non-narcotic stimulants) More common in boys Can be Hyperactive/ Impulsive or Inattentive 	<p>INNATTENTIVE TYPE:</p> <ul style="list-style-type: none"> Difficulty sustaining attention Does not to seem to listen when spoken to Difficulty organizing tasks and activities Often loses things Often forgetful in daily activities Fails to give close attention, makes careless mistakes <p>HYPERACTIVE TYPE:</p> <ul style="list-style-type: none"> Often fidgets/squirms Often runs around and climbs on things Talks excessively Difficulty playing quietly Often leaves seat in class Difficulty waiting their turn 	<ul style="list-style-type: none"> No single cause Heredity/genetics plays a significant role Reduced size in frontal lobes Frontal lobe symmetry Chemical imbalance (insufficient stimulation in the prefrontal cortex) Head injury potentially a factor 	<ul style="list-style-type: none"> Chronic and acute antisocial behavior pattern Highly correlated w/ violence, often comorbid w/ADHD Intent to harm key trait Often evolves as a secondary disorder Frequency of 3.2% in ages 6-17 years (consistent across countries) Can be treated but takes considerable time Best if interventions started early (i.e., primary grades) 	<ul style="list-style-type: none"> Begin as early as 1st grade Aggressive and disruptive Cruel and vindictive to others, animals No guilt, remorse or regard for other's feelings Use deception and theft then angry you don't trust them Refuse to follow adult directions Can't see things from other's point of view or feel for them Need extreme stimulation 	<ul style="list-style-type: none"> Genetic contribution Trauma/PTSD Brain insults/head injury Prefrontal cortex dysfunction Drug/alcohol abuse Hormonal imbalances Damaged/immature amygdala RAD Lack of positive role models Lack of conflict resolution skills
<p>INTERVENTIONS</p> <ul style="list-style-type: none"> Emphasize safety, eliminate threats, reduce over-reactions by both adults and peers Keep expectations and schedule clear at all times Increase both quantity and quality of feedback Create positive rituals and routines Facilitate mindfulness practices (MBSR) Teach stress management, emotional intelligence, sleep and nutrition Personalize (greet by name, B-days, sharing, personal events) Journaling and writing w/prompts works Increase student control/choice The arts help by combining expression w/safety 			<p>INTERVENTIONS</p> <ul style="list-style-type: none"> Rule out vision/hearing problems Focus on strengths Be flexible, but maintain consistent boundaries Incorporate physical movement whenever possible Collaborate with parents about what works Provide frequent prompts and immediate positive feedback Establish routines and stick to them Teach time management skills Develop a system to make sure assignments are written down Use visual cues and written instructions instead of "oral recipes" 			<p>INTERVENTIONS</p> <ul style="list-style-type: none"> Get help fast, form a team, make a plan and follow through Cross-check all information Target one behavior at a time using behavior modification Teach emotional intelligence skills Stay positive but don't "buy in" to their behavior—remain calm and consistent Build relationship — this takes time and intention but is your only real chance Constant supervision— protect the vulnerable! Use vigorous physical activity as outlet Supervised exposure to pets, mentoring to younger children, more responsibility work for some Avoid escalating prompts such as shouting, touching, nagging or cornering the student Use technology strategies to engage these students 		
<p>tranzedinstitute.org</p> <p><i>Stay Connected!</i></p> <p>FOLLOW Frank on Twitter: @FKros</p>						<p>This Take Away Tool was created by Frank Kros in partnership with the Tranzed Institute. To learn more about Kros Learning Group, visit: www.kroslearninggroup.com</p>		

MENTAL HEALTH MATRIX

DEPRESSION

What's Going on With Me?

Decrease in energy, listless | Change in appetite | Feelings of worthlessness and guilt | Thoughts of death, suicide | Persistent sadness | Loss of interest in pleasurable activities | Less time spent with friends | Unexplained aches and pains | No opinion, preference or interest in choice: "I don't care" and "I don't know" are frequent responses | Helplessness

OPPOSITIONAL DISORDER

What's Going on With Me?

Loses her temper often | Argues often with adults | Defies authority and rejects rules | Complies with requests about 30% of the time | Deliberately annoys others | Blames others for her mistakes | Angry and resentful | Swears and uses obscene language | Vindictive

REACTIVE ATTACHMENT DISORDER

What's Going on With Me?

Deceives and steals regularly | Hoards | Very cold to teacher and school counselor, but friendly with strangers | Small things set-off temper | Struggles to pay attention beyond a few minutes | Mood in classroom changes suddenly and in extremes | Poor with transitions | Stressful response to new routines and expectations

OVERVIEW	SYMPTOMS	POSSIBLE CAUSES	OVERVIEW	SYMPTOMS	POSSIBLE CAUSES	OVERVIEW	SYMPTOMS	POSSIBLE CAUSES
<ul style="list-style-type: none"> Chronic, serious, pervasive mood disorder that impacts all ages 1.9 Million children ages 3-17 have diagnosed depression (3.2%) Ages 9-17 is the most dense bracket of depression sufferers More than 500K are prescribed anti-depressants 1 in 10 children/youth w/ major depression will commit suicide 80% of runaways suffer from depression Depression highly comorbid with anxiety—73.8% of kids with diagnosed depression have diagnosed anxiety 	<ul style="list-style-type: none"> Unusual sadness, anger and irritability Observable changes performance or behavior Loss of relationships common "Numbness," apathy, feeling disconnected is common Lack of interest in fun, play, laughter Intrusive and overwhelming negative thoughts and language Physical and mental fatigue, inability to concentrate Posture communicates hopelessness Sleeping/Eating too much or too little 	<ul style="list-style-type: none"> Chemical dysregulation — especially serotonin Chronic or severe medical conditions Exposure to trauma or chronic and/or acute stressors Life event stressors Emotionally detached or abusive parenting ("You are worthless, stupid, lazy") Nutritional deficiency Heredity 	<p>Referred to as Oppositional Defiant Disorder (ODD) and Oppositional Personality Disorder</p> <ul style="list-style-type: none"> Serious and chronic personality disorder Verbal aggressiveness focused on others Rarely physically aggressive or violent Often co-morbid with ADHD Diagnosed in 3.5% of age 3-17 population May be increasing in frequency Often considered precursor to Conduct disorder Boys are twice as likely to be diagnosed as girls 	<ul style="list-style-type: none"> Resists nearly everyone's plans, ideas and actions — often with hostility Likes only own plans, ideas and actions Defiant, easily angered, quick-tempered Complies with requests about 3 of 10 times Brain is unable to "switch gears" or states Touchy, easily annoyed Often spiteful and vindictive Blames others for own mistakes Does not learn well from past 	<ul style="list-style-type: none"> Specific cause unknown Higher incidence w/ childhood trauma, abuse, neglect Correlations w/parental substance abuse and mental health conditions Parenting styles that do not provide adequate supervision or discipline Parenting styles that are overly harsh Parent, teacher and other adult discipline that is inconsistent 	<ul style="list-style-type: none"> RAD is the inability to form healthy relationships because of trauma, abuse Many forms of maltreatment contribute to RAD (physical, sexual, emotional, severe neglect) Abuse dysregulates the stress response 3 Million cases of child maltreatment reported each year: 20% of these cases are children under 5 yrs. Common in children of alcoholics 	<p>Wide variability in symptoms...</p> <ul style="list-style-type: none"> Lying, stealing, hoarding, manipulating Bizarre relationships (too friendly w/ strangers, too distant w/ loved ones) Struggles to manage anger Impaired attention span Hostility, withdraw, numbness all common responses to relationship attempts Extreme stress responses in non-extreme situations High need for predictability and control 	<ul style="list-style-type: none"> Neglect Physical abuse, sexual abuse and emotional abuse Prenatal drug abuse Traumatic separation Chronic family instability Maternal personality disorders Prolonged/painful illness

INTERVENTIONS

- Get help — form a support team, make a plan and act quickly — it's serious
- Reframe self-critical statements and debrief events to correct perception
- Teach stress management skills
- Support and encourage physical activity
- Celebrate successes
- Encourage journaling, talking or both and monitor
- Observe then support nutrition
- Provide support over time and help them meet program goals
- Teach social skills/emotional intelligence
- Refer to pediatrician

INTERVENTIONS

- Create a team, make a plan, get aligned and consistent
- Pick your battles (fewest and simplest)
- Avoid power struggles and the "confrontation game." Time out.
- Use reverse psychology; "Let it go"
- Encourage writing, journaling, drawing, other art expression
- Confirm all stories and claims
- Use non-power body language
- Prepare responses to common challenges in advance
- Relationship is key — your only chance
- Use ANT Therapy/manage negative thoughts
- Teach anger management/Soc. skills

INTERVENTIONS

- This student will need lots of support — consult your school counselor
- Focus on physical, emotional and social safety
- Behavior modification often works well — use privileges as rewards and limit use of punishment
- Establish clear expectations, rules and boundaries and be fair, consistent and predictable
- Encourage emotional expression with the arts and journaling
- Add positive emotional memories from celebrations and belonging experiences
- Build emotional intelligence skills
- Hold regular meetings with all involved (family, counselor, etc.)



Kros Learning Group | 702 Millwood Dr.
Fallston, MD 21047 | 410-877-7148
www.kroslearninggroup.com

The "Sherlock Holmes Skills"

AWARENESS | OBSERVATION | COMMUNICATION