
Differentiating Between ADHD and Bipolar Disorder in Children

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WHAT WE WILL COVER...

- ✘ Take home points
- ✘ Review Diagnostic Criterion for ADHD and BPD
- ✘ Specific signs and symptoms that indicate one vs. the other
- ✘ Treatment (Medications, Therapy, Skill Development, Parent Training, Structure, CBT, DBT)
- ✘ School (504 vs. IEP)

TAKE HOME POINTS...

- ✘ ADHD is an Attention phenomenon requiring strategies to structure behavior and channel attention
- ✘ Bipolar Disorder is a Mood phenomenon requiring strategies to help modulate mood and channel mood-based-behavior
- ✘ 15% of U.S. children diagnosed with ADHD may actually be suffering early-onset Bipolar Disorder instead
- ✘ Over 80% of children with a Bipolar Disorder will meet full criteria for attention-deficit disorder with hyperactivity, ADHD should be diagnosed only after Bipolar Disorder is ruled out

TAKE HOME POINTS...

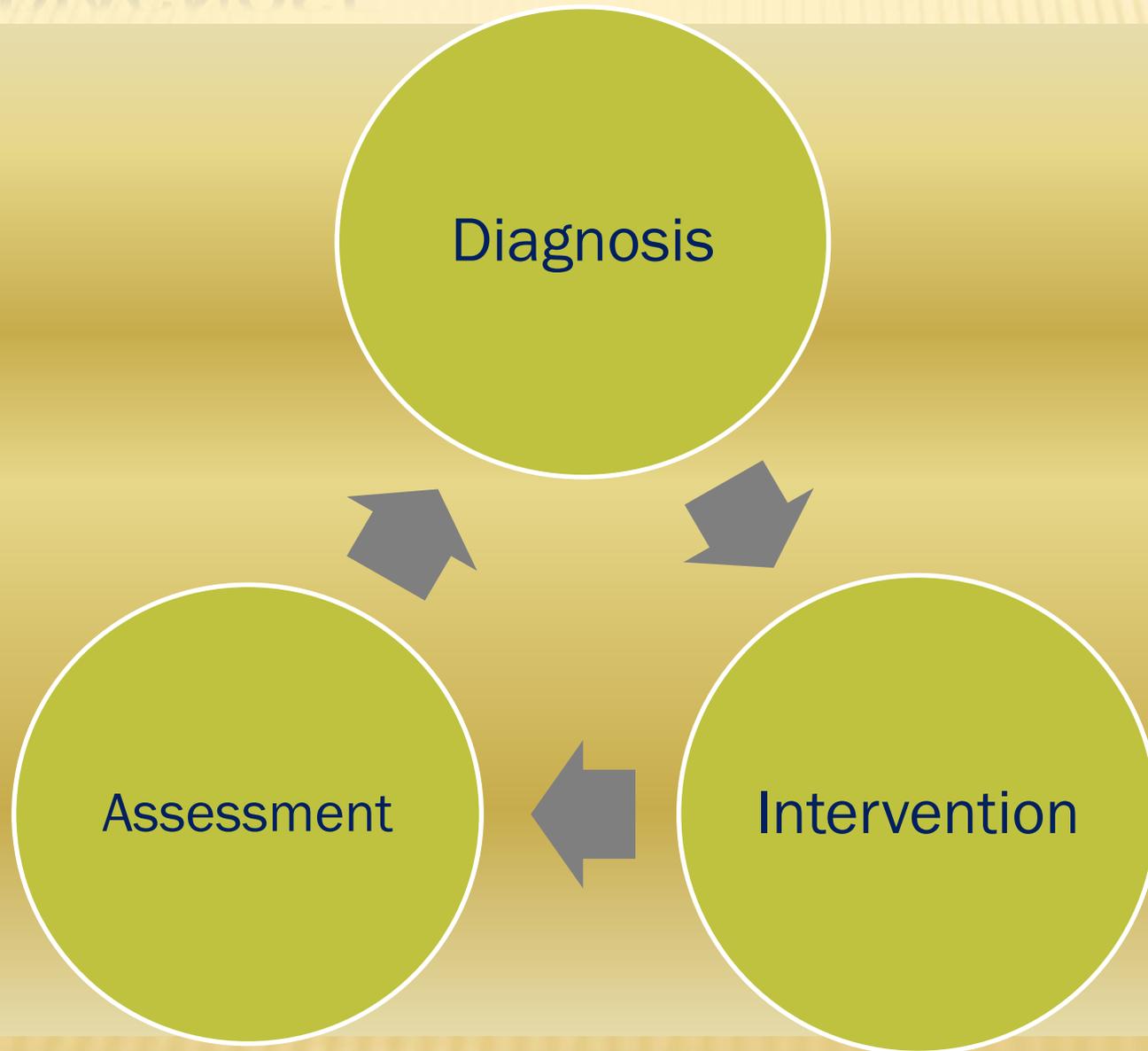
- ✘ Stimulants unopposed by a mood stabilizer can have an adverse effect on the bipolar condition.
- ✘ 65% of the children in one study had hypomanic, manic and aggressive reactions to stimulant medications
- ✘ Suicidality, violence and mania caused by selective serotonin reuptake inhibitors (SSRIs)

TAKE HOME POINTS...

When it occurs in childhood or adolescence it can completely disrupt the life of the family. Bipolar disorder that's undiagnosed, misdiagnosed, or poorly treated is associated with:

- ✘ increased rates of suicide attempts and completions
- ✘ poorer academic performances
- ✘ distressed relationships
- ✘ increased rates of substance abuse
- ✘ multiple hospitalizations

WHY DIAGNOSE.....



ADHD DIAGNOSTIC CRITERION

SIX (OR MORE) OF EITHER 1) INATTENTION, OR 2) HYPERACTIVITY/IMPULSIVITY SYMPTOMS MUST HAVE PERSISTED FOR AT LEAST 6 MONTHS TO A DEGREE THAT IS MALADAPTIVE AND INCONSISTENT WITH DEVELOPMENTAL LEVEL, SOME SYMPTOMS CAUSING IMPAIRMENT WERE PRESENT BEFORE AGE 7:

1) Inattention

- ✘ often fails to give close attention to details or makes careless mistakes in homework, work, or other activities
- ✘ often has difficulties sustaining attention in tasks or play activities
- ✘ often does not seem to listen when spoken to directly
- ✘ often does not follow through instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- ✘ often has difficulties organizing tasks and activities
- ✘ often avoids, dislikes or is reluctant to engage in tasks that require sustained mental efforts
- ✘ often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books)
- ✘ is often easily distracted by extraneous stimuli
- ✘ is often forgetful in daily activities

✘ 2) Hyperactivity/Impulsivity

Hyperactivity

- ✘ often fidgets with hands or feet or squirms in seat
- ✘ often leaves seat in classroom or in other situations in which remaining seated is expected
- ✘ often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- ✘ often has difficulty playing or engaging in leisure activities quietly
- ✘ is often "on the go" or often acts as if "driven by a motor"
- ✘ often talks excessively

Impulsivity

- ✘ often blurts out answers before questions have been completed
- ✘ often has difficulty awaiting turn
- ✘ often interrupt or intrudes on others (e.g. butts into conversations or games)

BPD DIAGNOSTIC CRITERION

THE ESSENTIAL FEATURE OF BIPOLAR I DISORDER IS A CLINICAL COURSE THAT IS CHARACTERIZED BY THE OCCURRENCE OF ONE OR MORE MANIC EPISODES OR MIXED EPISODES.

Criteria for Manic Episode

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).
- B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
 - × inflated self-esteem or grandiosity
 - × decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
 - × more talkative than usual or pressure to keep talking
 - × flight of ideas or subjective experience that thoughts are racing
 - × distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
 - × increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
 - × excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

CRITERIA FOR MAJOR DEPRESSIVE EPISODE

Criteria for Major Depressive Episode

- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
- ✘ depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g. appears tearful). Note: In children and adolescents, can be irritable mood.
 - ✘ markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
 - ✘ significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.
 - ✘ insomnia or hypersomnia nearly every day
 - ✘ psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
 - ✘ fatigue or loss of energy nearly every day
 - ✘ feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
 - ✘ diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
 - ✘ recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

BIPOLAR SPECTRUM - QUALIFIERS (MOST RECENT EPISODE, SEVERITY, WITH OR WITHOUT PSYCHOTIC FEATURES)

- 296.80 Bipolar Disorder NOS
- 296.56 Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission
- 296.55 Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission
- 296.51 Bipolar I Disorder, Most Recent Episode Depressed, Mild
- 296.52 Bipolar I Disorder, Most Recent Episode Depressed, Moderate
- 296.54 Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features
- 296.53 Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features
- 296.5 Bipolar I Disorder, Most Recent Episode Depressed, Unspecified
- 296.40 Bipolar I Disorder, Most Recent Episode Hypomanic
- 296.46 Bipolar I Disorder, Most Recent Episode Manic, In Full Remission
- 296.45 Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission
- 296.41 Bipolar I Disorder, Most Recent Episode Manic, Mild
- 296.42 Bipolar I Disorder, Most Recent Episode Manic, Moderate
- 296.44 Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features
- 296.43 Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features
- 296.4 Bipolar I Disorder, Most Recent Episode Manic, Unspecified
- 296.66 Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission
- 296.65 Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission
- 296.61 Bipolar I Disorder, Most Recent Episode Mixed, Mild
- 296.62 Bipolar I Disorder, Most Recent Episode Mixed, Moderate
- 296.64 Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features
- 296.63 Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features
- 296.6 Bipolar I Disorder, Most Recent Episode Mixed, Unspecified
- 296.7 Bipolar I Disorder, Most Recent Episode Unspecified
- 296.06 Bipolar I Disorder, Single Manic Episode, In Full Remission
- 296.05 Bipolar I Disorder, Single Manic Episode, In Partial Remission
- 296.01 Bipolar I Disorder, Single Manic Episode, Mild
- 296.02 Bipolar I Disorder, Single Manic Episode, Moderate
- 296.04 Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features
- 296.03 Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features
- 296.0 Bipolar I Disorder, Single Manic Episode, Unspecified
- 296.89 Bipolar II Disorder

PROPOSED NEW DSM-V DIAGNOSIS.....

- × First, generally called 'SMD'

Severe Mood Dysregulation

- × ...then called 'TDD'

Temper Dysregulation Disorder with Dysphoria

- × ...now it is termed....

DISRUPTIVE MOOD DYSREGULATION DISORDER

...NOT INTENDED TO REPLACE CHILDHOOD BPD...POSSIBLE PUBLICATION IN MAY, 2013

- A. The disorder is characterized by severe recurrent *temper outbursts* in response to common stressors.
 - ✘ 1. The temper outbursts are manifest verbally and/or behaviorally, such as in the form of verbal rages, or physical aggression towards people or property.
 - ✘ 2. The reaction is grossly out of proportion in intensity or duration to the situation or provocation.
 - ✘ 3. The responses are inconsistent with developmental level.
- B. *Frequency*: The temper outbursts occur, on average, three or more times per week.
- C. *Mood between temper outbursts*:
 - ✘ 1. Nearly every day, the mood between temper outbursts is persistently negative (irritable, angry, and/or sad).
 - ✘ 2. The negative mood is observable by others (e.g., parents, teachers, peers).
- D. *Duration*: Criteria A-C have been present for at least 12 months. Throughout that time, the person has never been without the symptoms of Criteria A-C for more than 3 months at a time.
- E. The temper outbursts and/or negative mood are present in at least two settings (at home, at school, or with peers) and must be severe in at least in one setting.
- F. Chronological age is at least 6 years (or equivalent developmental level).
- G. The onset is before age 10 years.

TRUE OR FALSE....

**There are separate Diagnostic
Criterion for Adult BPD and
Childhood BPD....**

FALSE...

- ✘ The Diagnostic and Statistical Manual of Psychiatry--the DSM-IV--uses the same criteria to diagnose bipolar disorder in children as it does to diagnose the condition in adults.
- ✘ Many parents are told that the diagnosis cannot be made until the child grows into the upper edges of adolescence--between 16 and 19 years old.
- ✘ To illustrate how difficult it is to use the DSM-IV to diagnose children, the manual says that a hypomanic episode requires a "distinct period of persistently elevated, expansive, or irritable mood lasting throughout at least four days." Yet upwards of 70 percent of children with the illness have mood and energy shifts several times a day.
- ✘ This cycling pattern is called ultra-ultra rapid or ultradian cycling and it is most often associated with low arousal states in the mornings (these children find it almost impossible to get up in the morning) followed by afternoons and evenings of increased energy.

TRUE OR FALSE...

There are separate Diagnostic Criterion for Adult ADHD and Childhood ADHD....

FALSE...

ADHD is in the DSM-IV section called:

“Disorders usually first diagnosed in infancy, childhood, or adolescence”

TECHNICALLY...no such thing as ADD

ADD was in the DSM-III and expired in 1987 when the DSM III-R was published. Before the term ADD was used it was termed “Hyperkinetic Reaction of Childhood”

Currently there are 3 Subtypes:

- ❖ Combined, Inattentive, Hyperactive-Impulsive

ADHD - "THE PREFRONTAL CORTEX"

The functions of this brain deal with:

1) attention span, 2) perseverance, 3) judgment, 4) organization, 5) impulse control, 6) self-monitoring and supervision, 7) problem solving, 8) critical thinking, 9) forward thinking, 10) learning from experience, 11) ability to feel and express emotions, 12) interaction with the limbic system, and 13) empathy.

ADHD – HYPODOPAMINERGIC ACTIVITY

SPECT scans, single photon emission computed tomography, which measures cerebral blood flow and metabolic activity patterns, has noted that when someone with ADD concentrates, their Prefrontal lobe activity decreases significantly.

The **brain waves** of ADHD kids tend to spend too little time in the **beta** frequency and too much in the **theta** frequency. Beta waves are associated with a calm state of focus, while theta is where the brain tends to be when "tuning out."

HYPERFOCUS

With ADHD there is another side: the tendency for children and adults with attention deficit disorder to focus very intently on things that do interest them. At times, the focus is so strong that they become oblivious to the world around them.

For children, the object of "hyperfocus" might be playing a video game or watching TV. For adults, it might be shopping or surfing the Internet. Extreme difficulty dis-engaging and transitioning from one task to the next.

A state that may occur during hypnosis, especially at theta rhythm brainwave levels.

ADHD – low beta, high theta brainwave patterns

BPD

Genetics

- ✘ Bipolar disorder appears to be genetic. If one parent has the disorder, the risk to each child is 15-30%. If both parents have the disorder, the risk increases to 50-75%.
- ✘ 20-65% of Bipolar adults experience onset in childhood
- Variation in a gene called **Ankyrin 3 (ANK3)** showed the strongest association with bipolar disorder.
- **Slynar (AY070435)** - which is found on chromosome 12.
- The **FAT** gene was involved 10% of the time.
- Previously thought to be found only on chromosome **18 and 21**, new studies have shown that chromosomes **1, 6, 7, 10**, and possibly some other areas are susceptibility genes in bipolar disorder.
- DNA markers from **region q22.3 of chromosome 21**.

BPD – CAUSES

(WHAT IS IT ABOUT THE MOOD STABILIZERS???)

- ✘ Some studies suggest that a low or high level of a specific neurotransmitter such as serotonin, norepinephrine or dopamine is the cause.
- ✘ Other studies indicate that an imbalance of these substances is the problem, i.e., that a **specific level of a neurotransmitter is not as important as its amount in relation to the other neurotransmitters.**
- ✘ Still other studies have found evidence that a change in the sensitivity of the receptors on nerve cells may be the issue.

WHY THE CONFUSION....SIMILARITIES

Both disorders share many characteristics:

- × Impulsivity
- × Inattention
- × Hyperactivity
- × Physical energy
- × Behavioral and emotional lability (behavior and emotions change frequently)
- × Irritability
- × Accelerated speech and distractibility

KEY DISTINGUISHING SYMPTOMS

Studies have shown that **five behavioral symptoms** in children/early adolescents aid in correctly diagnosing childhood bipolar Disorder. These manic symptoms which **DO NOT** overlap with ADHD are:

- × **Elation**
- × **Grandiosity**
- × **Flight of ideas/racing thoughts**
- × **Decreased need for sleep**
- × **Hypersexuality (in the in absence of sexual abuse or overstimulation)**

DOMAINS TO HELP DIFFERENTIATE

- × Energy
- × Mood Shifts
- × Working Memory
- × Type of Distress
- × Aggression
- × Trigger
- × Regression
- × After an Outburst
- × Parent's Response
- × Re-directability
- × Speech
- × What They Hear
- × Thought Process
- × Impulsivity
- × Enuresis (Bed Wetting)
- × Sleep
- × Early Temperament
- × Sexual Interest
- × Suicide

ENERGY

× ADHD

Consistent through the day and over weeks/ months

× BPD

Uneven, sudden shifts, episodic

The course of bipolar disorder in children and adolescents is typically a relapsing recurring illness with substantial morbidity

MOOD SHIFTS

× ADHD

Short mood shifts with rapid recovery

Children who are ADHD usually calm down within 20-30 minutes

× BPD

Sudden shifts that persist, severe, intense

Children who are bipolar may continue to feel and act angry for over 30 minutes and even for 2-4 hours

WORKING MEMORY

ADHD individuals have greater dysfunction in working memory circuits in the brain, bipolar individuals have more deficits in regions of the brain involved in emotion-processing and regulation

× ADHD

Difficulty with 'Executive Functions' if 'Working Memory' is limited

× BPD

Not as prevalent

More intact 'Working Memory' but colored by mood

RAPID CYCLING IN CHILDHOOD BIPOLAR DISORDER

When bipolar disorder begins before or soon after puberty, it is often manifested by continuous rapid cycling irritability and mixed symptoms, which may co-occur with disruptive behavior disorders. The ultradian (essentially continuous) rapid cycling/ mixed state is one in which children switch in and out of depression, irritable mania with explosions and euphoric mania unpredictably and throughout the day, almost everyday, with very little time spent in a regular age appropriate mood state.

TYPES OF DISTRESS

× ADHD

Anger

Boredom

× BPD

Rage

Irritable

Mania in children is seldom characterized by euphoric mood. The most common mood disturbance is severe irritability with "affective storms" (prolonged and aggressive temper outbursts). In between outbursts, these children are described as persistently irritable or angry.

AGGRESSION

× ADHD

Out of lack of paying attention, accidental, short duration

“non-angry destructiveness”

× BPD

Purposeful, goal driven, can last for hours

Release manic quantities of physical and emotional energy, sometimes with violence and physical property destruction. They may even exhibit openly sadistic impulses.

TRIGGER

× ADHD

Lack of Structure

Over-stimulation

Disengaging from
stimulating activity
(i.e. – getting off the Xbox!!!)

× BPD

Sometimes no trigger!

Setting of Limits that
interfere with goal-driven
behavior

Event causing response
that expands exponentially

REGRESSION

× ADHD

Distressed but reality based

× BPD

Distortions of perception, disorganized, flailing, disorganized speech and body position, delusions, grandiosity, loss of touch with reality

AFTER AN OUTBURST

× ADHD

May try to avoid discussing, lie, deflect responsibility but is able to recall the event

× BPD

Amnesia (...as if nothing ever happened!!!)

PARENT'S RESPONSE

× ADHD

“Aggravating, exhausting”

“I have to tell him to do something 5X , he ignores me, and when I shout for him to finally do it he gets an attitude...”

× BPD

“...not my child...don't know who he is...”

“Jekyll and Hyde”

“...if it is like this now what will it be like when he (she) is 15?”

RE-DIRECTABILITY

× ADHD

Able to be re-directed

May require multiple re-directs but eventually able to shift attention and engage in a new task

× BPD

Extreme difficulty disengaging from task/thought/mood

Hold a grudge

Mood colors perceptions, thoughts, behavior for hours

SPEECH

× ADHD

Rapid (“Have to say it before I forget”)

“umm....umm...”

Angry comments but “I just said it because I was angry”

Speech is so fast it can be inaudible. Asked to repeat himself.

× BPD

Pressured (can’t be interrupted)

Tangential

Voice changes (guttural, screeching)

Tremendous amount of expansive energy

WHAT THEY HEAR

× ADHD

Pieces of sentences and
make inferences

Catch only parts of
sentences

Anxiety trying to recall
instructions

× BPD

Filtered through
mood...statements are
misinterpreted

Take things personally

FROM A MOTHER'S BLOG...

“I say there is a difference between hyperspeaking due to ADHD and pressured speech due to bipolar. My child and I are both capable of hyperspeech and we can engage in it anytime we are unmedicated. That is to say, our minds move fast and our speech patterns echo that speed. However, we can understand each other perfectly and we make total sense the entire time.”

“My child and I also have pressured speech due to bipolar disorder. Pressured speech due to mania/hypomania has a drive, a "push" behind it, almost as though if you do not speak you will blow up. The ideas move too fast to make coherent sense a lot of the time, like a series of loosely connected thoughts chained together. When asked to stop, we often can NOT stop talking, because to do so would be stopping a flow that has pressure behind it.”

THOUGHT PROCESS

× ADHD

Rapid thoughts

Multiple internal and external stimuli

Lots of pick-up sticks

Hose with bubbles....

× BPD

Tangential

One idea leads to the next

Like a “funnel with all the thoughts getting clogged”

IMPULSIVITY

× ADHD

Act without thinking

Destructive through accidents, moving too quickly, not thinking through risks, inattention, acting on impulse (“...LOOK...something fun!”)

× BPD

Act to continue manic event

Purposeful, stimulation seeking, obstacles are frustrating, high energy output, can be based upon poor judgment that is grandiose based or vindictively based

ENURESIS (BED WETTING)

× ADHD

2.7 X more likely

Difficulty attending to
body sensations

× BPD

Can occur, but not as
prevalent as ADHD
children

SLEEP

× ADHD

After waking can become elevated and continue for the rest of the day

Able to wear themselves out later in the day

Delay sleep to 'play'

Nightmares are not prevalent

× BPD

Can be a symptom and a cause

Slow arousal in the morning, irritable, cranky, surly

Significant reduction in need for sleep (3-6 hrs.)

Can have frequent waking

Night terrors

Nightmares with gore, fighting, mutilation

EARLY TEMPERAMENT

× ADHD

Active

Reports in Day Care/Pre
-School

× BPD

Fussy, excessive crying,
arching back when held,
separation anxiety, slow
to regulate, difficulty
feeding or nursing

SEXUAL INTEREST

× ADHD

Age appropriate

× BPD

Precocious

Self-stimulatory/exploratory

Interest in things with sexual nature

Language laced with sexual topics/body parts

SUICIDE

× ADHD

Cutting/self-harm less prevalent

“...didn't really mean it, said it because I was angry”

× BPD

Mood based, perseveration on plan

50% attempt rate

25-50% of adult BPD clients make at least 1 suicide attempt

8-19% of BPD clients will succeed

TREATMENT

× ADHD

Medication

Structured home/school/
Community

Computer Programs (Cogmed,
Braintrain)

Individual Therapy (custom
strategies, reduce negative
self-statements)

× BPD

Medication

Mood Charts

Safe Room

Regulated Sleep

Individual Therapy (custom
strategies, address racing
thoughts)

DBT

MEDICATIONS

× ADHD

Psychostimulants

- × Ritalin
- × Concerta
- × Vyvanse
- × Focalin
- × Adderall

Non-stimulants

- × Strattera
- × Intuniv

× BPD

Mood Stabilizers

(What is it about the Mood Stabilizers???)

- × Lithium
- × Tegretol
- × Depakote
- × Neurontin
- × Topamax
- × Lamictal
- × Gabitril

Antipsychotics

- × Abilify
- × Seroquel
- × Risperdal
- × Geodon
- × Zyprexa

Antidepressants

- × SSRI's (???) Prozac, Zoloft, Lexapro

504 AND IEP

504

Section 504 from the Americans with Disabilities Act (ADA) – 1973

Requires identification of need for accommodations

- × Accommodations

IEP

Individuals with Disabilities Education Act (IDEA) – 1990

Requires verification of Disability, lengthy and involved process to determine eligibility

- × Accommodations
- × Time lines
- × Assessments (School Psychologist)
- × Eligibility
- × Provision of Services (Speech/Occupational)
- × Least Restrictive Environment
- × Related Services (DIS)
- × Goals and Objectives
- × Complaints and Disagreements

COMMONLY USED SCHOOL ACCOMMODATIONS

- × Preferential seating
- × Separate test setting
- × Extended test and homework time
- × Frequent breaks
- × The use of a word processor
- × Tests/reports given orally
- × Hard-Copy of class/lecture notes
- × Shortened assignments
- × Modifications on standardized tests and class assignments/tests

HOME STRUCTURE/PARENTING STRATEGIES

ADHD

- × Routine
- × Homework right after school or after a break
- × Simplify environment
- × Keep control of TV/Computer
- × Clocks/Timers
- × Anticipatory (15 min. warning, 5 min. warning, etc.)
- × Quiet Zone
- × Specific tasks as opposed to broad tasks
- × Finish one task at a time

BPD

- × Mood Chart
- × Decrease family conflicts
- × Anticipate transitions and events found to be triggers
- × Shift task as opposed to “Stop That”
- × Time-Outs in Safe Room (One minute per age)
- × 3 Reason limit
- × For older children ask how they are feeling and what they need to do to calm down

GENERAL GUIDELINES

Rewards

- ✘ Reward your child with privileges, praise, or activities, rather than with food or toys.
- ✘ Change rewards frequently. Kids with ADD/ADHD get bored if the reward is always the same.
- ✘ Make a chart with points or stars awarded for good behavior, so your child has a visual reminder of his or her successes
- ✘ Immediate rewards work better than the promise of a future reward, but small rewards leading to a big one can also work.
- ✘ Always follow through with a reward.

Consequences

- ✘ Consequences should be spelled out in advance and occur immediately after your child has misbehaved.
- ✘ Try time-outs and the removal of privileges as consequences for misbehavior.
- ✘ Remove your child from situations and environments that trigger inappropriate behavior.
- ✘ When your child misbehaves, ask what he or she could have done instead. Then have your child demonstrate it.
- ✘ Always follow through with a consequence.

THANK YOU !!!

Questions, Comments?

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