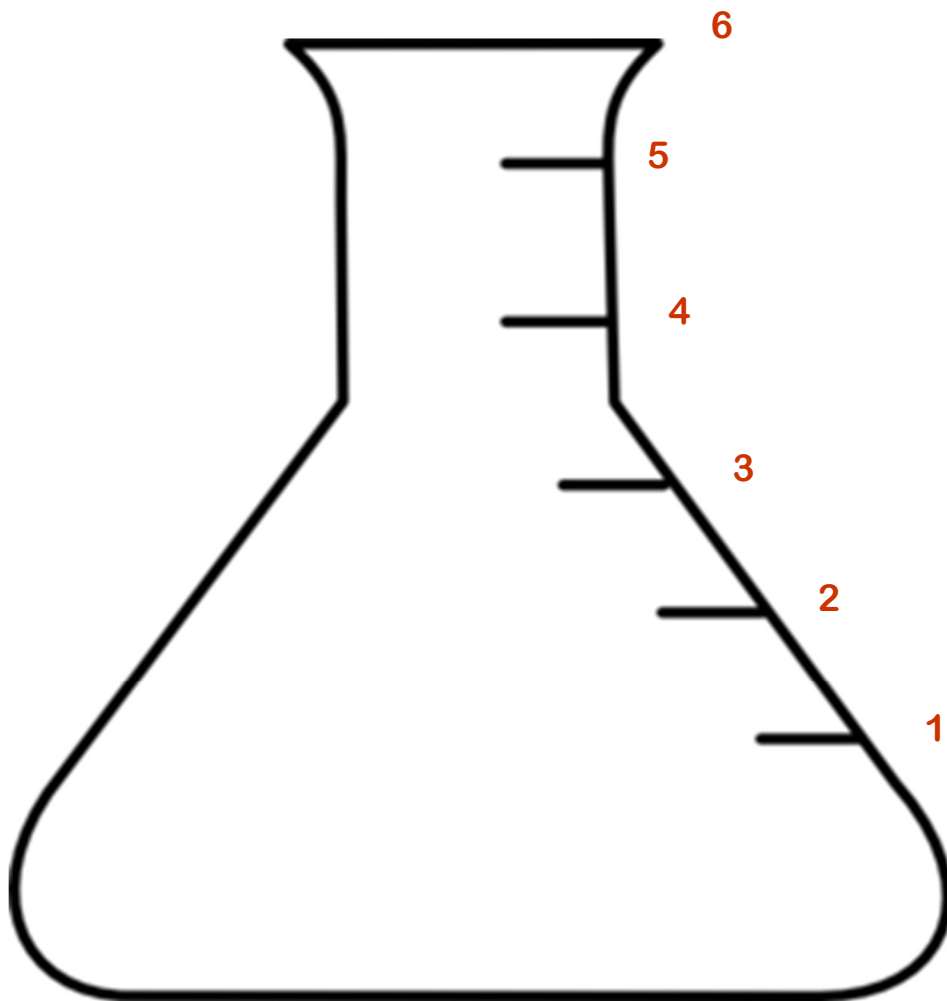


## MISSION 1: BEAKER WATCH

How full is my beaker right now???

Fill in the beaker to show how full it is.



Write your beaker metre score for each day this week

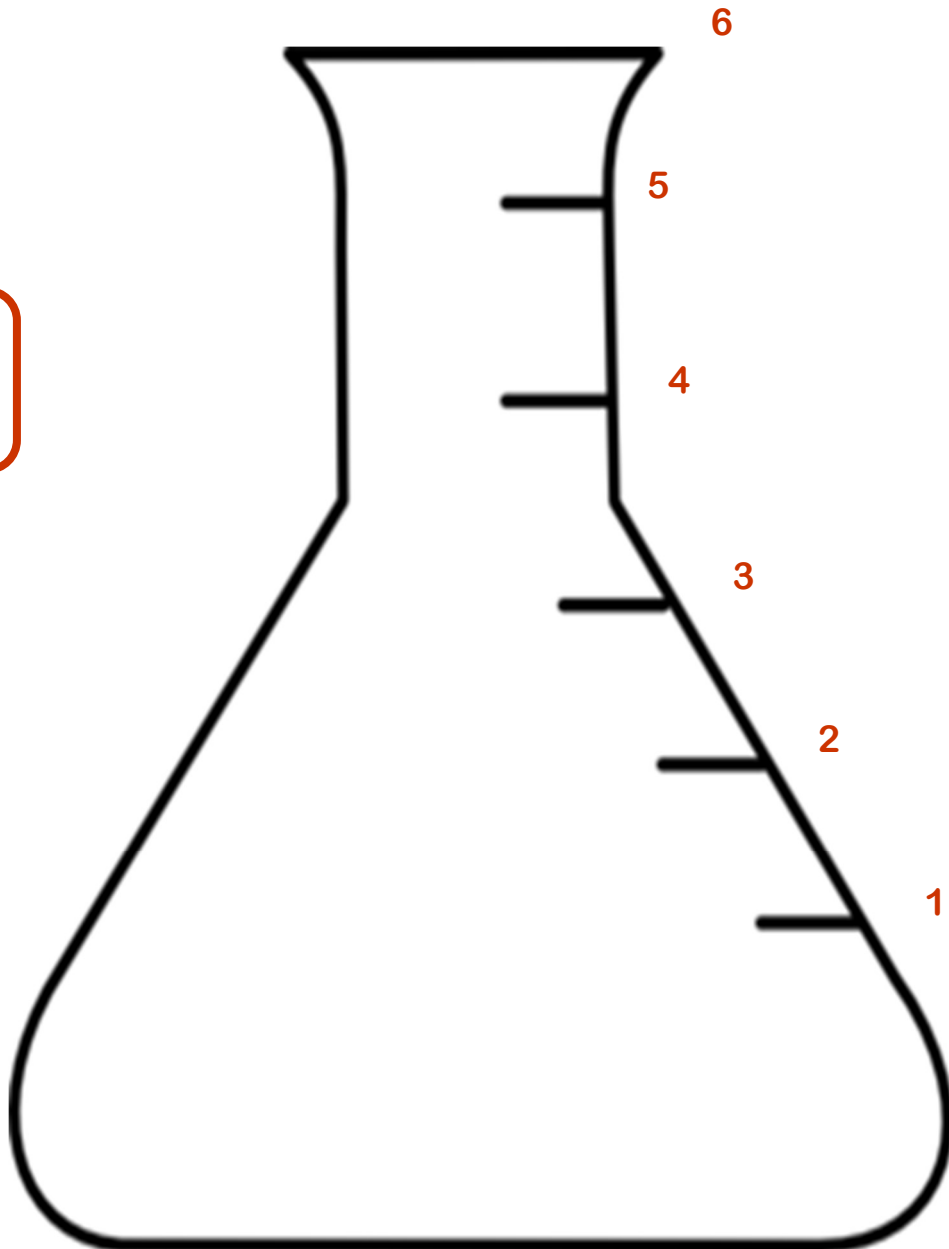
|     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|
| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----|-----|-----|-----|-----|-----|-----|

# BEAKER CHECK-IN

How full is my beaker right now??

Fill in the beaker to show how full it is.

Write your  
beaker level  
here

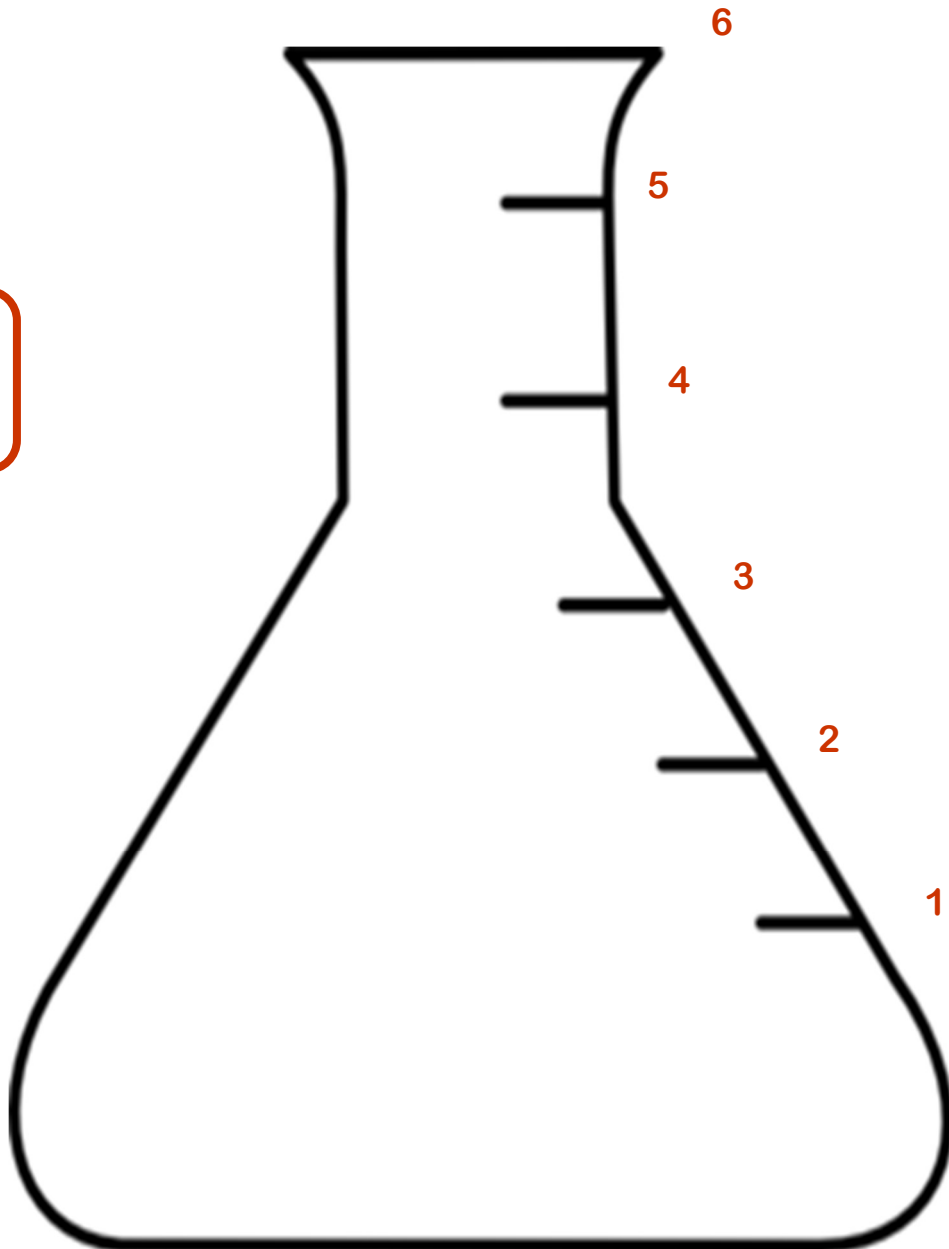


# BEAKER CHECK-OUT

How full is my beaker right now??

Fill in the beaker to show how full it is.

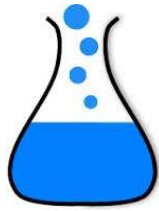
Write your  
beaker level  
here



# WHAT FILLS MY BEAKER?

Tick all the ones that bug you;

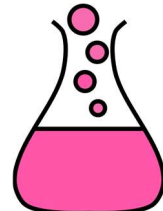
then put a star beside the 6 ones that bug you the most



being touched



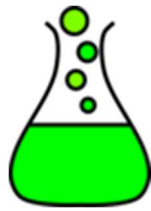
people calling me  
names



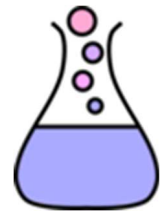
holding in my tics



people repeating themselves



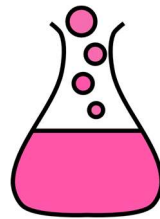
tags on my clothes



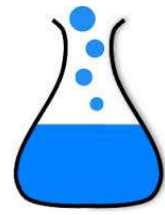
crowds



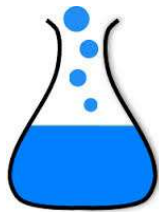
**certain days  
of the week**



**too much noise**



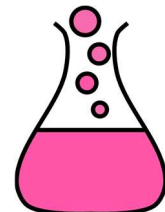
**getting a thought  
stuck in my head**



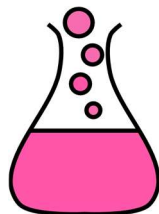
**when I can't get things  
done**



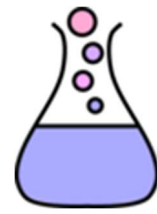
**working hard for a  
long time**



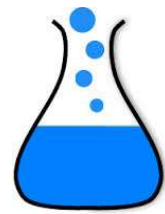
**being  
interrupted**



**surprises**



**when I feel irritable**



**when my hands and feet want  
to move a lot**



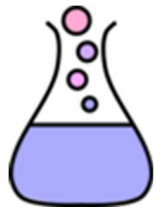
when I can't finish  
what I'm doing



paying attention for  
a long time



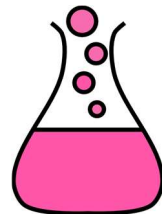
being rushed



when thoughts race around in  
my head



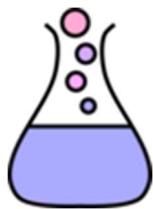
when I blurt  
things out



people imitating  
my tics



my sister



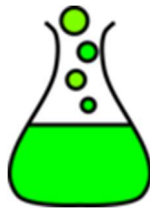
having to wait my turn



certain people



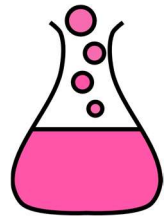
when people change  
things suddenly



my brother



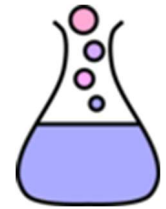
people noticing when I tic



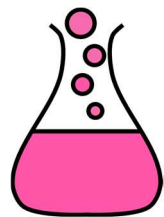
being tired



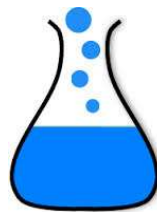
having bad  
thoughts in my head



homework



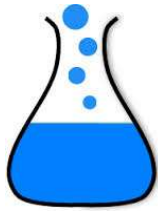
when I can't have what I want  
right away



chores



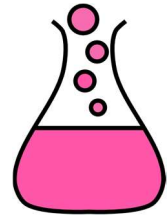
worrying over and  
over again



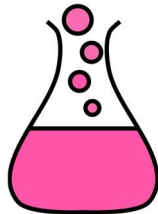
**when I forget stuff**



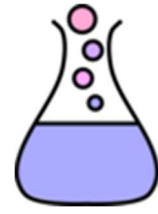
**listening for a long time**



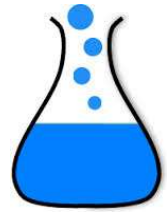
**turning my energy off at  
bedtime**



**when I want to talk but  
have to be quiet**



**when I say something  
dumb**



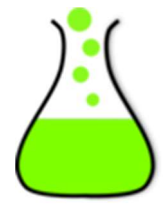
**strong smells**



**eating stuff that  
tastes yuck**

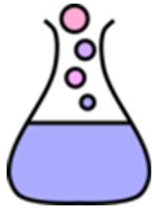


**bright lights**

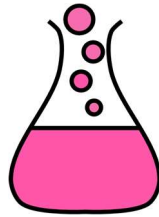


**too many things happening at  
once**

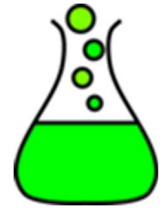




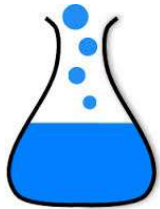
when people get  
angry at me



when I can't understand what  
people say



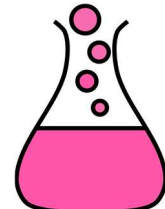
when I can't find the  
right word



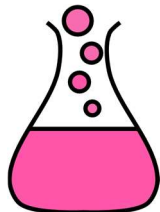
being late



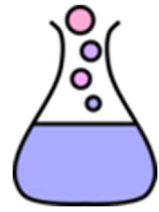
having to finish when things  
aren't right yet



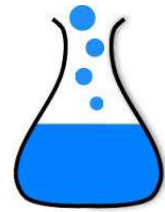
having to sit still  
for ages



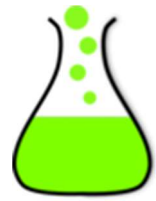
when other kids don't include  
me



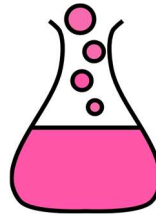
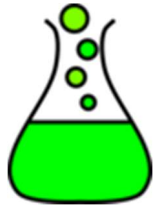
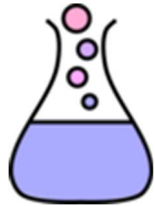
when my thoughts  
are racing



getting blamed when I didn't  
do it



other things



MY TOP 6 BEAKER FILLERS ARE ...

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

# PUTTING THE BRAKES ON RAGE AND EXPLOSIVE BEHAVIOUR

It is important to understand where rage (or explosions) comes from. It is not just the result of bad parenting or the child not trying hard enough. It is also not just an example of the child being manipulative, calculating, or choosing to behave badly. Rage is the natural reaction that all people have when they are overloaded beyond their capacity to cope. Most people rarely, if ever, reach that point though. These children, because of the disorders they have, are frequently enduring more 'brain overload' than people typically have to put up with. They do not have "low frustration tolerance" – they have more frustrations TO tolerate!

This doesn't mean those rage behaviours are 'ok' or should be accepted: the child who rages must be made accountable for his or her actions. There is no need to ask the question, "was that behaviour caused by the disorder, or was that the child", because it is always both. It is always the child who is doing or saying these things that are unacceptable in the 'real world', but it is always the disorder that is making it so difficult for this child to cope with life's bumps without reacting in these very 'big', uncontrolled, and negative ways.

Because of this, it is important to help these children decrease their 'overload', so that they can be the people they want to be, and react the way they would react if they weren't so overloaded. To expect a child to behave the way other children do when they are drowning in brain overload isn't fair; it is a set-up for the child AND for you.

It is important to realize that no strategy below, on its own, is the 'silver bullet'. These and many others all work together to decrease overload enough to avoid rage episodes. Picture a beaker that is almost full of water – so full that any more water, or a little jostle, will spill that water and make a mess. This mess is the rage that you want to avoid. Each of these strategies lowers the water a teensy bit, but each extra demand on the child or each situation that increases a child's symptoms raises the water a teensy bit. **The goal with "Beakers" is to always be taking more water out than you are putting in** – if the water never reaches the top, then rages will no longer occur! Keep in mind that while a person with a full beaker SEEMS to be very angry with you, and this can make you very angry with them, don't be fooled! The REAL enemy is that full beaker – and as long as the two of you are duking it out, it wins. However, becoming wise to beaker levels allows the two of you to stop fighting one another, team up, and beat the overload!

## So let's give 'em a brake!



**Find out what overloads your child (i.e. what "fills his/her beaker"), and find ways to avoid these things**

- The main reason these individuals 'overflow' so often is because of the various skill deficits ('leaky brakes') they are contending with. In essence, they are having natural reactions to an impossible number of abnormal circumstances. Getting these various disorders properly assessed can help everyone to better understand where the chronically full beaker is coming from; adequate treatment for those conditions (e.g. cognitive-behavioural therapy for OCD, an ADHD medication) will decrease or remove their influence from the beaker. This has the effect of lowering their beaker levels and increasing the 'buffer' room between their beaker level and the top of the beaker!
- Ensure a consistent sleep schedule; lack of sleep is a common "beaker filler". Everyone is more overloaded when they are tired and these children will show it more because of the overload they are already trying to manage. In addition, when we are tired, attention is often the first area of functioning to be affected, followed closely by memory. Sleep clinics can offer strategies and/or medications. For the child who's

“head won’t stop”, a TV in the room (set by a timer to turn off on its own) can be a very helpful distracter from his/her thoughts so he/she can fall asleep.

- Reduce the effects of any painful physical symptoms (e.g. massage or chiropractic manipulation)
- Explicit, consistent, and predictable structure helps these children feel more control in a life where they have little internal control. Implement routines that become habits and so therefore rely less on memory. Use pictures or other visual ‘cues’ so that the child can always see what the day is going to look like. Avoid surprises – even ones intended to be positive can quickly overload an unsuspecting child!
- Everything in life can’t be predictable; if something unexpected comes up, use ‘soft’ transitions. This means that you give warning time to the child that a bump in the road is coming. A helpful technique is the ‘good news/bad news’ strategy: say, “The BAD news is that we are going to have to stop doing this soon. The GOOD news is that you are the FIRST ONE to know about it, and so we have a chance to get ready for it”.
- If a brother or sister and this child are like gasoline and fire, plan to keep them as separate as possible. Individual trips, rearranging car seating plans so these children aren’t sitting beside each other, or not having bedrooms next to one another are a few ideas that other parents have used.



**Learn the signs that the child is getting overloaded (i.e. that his/her “beaker is filling” , and teach those signs to him/her**

Common signs are:

- getting very quiet/overly passive
  - breaking eye contact
  - retreat; attempting to leave the situation
  - biting nails; agitated
  - rapid speech
  - monosyllabic responses
  - pulling into/chewing on clothes
  - speaking in monotone
  - less patient
  - confrontational tone
  - rapid, shallow breathing
  - signs of tension (e.g. eyebrows furrow, jaw clenched)
  - increase in symptoms (i.e. MORE sensitive to touch/movement, MORE hyperactive/impulsive, MORE obsessive/anxious, MORE tics)
- Developing verbal cues between you and your child can help him/her to gain insight into these signs (e.g. “is your beaker starting to fill?”)
  - Some parents photocopy a stack of our “empty beaker” handout (attached to the end of this handout). They keep copies (with a marker or pen) posted at the door, in the child’s room, at school... anywhere your child may have difficulties. Without a word spoken, your child can enter the room and draw a line on the beaker, indicating to you how “full” he/she is and how available the child is at this time for demands to be placed upon him/her.

- Keep track of rage episodes: do they always happen on a certain day? Or at a certain time? With certain people? When the child is doing a certain activity? If you find a pattern, you and the child can play scientist together to figure out what is different about THAT situation versus situations where they DON'T get overloaded. **An excellent predictor of rage episodes is when the child is required to “change gears” or shift into another activity.**



### **Don't accidentally become part of the problem!**

- Beware the 'set-up': consider sensory sensitivities, obsessions, tics, and other symptoms when planning to take a child to a particular environment. If the environment will be incompatible with the symptoms, this doesn't mean the child can't go, but it might mean that some accommodations will be necessary. For example, plan to go for a shorter period of time (a brief success is always better than a long, drawn-out failure!), or bring ear-plugs, or 'case the joint' for available escapes/places to take a quiet break.
- If you detect that the child is finding the day overwhelming, “catching him/her being good” or finding a positive to focus on and compliment him/her for will help make more space in that beaker!
- Mistaking brain overload for a power struggle will lead to very ugly results! Don't force eye contact, raise your voice, or touch the child unexpectedly when you see the signs of brain overload! Threatening consequences will only intensify an overload.
- Be sure to keep your OWN beaker levels low! Overreacting will only increase beaker levels more! Stay in control and watch your own body language (e.g. don't fold your arms, stand too close to the child, point your finger, or otherwise send nonverbal messages that will increase your child's anxiety further).
- If a child has reached overload, his/her frontal lobe has been “high-jacked”. He/she is no longer able to problem-solve, think flexibly and rationally, access memories of crisis plans or past consequences, and his/her personality is affected (the “Dr. Jekyll & Mr. Hyde” effect). The only thing to do is to allow it to pass (removing the child to a safe location if necessary, and keeping words to a minimum) and wait until the beaker is empty enough again that the child is again “accessible” to learn. You'll know it's over with when the child chooses to approach you again, or leaves his/her haven (what a 'haven' is, is explained below). This is not fun for you OR the child; this is why doing everything possible to allow it to pass as quickly as possible is desirable. Of course, preventing an overload before it happens is always the BEST plan!
- Even giving a child a hug when they are overloaded is a bad idea: GOOD or WELL-INTENTIONED stimulation is still stimulation, and makes the overload worse. Words are largely tuned out at this point, and so talking 'too much' and “too soon' about the situation is also a bad idea for the same reason – this can draw out the overload longer. Also, the words will not have the impact you hope them to have during the overload, no matter HOW appropriate or well chosen those words are!



### **Learn ways to 'lessen the load' again (i.e. ways to “empty his/her beaker”)**

- Adults give themselves quiet space all of the time; sports teams take time-outs to re-strategise in order to win the game. Teach the child to use time-outs like this: as a valuable tool used to regain control rather

than a punishment that happens when you get in trouble. **Time-outs should NOT be used as a punishment!** In fact, a child who is working towards recognising he/she needs to regroup, and who shows the willingness to minimize problems by taking a break, should be generously rewarded for such behaviour!

- Model going to your room to deep-breath (in through the nose for the count of 5, out through the mouth for the count of 5, relaxing for the count of 5), or to distract yourself with something interesting. Afterwards, share how you feel and act and think differently when you are no longer overloaded. Help the child to learn how to recognise when he/she is no longer overloaded too: everyone is a little bit different. Be flexible in the length of the time-out; it ends when the load is light enough to manage being around others again.
- Use the method of 'collaborative problem-solving' ('Plan B') to compromise on decisions that would lead to overload. This is a method developed by Dr. Ross Greene and is described in his book, "The Explosive Child" and his video, "Parenting the Explosive Child". An important first step in collaborative problem-solving is empathy – asking "what's up" and reflecting what the child is saying allows the child to indicate the problem from their perspective and to feel heard. Being validated in this way (whether or not you ultimately agree with the child) is a great way of emptying a beaker!
- Having a haven is very important. This is a quiet space to 'recharge' that is entirely under the child's control. When he/she is in there people leave him/her alone or ask permission to come in, and the child can keep this space however he/she likes (messy OR very clean!). Again, given the lack of control that the child feels over him/herself this helps to compensate by giving more external control to the child. Everyone needs to feel a certain amount of control in their life to be happy, and avoid the depression and anxiety that leads to overload.

Once you begin to understand how "Beakers" work, you start to pick your battles carefully – you realise that some things just aren't worth doing or getting excited about if it is going to take up a lot of space in that beaker. It can even become a way of making life choices.

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Peter Robinson, Education Liaison

Dr. Dianne C. Shanley, Psychologist

This and other materials can be found on the website.

[www.cpri.ca](http://www.cpri.ca)

Click on 'Clinics' and select 'Brake Shop'

# ROAR APPROACH: FAQs AND TIPS

## FAQs

1. *Is this kid's defiance a part of an underlying disorder? ADHD? OCD? Tourettes? Something else?*
2. *When I just let my child have his/her way, am I "giving in"? Is this bad?*
3. *Collaborative Problem-Solving? What is that?*
4. *Our child lies constantly: we can't ever trust what he/she is saying or even believe him/her anymore. Leaky Brakes can't cause lying...can they?*
5. ***Are Leaky Brakes an explanations or an excuse?***
6. *Please explain these awful aggressive outbursts!!!*
7. *Will my child eventually begin to act upon the inappropriate things he/she says in the midst of a 'rage'? What should we do?*

### **1. Is this kid's defiance a part of ADHD? OCD? Tourettes? Something else?**

Being compliant involves much more than simply CHOOSING to be compliant. One must be able to "put the brakes on" whatever thought or action he/she is currently engaged in, switch his/her attention to the new request, and "put the brakes" on any impulsive retorts or annoyance for being interrupted.

If any of those brakes are "leaky", this creates a lot of oppositional and defiant behaviours that are the result of that individual's skill deficits and NOT chosen behaviours. For example, clients of our clinic who have OCD often have difficulty stopping whatever task they are currently engaged in. Usually the parents and teachers of these clients report that the bulk of their defiance occurs at moments of transition (i.e. when they are expected to 'shift' much quicker than their 'leaky brakes' will allow).

### **2. When I just let my child have his/her way, am I "giving in"? Is this bad?**

It is important to understand the difference between "giving in" (which is a BAD idea) and "choosing your battles" (which is a GOOD idea).

When an authority figure decides to make an issue of something, it is very important to then not drop that issue permanently and let the other person get his/her way simply to end any ensuing conflict. To do so is 'giving in'. 'Giving in' teaches people they can eventually get their way if they "push" hard or long enough, and so they start to "push" more often. This escalates conflicts rather than decreases them. Put simply, 'giving in' is short term gain for long term pain.

This is in contrast to 'Choosing Your Battles' or, as Dr. Ross Greene, Psychologist would call it (from his method of Collaborative Problem-Solving), 'Plan C'. As an authority figure, simply deciding to not make something an issue involves a realistic appraisal of your child's capabilities, acceptance of certain limitations, the relative pros and cons of making this particular thing an issue at this particular time, and in so doing avoiding an unnecessary outburst. It increases successes; it helps you both to 'save up' for the big battles that ARE worth fighting. It also gives your stance more credibility and salience when you only pick on the issues that actually do matter.

'Choosing Your Battles' is a necessary approach for the family to understand, support, and adopt in contending with the symptoms of leaky brake disorders.



### 3. Collaborative Problem-Solving? What is that?

Collaborative Problem-Solving, or "CPS", is an effective approach for dealing with 'rage' and chronically inflexible individuals. It was created by Dr. Ross Greene, a Psychologist from Harvard University. He has various books and DVD's outlining this method (his first, and best known, is the book, "The Explosive Child"). You can learn more about Collaborative Problem-Solving by obtaining one of these resources. You could purchase your own copies from a bookstore, or visit the Centre for Collaborative Problem-Solving website (<http://www.ccps.info/>).

Listen to excellent explanations of Collaborative Problem-Solving, by Dr. Greene himself or his colleague Dr. Stuart Ablon, by visiting the "Self Management Treatment Group" page of the website [www.cpri.ca](http://www.cpri.ca), click on "Clinics". Click on the audio links contained within. Some of these audio files are more geared towards parents and some more towards teachers – which ones are best for which adults is clearly indicated on that webpage.

### 4. Our child lies constantly: we can't ever trust what he/she is saying, or even believe him/her anymore. Leaky Brakes can't cause lying... can they?

No, they can't. But lying can sometimes become a coping strategy for kids with leaky brakes.

Here's how it works: kids who have a hard time controlling their impulses, emotions, and what their bodies are doing face a lot of failure in a day. They failed to look cool in front of that cute girl. They failed to keep their mouth shut when they should have. They failed at keeping their hands to themselves. They failed at being "normal". This level and frequency of failure ON A DAILY BASIS takes a big toll on a person's self-esteem. If kids don't find a way to cope, over time their self-worth can plummet. Assuming that no one understands what they are going through and they haven't been given a way to make their brakes work better, the only possible way to feel like they're failing less and to salvage their ego is to begin doing things like putting the blame on others or denying that they did what they did (to themselves as well as to others).

This denial is typically the kind of lying we see in "leaky brake" kids. They aren't creating stories out of the blue because they like to lie or want to manipulate people. They lie because they've just done yet another stupid thing they regret and are embarrassed about it, or don't know how to get out of it, or are too scared to admit to it because no one around them would understand how they could have done what they just did "by accident".

### **The good news in all of this is that if people around these kids are now able to recognize that a lot of their behaviour stems from "leaky brakes" rather than "poor choices", this then changes things enormously.**

Parental or teacher reactions can be more empathic and more geared towards working together to come up with a plan for how to deal with that "leaky brake" next time. With less blame, shame, anger, and consequencing being directed towards them, they will come to feel much less defensive about their impulsive acts and will be more likely to "risk" owning up to what they did rather than lying about it.

**5. Are Leaky Brakes an explanation or an excuse?** While much behaviour can be the result of, or influenced by, 'leaky brakes'... this doesn't imply that the behaviours are "ok" or should then be allowed to occur. Even lying could be influenced by 'leaky brakes' – when caught in a mistake, many people can have an initial impulse to lie but those with 'leaky brakes' would be more prone to accidentally act upon it and thus dig themselves into a hole. This doesn't mean that a person with 'leaky brakes' shouldn't still be, and can't still be, accountable for their actions though. Using the example of lying, caregivers and/or teachers could establish "do-overs" with the child – a safe opportunity for impulsive child to request their first response be chalked up to a leaky brake moment and thrown out now that they've had time to think. For more on our philosophy of how to handle 'behaviour', see our Treatment Philosophy handout.

### 6. Please explain these awful aggressive outbursts!!!

When animals are in pain or have some other pressing need to communicate, in the absence of language or understanding they are left with one of three options – bark, bite, or run away. In a similar way, when children or child do not have the language to communicate, to explain their neurodevelopmental skill deficits ('leaky brakes') or to understand what is happening and what they need, if all these child know is that they are in pain, they too are left with one of only three options – barking, biting, or running away. This perspective can perhaps aid others

in understanding why some children choose the route of 'tough guy'. Barking and biting may not be the best options, but until others are available to these children they are simply trying to get by with what they have.

A new way of thinking about "rage" was shared and extensively discussed using the analogy of an overflowing beaker. Basically, too much expectation from a deficient braking system, coupled with a great many stressors that are unique to having 'leaky brakes', causes a chronically full beaker (what can be described as "**executive depletion**"). Overloads are therefore much more likely to occur, and to occur more frequently, leading to considerable emotional dysregulation.

Brain imaging research demonstrates that individuals in the midst of a rage are, at that time, blocked from accessing parts of their brains which house working memory, personality, and executive functioning (planning, "shifting", organizing, problem-solving, etc.).

This means that most strategies will not work 'in the moment'... because those strategies are appealing to an area of the brain which is inaccessible in that moment. Hence, more proactive approaches for avoiding these build-ups (i.e. ways to prevent an already chronically full beaker from overflowing) are necessary. These are contained in our strategy sheet, "[Putting the Brakes on Rage](#)"

Some 'hints':

- **Avoid personalizing rage episodes.** Of course this is much easier written than done, but over time it is possible to see rage as a mutually aversive symptom of a disability rather than anything that speaks to your calibre as an authority figure or level of connection with a child. Rage doesn't mean that you failed to teach an important lesson about respect. Rage also doesn't mean that the child failed to learn an important lesson about respect. Rage means that this individual has certain chronic skill deficits requiring additional attention.
- **Looking for reliable triggers for rage can be very difficult: what causes the individual to 'blow' can be inconsistent and hard to find patterns in.** This is because, when one has a full beaker, the "straw that breaks the camel's back" is rarely the actual problem. Certain "beaker fillers" are common to this population though: they include being bombarded with stimulation (e.g. too many people talking at once or repeating the same thing, particularly when already overloaded), surprises, and transitions.
- **Instead, look for, learn, and communicate signs of a "filling beaker"** Many ideas for this are contained in our rage strategies handout. In general, these signs will be much more reliable and predictable than watching for specific triggers.
- **Ensure that other diagnoses have been adequately assessed; untreated symptoms will significantly influence "beaker levels".** While each symptom in and of itself may or may not seem severe enough to make an issue over, all of them accumulated can be taxing enough to make rage episodes more frequent and likely. Treating these symptoms will provide valuable "room" in the beaker.
- **Proactively plan the day:** this increased structure and routine avoids surprises, and involving the child increases control. In particular, look for things in the day you all know will be "beaker-fillers" – if there are too many for one day, discuss proactively and see what can be moved to a different day.
- **Encourage 'cool-down' periods early on** (i.e. before things have progressed and/or escalated to a point where thinking clearly is no longer an option).
- **Don't unintentionally add more stimulation** during these 'cool-down' periods (e.g., raising one's voice, too many talking at once).
- **'Choose Your Battles'** (i.e., "is this issue worth filling a beaker over?")

- **Use a code-phrase to prompt early intervention** (e.g., “is your beaker getting full?”) or develop a system to show others his beaker level (e.g. holding his hand somewhere on his body to signify how “full” he is).

When the child chooses to re-initiate contact with others, use this as an indicant that things have calmed to the point where reinitiating discussions of consequences and/or reparations is likely ‘safe’.

### **7. Will my child eventually begin to act upon the inappropriate things he/she says in the midst of a ‘rage’? What should we do?**

Many people think many inappropriate things or have urges to do many inappropriate things – particularly when upset. The vast majority of people, however, have the luxury of a good ‘braking system’ – the ability to inhibit such thoughts or urges and preventing them from becoming speech and/or actions. When our clients are robbed of such privacy, they may easily become the victim of their own neurology in that they are continually judged and consequenced for SAYING what many others in a similar circumstance may be THINKING (perhaps something like, “I just want to punch you in the face”).

In other words, the only difference between children with ‘leaky brakes’ and other children in this regard is that those with ‘leaky brakes’ are denied the dignity of keeping certain things to themselves.

Given this state of affairs, let’s return to the question – “will my child do everything he/she says? Does my child mean everything he/she says?” No. Just as many people have many fleeting thoughts that they do not intend to act upon AND THE REST OF US NEVER EVEN KNOW THEY HAD, our clients also have many thoughts (which accidentally become words) which they do not intend to act upon either.

Many parents who understand this attempt to restore their child’s dignity by not listening to, acting upon, or consequencing things said ‘in the heat of the moment’.