This profile is confidential and was developed for use by professional staff only. Its intended purpose, combined with other instruments, is to delineate directions for further assessment of this client. Recommendations made in this profile do not imply that existing treatment approaches should be replaced or modified. Statements in this profile should be interpreted as hypotheses for further consideration in combination with other assessment factors utilized in individualized and comprehensive screening.
# ASSESSMENT SUMMARY

<table>
<thead>
<tr>
<th>AREAS OF EVALUATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIMENSION TOTALS</td>
</tr>
<tr>
<td>EMOTIONAL SPECTRUM TOTAL SCORE</td>
</tr>
<tr>
<td>BEHAVIORAL SPECTRUM TOTAL SCORE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMOTIONAL SPECTRUM COMPONENTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL MOOD MANAGEMENT</td>
</tr>
<tr>
<td>INTERNAL MOOD MANAGEMENT</td>
</tr>
<tr>
<td>GENERAL STRESS MANAGEMENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BEHAVIORAL SPECTRUM COMPONENTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMOTIONAL FLEXIBILITY</td>
</tr>
<tr>
<td>PEOPLE SKILLS</td>
</tr>
<tr>
<td>SENSORIMOTOR SKILLS</td>
</tr>
</tbody>
</table>

## DESCRIPTION OF LEVELS

- **LEVEL 1:** No involvement, or low degree of dysfunctionality, or impairment
- **LEVEL 2:** Mild degree of involvement, dysfunctionality, or impairment
- **LEVEL 3:** Moderate degree of involvement, dysfunctionality, or impairment
- **LEVEL 4:** Significant degree of involvement, dysfunctionality, or impairment
- **LEVEL 5:** Severe degree of involvement, dysfunctionality, or impairment

<<: Area requiring immediate clinical attention and intervention
GENERAL MOOD MANAGEMENT

Being able to manage our emotions effectively helps us to deal with anxiety, aggressiveness, and other emotional problems. Being able to regulate one's emotions means that the child can use his or her feelings to make a better decision. Being emotional and being able to use emotions adequately also helps children to understand how someone else feels.

Depression, anxiety, and mood fluctuations are the most common difficulties encountered by children in terms of their general mood management. Although every child has periods of depression, anxious moments, and variations in moods, and such stresses are a normal and even necessary part of growing up, it is those children who are able to manage their emotions effectively and who are able to cope efficiently with normal feelings and mood changes who demonstrate the healthiest general mood management.

The most frequent and prominent symptoms of anxiety include unrealistic or excessive worry, unrealistic fears concerning objects or situations, exaggerated startle reactions, flashbacks of past trauma, sleep disturbances, various ritualistic behaviors as a way with dealing with anxieties, shakiness, trembling, muscle aches, sweating, cold/clammy hands, dizziness, jitteriness, tension, fatigue, racing or pounding heart, dry mouth, numbness/tingling of hands, feet or other body parts, upset stomach diarrhea, lump in throat, high pulse and/or breathing rate, and others. Anxiety can be experienced in various degrees, and for various reasons and may be related to a variety of causes. Under the right circumstances, anxiety can be beneficial. It heightens alertness and readies the body for action. Faced with an unfamiliar challenge, a person is often spurred by anxiety to prepare for the upcoming event, such as practicing speeches and studying for tests as a result of mild anxiety. Anxiety or fear, however, should not be disabling or interfere with emotional growth or social development.

Depression is a disturbance in mood characterized by varying degrees of sadness, disappointment, loneliness, hopelessness, self-doubt, and guilt. Most children tend to feel depressed at one time or another, but some children may experience these feelings more frequently or with deeper, more lasting, effects. In some cases, depression can last for months or even years. The most common type of depression is what is referred to as feeling blue or being in a bad mood. These feelings are usually brief in duration and have minimal or slight effects on normal everyday activities. It is probably more correct in these case to refer to dysphoric feelings rather than a formal depression for these relatively normal "downs" in mood. Likewise, mood fluctuations occur among all children and may become more pronounced during adolescence, when the child is not only undergoing profound hormonal, physical, and metabolic changes, but is simultaneously facing substantial changes in their self concept and responsibilities, all the while being caught in the "limbo world" of being neither child nor adult. Mood fluctuations become abnormal when they are so severe or so prolonged that they contribute to social, interpersonal, and behavioral problems.

Most of the clinical features of depressive disorder as diagnosed in adults have also been observed in children and adolescents, such as dysthymia, cyclothymia, major depression, and mania. However, there may be a different clustering of symptoms in children and adolescents than adults. There seems to be a more pronounced manifestation of psychomotor agitation in the children, while adolescents manifest delusions more frequently than adults. Secondary conduct disorders are frequent in both age cohorts. It is estimated that approximately 2% of adolescents meet the diagnostic criteria for major depression, with the female to male ratio of 2:1. The majority of cases of depression in adolescents have an insidious onset and occur as exacerbation of chronic affective conditions. About a half of children report the duration of depressive episodes as more than two years, about one third report a duration of less than two years. The most effective treatment for depression is a combination of psychotherapy and medication management either by the physician or prescribing psychologist. The following serve as good measures to judge the effectiveness of interventions in aiding with mood management disorders:
OUTCOME MEASURES:

- Appetite and sleep patterns are normal
- Weight is appropriate for height
- The child is alert and well adjusted and interacts well in society
- The youngster achieves appropriate goals and makes appropriate decisions
- For older children, alcohol/substance abuse is controlled/treated
- The child states that they feel better
- A decrease in somatic symptoms, such as stomach aches, headaches, chronic pain is obtained
- Mood normalizes, with expected variations
- Increased interest in or enjoyment of activities
- Psychomotor activity is normal
- Increased energy
- Improved concentration and decisiveness
- Adequate social participation
- Increased feelings of hope, improved self esteem

MILDLY COMPROMISED MOOD MANAGEMENT:

Ratings to the Children's Emotional Intelligence Rating Scale suggest that John demonstrates mildly compromised levels of general mood management. John is likely to demonstrate at least mild levels of anxiety and depression, and may show evidence of at least occasional mood swings. A psychological as well as a psychiatric evaluation may be considered, and differential diagnoses might include the adjustment disorders, the mood and affective disorders, the anxiety disorders, and stress or possibly even abuse disorders. In general, however, it will be helpful to monitor symptoms suggestive of anxiety and depression.

SYMPTOMS TO MONITOR:

- Restlessness or nervousness
- Increase in somatic symptoms, such as stomach aches, headaches, chronic pain
- Loss or changes in appetite.
- Diminished interest in or enjoyment of activities
- Psychomotor agitation or retardation
- Sleeplessness or hypersomnia
- Lack of energy
- Poor concentration and indecisiveness
- Social withdrawal or excessive gang or "clique" involvement
- Lowered self-esteem
- Possible grief issues

GOALS:

- Develop the ability to recognize, accept, and cope with feelings of depression
- Develop healthy cognitive patterns and beliefs about self and the world that lead to alleviation of depression symptoms

STRATEGIES TO MAXIMIZE GENERAL MOOD MANAGEMENT:

Treatment for mood disorders is varied and a number of approaches work equally well. Psychotherapy should be oriented toward resolving the presence of anxiety and depressive states. Education about relaxation and simple relaxation exercises, such as deep breathing, are excellent places to begin therapy. Progressive muscle relaxation and imagery techniques can be incorporated...
as therapy progresses. Psychotherapy and counseling also help to uncover reasons for anxiety and depression and enable John to work through these difficulties. These approaches are normally combined with medication management from the physician or prescribing psychologist.

PHYSICAL COMPONENT:

- Encourage cleanliness and neatness. Monitor and redirect the child on daily grooming and hygiene if necessary
- Relieve physical symptoms when possible
- Provide structure in the environment with opportunity to participate in meaningful activities
- Reinforce assumption of responsibility for activities of daily living.
- Provide recreational and diversionary activities such as swimming, jogging, walking, running errands, simple tasks and repetitive activities. Provide encouragement and opportunity for regular exercise
- Promote adequate sleep rhythms
- Help the child limit junk food intake and substitute raw vegetables or popcorn. Provide nutritious, regular meals
- Treat physical complaints matter of factly
- Help the child refrain from dwelling on physical complaints through distractions such as music or physical activity
- Give positive feedback when the child is symptom free

EMOTIONAL COMPONENT:

- Encourage expression of feelings associated with depression (anger, sadness, guilt, fear and helplessness) by listening actively, reflecting and clarifying.
- Listen carefully and nonjudgmentally to expression of feelings
- Show respect by calling the child by the given name
- Assist the child in identifying source of negative feelings about self
- Reinforce the child's expression of positive feelings about self
- Encourage the child to identify an verbalize feelings as they are experienced, through active listening and reflecting
- Encourage the youngster to assume responsibility for his own feelings by reinforcing positive behavior
- Discourage statements that reflect the child's lack of control over feelings
- Use role playing
- Assist the child in identifying automatic emotional reactions (fear or anxiety in response to particular events or thoughts
- Be available and accessible to the child
- Divert attention from preoccupation with painful feelings
- Ask to make a list of factors contributing to depression about and process the list
- Encourage the sharing feelings of depression in order to clarify them and gain insight as to causes.
- Verbally express understanding of the relationship between depressed mood and repression of feelings—that is, anger, hurt, sadness, and so on.
- Identify cognitive self-talk that is engaged in to support depression
- Replace negative and self-defeating self-talk with verbalization of realistic and positive cognitive messages.
- Assign the child to write at least one positive affirmation statement about self daily
- Assist in developing coping strategies (e.g., more physical exercise, less internal focus,
- Increased social involvement, more assertiveness, greater need sharing, more anger expression) for feelings of depression.
- Assist in teaching more about depression and accepting some sadness as a normal variation in feeling
- Assist in developing awareness of cognitive messages that reinforce hopelessness and helplessness
- Verbalize hopeful and positive statements regarding the future
- Make positive statements regarding self and ability to cope with stresses of life
- Engage the child in physical and recreational activities that reflect increased energy and interest.
- Reinforce positive, reality-based cognitive messages that enhance self-confidence and increase adaptive action.
- Reinforce social activities and verbalization of feelings, needs, and desires

**INTELLECTUAL COMPONENT:**

- Provide information about depression
- Allow adequate time for the child to respond
- Assist the child in distinguishing between thoughts and feelings
- Help the child identify negative thoughts and irrational beliefs
- Explore with the child relationship between negative thoughts, irrational beliefs and the state of depression.
- Help the child distinguish ideas from facts
- Assist the child in assuming responsibility for own thoughts and beliefs by providing feedback as the child expresses thoughts and beliefs
- Help the child identify illogical conclusions and painful feelings
- Teach the child to identify depressive thought patterns and to replace them with task-oriented coping methods
- Help the child realistically assess needs and identify those that are not being met
- Teach problem solving
- Teach the child to replace self-criticisms and negative thoughts with self affirmations
- Teach visualization techniques
- Help the child develop achievable goals that are directly relevant to the child's needs and develop action plans
- Discuss with the child situations events or changes that seem to be associated with the depression
- Minimize importance attached to possible errors in decision making
- Focus attention on daily progress and recognize all performance gains
- Provide distraction for the child when preoccupation with self is evident
- Assist the child in focusing on the present
- Stimulate the child's motivation to relieve depression with positive reinforcement
- Help the child identify personal strengths, assets and accomplishments

**SOCIAL COMPONENT:**

- Encourage the child to participate in activities with other people
- Assist the child in identifying typical behaviors in primary relationships, e.g. dependence or negativism
- Discuss with the child consequences of various behaviors exhibited in relationships
- Help the child identify behaviors that may be more appropriate and effective than present behaviors
- Encourage the child to practice alternative behaviors and to discuss responses from others
- Help the child set realistic limits in relation to other people
- Encourage the child to verbalize his needs
- Assist the child in recognizing that other people will not always be willing to meet needs
- Assist the child in acknowledging his own responsibilities in relationships
- Teach communication skills ("I" messages and empathic listening)
- Give feedback about exploitative or demanding behaviors
- Encourage the child to establish specific interaction times with significant other people in which a positive exchange occurs
- Encourage the child to make and accept positive statements about self and others
- Help the child identify potential areas of social interest
- Teach the child effective ways to deal with criticism from others
- Encourage the child to seek feedback from other people

Factors which characterize John's general mood management include the following:

True 3. Feelings are often hurt or easily hurt.
True 7. Gets nervous easily.
True 11. Thinks people are talking about him/her.
True 12. Says that people are trying to make him/her do or think things s/he doesn't want to.
True 16. Often becomes angry and breaks things.
False 17. Demonstrates good control over emotions.
True 18. Has mood changes without reason.
False 24. Dependable; often given assignments and trusted by teachers or others.
True 25. Is easily disturbed by others or events.
INTERNAL MOOD MANAGEMENT

A child must be able to recognize his or her own emotions before they can either learn to manage them or to be able to cope adequately with the emotions of others. Internal mood management is therefore one of the cornerstones of emotional health. The ability to manage one's internal moods involves knowing one's own emotions, being appropriately assertive without either aggression or overdependence, being able to develop and maintain good levels of self-esteem, developing levels of independence and autonomy, and being able to identify, set, and strive toward personal goals.

MILD DIFFICULTIES WITH INTERNAL MOOD MANAGEMENT:

The results of the Emotional Intelligence Test indicate that although levels of internal mood recognition and management are adequate, emotional coping skills may be improved and some mild difficulties may be noted.

LONG-TERM GOAL:

- Elevate self-esteem.
- Develop a consistent, positive self image.
- Demonstrate improved self-esteem through more pride in appearance, more assertiveness, greater eye contact, and identification of positive traits in self-talk messages.
- Improve ability to detect, label, and understand own emotions

SHORT-TERM OBJECTIVE:

- Increase awareness of self-disparaging statements.
- Decrease frequency of negative self-statements.
- Increase frequency of appropriately assertive behaviors.
- Decrease fear of rejection while increasing sense of self-acceptance.
- Identify positive things about self.
- Increase eye contact with others.
- Identify verbally and/or in writing needs for self and a plan for assertively satisfying those needs.
- Identify accomplishments that can be done to improve self-image and a plan to achieve those goals.
- Increase insight into past and current sources of low self-esteem; develop and work toward self-improvement

RECOMMENDATIONS:

Help John to identify and label internal feelings and emotions. Work with John to create and learn a list of "feeling words," to include not only basic emotions such as anger, hate, and love, but more complex feelings such as irritation, ambivalence, frustration, and caring. Many self-help programs are now available from mental health publishers and the internet. Explore self-help programs or work with John with therapeutic games such as the "Thinking, Feeling, Doing" game. Work on reading skills, and pick stories in which the main characters identify and cope with emotions typical of growing up.

Assist John in monitoring and recording weekly emotions and response patterns. For example, track emotions with a daily log which identifies the "ABC's of Behavior" - the antecedents which preceded an emotion or behavior (A) - the emotion or behavior itself (B), - and the consequences (C). Review each problems area to determine better ways to respond and help John generate alternative and better solutions. Assist in developing awareness of cognitive messages that reinforce hopelessness and helplessness, and reverse these with positive self-statements. Facilitate expression of painful feelings that cause John to withdraw from others or avoid recognizing his own emotions. Promote acceptance of painful feelings in a healthy, constructive manner.
Factors which characterize John's internal mood management include the following:

- True 29. Seems unaware of problems or conflicts; poor insight.
- True 34. Wants to run things; bossy, make rules, manage games, etc.
- False 35. Seen by others as a good "team player".
- False 41. Often motivates self.
- True 42. Requires constant supervision and structure.
- False 46. Sets and works toward age-appropriate goals such as improved grades, sports achievements, things desired etc.
- True 50. Unable to delay gratification; wants things immediately.
GENERAL STRESS MANAGEMENT

Some people feel that successful "stress management" means being able to "get rid" of stress. However, it is not possible to relieve ourselves of all of our stress, nor would it even be advisable. Life is full of stress, and it is inevitable that we will all face significant stress in our lives. Research indicates that our ability to manage and cope with stressful events is one of the most important factors of our emotional stability as well as an important factor for good physical health. Research also shows that individuals who fare best in stressful situations are not those who "do without" or "get rid" of stress, but those who learn to cope and manage stressful events successfully.

Prominent symptoms of stress include unrealistic or excessive worry, unrealistic fears concerning objects or situations, exaggerated startle reactions, flashbacks of past trauma, sleep disturbances, various ritualistic behaviors as a way with dealing with anxieties, shakiness, trembling, muscle aches, sweating, cold/clammy hands, dizziness, jitteriness, tension, fatigue, racing or pounding heart, dry mouth, numbness/tingling of hands, feet or other body parts, upset stomach, diarrhea, lump in throat, high pulse and/or breathing rate, and others.

Individuals affected by high levels of stress will also show a low tolerance for frustration and tend to be easily annoyed, eager to escape distress, intolerant of other people's mistakes, easily fatigued, and more susceptible to a variety of physical and emotional stress-related problems. Stress, in fact, has been proven to either cause or at least exacerbate essentially all medical problems. On the contrary, youngsters with good stress management seem to be work best when faced with a challenge and can accept and cope well with the demands made by others or the environment. Effective stress management also leads to improved mental and physical well-being as well as increased resistance to illness.

MODERATE LEVELS OF STRESS:

Results of the Emotional Intelligence Test suggest that John currently demonstrates moderately impaired levels of stress management, and is at risk for some stress-related symptoms. John is likely to have trouble facing and meeting some challenges successfully, and he is likely to be susceptible to a wide variety of stress-related risks. John will also likely show a low tolerance for frustration and will tend to be easily annoyed, will be eager to escape distress, will be intolerant of other people's mistakes, is likely to be easily fatigued, and is susceptible to a variety of physical and emotional stress-related problems.

RECOMMENDATIONS:

- Identify levels of stress
- Help the child identify threats causing stress
- Identify duration and nature of the stress
- Explore meaning of threat to client by discussing effect of threat on self and health
- Help the child to increase their organizational skills
- Set schedules that allow for plenty of breaks. For instance, work for 15 or 20 minutes and then take a 5-minute break.
- Break down longer, complex tasks into a series of shorter tasks.
- Provide a structured environment for the youngster at home and at school by establishing daily routines and schedules that are consistently followed in order to reduce the child's need to plan and organize.
- Help the child complete complex or stressful tasks by breaking them down into easier-to-accomplish, sequential steps. Use simple problem solving formats to provide a learning structure for reasoning and the understanding of how to go about solving new problems.
- Teach the child the processes used to problem-solve, in order to cope with and reduce stress by teaching the youngster to (1) identify possible alternative solutions, (2) to determine which of the alternatives is most likely to be successful, and (3) to develop and carry out a plan of action. Learn to anticipate behaviors that precede impulsive, out-of-control behavior
and "defuse" the child's behavior before it escalates (e.g. encourage the youngster to count to 10, take a deep breath, use time out or pacing strategies, etc.).

- Try to discriminate when the child "can't" do something versus "won't" do something.
- Provide recreational and diversionary activities such as swimming, jogging, walking, running errands, simple tasks and repetitive activities.
- Promote adequate sleep and normal sleep schedules.
- Assist the child in relaxing with relaxation exercises and deep breathing and in reducing hyperventilation.
- If the youngster has been the victim of rape, assault, abuse, or molestation, refer to appropriate professional person.
- Provide the youngster with telephone number, contact, or strategy for emergency or crisis situations (hotline clinics, pastor, emergency rooms and mental health centers).
- Help the child find other ways to express anxious feelings, for example, by physical activity or talking with a supportive person.
- Identify behaviors that indicate that stress is mounting such as restlessness, pacing, tenseness, or irritability.
- Discuss with the child fears and worries.
- Allow specified "worry time" (e.g., 15 minutes each day at 10 am).

Factors which characterize John's management of stress include the following:

False 53. Is able to "pace" self by following work, play, and rest schedules.
True 54. Talks about or indicates stress at home.
False 56. Involved in sports.
True 57. Appears tired as if s/he does not get enough sleep.
False 60. Handles stress well.
False 61. Able to delay gratification or work toward future goals.
True 62. Is often restless and/or overactive.
True 63. Does not finish work or assignments.
False 64. Demonstrates good listening skills and attention span.
True 65. Often has temper outbursts or temper tantrums.
False 66. Very careful with property and belongings; never breaks or destroys things.
True 67. Quick to react; often does not think or listen.
True 68. "Runs off at the mouth" or often acts without thinking.
False 69. Follows directions well.
EMOTIONAL FLEXIBILITY

Mental flexibility is not only one of the hallmarks of cognitive intelligence, but is also a key factor for understanding and getting along with others. While mental flexibility helps a student to learn more quickly in the classroom, emotional flexibility not only helps the child learn rapidly about new people and friends, but similarly aids in the avoidance of stereotypes, prejudices, and inability to change opinions in the light of new facts or information. Youngsters who demonstrate emotional flexibility are able to solve problems effectively, are practical and realistic, and easily adapt to change. Children who lack emotional flexibility tend to engage in simplistic thinking along with other characteristically self-defeating mental patterns. One difficulty is in terms of thinking simplistically. In simplistic mental processing, thought patterns are impulsive and characteristically are simplistic, undeveloped, abbreviated and disconnected from other thoughts or ideas. Because the mind is operated in spurts, there will be times when the child is "mind storming" in sharp contrast with the times when he feels "blank" or "brain dead".

The emotionally rigid child lacks thoughtfulness, insight, and the common thread which would integrate the different parts of his mind. As a result, when the child processes a new thought, his thought will be processed in a rigid manner without taking into account the other factors which should give input into the decision making process or into the making of the conclusion resulting from the processing of all considered information. When the child is disorganized inside his or her mind and discounts important information, he is unable to plan ahead, lacks in preparation, is unable to apply himself in a systematic way, is unable to follow step by step instructions, and will resist regimentation or discipline, just to name a few.

When faced with a problem, the child with mental inflexibility often wants a "quick fix" to the problem. Usually when the child is acting impulsively and rigidly, he doesn't want any complex solutions or treatments because he doesn't want to struggle hard to get the benefits. Things are preferred to be "short and easy." The sound judgment of the child is decreased by mental inflexibility through a variety of ways; the child may jump to conclusions, often acts without thinking, is usually unprepared, has not connected with the different parts of the mind, etc.

The inflexible youngster will often make the same mistake twice: To learn from experience, the child needs to do the opposite of what he has been doing when he has been acting rigidly, be able to suspend judgment, and be able to consider and integrate alternate approaches or hypotheses. For example, to learn from experience, the child needs to think about what happened and analyze it in detail. After the analysis, the child needs to make a rational conclusion which in turn will affect his philosophy when at a later point conclusions become thoroughly integrated in the mind. To learn from experience, the child needs to remember the last mistake so that he will not repeat it in a new situation. More importantly, to learn from experience the child should see reality in its details and refrain from rationalizing, denying, dissociating, repressing, or attributing the causation to the wrong person or factor.

MODERATE DIFFICULTIES WITH EMOTIONAL FLEXIBILITY:

Scores on the Emotional Intelligence Test suggest that John is likely to demonstrate significant mental rigidity and at least some degree of impaired levels of emotional flexibility. John is like to be seen by others as being rigid, concrete, and inflexible, and may often have trouble forming opinions and incorporating and processing new facts as they become available. They are likely to be able to see only one side of any argument and to have significant difficulty in being able to analyze and readjust to different hypotheses or solutions. John is likely to see things only in terms of being "black and white," and often times becomes "stuck" and immovable.

John is likely to be intolerant with other children and adults and to have trouble making friends. Due to these difficulties, John is likely to be susceptible to dysfunctional peer influences, "clique," or even gang activity. Even when making friends, John is likely to have difficulties in keeping stable relationships, even when minor or expected conflicts or friction arise. John may have difficulty
seeing things from another's perspective even when pointed out by others and is likely to be argumentative even when "faced with the facts." Such youngsters frequently fail to accept their own shortcomings, are unrealistic and impractical, refuse to take responsibility for their own actions, and blame their own problems upon others. Although they tend to do poorly in formal therapy as a result of these problems, some type of mental health interventions should definitely be considered.

RECOMMENDATIONS:

Continue to encourage John to expand his horizons and to exercise a wide variety of interests. Involve John in a variety of sports and social activities, extracurricular clubs or religious groups, or arrange exchange student experiences. Some such children respond well to therapeutic camps or wilderness challenge experiences, especially disadvantaged urban children who may not have had the ability to have such experiences. The "contingency-based, natural consequences" system of behavior management programs of such experiences often help these youngsters to develop cooperative and realistic behavior patterns rather than unduly competitive and self-defeating patterns. For example, if you do not fix your bed and your meal when on a camping trip, you don't get to eat and you learn the consequences of your behavior as well as the fruits of your inflexibility! Similarly, gang activities and dysfunctional peer relationships should be identified, terminated, and healthy relationships substituted and encouraged.

Classroom and extracurricular activities which stress problem solving, hypothesis generation, the processing of a variety of options, and the exposure to a variety of ideas should be encouraged. Games and exercises such as chess or even computer games which emphasize problem solving and which present John with a variety of options which they have to choose may be helpful. Chess, while perhaps considered "nerdy" by today's standards, was originally developed to teach mental flexibility and battle tactics and strategies, and modern computer games which achieve the same ends may also be used if they are not relied upon strictly for their entertainment value.

Exposure to a variety of ideas, ethnic groups, and lifestyles also helps to develop mental flexibility and to diminish rigidity and intolerance. History courses which review historical events from different perspectives and the viewpoint of a variety of angles or ethnic perspectives, exposure to ethnic celebrations and a variety of religious viewpoints, and exercises such as home economics assignments for boys and auto repair assignments for girls will help in continuing to develop a tolerance for others and the ability to see things from more than one perspective. Role playing may be used to good effect, as can be classroom or home discussions of movies which present moral dilemmas and a variety of choices, such as the recent screenplay "William Shakespeare's Romeo and Juliet," set in modern Los Angeles.

Factors which characterize John's emotional functioning profile include the following:

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<tbody>
<tr>
<td>False 71. When problems arise, can talk to other children and figures out ways to solve the problem.</td>
<td>True 73. Gets mad when things don’t work right and quits.</td>
</tr>
<tr>
<td>False 74. Works on ways to improve grades when s/he has trouble with a subject.</td>
<td>True 75. Cannot accept criticism and becomes angry or destructive, blaming of others, or quits.</td>
</tr>
<tr>
<td>False 76. Demonstrates positive motivation - tackles new problems rather than shies away from them.</td>
<td>False 77. Demonstrates good study and homework skills; good practice skills for subjects such as music, sports, and extracurricular activities.</td>
</tr>
<tr>
<td>True 79. Never seems to accomplish much.</td>
<td>True 81. Sets realistic goals in classes and sports.</td>
</tr>
<tr>
<td>False 83. Often daydreams or appears unrealistic.</td>
<td>True 86. Fears new situations.</td>
</tr>
<tr>
<td>False 87. Copes well with new teachers, classes, etc.</td>
<td>False 88. Changes in routine or environment do not bother him/her.</td>
</tr>
</tbody>
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True 89. Prefers a routine and predictable environment.
False 91. Makes new friends easily.
True 92. Hard for the child to change their mind or listen to others.
True 93. Has trouble changing old habits.
False 94. Accepts instructions and criticism well.
PEOPLE SKILLS

Many less impaired children who might meet criteria for an impression of having difficulties with "people" or "interpersonal" skills may be simply viewed as being "unusual" or "just different," and to have frequent trouble with friends. More impaired children may appear "confused" much of the time in social or interpersonal situations despite adequate intelligence. Closer observation will at times reveal a social ineptness brought about by misinterpretations of the body language and/or tone of voice of others, and the youngster may have trouble with "reading" the emotions or intentions of other children and adults. The child does not perceive subtle cues in his environment such as: when something has gone far enough; the idea of personal "space"; the facial expressions of others; or when another person is registering pleasure (or displeasure) in a nonverbal mode.

Deficits in social awareness and social judgment, though the child is struggling to fit in and the actions may well not be deliberate, will often be misinterpreted as "annoying" or "attention getting" behavior by adults and peers alike. Many of these students are motivated to conform and adapt socially, but they perceive and interpret social situations inaccurately. Therefore, the cornerstone of "people skills" is being able to perceive and interpret the needs, emotions, and motivations of others and be able to move away from self-centeredness. The adage of "in order to get a friend, be a friend," remains true.

The social indiscretions frequently committed children with poor "people skills" are also representational of difficulty in being able to discern and/or process perceptual cues in communication. The child may be ineffective at recognizing faces, interpreting gestures, deciphering postural clues, and "reading" facial expressions. Conventions governing physical proximity and distance are also not perceived. Changes in tone and/or pitch of voice and/or emphasis of delivery are not noticed or distinguished.

Once the intentions, emotions, and feelings of others are adequately recognized, the child must have an adequate repertoire of specific social skills in order to be a good "people person." Skills at extroversion, being able to meet people, showing a genuine interest in others, turn-taking skills, skills at collaboration and problems solving, and teamwork skills are all examples. Girls, who tend to be more process and people oriented than boys, are often more proficient in these areas. Youngsters with better developed "people skills" are better able to network as adults and have greater social resources; doors of opportunity in business careers as well as family opportunities seem to open more easily to them.

POORLY DEVELOPED PEOPLE SKILLS:

Responses to the Children's Emotional Intelligence Scale suggests that John demonstrates rather poorly developed "people skills." John is likely to have some trouble meeting and making friends, and may have at least occasional conflicts with the friends that he has. John is likely to have at least occasional difficulties in understanding the emotions, needs, and desires of his peers and may be at times part of a team and at other times more isolated to self. He will at times have trouble in "reading" others well and teamwork, collaboration, and interpersonal problem solving may be shown somewhat erratically. Potential difficulties which may be monitored are:

- occasional difficulties in interacting with peers
- lack of desire to interact with peers
- poor appreciation of social cues
- socially and emotionally inappropriate responses
- difficulty adjusting physical proximity; poor understanding of personal space or boundaries
RECOMMENDATIONS:

- Teach the child to establish and maintain eye contact when speaking to teachers and peers.
- Teach the child to be respectful of peer's opinions and to seek them when possible.
- Help the child to be positive in communicating with teachers and peers.
- Help the child to share their expertise (good athlete, plays musical instruments, etc.) and special interests with peers.
- Teach the child initiate discussions with peers. Follow this up with the teaching of active listening, responding, and turn-taking skills.
- Teach the child how to respond appropriately to peers in social situations.
- Use role playing.
- Teach the child to compliment peers when appropriate.
- Help the child to accept the success of peers without making negative comments.
- Teach the child to attempt to learn the interests of peers.
- Help the child to develop the skills necessary to participate appropriately not only in class, but in extracurricular and other social activities.

Factors which characterize John's people skills include the following:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>False 97.</td>
<td>Has lots of friends.</td>
</tr>
<tr>
<td>True 100.</td>
<td>Bothers or disturbs other children.</td>
</tr>
<tr>
<td>False 104.</td>
<td>Works well with others.</td>
</tr>
<tr>
<td>False 105.</td>
<td>Often picked by others for games or activities.</td>
</tr>
<tr>
<td>True 106.</td>
<td>Is shy with others and adults.</td>
</tr>
<tr>
<td>True 107.</td>
<td>Often avoids others or daydreams.</td>
</tr>
<tr>
<td>False 110.</td>
<td>Considered by others to be a good &quot;team player&quot; in sports and activities.</td>
</tr>
<tr>
<td>False 111.</td>
<td>Is involved in extracurricular activities such as sports, cheerleading, scouting, church activities; school clubs or projects for older children.</td>
</tr>
<tr>
<td>True 116.</td>
<td>&quot;Sasses&quot; adults and authority figures.</td>
</tr>
<tr>
<td>True 117.</td>
<td>Resists or disobeys school and teacher rules.</td>
</tr>
<tr>
<td>False 118.</td>
<td>Has qualified for Honor Roll or other academic awards.</td>
</tr>
<tr>
<td>False 122.</td>
<td>Tries to help other children, especially those younger.</td>
</tr>
<tr>
<td>False 123.</td>
<td>Consoles other children when they are upset.</td>
</tr>
</tbody>
</table>
SENSORIMOTOR SKILLS

Children with poorly developed sensorimotor skills often have trouble with competitive social sports. Due to their poor performance, the risk of social rejection and lowered self esteem is particularly high. In addition, children with poor coordination not only seem to be "clumsy" with their motor skills but are often "clumsy" in knowing how to make and keep friends. They may misinterpret the needs or wants of others, be poor judges of interpersonal boundaries, and have difficulty in "reading" the emotions or needs of others. The may therefore also be rejected by other children as being "nerds," "dorks," or "kids who don't fit in."

With children exhibiting difficulties with sensorimotor development, it is often helpful to involve the child in noncompetitive sports in which social pressure is much lower and in which the child can compete with self rather than others, and can compare his improvement with his own pace of development. Snow skiing, water skiing, and aquatic activities, when possible, are excellent vehicles for both motor development as well as the development of self esteem. Such activities can comprise a sports group which may be considered "individual noncompetitive" in that the child competes against self. A more "esoteric" sport such as snow skiing, for example, often gives children a particular boost of self esteem when they learn that "I really can do this!" Gymnastics, track, golf, the martial arts, and similar activities are all sports in which the child may gauge and pace their own performance rather than being constantly judged in relation to others. Pick sports and activities at which the child can be successful and build upon these successes gradually to build both motor skills and self esteem.

Other motor and physical activities may be very helpful in developing and maintaining motor skills. Crafts, drawing, art, and building activities help to build both motor skills and self esteem. Although the instructor may not wish to impose or reinforce stereotypes, girls may still enjoy sewing, needle point, crafts, and cooking and homemaking activities. Boys may prefer model building or construction. Fishing, insect collecting, stamp or coin collecting are activities which can increase eye-hand coordination and which can be enjoyed by anybody. Video games were thought in the 1980s to have special potential to increase eye-hand coordination, but these gains have proved to be negligible or modest at best. Children may also run the risk of being preoccupied with "Sega," "Nintendo," or similar games actually to the decrement of social interaction. Therefore, video game participation may be engaged in moderation and with supervision, but should not exclude other activities or relied upon excessively to produce significant gains in sensorimotor skills.

GENERALLY WELL DEVELOPED MOTOR SKILLS:

The results of the Emotional Intelligence Test demonstrates that John shows generally intact physical, communicative, and sensorimotor functioning. John should be able to participate adequately in sports, social, and school activities. Few, if any, physical or sensorimotor difficulties are noted.

LONG-TERM GOAL:
Maintain adequate physical, sensorimotor functioning, and physical and aerobic conditioning.

SHORT-TERM OBJECTIVE:
State commitment to maintain physical and aerobic conditioning, if needed.
THERAPEUTIC INTERVENTION:

- Stress behavioral health wellness models which emphasize constructive activities, healthy interpersonal relationships, and effective stress management strategies.
- Continue to engage in a variety of physically stimulating and challenging activities.
- Maintain adequate diet, exercise, and stress management regimes.
- Avoid substance misuse/abuse as well as excessive junk food. A mixture of team competitive and individual noncompetitive sports should be emphasized.
- Scouting or similar activities also build a variety of physical and mental skills.

Factors which characterize John’s sensorimotor skills include the following:

   False    128. Participates and is good at a variety of athletic activities.