YOUNG CHILDREN AND TRAUMA

Finding the path from risk to resilience

EMPOWERING CHILDREN THROUGH LANGUAGE

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DISCLOSURE

Financial Disclosure:

- Paid Consultant, Intellectual property rights
  I am currently being reimbursed as the curriculum developer of a 2 Generation Executive Functioning Program by The Family Partnership, Minneapolis, Minnesota. The project began in the Fall, 2017, and will continue through December, 2020 or beyond. The Family Partnership is the owner of the copyright on the program and has publication rights. I have intellectual property rights to the content.

- I have also received reimbursement for developing a course that covers some of the same information as this presentation for Virginia Commonwealth University and the Virginia Association for Infant Mental Health.

Non-Financial Disclosure: I do not have non financial relationships relevant to the content of the session.

THE PATH FROM RISK TO RESILIENCE

- Trauma
- Adverse Childhood Experiences (ACES)
- Neurological impact
- Behavior
- How does trauma impact the development of communication?
- Resilience
  - What is resilience?
  - How do we promote it?
- Language of resilience: facilitating relationships and executive functioning
- 2 Generations: a curriculum to build the language of resilience
- Strategies to take home with you
- Self care

TRAUMA

"Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love."

(Tara Brach, 2011)

It was unexpected.
The person was unprepared.
There was nothing the person could do to stop it from happening (Trauma Recovery website, 2018).

CHILDHOOD TOXIC STRESS

Severe, prolonged, or repetitive adversity
(with a lack of the necessary nurturance or support of a caregiver to prevent an abnormal stress response.)

This (chronic stress response).....results in prolonged cortisol activation,... with failure of the body to normalize changes after the stressor is removed.

Children who experience early life toxic stress are at risk of long-term adverse health effects...

Adverse health effects include maladaptive coping skills, poor stress management, unhealthy lifestyles, mental illness and physical disease. NIH, 2014.
SOURCES OF TOXIC STRESS/TRAUMA: ADVERSE CHILDHOOD EXPERIENCES

- Maternal depression
- Homelessness
- Violence
- Mental illness/caregiver
- Maltreatment
- Disasters
- Death/loss
- Caregiver incarceration

ACES LONGITUDINAL STUDY (1995 TO PRESENT)

- Adverse childhood experiences are common. For example, 28% of study participants reported physical abuse and 21% reported sexual abuse.
- Adverse childhood experiences often occur together. Almost 40% of the original sample reported two or more ACEs and 12.5% experienced four or more. As researchers followed participants over time, they discovered that a person's cumulative ACEs score has a strong, graded relationship to numerous health, social, and behavioral problems throughout their lifespan, including substance use disorders.
- Many problems related to ACEs tend to be co-occurring.

LONG TERM EFFECTS OF ADVERSE CHILDHOOD EXPERIENCES

TR AUMA/STRESS IS CUMULATIVE

- Isolated traumatic incidents produce specific conditioned responses.
- Ongoing and chronic maltreatment or recurring traumatization has pervasive effects on neurobiologic development (van der Kolk, 2003).

WHEN? HOW MUCH? WHO?

STRESS RESPONSE SYSTEM

- CRH - Corticotropin-releasing hormone
- ACTH - Adrenocorticotropic hormone
- Hypothalamus
- Adrenal gland
- Cortisol
- Pituitary gland
**TOXIC STRESS DURING EARLY DEVELOPMENT/ADULT OUTCOMES**

<table>
<thead>
<tr>
<th>Increased</th>
<th>Decreased</th>
</tr>
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<tbody>
<tr>
<td>Cortisol (stress hormone)</td>
<td>Hippocampus volume</td>
</tr>
<tr>
<td>Amygdala activity (fight</td>
<td>(episodic and verbal memory)</td>
</tr>
<tr>
<td>and flight)</td>
<td>Prefrontal cortex activation</td>
</tr>
<tr>
<td>(Bremner, 2006)</td>
<td>(executive function)</td>
</tr>
<tr>
<td></td>
<td>Development of left</td>
</tr>
<tr>
<td></td>
<td>hemisphere (language)</td>
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**WHAT IS EXECUTIVE FUNCTIONING?**

- Monitoring and modifying thoughts, emotions, impulses, performance, and attention.
- Both conscious and unconscious processes.
- Ability to monitor your current internal state in relation to the goal you are attempting to achieve AND
- Making the necessary adjustments toward achieving the goal (Baumeister & Vohs, 2004).

**TWO TYPES OF EXECUTIVE FUNCTIONING**

- Dorsolateral prefrontal cortex: "cold" executive function; appropriate behavior on cognitive tasks (Banfield et al., 2004). Requires working memory and flexible rule use.
- Orbitofrontal (ventromedial) cortex: "hot" executive function; interconnected with limbic structures involved in emotional processing (Banfield et al., 2004), social and emotional decision-making, and motivation (Hongwanishkul, Happeney, & Zelazo, 2005).

**WHERE IS EXECUTIVE FUNCTIONING LOCATED IN THE BRAIN?**

- Prefrontal cortex: the anterior portion of the frontal lobes (NIH).

**COMPONENTS OF EXECUTIVE FUNCTIONING**

- Working memory: hold on to information while using it.
- Flexibility: moving between tasks or between task rules.
- Inhibition: suppressing a dominant response (Diamond, 2006; Huizinga, Dolan, & van der Molen, 2006).
- Persistence.
- Delaying gratification (Carlson, Mandell, & Williams, 2004).
POST TRAUMATIC RESPONSES

- Neural response to trauma can be elicited by what may appear to be minor stressors (i.e., trauma "triggers.")
- Sympathetic Nervous System: Getting ready for "fight" or "flight"
  - Heart rate increases
  - Respiration becomes rapid and shallow
  - Stored sugar is released
  - Muscle tone increases
  - Hypervigilance
  - Tuning out of all noncritical information

YOUNG CHILDREN: HYPER AROUSAL TO DISSOCIATION CONTINUUM (PERRY ET AL., 1995)

RESPONSE TENDENCIES VARY BY AGE AND GENDER

VICARIOUS TRAUMATIZATION

ADVERSE CHILDHOOD EXPERIENCES AND LANGUAGE DEVELOPMENT

- Increased and sustained production of cortisol
- Potential negative impact on brain development

Sociolinguistic

- Decreased caregiver interaction
- Decreased and limited language input

Disability

- Children with disability are at increased risk for maltreatment.
- TD children: 9%
- Children with disability: 31% (Sullivan & Knutson, 2000)

COMMUNICATION CHARACTERISTICS OF MALTREATED CHILDREN

Receptive language: Maltreated children are at increased risk for receptive language problems.

Maltreated children are also at increased risk for expressive language problems. Differences between typically-developing and maltreated children were larger for expressive language than for receptive (Lum et al., 2015).

Inability to initiate or sustain conversation risk factor for development in other domains (Coster et al., 1989).

Fewer internal state words ([Beeghly & Cicchetti, 1994]).
MALTREATMENT MAY CONTINUE TO IMPACT LANGUAGE

At age five, children maltreated before 2 continued to exhibit language difficulties, including:
- Decreased syntax/grammar skills
- Less complex language
- Decreased receptive vocabulary

Girls in maltreated group did more poorly than boys (Eigsti & Cicchetti, 2004).
Adolescents who had been physically abused as children demonstrated fewer personal narratives during conversation (McFayden & Kitson, 1996).

MANDATED REPORTERS

- 35% of children with speech/language impairment are maltreated (Sullivan & Knutson, 2000).
- Childhelp Hotline. 1-800-4-A-CHILD can help you decide how to act for child’s safety.
  - Available 24/7
  - Confidential
  - It’s our job to report, not to decide whether child is maltreated.
  - Advocate for policies and procedures that protect children.

RESILIENCE

The capacity of an individual to adapt successfully to disturbances that threaten function, viability, and development (Masten, 2014)

PROTECTIVE FACTORS

- Healthy brain
- Close relationship(s) with competent and caring adult(s)
- Committed family
- Effective schools and communities
- Opportunities to succeed
- Belief in self (result of positive interactions with world) Masten, 2014

SELF REGULATION AND RESILIENCE BEGINS WITH RELATIONSHIP

Mother and newborn are “programmed” for an attachment relationship.
Infant survival depends upon this relationship.
“Return and serve” interactions promote regulation of infant needs.
WHY DO WE CALL IT SELF-REGULATION?

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Consistent Regulation</td>
<td>Up to late adolescence/adult—refining.</td>
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<tr>
<td>Monitored self-regulation</td>
<td>Preschool and early school-age.</td>
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<tr>
<td>Guided self-regulation</td>
<td>Toddlerhood—complete reliance on caregiver.</td>
</tr>
<tr>
<td>Co-regulation</td>
<td>2 to 3 months—complete reliance on caregiver.</td>
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<tr>
<td>Caregiver-cued regulation</td>
<td>3 to 6 months—complete reliance on caregiver.</td>
</tr>
<tr>
<td>Caregiver regulation</td>
<td>Birth to 3 months—complete reliance on caregiver.</td>
</tr>
</tbody>
</table>

HELPING TO BUILD AGENCY (PERCEIVED EFFECTIVENESS)

(VOGOTSKY, 1986)

STEELING EFFECTS

- Racial/ethnic identification is a protective factor.
- Pride in heritage and cultural traditions.
- Cultural community can provide ways, means to deal with prejudice, bias, barriers.
- Retaining one's language or origin is protective factor for second generation immigrant youth (Garcia Coll et al., 2012).

I CAN DO BOTH!
SUMMING UP RESILIENCE

Resilience is COMMON.
Resilience can be promoted!
Encourage traits and behaviors that create resilience (instead of eliminating/preventing problems).
There are many paths to resilience.
Resilience can happen at any stage of our lives.

ATTACHMENT ... THE MOST IMPORTANT RESILIENCE FACTOR

- The tie or bond that the infant forms to its primary caregiver(s).
- Activated by the infant in times of stress.
- Based on the pattern of the caregiver’s responses over time, a system develops.
- This becomes the child’s “internal working model” for:
  - How relationships work (What can I expect?)
  - Whether the world is a safe place to learn & explore.
  - Whether I am worthy of care.
  - Whether I have the ability to get my needs met.

This pattern in place by one year of age (Fallon, 2015).

IT’S ABOUT CONNECTION

- “Attachment is the single most important place to start ….. when you are faced with a child with challenges….. The first step in working with a challenging child is to examine your personal relationship with that child and to find ways to strengthen that relationship.” (Bilmes, 2004).
- Healthy attachment means that the child can
  - Look to adults for love and affection.
  - Depend on adults for safety and security.
  - Seek out adults for conversation and plan.
  - Accept adult’s help and comfort.

THE POWER OF RELATIONSHIP

- Children will act out attachment they have learned and can relearn through relationships with other adults (Erickson & Egeland, 1987).
- Dopamine facilitates new learning (Waelti, Dickinson, & Schultz, 2001).
- Explicitly and persistently contradict the child’s negative expectations.

INTERNAL STATE WORDS AND EXECUTIVE FUNCTIONING

Children’s ability to use internal state words at 2 years of age predicted their performance on executive functioning tasks at 2 & 3 years of age, controlling for age, gender, and overall verbal ability (Carlson, Mandell, & Williams, 2004).

Providing internal state words for experiences is an antidote to sensory numbing. It increases self awareness and expression of feelings.
PERCEPTION

Taste

PHYSIOLOGY

Thirsty

VOLITION AND ABILITY

Want/need (food)

EMOTION/AFFECT

Cry

EMOTION/AFFECT
(“HAPPY, SAD, ANGRY”)

Mothers’ emotion/affect talk to toddlers at age 2.

Child’s emotion/affect talk at age 3.


Emotion Vocabulary & Emotional Intelligence

Well, I’m disappointed that we are behind schedule, but hopeful that we can complete the project on time.

What’s your reaction to the meeting?
COGNITION/MENTAL STATE

Play/Pretend

MORAL JUDGMENT/OBLIGATION

Have to (go to bed)

EXECUTIVE FUNCTIONING IS BUILT ON...

- Self-reflection
- Self-evaluation
- Planning for future
- These are developed through personal narratives

PERSONAL NARRATIVES

First narratives to develop. Stories that we tell about ourselves and our experiences.

Important to the development of self-awareness and executive functioning.

Link external events with our feelings, thoughts, and reactions through the use of internal state words.

DEVELOPMENT OF PERSONAL NARRATIVES

- Provide “high point” (6-4 years of age)
- Resolution

- Provide order of actions (next, then, etc.)
- Cause/effect (because, so that, etc.)

- Relate 1 action
- Relate 2 actions
- Relate 3 or more actions

OTHER ELEMENTS OF PERSONAL NARRATIVES

- Personal narratives entertain. Narrators develop the ability to tell the narrative with “drama.”
- They are part of relationships and relationship building. Communicating a sequence of events may not be the priority.
- Within a family or community, providing a reference to a given person places the narrative in time and place.
- A person, and object, or a common theme may link more than one narrative and/or transition from one narrative to the next.
PERSONAL NARRATIVES ARE A PART OF OUR CULTURE

<table>
<thead>
<tr>
<th>African-American</th>
<th>Spanish-speaking American</th>
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<tbody>
<tr>
<td>Parallelism/repetition</td>
<td>Reference to family members</td>
</tr>
<tr>
<td>Narrative Development</td>
<td>Cohesion</td>
</tr>
<tr>
<td>Topic-centered</td>
<td>Signal what, when, when</td>
</tr>
<tr>
<td>Topic-associative</td>
<td>Use of past progressive (we were fishing)</td>
</tr>
<tr>
<td>Elaboration</td>
<td>Emphasis on flow of conversation vs.</td>
</tr>
<tr>
<td>Referencing</td>
<td>sequencing of events.</td>
</tr>
<tr>
<td>(McCabe &amp; Bliss, 2003)</td>
<td>Switching between Spanish and English.</td>
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</tbody>
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PERSONAL NARRATIVE TO INSPIRE

CHANGE YOUR THOUGHTS, CHANGE YOUR CIRCUMSTANCES!

FACILITATING PERSONAL NARRATIVES

- Model
- Imitate and expand
- Provide prompts
- Provide opportunities
- Reminisce
- Fictional narratives
- Biographies

SERVE AND RETURN TO PROMOTE PERSONAL NARRATIVE DEVELOPMENT

- What happened first?
- What happened next?
- Then what happened?
- I wonder why……………

MORE APPS FOR PERSONAL NARRATIVES

- Pictello with voice recording option: $19.99
  mt=8

TWO GENERATION EXECUTIVE FUNCTIONING

- The Family Partnership
- Minneapolis, Minnesota
- Christine Wing, CCC, SLP, Ph.D.
**TWO GENERATION EXECUTIVE FUNCTIONING: CHILDREN'S CURRICULUM**

- Daily 30-45 minute lesson.
- Provided to children 3-5 years of age in a preschool/daycare setting.
- Presents each of six categories of internal state words.
- Includes songs, books, videos, art activities, play themes.
- Provides opportunities for children to tell personal narratives.
- Ways to expand/clarify during book reading are provided.

**WORKING IN SMALL GROUPS**

- Allows caregivers to build closer individual relationships with children.
- Facilitates caregiver/child relationship.
- Mirrors normal language development by increasing opportunities for more responses to what children say.
- During verbal turn taking, the adult provides responses that expand on and clarify what the child says. This is a very effective way to help children develop language.
- Allows children to more successfully self-regulate.

**THE MONSTER AT THE END OF THE BOOK.....“I’M SO EMBARRASSED!”**

**THE MOST IMPORTANT PART OF THE CURRICULUM IS.............**

- The relationship between child and adult.
- Brains are wired to learn in the context of relationships.
- Learning takes place when children are emotionally engaged.
- Language grows when
  - Children take lots of verbal turns.
  - Adult turn expands upon and clarifies child's turn.

**TWO GENERATION EXECUTIVE FUNCTIONING PARENT CURRICULUM**

**Two Generation Executive Functioning: Parent Curriculum**

Parent and Guide (e.g., family worker)
Weekly home-based sessions during same period of time children receiving curriculum. Cover six categories of internal state words. Include parent/child activities to be conducted between sessions. Personal narratives.
CHILD CURRICULUM EVALUATION MEASURES: PRE & POST

- Minnesota Executive Function Scale (Carlson & Zelazo)
- Standardized child behavior scale
- Internal State Language Inventory Checklist: parent and teacher
- Personal narratives
  - SLP elicits and audio records 3 personal narratives child tells
  - Teachers fill out personal narrative checklist

PARENT CURRICULUM EVALUATION: PRE & POST

- Minnesota Executive Function Scale
- Parent audio recordings of personal narratives
- Parent interview
- Parent survey and evaluation

EVALUATION QUESTIONS

- Is there an increase in children’s executive function?

  Did children who participated in the curriculum demonstrate an increase in executive functioning?
  
  Yes!

10 children across two preschools increased their scores on the Minnesota Executive Functioning Scale from below national age median to above.

INCREASE IN INTERNAL STATE WORDS

![Average Number of Internal State Words](image)

WHAT DOES THIS MEAN?

- Was there an increase in personal narrative skills?
  
  Yes!

  By teacher checklist description and/or SLP analysis of recorded narratives, 7/10 children demonstrated additional elements of their personal narratives.

- Language plays an important role in resilience and executive functioning.
- We can foster resilience by helping parents to develop their young children’s language.
- Internal state word checklist (Bretherton and Beeghley).
- “Wonder” about internal states.
- Model internal state words.
- Fostering personal narratives.
- Telling personal narratives together: return and serve about shared experiences.
HELPING FROM A HEALING HEART:

Survivors of adverse childhood experiences in helping professions

I WANT IT ALL BACK!

- Who would I have been?
- I will never know.
- I like and respect the person I am.
- Negatives have become positive.

WHAT WE SAY ABOUT SURVIVORS

- PTSD
- Dysfunctional cognitions
- Psychological distress
- Psychological disorders
- Personality disorders
- Substance abuse
- Binge eating
- Somatization
- Suicidal behaviors

Wegman and Stetler, 2009

SURVIVORS I HAVE KNOWN

- Empathic
- Dedicated
- Loving
- Insightful
- Funny
- Reflective
- Hard-working
- Respectful

- Grateful
- Mindful
- Self-aware
- Resilient

- Poor social and interpersonal relationships
- Sexual dissatisfaction
- High-risk sexual behavior
- Tendency toward victimization
- Neurological and musculoskeletal problems
- Respiratory problems
- Cardiovascular disease
- GI and metabolic disorders
**RESILIENCE ARISES FROM “ORDINARY MAGIC.”**

It is possible to understand where it comes from and to foster it.

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**THE WOUNDED HEALER (NOUWEN, 72)**

- “Those who can articulate the movements of their inner lives, who can give names to their varied experiences, need no longer be victims of themselves. Only those who are able to articulate their own experience can offer themselves to others as sources of clarification."

- “We must bind our own wounds carefully, in anticipation of the moment when they will be needed.”

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**INTERNAL STATE JOURNAL**

- What was the last thing I remember noticing (saw, heard, felt, smelled, touched, or tasted)?
- What is my body feeling? Am I tired? Hungry? Comfortable?
- Is there something I am wanting or needing to have or to do?
- What are my emotions?
- What ideas or thoughts does my mind keep going to?
- In response to what I was noticing, I ____________________.
- In response to the way my body felt, I ____________________.
- I was/was not able to act on what I wanted because ____________________.
- I was/was not able to accept my emotions. I might be feeling this way because ____________________.
- I was/was not able to notice these without judging because ____________________.

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**SELF DISCLOSURE**

- Sharing information about personal trauma within a professional context.
- Traditionally, a no-no (Freud).
- More recently, some thought that there may be value in professional disclosure under certain circumstances.
- A study of adolescents with eating disorders found that disclosure can strengthen therapeutic relationship (Simonds & Spokes, 2017).

**Questions to ask oneself:**

- Have I dealt with the events I am considering disclosing?
- What is the purpose of the disclosure?
- Will it potentially aid in the child, adolescent, or parent reaching the goals we are working on together?
- Will the individual perceive it as helpful? Inappropriate?
- What are potential negative outcomes for individual? Myself?
### Reflective Practice

**Transference:** Reactions to a person in the present that represent a repetition of reactions from early childhood. Reactions unconsciously displaced from past to present.

**Counter-transference:** Feelings that arise from service provider’s past history and experiences as a reaction to transference.

These may be accessed and understood as part of reflective practice.

### What is Reflective Practice?

“The challenge is to embed a mental health perspective (i.e., recognizes the importance of relationships) into (one’s) expertise…while maintaining discipline-specific knowledge” (Geller & Foley, 2009, p. 5).

### Working from the Inside Out

- Relationship between child and caregiver(s).
- Your relationship with family and/or other service providers.
- Who are change agents?
- What is the child trying to tell us? (i.e., how do we interpret disengaged, noncompliant, distressed, and/or dysregulated behaviors?)
- Caregiver expectations?
- Who do you represent?
- Who do caregivers represent?

### Self Care: 4-7-8 Breathing

Group or individual therapy to reframe and resolve one’s own trauma responses may increase one’s own wellbeing and increase one’s ability to help others.

- Reflective supervision
- Support group

Body-based and mindfulness healing practices include massage, acupressure, deep breathing, meditation, martial arts, and yoga.

Self-expression through writing, art, crafts, woodworking, gardening, etc.

Exercise
Executive functioning is not a muscle!
# Internal State Language Inventory Checklist

Child________________________________ Teacher/Parent________________________________

Date____________

Put an X in the box next to each word that you have heard the child say. If possible, write down the utterance the child said.

## Perception

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<thead>
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<tr>
<td>□</td>
<td>1. SEE________________________________________________</td>
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<td>□</td>
<td>2. LOOK______________________________________________</td>
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<td>□</td>
<td>3. WATCH____________________________________________</td>
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<tr>
<td>□</td>
<td>4. HEAR_____________________________________________</td>
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<tr>
<td>□</td>
<td>5. LISTEN_________________________________________</td>
</tr>
<tr>
<td>□</td>
<td>6. TASTE____________________________________________</td>
</tr>
<tr>
<td>□</td>
<td>7. SMELL____________________________________________</td>
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<tr>
<td>□</td>
<td>8. FEEL (soft, warm)________________________________</td>
</tr>
<tr>
<td>□</td>
<td>9. COLD (feeling cold, having cold feet. Not about objects being cold.)__________</td>
</tr>
<tr>
<td>□</td>
<td>10. FREEZING________________________________________</td>
</tr>
<tr>
<td>□</td>
<td>11. HOT (same as for cold)____________________________</td>
</tr>
<tr>
<td>□</td>
<td>12. WARM (same as for cold)____________________________</td>
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<tr>
<td>□</td>
<td>13. HURT____________________________________________</td>
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## Physiology

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<tr>
<td>□</td>
<td>1. HUNGRY__________________________________________</td>
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<td>2. STARVING________________________________________</td>
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<td>□</td>
<td>3. THIRSTY__________________________________________</td>
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<tr>
<td>□</td>
<td>4. SLEEPY__________________________________________</td>
</tr>
</tbody>
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Checklist by Christine A. Wing, 2010/twowings@yahoo.com.  
Words and categories by Bretherton and Beeghly (1982).
Checklist
by Christine A. Wing, 2010/twowings@yahoo.com.

Words and categories by Bretherton and Beeghly (1982).

5. SLEEP______________________________
7. ASLEEP____________________________
8. TIRED______________________________
9. AWAKE______________________________
10. WAKE UP______________________________
11. SICK______________________________

Emotion/Affect
1. HAPPY______________________________
2. HAVE FUN______________________________
3. FUNNY______________________________
4. PROUD______________________________
5. FEEL (good, bad, all right)______________________________
6. TO BE ALL RIGHT (For example, "Are you all right?")______________________________
7. BETTER______________________________
8. Good (feel good)______________________________
9. O.K.______________________________
10. NICE______________________________
11. LIKE______________________________
12. LOVE______________________________
13. HAVE A GOOD TIME______________________________
14. SURPRISED______________________________
15. SAD______________________________
16. ANGRY______________________________
17. MAD______________________________
18. SCARED______________________________
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<tr>
<th></th>
<th>19. SCARY-----------------------------------------------------------</th>
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<tr>
<td></td>
<td>20. DIRTY----------------------------------------------------------</td>
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<tr>
<td></td>
<td>21. MESSY----------------------------------------------------------</td>
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<td></td>
<td>22. YUCKY----------------------------------------------------------</td>
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<td></td>
<td>23. BAD (feeling)------------------------------------------------</td>
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<td></td>
<td>24. HUG------------------------------------------------------------</td>
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<tr>
<td></td>
<td>25. KISS-----------------------------------------------------------</td>
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<tr>
<td></td>
<td>26. LAUGH----------------------------------------------------------</td>
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<td></td>
<td>27. SMILE----------------------------------------------------------</td>
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<td>28. CRY------------------------------------------------------------</td>
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**Volition and Ability**

<table>
<thead>
<tr>
<th></th>
<th>1. WANT------------------------------------------------------------</th>
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<tr>
<td></td>
<td>2. NEED-----------------------------------------------------------</td>
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<td>3. HAVE TO--------------------------------------------------------</td>
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<td>4. CAN------------------------------------------------------------</td>
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<td></td>
<td>5. HARD-----------------------------------------------------------</td>
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**Cognition/Mental State**

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<th>1. KNOW-----------------------------------------------------------</th>
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<td>2. THINK----------------------------------------------------------</td>
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<td>3. REMEMBER-------------------------------------------------------</td>
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<td>4. FORGET---------------------------------------------------------</td>
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<td>5. MAYBE----------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>6. UNDERSTAND-----------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>7. PRETEND--------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>8. DREAM----------------------------------------------------------</td>
</tr>
</tbody>
</table>
Moral Judgment

- 1. GOOD
- 2. BAD
- 3. NAUGHTY
- 4. MAY (for example, "May I have some?")
- 5. LET (for example, "Let me play.")
- 6. SUPPOSED TO
- 7. MUST
- 8. HAVE TO
- 9. CAN (to ask for permission: "Can I have it?")

Words and categories by Bretherton and Beegly (1982).
Creating your own Time Diet

I found it helpful to identify 10 priority categories. You may identify with fewer priority categories. Feel free to cross out some of mine if they don't fit you or to create other categories.

To get started, begin this exercise by reviewing the categories and questions below.

Place a "-" next to areas you'd like to spend less time on. And place a "+" on areas you'd like to spend more time on. Categories with a lot of "No"s may need more attention; those with many "Yes"es may be receiving enough or too much of your time.

**Spiritually**

Are you connected to your higher power?
Do you take time to reflect/meditate?
Are you involved in forums that support your aspirational values?
Do you regularly give back to others?

**Emotionally**

Do you feel positive most of the time?
Do you take responsibility for your role in your life?
Do you get support when you need it from others?
And when appropriate, from professionals?

**Physically**

Are you eating a nutritionally balanced diet?
Would your dr. say you are healthy?
Are you confident that you can walk/run 3 miles in under an hour?
Do you regularly push yourself out of your comfort zone?

**Intellectually**

Do you read, watch or listen to serious (rather than entertainment) programming daily?
Are you learning something new on a regular basis?
Do you regularly experience new mental challenges?
Do you discuss complex topics with friends and family?

**Work**

Do you enjoy your work?
Are you appreciated at work?
Does your work continually challenge you?
Can you find ways to make your work more stimulating?

**Play**

Do you regularly do things just for fun?
Do you set aside time with your spouse/partner to play?
Do you have a hobby?
Is "fun" the first thing off your schedule when you get busy?

**Socially**

Do you make time to see friends every week?
If partnered, do you do things with other couples?
Do you spend more time talking in person or on the phone than online?
Do you initiate dates with friends, or do you wait for them to call to make arrangements?
Do you turn down invitations to do things you don't want to do?

**Financially**

Are you happy with your assets/debt ratio?
Income to debt?
Do you spend more than you plan to? Than you can afford?
Do you have savings to cover unexpected loss of income?
Do you have a financial advisor or another objective resource?

**Family time/responsibilities**

Are tasks in your family evenly distributed?
Do you care for your children or older relatives more than your partner?
Do you and your partner have fun with the kids?
Without the kids?
Do you take time to have one-on-one outings with your individual children?
Identify areas where you are spending more and less time than you want to

If you create a ratio of where you are over where you want to be, are there categories that are too heavy and need to be cut down? Say, you’re spending 50 hours at work and you want to spend 40 hours at work for a 40/40 ratio. And are there categories that are bottom-heavy? Maybe you are devoting 5 hours to Play each week and you want to spend 10 hours on Play for a 5/10 ratio.

Seeing these ratios should help us determine where we want to spend our efforts to change. Most of us need structure and disciplines to change our Time Diets, as well as cooperation with our associates at work and the partners or people we live with.

Take your time creating your own Time Diet. Set up the chart below with your own priority categories. First, illustrate as accurately as you can how you are currently spending your time during a week.

Then consider how you really want to spend your time. Please review the categories on page 27. Review your pluses and minuses, and create an intentional Time Diet.

<table>
<thead>
<tr>
<th>Here's where I am</th>
<th>And where I want to be</th>
<th>Current/Desire Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Spiritual activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Emotional support activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Intellectual activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Play-related activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Social-related activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Financially-related activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Family-related activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Work-related activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Sleeping</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Eating and food preparation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ hours or ______ percent of my discretionary time</td>
<td>______ hours or ______ percent</td>
<td>/</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>