

CLINICAL ADAPTATION

Title of Adaptation: Balloon Brigade

Name of component that Adaptation was developed for: Affect Modulation

Appropriate age group/population: All

Challenge that innovation addresses: Affect identification inhibition

Materials needed: Balloons, magic markers, hot air

Brief description of adaptation (including instructions for implementing adaptation):

* Please limit description to space provided below

* Please attach electronic copy, template, or digital photo, if applicable

Blow up balloons 1 at a time and draw face on it- there should be at least 15 balloons. Hand out balloons. Each participant must fill in the blank: I get _____ when I _____. Example: I get happy when I eat ice cream. No balloons are allowed to fall on the ground. If balloon hits ground, nearest person must pick up, complete statement on feelin (I get _____ when _____) and identify consequential behavior or management technique.

Name of person(s) submitting Adaptation: Andrea Hansen-Ford

Contact info (email/phone): yhsandrea@yahoo.com Affiliated organization: Youth Health Service

Original source that adaptation is based on or builds from (if applicable): _____

I give permission this adaptation to be included in a future therapeutic exercises work book

I do not give permission for this adaptation to be included in a future therapeutic exercises work book