CBT PLUS

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CBT + Training Orientation

- Cognitive Behavioral Therapy (CBT): underlies most effective treatments for most common child and adolescent mental health problems
  - Depressive/Mood Disorders
  - Anxiety Disorders (e.g., Separation Anxiety D/O, PTSD)
  - Behavior Problems (e.g., Oppositional Defiant Disorder)
- "Name brand" interventions share common CBT techniques
  - These techniques address problems with thoughts, feelings, and behavior

CBT+ Training Orientation

- Learn the common techniques
- Conduct a good assessment at the beginning of treatment to determine focus of treatment (anxiety, depression, behavior)
- Use research base (e.g., if anxiety have to face fears) and your assessment to determine which components are key
- Treatment!
- Assess along the way to make sure approach is working

Training Outline

- DAY 1:
  - CBT theory and principles
  - Application to treating depression, anxiety, behavior problems
  - Assessment & feedback: Determining the focus of treatment
  - Treatment engagement
  - Components
    - Psychoeducation
    - Components Targeting Feelings
    - Components Targeting Thoughts

Training Outline

- DAY 2
  - Components Targeting Behavior
- DAY 3
  - Treating trauma (special case of anxiety) Trauma-Focused CBT
  - Components from Day 1 & 2: Trauma-specific application

CBT as Theoretical Foundation

- Thoughts, feelings and behavior mutually influence each other
- Intervention model/rationale is taught to clients (no smoke & mirrors, no secret why it works)
- All interventions explicitly target thoughts, feelings and/or behavior
- Focus and timing of interventions is determined by assessment
- Teaching new thoughts and behaviors is the cure

Characteristics of CBT

- Collaborative, transparent relationship with client
- Structured (session agenda) and focused on identified problem areas
- Skill-oriented (e.g., teaches ways to think and behave differently)
- Involves practicing skills in session and ***between sessions***
- Each session: leave 'em laughing!
- Uses assessment to measure progress

The "What" of CBT

Components

- Psychoeducation
- Cognitive Triangle (Intervention Model)
- Feelings-focused: emotion-regulation skills
- Thoughts-focused: correcting maladaptive cognitions
- Behavior-focused: Promoting more effective behavior
  - Facing your Fears: Exposure
  - Behavioral activation
  - Positive parenting
  - Interpersonal skills

The "How" of CBT

- Therapeutic relationship key vehicle for engagement in the change process
- Flexible but systematic application of components based on an individualized assessment of problems and needs (e.g., give as much as is needed, no more)
- Uses multiple methods including expressive and creative strategies
- Cultural adaptations for delivering/engaging youth and families with the components are encouraged

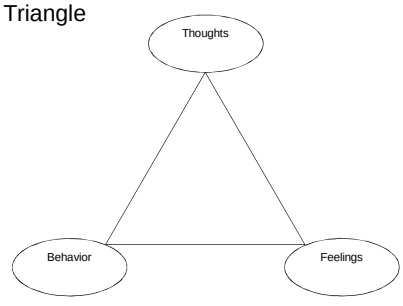
C in CBT

- The importance of cognitions

IT'S THE THOUGHTS THAT COUNT!

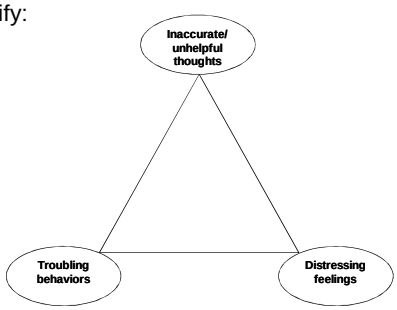
CBT Framework

- Use Triangle



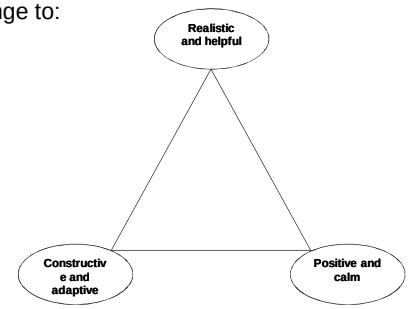
Intervention Targets

- Identify:



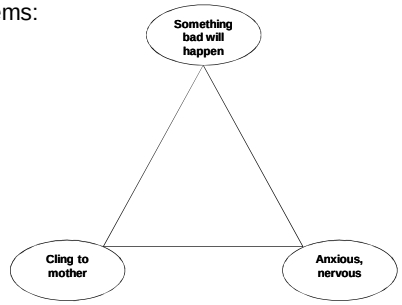
Intervention Strategies

- Change to:



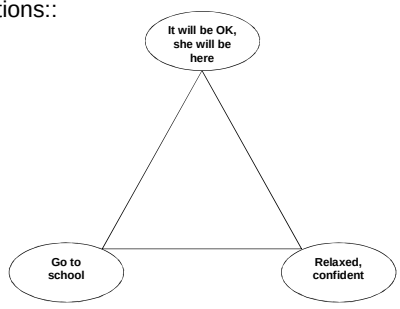
Anxiety Example [Separation]

- Problems:



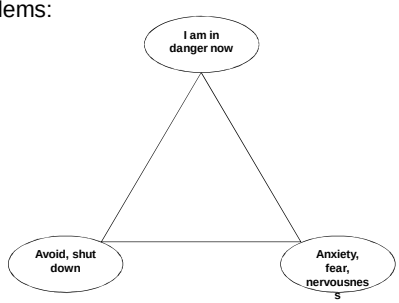
Anxiety Example [Separation]

- Solutions::



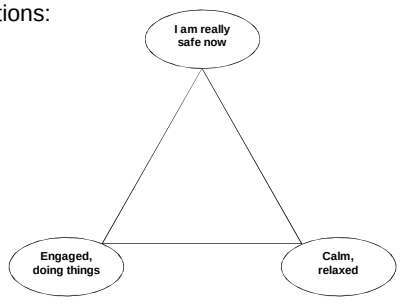
Anxiety Example (PTSD)

- Problems:



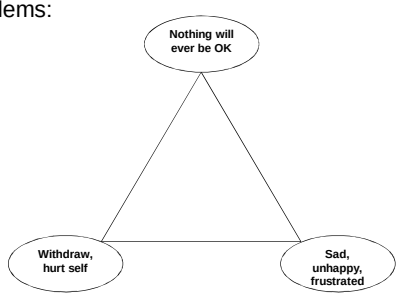
Anxiety Example [PTSD]

- Solutions:



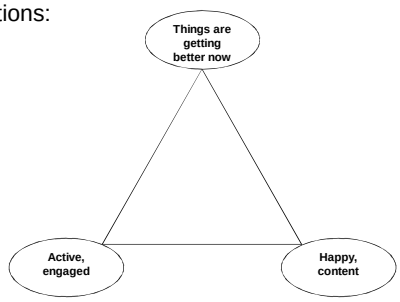
Depression Example

- Problems:



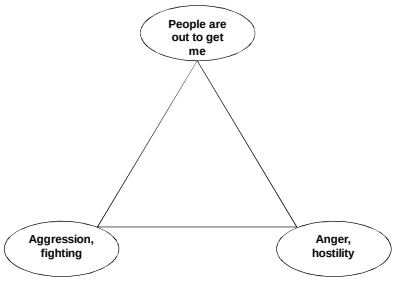
Depression Example

- Solutions:



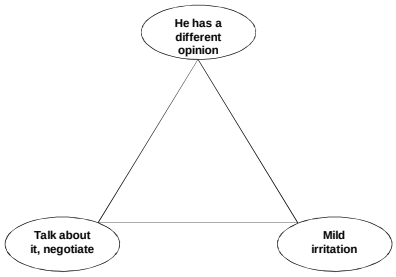
Anger Example

- Problems:



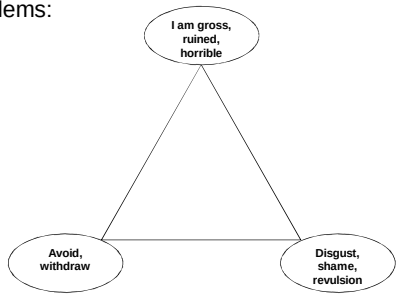
Anger Example

- Solutions:



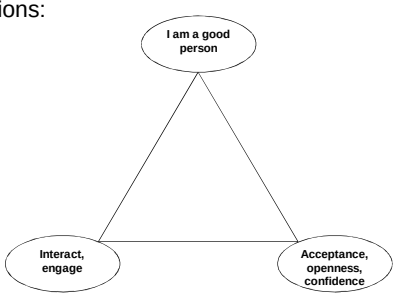
Shame Example

- Problems:



Shame Example

- Solutions:



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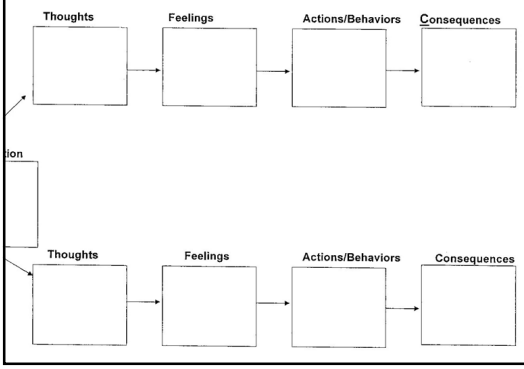
The "ABC" Worksheet

Behaviors:



Class Exercise (Part A)

- Use ABC Sheet
- Pick a situation that produced a negative emotional state
- Identify the thoughts that led to the feelings and led to behavior
- Brainstorm alternative thoughts that are:
  - More accurate
  - More realistic
  - More helpful

Class Exercise (Part B)

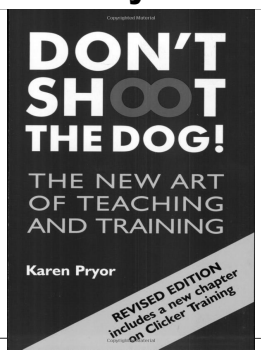
- Use ABC Sheet
- Same situation
- This time….can't change the thought
- Brainstorm different behavior, with same original thought that, if implemented could lead to different thoughts or feelings
- Key: More than 1 point on the triangle in which to intervene

B in cBT

- The importance of behavior

Behavior can take on a life of its own – no matter what starts it

Reinforcement Theory Applies to Everyone!



Basic Principles

- **Behavior occurs for a reason**
  - Achieve desired goal [e.g., attention, reward, material goods, power/influence]
  - Avoid unpleasant/unwanted outcome [e.g., boring/tedious, frightening/anxiety producing activity, difficult task, punishment]
- **Behavior will change (or persist) based on reinforcement (positive or negative) or contingencies**
  - Consistency is key; intermittent reinforcement will maintain behavior
  - Extinction burst (negative behavior may temporarily increase)
- **Positive reinforcement is more powerful and enduring than negative reinforcement**

Treatment Engagement:

Assessment
Feedback
Engagement
Motivational enhancement

'Cause getting them in treatment is the first step.

Attending Initial Session

- Initial call counts
- What needs to happen on the call
  - Listen carefully to request
  - Convey that services can help
  - Explain what will happen at first session
  - Proactively identify and address barriers
    - Previous treatment experiences
    - Concrete barriers
- Always save info gathering re details, birthdates, costs, directions, etc for last

Initial Encounter to Enhance Treatment Engagement

- Elicit client concerns
- Communicate hope and confidence "I can help you"
- Find out about previous counseling experiences or attitudes toward therapy and provide psychoed
- Proactively addressing things that could keep people from coming back – the concrete barriers

Components

- **Assess target problem**
  - Clinical interview (specific)
  - Standardized measures
  - Observation
  - Collateral (when indicated)
- **Feedback & Agreement** on target focus and treatment process
- **Address ambivalence** - Motivational enhancement

Clinical Interview Objectives

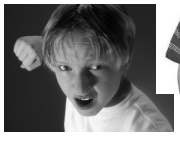
- Determine child and parent view of clinical problems
- Gather info re frequency, duration, severity, and context of problems
- Identify contributing factors, especially those that can be changed
- Assess functioning in family, school, and community
- Identify strengths to build on

Approach to Clinical Interview

- Communicate interest and commitment to be helpful; be warm
- Take open-ended, inquiring, non-judgmental stance
- Elicit family perspective
- Use prompts and then listen and encourage elaboration (but not perseveration)
- Focus more on the ***<u>**here and now**</u>***, less on history except as critical to understanding the clinical problem(s) now

Clinical Focus

- Depression/Mood
- Anxiety
  - Includes PTSD
- Behavioral
  - Oppositionality
  - Conduct
  - Conflict
  - Attention



Functioning and Functional Impairment

- Family
  - Gets along with/connected to family members
  - Follows basic expectations most of the time
- School
  - Right grade?
  - Seconded, in trouble, expelled
  - IEP?
- Community
  - Causes trouble in neighborhood
  - Legal involvement

Maladaptive Thoughts

- **Anxiety**
  - I am worried that…
  - It scares me that..
- **Posttraumatic stress** (special case of Anxiety)
  - I am in danger
  - It's happening again
- **Depression**
  - It was my fault that
  - I deserved it
  - It's hopeless to try
  - My life is ruined
  - No one can be trusted
- **Behavioral** (e.g., anger problems)
  - It isn't fair
  - He had no right

Key Contributing Factors

- General parental capacity
  - Sensitivity/responsiveness
  - Disciplinary style
  - Level of supervision of activities
- Parental psychopathology
  - Mental health conditions
  - Substance abuse
  - Antisociality
- Stressors
  - Economic hardship
  - Lack of social support
- Uncertainty
  - Foster placement

Selecting Focus of Treatment

- High, at-risk behaviors/symptoms
- Is there a problem that underlies the others?
- What symptoms does the client find most distressing?
- What symptoms are getting the client in trouble?

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Standardized Measures

- Why use them?
  - Complement the clinical interview and observation
  - Allows comparison to non-clinical sample
  - Establishes measurable level of distress/problem behavior that can be used to determine change over time
  - Can see: Is the child or adolescent getting better?

Assessment Measures

- UCLA PTSD Reduction Index
  - Exposure to trauma
- Child PTSD Symptom Scale (CPSS)
  - PTS symptoms
- SCARED brief version
  - Anxiety and PTS
- Moods and feelings Questionnaire
  - Depression
- Pediatric Symptom Checklist and one just for externalizing behaviors
  - Externalizing, Internalizing and Attention

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Reaction Index Trauma Screen

Child Name:_____ Child Age: _____
Person completing: _____ Date:_____

UCLA PTSD Reaction Index Trauma Screen (Child completed) (7-18)

Below is a list of scary, dangerous or violent situations or events that sometimes happen to kids. For each of the following questions, mark YES if the event happened to you and check NO if this did not happen to you.

1. Being in a **big earthquake** that badly damaged the building you were in. Yes No
2. Being in another kind of **disaster**, like a fire, tornado, flood or hurricane. Yes No
3. Being in a bad **accident**, like a **very serious** car accident Yes No
4. Being in a place where **war** was going on around you. Yes No
5. Being **hit, kicked or punched** very hard at home (DO NOT include ordinary fights with brothers or sisters) Yes No
6. Seeing a **family member being hit, punched or kicked** very hard at home (DO NOT include ordinary fights with brothers or sisters) Yes No
7. Being **beaten up, shot at or being threatened to be hurt** badly Yes No
8. Seeing **someone** in real life **being beaten up, shot at, hurt badly, killed or almost killed** Yes No
9. Seeing a **dead body** in real life. (DO NOT include funerals) Yes No
10. Having an adult or someone near-by/older **touch your private sexual body parts** when you did not want them to or anyone **forcing sex** on you Yes No
11. Hearing about the **violent death or serious injury** of a loved one Yes No
12. Having **painful and scary medical treatment in a hospital** when you were very badly sick or injured. Yes No
13. Of the questions you marked YES, which was the worst (Please list the number): _____
14. Of the questions, which one is the reason you are here? (Please list the number): _____

Please check YES or NO to answer how you felt during the event in question 14

1. Were you scared you would die? Yes No
2. Were you scared you would be hurt badly? Yes No
3. Were you hurt badly? Yes No
4. Were you scared someone else would die? Yes No
5. Were you scared that someone else would be hurt badly? Yes No
6. Was someone else hurt badly? Yes No
7. Did someone die? Yes No

UCLA PTSD Index Pynoos, Rodriguez, Steinberg, Stuber, & Frederick, CPSS Fox, Johnson, Feeny, and Treadwell (2001) 1

Why do we screen generally for trauma??

Trauma in the Lives of Children

- What counts as trauma?
  - Experiences that involve threat
  - Can be directly experienced, witnessed or happen to loved one
  - Physical/sexual abuse, rape, assault (incl. domestic violence), serious accident, disaster, invasive medical procedure, violent death, community violence, war
- Exposure = potentially traumatic event (PTE)

PTE

- PTE are common in children's lives; ~ 50% children exposed to trauma
- For children, often represent ongoing conditions of exposure not isolated events
  - Child abuse, witness DV, violent community environment
- PTE often co-occur with other adversities
  - Early lack of nurturance
  - Neglect
  - Poverty and social deprivation
  - Chronically stressful life circumstances

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth

David Finkelhor, Heather Turner, Richard Ormrod and Sherry L. Hamby
Pediatrics published online Oct 5, 2009;
DOI: 10.1542/peds.2009-0467

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://www.pediatrics.org

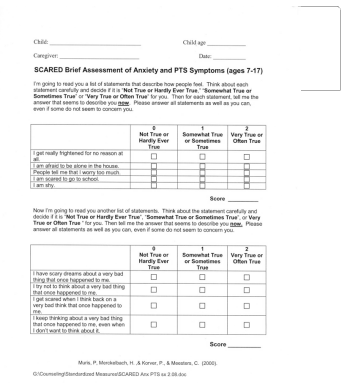
Child Victimization Rates

- Past year
  - Any = 60.6%
  - Assault = 46.3%
  - Sexual assault = 6.1%
  - Child abuse = 10.2%
  - Bullying =15.2%
  - Witness = 25.3%
- Lifetime
  - Any 80%
  - Assault = 56.7%
  - Sexual assault = 9.8%
  - Child abuse = 18.6%
  - Bullying = 21.6%
  - Witness = 37.8%

Anxiety

Scared

- Generalized anxiety:
  Clinical = 3+
- PTS:
  Clinical = 6+



Child: _____ Child age _____

Caregiver: _____ Date: _____

SCARED Brief Assessment of Anxiety and PTS Symptoms (ages 7-17)

I'm going to read you a list of statements that describe how people feel. Think about each statement and decide if it is "**Not True or Hardly Ever True**," "**Somewhat True or Sometimes True**" or "**Very True or Often True**" for you. Then for each statement, tell me the answer that seems to describe you **now**. Please answer all statements as well as you can, even if some do not seem to concern you.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
I get really frightened for no reason at all.	☐	☐	☐
I am afraid to be alone in the house.	☐	☐	☐
People tell me that I worry too much.	☐	☐	☐
I am scared to go to school.	☐	☐	☐
I am shy.	☐	☐	☐

Score _____

Now I'm going to read you another list of statements. Think about the statement carefully and decide if it is "**Not True or Hardly Ever True**", "**Somewhat True or Sometimes True**", or "**Very True or Often True** " for you. Then tell me the answer that seems to describe you **now.** Please answer all statements as well as you can, even if some do not seem to concern you.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
I have scary dreams about a very bad thing that once happened to me.	☐	☐	☐
I try not to think about a very bad thing that once happened to me.	☐	☐	☐
I get scared when I think back on a very bad think that once happened to me.	☐	☐	☐
I keep thinking about a very bad thing that once happened to me, even when I don't want to think about it.	☐	☐	☐

Score _____

Muris, P. Merckelbach, H., & Korver, P., & Meesters, C. (2000).

G:\Counseling\Standardized Measures\SCARED Anx PTS ss 2.66.doc

Depression

M & F Q
Clinical = 11+

Child: _____ Child age _____

Caregiver: _____ Date: _____

Moods and Feelings Questionnaire (7-18)

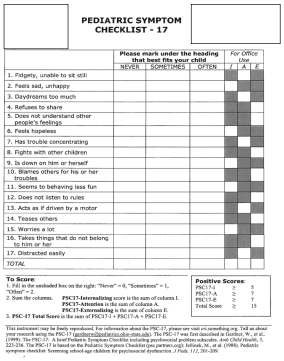
This form is about how you might have been feeling or acted recently.
Please check how much you have felt or acted this way in the past two weeks

	0 Not True	1 Sometimes	2 True
I felt miserable or unhappy.	☐	☐	☐
I didn't enjoy anything at all.	☐	☐	☐
I felt so tired I just stay around and did nothing.	☐	☐	☐
I was very restless.	☐	☐	☐
I felt I was no good anymore.	☐	☐	☐
I cried a lot.	☐	☐	☐
I found it hard to think properly or concentrate.	☐	☐	☐
I hated myself.	☐	☐	☐
I felt I was a bad person.	☐	☐	☐
I felt lonely.	☐	☐	☐
I thought nobody really loved me.	☐	☐	☐
I thought I would never be as good as other kids.	☐	☐	☐
I did everything wrong.	☐	☐	☐

Score: _____

Angold, A., Costello, E. J., Messer, S. C., Pickles, A. Winder, F., & Silver, D. (1995)

Overall Problems



PEDIATRIC SYMPTOM CHECKLIST - 17

	Please mark under the heading that best fits your child			For Office Use		
	NEVER	SOMETIMES	OFTEN	I	A	E
1. Fidgety, unable to sit still						
2. Feels sad, unhappy						
3. Daydreams too much						
4. Refuses to share						
5. Does not understand other people's feelings						
6. Feels hopeless						
7. Has trouble concentrating						
8. Fights with other children						
9. Is down on him or herself						
10. Blames others for his or her troubles						
11. Seems to behaving less fun						
12. Does not listen to rules						
13. Acts as if driven by a motor						
14. Teases others						
15. Worries a lot						
16. Takes things that do not belong to him or her						
17. Distracted easily						
TOTAL						

To Score

1. Fill in the unshaded box on the right: "Never" = 0, "Sometimes" = 1, "Often" = 2.
2. Sum the columns. **PSC17-Internalizing** score is the sum of column I.
   PSC17-Attention is the sum of column A.
   PSC17-Externalizing is the sum of column E.
3. **PSC-17 Total Score** is the sum of PSC17-I + PSC17-A + PSC17-E.

Positive Scores:		
PSC17-I	≥	5
PSC17-A	≥	7
PSC17-E	≥	7
Total Score	≥	15

This instrument may be freely reproduced. For information about the PSC-17, please see visit or something.org. Tell us about your research using the PSC-17 (pediatricsymptomchecklist.org). The PSC-17 was first described in Gardner, W., et al. (1999). The PSC-17: A brief Pediatric Symptom Checklist with psychometric scaling psychosocial problems subscales. *Arch Child Health*, 1, 225-234. The PSC-17 is based on the Pediatric Symptom Checklist (psc.partners.org); Jellinek, M., et al. (1988). Pediatric symptom checklist: Screening school-age children for psychosocial dysfunction. *J Pedi, 112*, 201-209.

Interpretation

- Clinically significant = extreme score
- Individual items not necessarily important (except when listed as critical items)
- Inspection of individual items contained in a sub-scale give indication of the sx/behavior that produced the score
- Clinical significance is what counts

Case Formulation or Impression

- Is there a clinically significant problem?
  - Normal reaction to circumstances vs. extreme
- What type(s) of problems (e.g, focus for change)?
  - Depression/Mood
  - Anxiety (including PTS)
  - Behavior (problems with parenting, peers, other)
  - Brain [attention…behavioral interventions apply]
- How severe?
  - Level of impairment
- Provisional diagnosis

Agreement on Clinical Formulation

- Present results from interview, observation and checklists
- Inquire re: agreement/disagreement; actively solicit modifications
- Offer to describe the change process
- Offer to describe interventions that work for problems; including treatment time frames
- Ask what makes sense for them

Do you have their buy off on the treatment goals and interventions?

Overcoming Obstacles

- Attitudes toward treatment
  - Elicit views; look for views that may interfere and offer alternative cognitions
  - Ask for preferences regarding approach, if there are options, and convey respect
- Logistics
  - Identify possible barriers: Child care, transportation, too many other obligations
  - Actively problem solve

Skills Check Out

- Engaging a child or parent in treatment process
  - Provide feedback on assessment results and ***solicit input***
  - Convey that change is possible, that family has strengths to build on, that therapist is committed to help
  - Present treatment options and develop plan – treatment goals in the child's own words
  - Identify and problem solve barriers
  - Secure commitment to attend and participate

Example for TF-CBT

1. Get rid of the caterpillers in my tummy.
2. Understand more about why Melvin did the touching and dama said 'don't tell.
3. To listen better to my mom and do what she says

Child's Goals

Being a good friend: That means no yelling, picking on other kids or pushing or hitting.
Be respectful of grown ups: Listen and not sass back, follow directions and do my best.
Stop touching private parts: No pulling pants down with other kids, no touching privates and talking about private with other kids

Child Name _____ Date _____

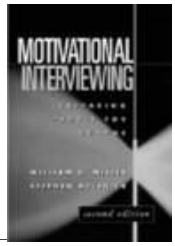
Mom _____ Date _____

Sticking With It

- Regularly elicit self-motivational statements
  - "I really want to change how things are in our family"
  - "It is important for us to attend for change to happen"
- Have an action (behavior) plan
  - Write down the specific steps needed
  - Problem solve any possible barriers
- Ask at the end of every session: "Was this helpful today?"

Motivational Enhancement

- The issue of ambivalence
- Stages of change
- Key characteristics of motivational approach
- Key skills for increasing motivation



Ambivalence

- Many problems can be solved without formal intervention when there is motivation to change (e.g., substance abuse)
- Most people can identity problems; what brings about solutions is thinking and acting different in real life
- The status quo always has some advantage otherwise change would have happened
- Ambivalence is about not yet being committed to what it will take for change – Being on the Fence

Stages of Change

Not ready	On the fence	Ready
(Precontemplation)	(Contemplation)	(Action)

Key Therapist Characteristics

- Express empathy
- Develop discrepancy
  - Contrast between current behavior and goals
  - "Is that working for you?"
- Roll with resistance
  - Never argue
  - "Dance don't fight"
  - Don't try to persuade
- Support self-efficacy
  - Believe in the possibility of change

Key Strategies

- Secure agreement to discuss topic
- Explore importance
  - Goal is to increase
- Explore confidence
  - Goal is to increase
- End on good terms
  - Summarize
  - Praise effort

Importance and Confidence

- Explore importance ("How important is it to you to change?")
  - Rate on scale
  - Ask why gave the # (and not a lower#)
  - Ask what it would take to raise the #

1 2 3 4 5 6 7 8 9

- Explore confidence (How confident are you that you can be successful?")
  - Rate on scale
  - Ask why gave the # (and not a lower #)
  - Ask what it would take to give a higher #

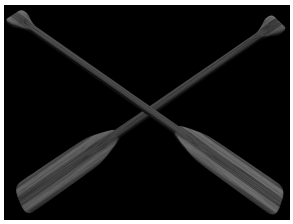
1 2 3 4 5 6 7 8 9

Change Talk

- Always attend (pay attention and respond) to change talk
- Elicit disadvantages of status quo
  - Negative aspects of not changing (elicit the specifics)
  - "What will happen if you don't change?"
- Identify advantage of change
  - Positive aspects of change (elicit the specifics)
  - "What will be better if you do change?"

MicroSkill: OARS

- **O**pen-ended questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummaries



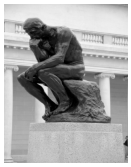
Skills Check Out

- Addressing Ambivalence
  - Express empathy
  - Use open-ended questions
  - Develop discrepancy
  - Identify Pros and Cons of change
  - Roll with resistance
  - Offer options
  - End on good terms

Use OARS skills: Open ended questions; Affirmations; Reflections; Summaries

Intervention Strategies

- Feelings
- Thoughts
- Behaviors



Agendas/Session Plan are Key

Child/Teen Agenda

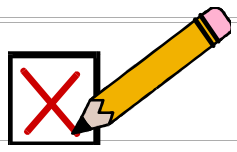
- Homework review
- Card game or internet search
  OR
- Make you the expert or learning to calm your body
- Decide on homework/weekly practice
- Fun time! (5 minutes)

Caregiver Agenda

- Anything they want to add to the agenda?
- Homework review
  - Theirs
  - Child's
- Education about depression
- Decide on homework/weekly practice
- Other agenda items

PSYCHOEDUCATION

"Giving clients info that will lower distress and increase Treatment participation"



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Psychoeducation Topics

Usually conducted with the parent and with the child, often separately

- ❑Description of the problem, prevalence, course, and prognosis
- ❑ Systems (e.g., medical, child protection., criminal justice, etc)
- ❑ Theoretical model for treatment (e.g., CBT triangle, facing your fears, etc.)
- ❑ What treatment will look like and why it is set up that way

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Psychoeducation Specifics: Anxiety & Depression

- Primary Goals:
  - You are not alone
  - You are not crazy (why they feel this way)
  - There's hope
- How do we accomplish these goals through psychoeducation?
  - Normalize symptoms
  - Provide information on prevalence of the problem
  - Instill hope for recovery
  - Educate about the benefits of early treatment

Psychoeducation: Anxiety

- Remember Primary Goals *(you are not alone, you are not crazy, there's hope)*
- Topics
  - Fear, when at normal levels, can help keep you safe
  - Sometimes 'fear sensor/alarm' becomes too sensitive and gets in the way of living your life (e.g., playing, dating)
    - Psychological & physiological responses
  - Explain role of avoidance: Avoiding things that make you nervous/afraid actually makes you MORE nervous
  - Facing your fears (exposure) is key
  - Explain treatment, which is directly related to above

Psychoeducation: Depression

- Remember Primary Goals (*you are not alone, you are not crazy, there's hope*)
- Topics
  - Every one is sad and blue sometimes
  - We don't always know what makes us sad/irritable
  - The more you're sad, the less you want to do things and spend time with people, hard to get unstuck
  - Need a toolbox to solve problems (like feeling sad or down)
  - Explain treatment, which is directly related to above

Psychoeducation: Behavior Problems

- Focus of psychoed, mainly the caregiver
- Remember Primary Goals *(you are not alone, your child/adolescent is not crazy, there's hope)*
- Topics
  - All behavior has a function—gets you something you want (e.g. attention), or out of something you don't want (e.g., doing chores)
  - Things we do, and the environment, reinforce behavior
    - Some we don't even realize
  - Important to change the environment and reactions of others, to change the behavior
  - Explain treatment, which is directly related to above

How do we do Psychoeducation?

- Less lecture, more discussion
- Make sure child and/or caregiver are engaged
  - Ask questions, "Have you seen this with your child?" "How does this fit with how you feel day to day?"
- Ideally, do psychoeducation separately with caregiver/child so can tailor to developmental level and have an open discussion
- Handouts for caregivers/youth; books or games for children, really helpful and engaging
- Be creative! Find ways to reinforce learning

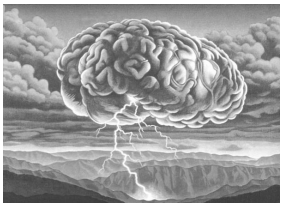
Reinforcing Psychoeducation

- Dog Phobia

Treating Feelings

Addressing Negative Feelings

- Class exercise:
  - Brainstorm ways that you: relax, calm down, chill

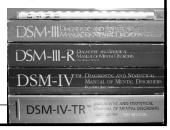


Emotional Problems

- When (normal) negative emotions are ramped up too high and interfere with functioning
  - Fear = anxiety
  - Sadness = depression
  - Anger = rage
  - Embarrassment = shame/disgust

Internalizing Diagnoses

- Depression/dysthymia [mood disorders]
- Anxiety disorders
  - General [unrealistic worries]
  - Social [fear of social ostracization]
  - OCD [compensating for unrealistic fears]
  - Separation [fear of separation from parent]
  - Panic [fear of the physical state of fear]
  - PTSD [fear of memories/reminders of trauma]
- Somatizatizaton disorder
  - Physical manifestation of anxiety/worry



Definition: Internalizing Problems

- Negative affect leads to *extreme distress* or *abnormal arousal* responses
- Inability to regulate negative emotional states
- Contributing factors:
  - Constitutional reactivity [quick to react, strong reactions, slow to return to baseline]
  - Constitutional depression vulnerability
  - Brain injury
  - Attachment insecurity [negative expectations of self/others]
  - Experiences such as adversity, trauma

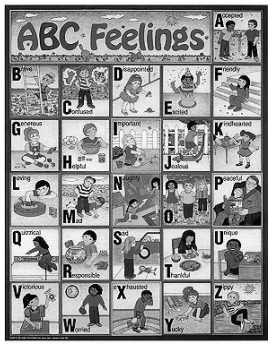
Manifestation of Internalizing Problems

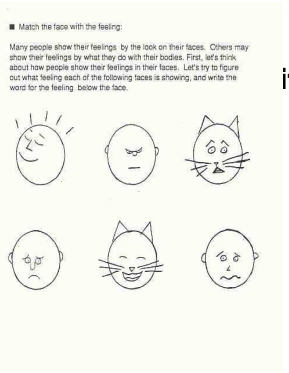
- Extreme emotional response/state
- Sense of being overwhelmed/controlled by emotions
- Difficulty thinking rationally
- Unhelpful behaviors that reinforce or perpetuate the negative emotional state
  - Anxiety = maladaptive avoidance
  - Depression = inaction toward achieving goals

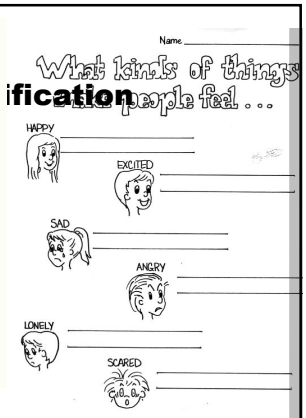
Addressing Negative Feelings

- Strategies:
  - Feelings identification
  - Progressive muscle relaxation
  - Calming breathing
  - Thought stopping/cognitive coping
  - Time out/take a break
  - Distraction/positive imagery
  - Mindfulness/distress tolerance
  - Exercise, yoga, tai chi

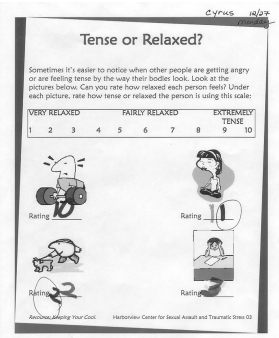
Feelings Identification

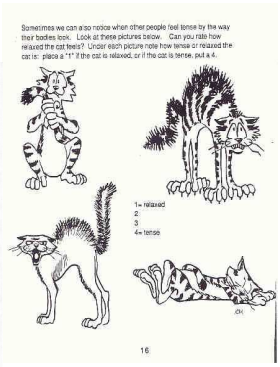






Identifying tension and relaxation



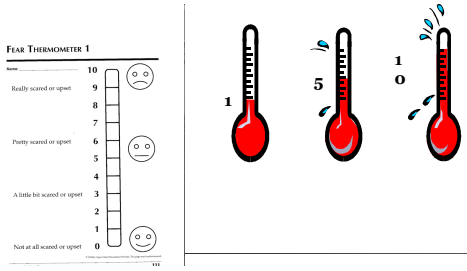


Relaxation/Controlled Breathing

- Progressive muscle relaxation
  - Tensing and relaxing muscle groups
  - Focus on feeling difference
  - Demonstrate possibility of change
- Controlled breathing
  - Breath in/exhale slowly
  - Grounding in the moment

Feeling Intensity Thermometer

Rate Distress



- Relaxation tape

Distraction/Positive Imagery

- Recognize negative emotional state
- Imagine positive images
- Focus on sounds, smells, physical sensations

Thought Stopping/Calming Down

- **STOP:** Count backwards from 30, take calming breaths
- **THINK:** Use my brain, plan
- **DO:** Talk to someone instead of hit, take a time out

Pablo's 1-2-3 Keeping Cool Plan

1. Stop

2. Tense and relax

Taco y Tortilla

3. Take a break

Mindfulness/Distress Tolerance

- Recognize negative emotional state
- Observe it
- Accept it
- *Being in the moment as it moves through*

- Strategy: hold melting ice cube in hand and describe sensations, stay with the pain until it subsides

Sensory Replacement

- When craving a strong sensory jolt – a positive image or self statement just won't do….
  - Strong licorice or atomic fireball
  - Applying lotion, rubber band wrist snap, taking a really warm bath
  - Playing loud music, playing an instrument
  - Aromatherapy, incense or candles
  - Watching an action, fast paced movie
  - Moving your body – running, dancing, exercise…

BREAK

- Antwerp Belgium Sound of Music

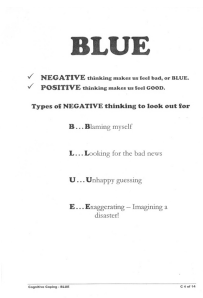
Treating Thoughts

Socratic Questioning

- Key to the strategy:
  - Therapist helps the client arrive at more accurate and helpful thoughts
  - Therapist does not tell the client what to think
- Methods:
  - Identify the thoughts in detail
  - Examine the basis
  - Engage in a gentle socratic questioning dialogue
    - What's the evidence?
    - Would it really be so bad?
  - Use third person ("What would you tell your best friend?")
  - Generate alternative thoughts

Example: Depression and Self Defeating Thoughts

Framework for Psychoeducation about thoughts



BLUE

- ✓ **NEGATIVE** thinking makes us feel bad, or BLUE.
- ✓ **POSITIVE** thinking makes us feel GOOD.

Types of NEGATIVE thinking to look out for

B…**B**laming myself

L…**L**ooking for the bad news

U…**U**nhappy guessing

E…**E**xaggerating – Imagining a disaster!

Socratic Dialogue Practice

Where kid starts	**Goal: What's a more helpful or accurate thought where kid might end up?**
• I can't leave my mom, she won't be safe.	• ?
• No one loves me.	• ?
• I'm not smart enough.	• ?
• He's disrespecting me, he ought to be beat down.	• ?

Group Practice 1:
"I can't leave my mom, she won't be safe."

What do you want to tell child?	Turn it into a question!
• Your mom is smart, she has a plan.	• ?
• Kids can't keep adults safe.	• ?
• Your mom wants you to go to school.	• ?
• Your mom has kept herself safe before.	• ?
• Your mom can actually keep her self safe easier if she knows you're somewhere where you are safe.	• ?

Group Practice 2:
"No one loves me."

What do you want to tell child?	Turn it into a question!
• You have lots of people who love you, your aunt, your teacher, others.	• ?
• These people have told you they love you.	• ?
• All kids have some people who don't like them.	• ?
• Kids who are depressed often focus on only the negatives, those who don't like them.	• ?
• No one feels loved all the time.	
• When you feel you aren't loved, you should ask.	

Small Groups Practice:
"I'm not smart enough."

What do you want to tell child?	Turn it into a question!
• ?	• ?
• ?	• ?
• ?	• ?
• ?	• ?

Goal: Cognitive Coping

- Child/adolescent identifies a more accurate or helpful thought that works for them
- Practice that thought in the session and in between sessions
  - "So, when you study for your test on Wednesday, can you try telling yourself instead, "I do okay on tests. I've done okay all year. I just get nervous." And if you need to, try one of calming breathing we talked about?"
- Report back: Did it help?
  - Reporting forms are really useful

Example: Anger and Perceived Hostile Intent

- Anger ***increasing*** self-talk (thoughts):

He is doing it on purpose to hurt me

- Feelings:
- *Not at all Angry…Irritated….Extremely Angry*

1 2 3 4 5 6 7 8 9 10

Anger and Hostile Intent

Anger ***reducing*** self-talk:
He is just having fun

- Feelings:
- *Not at all Angry…Irritated….Extremely Angry*

1 2 3 4 5 6 7 8 9 10

Day II

TREATING BEHAVIOR

Addressing Behavior

- Needed behavioral changes to accomplish treatment goals:
  - Anxiety = Child faces fears (real and imagined)
  - Depression = Activation: Child does something, works toward goals
  - Behavioral Problem = Parent uses Positive Parenting
  - Anger = Child learns and tries social skills
  - Shame = Child shares story with a supportive other

Anxiety: Exposure

- Facing up to your fears:
  - Phobia (fear of flying) = go on plane

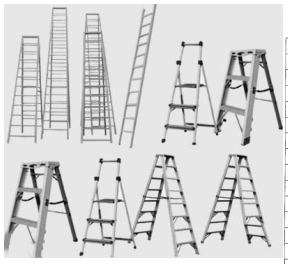
  - Social Anxiety (fear of social situations) = hang out with friends

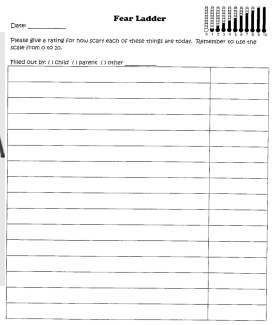
  - Separation Anxiety (fear of leaving parent) = child goes to school

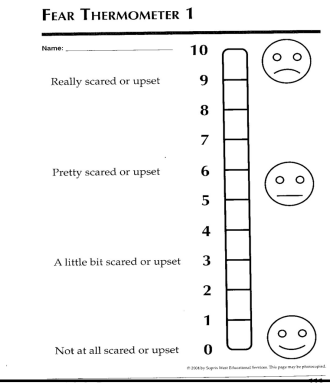
Accomplishing Exposure Behavior

- Explain mechanism
- Imaginal and in vivo
  - Imaginal = imagining the feared situation
  - In vivo = facing cues in environment
- Make a plan
- Gradual steps
- Reinforce safety
- Do SUDs ratings before, during and after
- Never leave the session with high anxiety

Gradual Exposure: Fear Hierarchy







Depression: Behavioral Activation

- Identify goals ("build the life you want"):
  - Have friends
  - Accomplish a task
  - Get on team
- Break steps into small pieces
- Make a specific plan
- Anticipate obstacles

Find a Positive Action that Lifts Mood

- Read comic book or smell a flower
- Notice difference in mood
- Experience control over emotions

Make a Plan

- List the steps
- Write them down
- Monitor actions
- Reinforce success
- Keep at it

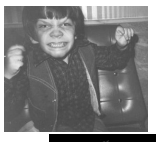
Behavior Problems

- When children:
  - Persistently engage in negative behaviors that interfere with functioning and cause problems for others
  - Fail to conform to reasonable expectations or societal rules
    - At home
    - At school
    - In the community

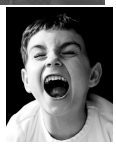
Externalizing Diagnoses

- Oppositional Defiant Disorder
  - disobedient, outbursts, tantrums, aggression
- Conduct Disorder
  - rule-breaking, lying, stealing, aggression

Definition: Externalizing Problems



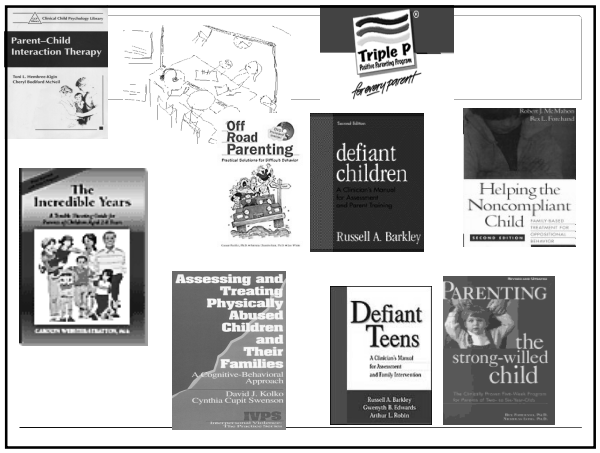
- Negative affect (anger, hostility)
  - leads to aggressive behavior



- Negative behavior achieves goals:
  - Attention
  - Power over situation
  - Rewards
  - Avoidance of unpleasant activity or consequence

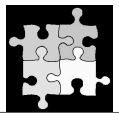
Behavior Problems as the Focus of Treatment

- Work with the caregiver is **KEY**
- If you aren't seeing the caregiver, in most cases, you can't treat the behavior (especially with young kids)
  - PCIT, Triple P, Incredible Years, Helping the Noncompliant Child
- So…who's buy-in do you need?



FIRST: Functional Behavior Analysis

- Define the problem behavior: What's it look like, sound like?
  - Make it behavioral
- Define the positive opposite
- Get the details: Frequency, Duration, Intensity
- Can't fix a problem we don't know really, really well
- Plan depends on the details



FIRST: Functional Behavior Analysis

- Learn about the context of the behavior: What happens right before, right after?
  - Antecedents and consequences
- Find out the function:
  - Attention? [negative counts as much as positive]
  - Power over situation?
  - Avoid negative activity/consequence?

The Power of Attention

Examples of Function

- **Behavior:** Whining
- ***Function:*** Attention, get what you want

- **Behavior:** Aggression
- ***Function:*** Get what wants, others back down

- **Behavior:** Lying
- ***Function:*** Get out of trouble

Questions for finding out the function

- What happened right before?
- After the behavior, what did you do?
- What did he do?
- Then what did you do?
- What happened next? What did he do?
- What did you do?
- Tell me about another time the behavior happened. What did you do? (repeat)

Discussion

- 7 year old single child
- Behaves well at home
- Highly verbal, capable and bright
- Trouble with peers to include bullying, teasing, and general poor social interactions
- Disruptive in school with teachers; refusing to do what they ask, talking back, sassing

Discussion

- Punishment at school includes being separated out and "talked to" by teachers; being sent to the principal's office; being lectured by mom
- Do a FBA
- How will your FBA influence your interventions?

Key Intervention Facts

- Externalizing behavior problems require external solution
  - The response to the child behavior makes all the difference
  - Caregivers or others (school) MUST be involved
- For younger children, environmental change is all that is needed (toddlers/preschoolers)
- For older children, involving them and teaching skills can make a difference

Positive Parenting to Improve Behavior Problems

- Parent knowledge: *Psychoeducation*
- Parent attitudes: *Cognitive restructuring*
- Parent feelings: *Emotion regulation*
- Parent behavior: *Skills*

- Focus here on skills, but don't forget what you've already learned, that parents, not just kids, may need
  - Examples when you may need to do a CBT triangle? A thoughts-focused component? A feelings component?

Parent Psychoeducation

- Inadequate knowledge:
  - Don't understand the function of inappropriate behavior that maintains it
  - Unreasonable developmental expectations
  - Inadvertently reinforcing or maintaining inappropriate behavior
  - See child as deliberately misbehaving to upset parent
- Psychoeducation ties to treatment

Key Components

- **Increase positive time together**
  - Planned child-lead, fun, parent-child interactions
  - All EBPs for behavior problems start here
- **Praise**
  - Attend to/praise positive behavior (positive opposite)
- **Selective attention**
  - Actively ignore minor irritating (attention-seeking) behavior
- **Giving effective instructions**
  - Reasonable, understandable and doable instructions
- **Rewards Plan**
  - Always start here; make them meaningful
- **Consequences for misbehavior**
  - Non-violent
  - Consistently and immediately applied

How to Teach Positive Parenting Skills

- UP and OUT of your chair!
- On the floor playing, throwing a tantrum, playing out a power struggle
- Just talking about how to deal with difficult behaviors isn't enough. People need practice to learn a new skill
  - Just ask coaches. Any coaches in the room?
  - Peanut Butter & Jelly Example

How to Teach Positive Parenting Skills

Steps

- Model: you demonstrate the new skill; caregiver plays the child
  - Can also model inappropriate/ineffective parenting behavior (take 1 & 2: great for showing how to deal with power struggles)
- Discuss what you modeled, take 1and take 2
- Role play: Caregiver practices
  - You can model again for handling more escalating child behavior
- Talk about homework and plan
- Problem-solve loopholes

What you've learned so far

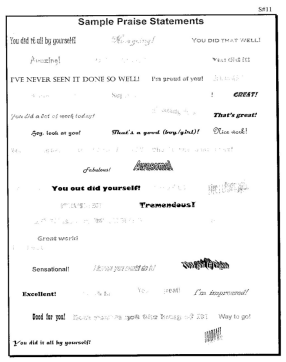
- **Group Exercise**
- **Need 5 volunteers**

Increasing Positive Time

- Relationship can be pretty negative after extended time with child/adolescent behavior problems: restoration needed!
- **Special Play Time** (younger children)
  - 5 minutes a day
  - Child-directed play
  - Art supplies, blocks, legos,
- **One on One Time** (older children)
  - 15-20 minutes several times a week
  - Spending time on shared activity that is positive for child
  - Parent listens, is present but does not teach, ask questions or correct
  - Art supplies, toys child enjoys, cooking, have ice cream together

Praise

- **Attend to positive behavior, positive opposite**
  - Catch child being good
  - Praise every time, ***big*** time, right after the behavior
- Praise as a tool to increase the behavior you want to see
- Getting caregivers to buy into praise
  - Good boss/supervisor vs. bad boss supervisor
- Teaching Praise
  - Model: therapist shows how to do it (caregiver plays the child)
  - Have caregiver role play/practice
  - Give feedback
  - Homework: Praise decided upon behavior every time you see it
  - Report back



Selective Attention

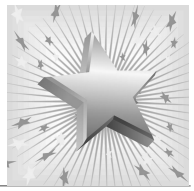
- After praise…
- **Teach ignoring minor irritating behavior**
  - Actively not respond (turn away, say nothing, if necessary leave the situation)
- Ignorer may need to occupy self in another activity
  - Household task
  - Shift attention to another child
- Ignoring stops as soon as the child moves toward the positive behavior, when shaping behavior

Effective Instructions

- One at a time
- State in the positive: what you want the child to do
- Give brief opportunity to respond (count)
- Prepare child ***(Dinner is ready, please turn off the TV).***
  - Warnings can be very helpful (*You have 5 more minute to watch tv, finish your show, then it's time to turn it off).*
- Eye contact and at their level

Starting with Rewards

- Remember good boss, bad boss, group competition
- Do you want a bonus or a pay cut?



Rewards/Behavioral Plan

- What are free or low-cost rewards?
- What are creative, out-of-the box rewards that are motivating?
  - Anything related to the power of making a choice
- Rewards can be things kids have already, but now they have to earn them
  - Can get tricky, use consultation calls, so stays positive
- Can 'tokens' be used?
  - Depends on child age
  - Depends on frequency, duration, and intensity of the problem

Rewards/Behavioral Plan

- Think about the interval for the reward
  - Us: Want to increase exercise. Give yourself a reward at the end of the week if you work out all 5 days? OR you get one small, special chocolate each night you go the gym after work?
- Does the child have to completely DO the positive opposite, or can they be rewarded for small steps toward it?
  - SHAPING behavior: Great strategy if multiple steps (e.g., making the bus)
  - Depends on frequency, duration, intensity

Consequences: Younger children

- Time Out/quiet time (from attention)
- Planned ignoring
- Remove from situation (leave store) and have a time out at home
- Logical consequence (remove toy; stop playing with peers)

Consequences: Older Children

- Removal of privileges
- Logical consequences – discussed with child ahead of time
- Behavioral Contracts
- Time out in their rooms or other quiet space. No playing in room during time out ***(no Xbox)***

Developing a Behavior Management Plan

- Monitoring the behavior:
- Creating Plan
- Carrying Out

Developing a Behavior Management Plan

- **Create a plan:**
  - How will you encourage positive behavior before negative behavior occurs?
  - What are the consequences?
  - When will you start?
  - What are possible barriers?
  - What will you do to make sure you follow through?
  - What are the rewards/positive reinforcements?

Developing a Behavior Management Plan

- **Carrying out the plan:**
  - Try the plan and take note of when it worked and didn't work so well
  - What were the factors that led to success, situations that weren't so successful?
  - Adjustments to the plan
  - Try revised plan

Home-School Link

- Significant behavior problems at school, or only at school
- Regular caregiver-teacher communication
  - Can be through a "daily report card"
- Similar approach (e.g., positive parenting skills) at home and at school
  - Praise for appropriate behavior, rewards
  - Consequences for negative behavior, when needed
- Rewards/Consequences can happen at home (requires good communication) if child is old enough that the delay is okay
  - Child can connect specific behavior at school to reward at home

Teaching Behavioral Skills to Youth

- Problem Solving
- Making Friends
- Communication

Problem Solving

- Name problem
- Generate total possible solutions (without evaluation)
- Evaluate and discard non-feasible alternatives
- Choose possible solution
- Try it out
- Check back and re-evaluate

Problem Solving

Problem solving Activity

- Work in groups of 2 and then switch
- Pick a problem that you are willing to talk about in person
- Have "therapist" walk you through the exercise
- Switch

Making Friends

18 Great Ways to Treat Other People (FRIENDS)

1. **Offer to share toys**
2. **Let other kids go ahead of me in line**
3. **Say "Thank you" when someone does something nice for me**
4. **Say something nice that is true about the person**
5. **Smile at someone and say "hello"**
6. **Use nice words and a friendly voice**
7. **Start a conversation about anything that is fun and ask the person questions about themselves**
8. **Ask kids to play**
9. **Include kids in games**
10. **Ask kids if they want to be friends**
11. **Play fairly. Play by the rules**
12. **Sit next to a friend**
13. **Listen to a friend**
14. **If a friend is feeling bad, ask them if they are okay and get help if needed**
15. **Help a friend if needed**
16. **Do "high 5's" with people**
17. **Do the knuckle touches**
18. **Teach kids how to play new games**

Family Communication

- 14 year old Sasha in treatment due to defiant and hostile attitude with parents.
- Refuses to keep curfew, disrespectful, mouths back and generally refuses to follow basic directions
- Father often gone for work but is easily frustrated and deals with daughter by yelling and threatening
- Mother is at wits end, takes away privileges and resorts to idle threats
- Hectic family life with younger siblings bouncing off walls

Family Communication

- All family members report wanting to get along better
- All members care about each other and are frustrated with the level of hostility
- Sasha blames parents for not caring enough about her
- Parents blame Sasha stating that she creates the tension and if she'd be more pleasant, they would be nicer to her

Family Communication

- Interventions?
  - Behavior management
  - Environmental interventions
  - Skills training

Teens: High Risk Behaviors

- 15 year old male with history of being physically aggressive towards mom to include shoving her and shaking her on a few occasions
- Comes and goes as he pleases but does come home each night
- Some smoking and drinking but sporadically
- Mom reports having trouble with him increasingly over the past 3 years

Teens: High Risk Behaviors

- Parents divorced and dad lives in another state
- Mom reports feeling threatened by son and doesn't know how to control him. She was physically abused by her ex-husband and sees similar patterns in her son.
- Mother and son report having positive relationship up until 3 year's ago when the marriage dissolved and father left.
- Both son and mother report wanting to change dynamic and get along better

Teens: High Risk Behaviors

- Interventions?
  - Positive Parenting/Behavior management
  - Environmental interventions
  - Skills training with the youth

Sexual Behavior Problems

7 yr male referred from school due to sexual acting out behaviors

1. Child is "known" for grabbing randomly at peer's genitals and making comments like "hey sexy" or "wanna make babies?"
2. Child went to the bathroom and was reported to have peeked under stalls and asking a peer to touch his privates. Peer told and child was instructed not to go to the bathroom alone
3. Child went again to bathroom without permission. Asked peer to "suck dick" and performed oral sex on peer. Got caught when teacher walked in

Sexual Behavior Problems

- Parents take incidents seriously. Don't know why child is engaging in behaviors.
- Assessment R/O SA but finds incidents of sex play between cousins (8 & 9 yr old) with this child over family reunion during the summer
- Child thinks of touching "a lot", has sexual feelings "tickly"; knows it is wrong
- Parents are supportive. They have an open house in terms of boundaries (some nudity, affection) and mom is pregnant

Sexual Behavior Problems

- Interventions?
  - Positive Parenting/Behavior management
    - Same focus, start with positives, times child is appropriate with touching and boundaries
    - Clear rules, expectations, monitoring, consequences for SBP, but still a focus on the positives
  - Environmental interventions
    - Home-school link: involve teachers in the monitoring and rewards plan
  - Skills training with the child

Definition of SBP *(according to the ATSA Task Force)*

- Children ages 12 and under with SBP who initiate behaviors involving sexual body parts (i.e. genitals, anus, buttocks, or breasts) that are developmentally inappropriate or potentially harmful to themselves or others. Although the term sexual is used, the intentions and motivations for these behaviors may or may not be related to sexual gratification or sexual stimulation. The behaviors may be related to curiosity, anxiety, imitation, attention-seeking, self-calming, or other reasons (Silovsky & Bonner, 2003)
- ATSA Task Force Report (Chaffin, Berliner…et al.(2008), Child Maltreatment, *,13,* 199-218)
- http://www.atsa.com/pdfs/Report-TFCSBP.pdf

Unhelpful Societal Attitudes

- CSBPs are adolescent and adult sex offenders in the making
- CSBPs are a significant ongoing risk to other children
- CSBPs need very intensive, long term interventions
- Only highly specialized providers and settings can help them
- Removal from the community is often necessary

Child Sexual Behaviors Problems

- Prepubescent
- Seriousness of behavior
  - Mostly touching; rarely aggressive/intrusive
- Reasons for misbehaving
  - Possible reaction to own abuse
  - One of many acting out behaviors
  - Curiosity/learned behavior
- Context
  - Family counts most
- Morally
  - Understanding the seriousness if the behaviors

Connection to Sexual Abuse History

- Overall sexually abused children have higher rates of SBP
- 1/3 of sexually abused children exhibit SBP
- Not all CSBP have sexual abuse history
- Biggest differences are in sexual knowledge/interest and boundaries
- Sexually aggressive/intrusive behavior not predicted by sexual abuse history

SBP are concerning when:

- Fear, anxiety, deep shame, or intense guilt is associated with the sexual behaviors
- Physical or emotional pain or discomfort to self or to others is caused
- Sex is used to hurt others
- Directed at significantly older or younger people
- Increase in frequency, intensity, or intrusiveness over time
- Coercion, force, bribery, manipulation or threats are associated with the sexual behaviors

Bringing it all together

What would treatment look like.....

Bringing it all Together: What would treatment look like?

- Depends on your focus, which comes from your assessment
  - *Depression Focus*
  - *Anxiety Focus*
  - *Behavior Problem Focus*
  - *Trauma-Focus* (tomorrow, special case of anxiety)

See Cheat Sheets

Depression Focus

- Assessment
- Psychoeducation
- Cognitive Triangle
- Feelings Components
  - Relaxation, secret calming (breathing)
- Behavioral Components
  - Pleasurable Activity Scheduling, Taking Steps Toward Goals
  - Skills Training
    - Making Friends, Communication, Problem Solving
- Cognitive Components
  - Socratic Dialogue & Cognitive Coping

Anxiety Focus

- Assessment
- Psychoeducation
- Cognitive Triangle
- Behavioral Components
  - Face your Fears (exposure)
    - Imaginal & In Vivo
- Feelings components (if needed, to face fears)
  - Relaxation, breathing (secret calming), distraction, mindfulness
- Cognitive Components
  - Socratic Dialogue, Cognitive Coping

Behavior Problem Focus

- Assessment
- Psychoeducation: why behavior problems are maintained
- Behavioral Components: Positive Parenting
  - Increase positive time together
  - Praise
  - Selective Attention
  - Giving Effective Instructions
  - Rewards Plan
  - Consequences
  - Home-School Link
- Behavioral: Skills Training with the youth, if needed
  - Problem-solving, communication, making friends

Next Steps

- Consultation on CBT Plus
  - Choose a few clients to assess, determine treatment focus, and discuss on the calls
- You'll receive a monthly survey, asking how it's going
  - How many youth you screen, treat, which components you're using
- Database available to enter child answers on assessment measures, print out a report to share with the child/caregiver
  - Can enter answers later in treatment and look at improvement

Assessment Measures Help

- Google Documents
  - We'll invite you, be looking for an email from Lindsey Vorderstrasse: lvorders@u.washington.edu
- Google Documents will score the measures FOR you!
  - Will give you a score
  - Will show you your kid's score and the clinical cutoff (**yes! Less remembering required!**)
  - Will give you a pretty picture/graph to show family about progress
  - Will let you put the score/graph pre-treatment next to the score/graph at the end of treatment, to use with youth and families

Monthly Survey

- We'll invite you, be looking for an email from Lindsey Vorderstrasse: lvorders@u.washington.edu
- We'll ask you, once a month, about how things are going
- Will report back to your agency/team
  - How many kids screened
  - How many kids to whom provided CBT+ (anxiety, depression, behavior, trauma-focused)

Certificates Available

Basic Expectations
- Attend 9 out 12 consult calls
- Discuss at least 1 case: assessment measure data, case formulation, and talk about application of components
  - Case be focused on depression, anxiety, behavior problems, or trauma

Extra Special Super Star People
- Basic expectations
- 2 cases, enter measurement at 2 points in time (into google docs)
  - Symptoms improve/go down
- $5 Starbucks card when enter data

Questions?

Thank you!