

# CBT Plus

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## Training Outline

DAY 1:

- CBT theory and principles
  - Application: depression, anxiety, behavior problems
- Assessment & feedback: Determining the focus of treatment
- Treatment engagement
- CBT for Depression

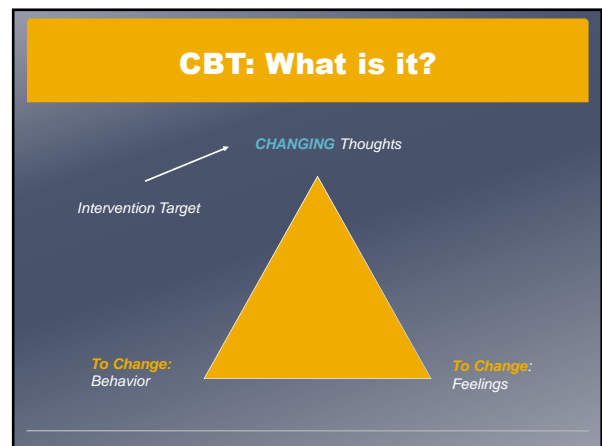
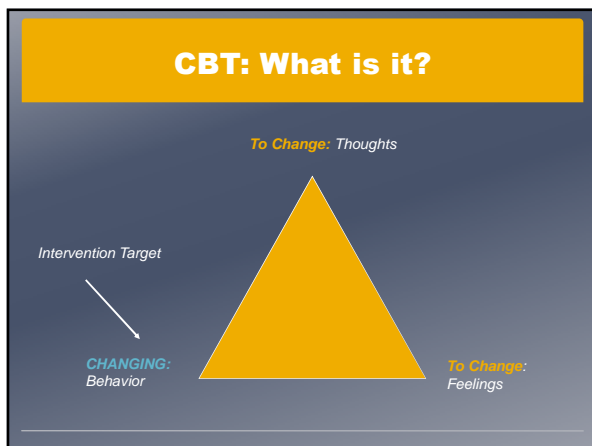
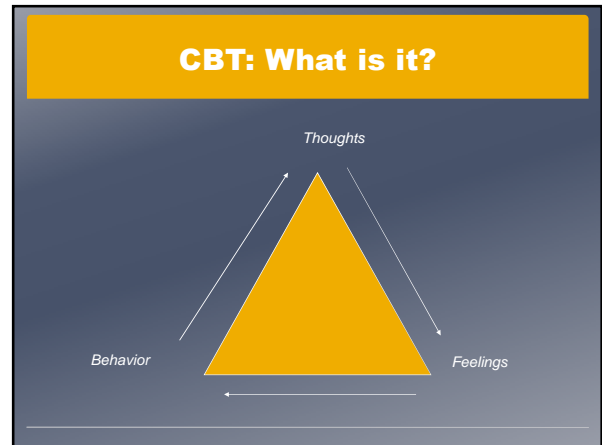
## Training Outline

DAY 2

- CBT for Behavior Problems
- CBT for Anxiety

DAY 3

- Treating trauma (Special Case of Anxiety): Trauma-Focused CBT



### CBT as Your Guide

- Intervention model/rationale is taught to clients
  - *No smoke & mirrors; no secret why it works*
- Focus and timing of components determined by assessment
- Teaching new behaviors and thoughts is the “cure”

### Any Coaches in the Group?

How do you build skill on your team?

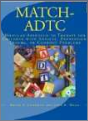


## CBT for Depression, Behavior Problems, Anxiety

'cause it really works

### Where did CBT Plus Come from?

- Started with TF-CBT
  - Small % of all kids have PTS; we want broader reach
- CBT works for the most common problems of public mental health kids (depression, anxiety behavior)
- Now, we're CBT *plus* TF!
- Components based/modular
  - Chorpita & Weisz
- Wave of the future!



### Research on Usual Practice

Garland et al., 2010

- 1000s of videotapes analyzed of treatment
- Suggests we do a lot of “once over lightly”
  - Cover lots of topics, in one session, few in depth
- Very little modeling and role play
- Very little assignment/review of homework or weekly practice
- CBT Plus: We all aim to do better!
- Focus in session, one to two components
  - Model, role play, practice in real life (homework)

### Research on Usual Practice

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- 1000s of videotapes analyzed of treatment
- Suggests we do a lot of “once over lightly”
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- **CONSISTENT modeling and role play**
- **CONSISTENT assignment/review of homework or weekly practice**
- CBT Plus: We all aim to do better!
- Focus in session, one to two components
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## Characteristics of CBT

- Collaborative, transparent relationship
- Assessment
  - ID clinical target and measures progress
- Structured but flexible application of components
- Cultural applications encouraged
- Skills teaching in and between sessions is the key

*Each session: leave 'em laughing!*

## The "What" of CBT

### Components

- Psychoeducation
  - Clinical target
  - Treatment process
  - Cognitive Triangle (Intervention Model)
- Behavior-focused: e.g., exposure, behavioral activation, parenting, problem solving
- Thoughts-focused: e.g., correcting maladaptive cognitions



## The "How" of CBT

- Primary clinical target
- Have session agenda/plan
- Teach new skills:
  - Model
  - Rehearse/practice with feedback
- Homework assignment and review every session

## Agendas/Session Plan are Key

### Child/Teen Agenda

- Anything add to agenda?
- Homework/weekly practice review
- Face fears: pick one
- Decide on homework/weekly practice
- Fun time! (5 minutes)

### Caregiver Agenda

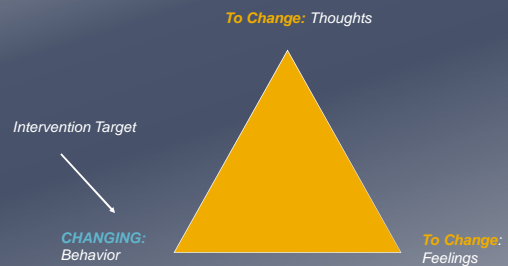
- Anything they want to add to the agenda?
- Homework review
  - Theirs
  - Child's
- Plan for this week's exposure (weekly practice)



## B in cBT

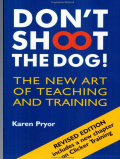
- What clients DO is what makes the difference
- Behavioral interventions work the best for change
  - Face fears (anxiety), do something fun (depression), positive parenting (behavior)
- No matter what starts it, behavior can take on a life of its own
  - Avoidance, isolating, aggression, not listening, sexualized behavior.....

## CBT: Behavioral Focus



### Basic Principles for the Big B


- Behavior occurs for a reason
  - Achieve goal (attention, reward)
  - Avoid unwanted outcome (boring, anxiety producing, punishment)
- Will change, or persist, based on reinforcement (+ or -)
  - Intervene HERE
  - Consistency is key
  - May get worse before it gets better



### C in CBT

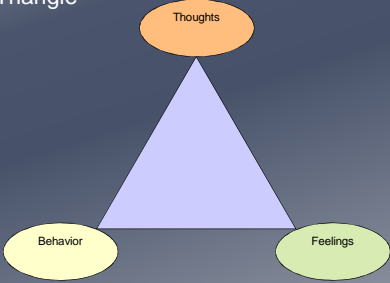
- The importance of cognitions

THOUGHTS REALLY COUNT!



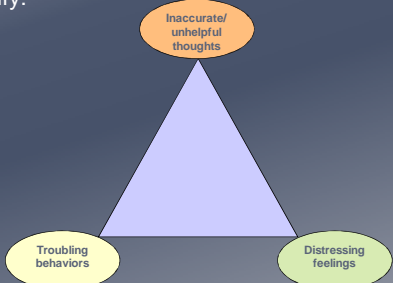
### CBT Framework

- Use Triangle



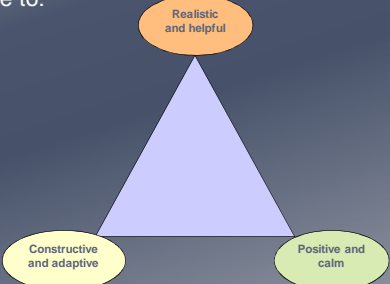
### Intervention Targets

- Identify:



### Intervention Strategies

- Change to:



### Why do Thoughts Matter so Much?

- Write down a situation in the last week that got you angry, frustrated, or sad.
- Draw a triangle.
- Write a thought you had about the event at the top of the triangle.
- Write down your feelings.
- Write down your behavior.
- Will anyone share their triangle?

### Why do Thoughts Matter so Much?

- How would you like to feel, in this situation, even though you can't go back and change the situation?
- Draw a 2<sup>nd</sup> triangle (or keep your triangle, use another color).
- Write another thought you could have had, that would lead you to feel more positive, less angry.
- Write down the actual feelings you'd have if you thought this way.
- Write down your behavior.

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- Will anyone share their NEW triangle?
- Would this be realistic? If the situation happened again?

### Separation Anxiety

• Before Tx

• After Tx

### Depression Example

• Before Tx

• After Tx

## Treatment Engagement:

**Assessment**  
**Feedback**  
**Engagement**  
**Motivational enhancement**

*'Cause getting them in treatment is the first step.*

### Initial Contacts Really Count

- Steps that matter (in this order!)
  1. Elicit concerns
 

*"I know Raul was referred for his anxiety, but why do you think he needs treatment? What are you most concerned about?"*

*"We can work on that."*
  2. Communicate hope and confidence
 

*"I think treatment can really help your son."*

### Initial Contacts Really Count

3. Find out about previous counseling experiences or attitudes toward therapy
 

*"Has anyone in your family been involved in therapy before?"*

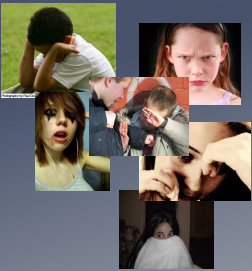
*Sometimes people have had good experiences, sometimes bad."*
4. Problem solve concrete barriers
 

*"I know you're busy, what are some of the things that might get in the way being able to come to therapy?"*
5. Do one thing, that session, that is helpful
 

*"I want to look at this handout together, this is just a start..."*

### Clinical Targets for CBT Plus

- Depression
- Behavior Problems
- Anxiety
- Trauma/PTS
  - Special Case of Anxiety



### Standardized Measures

- Why use them?
  - Complement clinical interview and observation
  - Provide a “yardstick” for where this child is (clinical/non-clinical)
  - Establishes “baseline” level of distress/problem behavior that can be used to determine change over time
    - Can see: Is the child or adolescent getting better?

### CBT + Assessment Measures


- Trauma Checklist
  - Exposure to trauma
- Pediatric Symptom Checklist-17
  - Externalizing (acting out behavior), Internalizing (feelings) and Attention
- SCARED brief version
  - Screener for Anxiety and PTS
- Child PTSD Symptom Scale (CPSS)
  - PTS symptoms
- Moods and Feelings Questionnaire
  - Depression

## Why do we screen all kids for trauma??

WHY is it the standard of care?

### Child Victimization Rates


<ul style="list-style-type: none"> <li>• <b>Past year</b></li> <li>• Any = 60.6%</li> <li>• Assault = 46.3%</li> <li>• Sexual assault = 6.1%</li> <li>• Child abuse = 10.2%</li> <li>• Bullying = 15.2%</li> <li>• Witness = 25.3%</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Lifetime</b></li> <li>• Any 80%</li> <li>• Assault = 56.7%</li> <li>• Sexual assault = 9.8%</li> <li>• Child abuse = 18.6%</li> <li>• Bullying = 21.6%</li> <li>• Witness = 37.8%</li> </ul>
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 **TRAUMA EXPOSURE IS VERY, VERY PREVALENT. So we need to know about it.**

### Case Formulation

What is the counseling focus?

- Choose a primary clinical target
  - Depression/Mood
  - Anxiety (or special anxiety case of PTS)
  - Behavior (problems with parenting, peers, other)
- Comorbidity is the rule, so pick a place to start
- It doesn't matter WHY it started (so much) what matters that it's a problem you're there to help solve



### Get Agreement on Clinical Formulation

- Share results from interview, observation and checklists
- Encourage feedback/input
- Convey confidence and hope
  - “We have a treatment that changes this, are you interested?”
- Offer to describe the treatment and how it works
  - Make sure to describe work you’ll be asking child/parent to do
- Give practical information (# sessions, who comes, expectations between sessions—practice required)

### Practice!

- Engaging a child or parent in treatment process
  - Provide feedback on assessment results and *solicit input*
  - Convey change is possible, family has strengths to build on, 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

### Ambivalence

- Many problems can be solved without formal intervention when there is **motivation**
  - Substance abuse, not exercising
- Identifying the problem isn’t hard, the solution *IS*
- Status quo always has some advantage
  - otherwise change would have happened already
- Ambivalence is about not yet being committed to what it will take for change – Being on the Fence

### Being on the Fence

- We can’t always talk someone into changing/trying this approach...
- If people don’t buy in with psychoed—need to elicit desire for change FROM the client (or clients caregiver)
  - Adolescents, Parents
  - Children—even if not motivated may be required to participate

### Change Talk

- When you find you’re arguing...
- Attend (pay attention and respond) to change talk
  - “You said you’re tired of feeling sad all the time. Tell me more about that.”
- Elicit disadvantages of keeping things the same
  - Negative aspects of not changing (elicit the specifics)
  - “What will happen if you don’t change?”
- Identify advantages of change
  - “What will be better if you do change?”

## Activity

Trying to make change happen!

Motivational Interviewing: <i>Addressing client ambivalence</i>	
Inconsistent with EBP	Consistent with EBP
<ul style="list-style-type: none"> <li>▶ Telling client they need to change</li> <li>▶ Giving client many reasons why they have a problem and that they need to do something</li> <li>▶ Arguing or challenging when client rationalizes, makes excuses, is resistant</li> <li>▶ Allowing client to use session to talk about the benefits of not changing or why it is too hard</li> </ul>	<ul style="list-style-type: none"> <li>▶ Expressing empathy for situation</li> <li>▶ Using open-ended questions, reflecting, summarizing</li> <li>▶ Inquiring about pros and cons of changing</li> <li>▶ Assessing importance and confidence about change</li> <li>▶ Attending to and reinforcing any change talk</li> <li>▶ Ending on good terms</li> </ul>

**Psychoeducation**

**What is it and Why Do It?**

- **What: Provide information on:**
  - Target condition
  - Tx process
- **Why: Lower Distress; help client understand treatment plan**
  - *You are not alone*
  - *You are not crazy*
  - *There's hope—we've got a treatment that works*

**CBT Plus Psychoeducation Handouts**

- Handouts for each Target
- Review with caregiver and/or youth
- Ask questions
  - How does this fit with the client/caregiver's understanding?
- Talk about the treatment model
  - Cognitive Triangle
  - Who, what, expectations

**Psychoeducation Practice**

With a Caregiver; Behavior Problem Target

**Depression**

CBT for Depression



## Psychoeducation: Depression

- Remember Primary Goals (*you are not alone, you are not crazy, not your fault, there's hope*)
- Topics
  - Everyone 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 (see handout online)

## Primary Components for Depression



Behavioral interventions first!

- Pleasurable Activity Scheduling
- Steps towards Goals; Problem Solving

THEN, or when "interference" consider feelings or cognitive interventions

## Let's Try It

Write down two feelings; rate them.

## Rating Feelings

Feelings Ratings (SUDS\*):

Goal Identify a range of different **levels** of feelings.

Why? Can use ratings to assess if new skills are working

How?

- Feelings thermometer/ladder
- See-Saw
- Get creative and engaging!
  - Big burrito, small burrito, medium size burrito



\*SUDS: Subjective Units of Distress; CBT Term

## Pleasurable Activity Scheduling: Get Active!

- When depressed....activities are in line with our mood
  - Sleep, stay alone, watch tv, don't study
- To improve depression—need activities to be in line with our GOAL, not our mood
  - See a friend, help your mom, play basketball
- Help child/adolescent make the connection between different activities and mood

## Connecting Mood and Activities

- WEEK REVIEW
  - Past or upcoming
- Name activities that brought your mood UP
- Name activities that brought your mood DOWN

**Getting Active!!**  
Taking Positive Action, even when you are feeling down, can be the first step to feeling better.

Acting from the INSIDE OUT:  
Feeling good —→ At something fun, like dancing —→ Feel even better!!!

Acting from the INSIDE OUT:  
Feeling bad —→ At nothing much —→ Feel even worse!!!

Acting from the OUTSIDE IN:  
Feeling bad —→ At something fun —→ Feel better!!!

## Pleasurable Activity Scheduling: Get Active!

- Brainstorm DOABLE activities to improve mood
- Should be active, fun, or helpful
- Commitment to schedule multiple during week
- Make mood monitoring sheet
  - Rate feelings
  - Notice emotions changing based on trying activities
- Check in re homework; reinforce effort
- Add more and new activities

## Mood Monitoring Sheet

Day/time	High & low mood ratings (0-10)	What events or activities were going on then?	Can you use this information for the future? (increase or decrease the activity, or problem solve for the next time it happens?)
Monday morning	High: Low:		
Monday afternoon	High: Low:		
Monday evening	High: Low:		
Tuesday morning	High: Low:		
Tuesday afternoon	High: Low:		
Tuesday evening	High: Low:		
Wed morning	High: Low:		

## Mood Monitoring Sheet

Day/time	High & low mood ratings (0-10)	What goes on?	Get to really know the kid and their unique experience of depression	Can you use this information for the future? (increase or decrease the activity, next time it happens?)
Monday morning	High: Low:			
Monday afternoon	High: Low:		<i>Identify patterns!</i>	
Monday evening	High: Low:		<i>Monitor homework!</i>	
Tuesday morning	High: Low:			
Tuesday afternoon	High: Low:		<i>Even small differences in mood matter!</i>	
Tuesday evening	High: Low:			
Wed morning	High: Low:		<i>Make your own tables!</i>	

## Steps Towards the Goal


- Identify the goal
  - Make it specific
  - Feasible/possible (e.g., don't set up for failure)?
  - Anticipate challenges and plan to manage
- List the steps; break into small, doable pieces
- Reinforce successes
  - Self reward for taking a step
- Pay attention to changes in thoughts and feelings:
  - System for rating **mood** (e.g., I'm pumped up, I am satisfied) and **thoughts** after (e.g., I did good, I am proud of myself, I am making progress)

## Example: Steps for Making Friends

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

## Learn a Skill: Problem Solving

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



### Depression Behavior Practice Group Activity

Choose one of these to practice:

- Problem Solving
  - Pick a problem that you are willing to talk about in person – go through the steps
- Steps Towards Goal
  - ID goal and break down into manageable steps - prepare for obstacles
- Scheduling Pleasant Activities
  - ID activity and create plan to do and monitor

### Targeting Unhelpful Depression Thoughts

- Psychoeducation
  - Mood -> Negative Thinking -> Mood -> .....
  - Teach them to look for common negative thinking traps.

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- Help them notice and challenge their negative thoughts
  - Explore negative thinking linked to specific events/situations from the past week.
  - Teach them ways to challenge their thoughts...

### Cognitive Restructuring

Negative or Unhelpful Thought:	Is this thought necessarily true?	This thought makes me feel...	This thought makes me want to...	Evidence For Thought, Evidence Against	What would you tell your best friend?	A more helpful thought is...

### CBT Cognitive Triangle Model

Teen Client Method



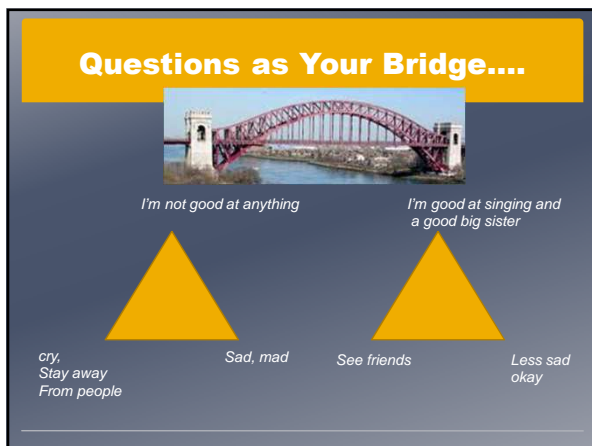
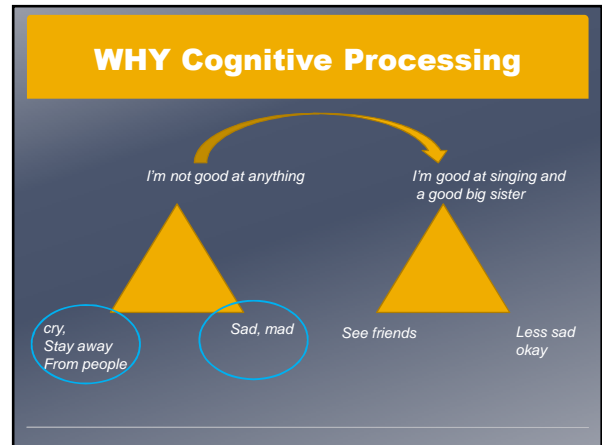
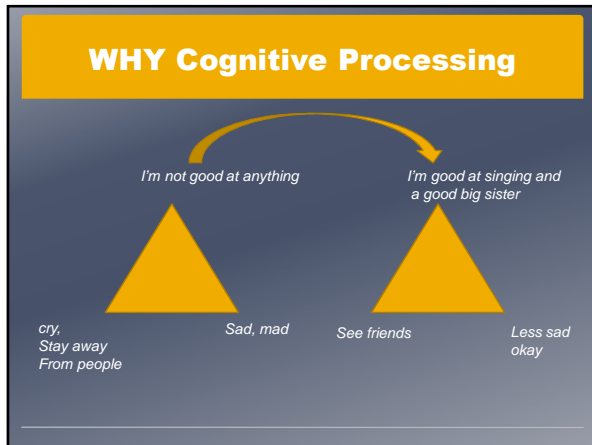
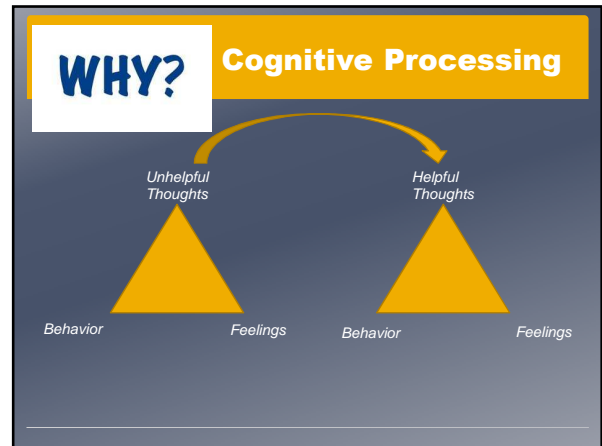
### Targeting Unhelpful Depression Thoughts

- Psychoeducation
  - Mood -> Thinking -> Mood -> .....
  - Teach them to look for common negative thinking traps.
- Help them notice and challenge their negative thoughts
  - Explore negative thinking linked to specific events/situations from the past week.
  - Teach them ways to challenge their thoughts...
- Other cognitive coping strategies...

### Thought Stopping & Thought Replacement

- Short circuit cycle of negative or disruptive thinking
- Take control over thoughts
  - Changing the channel
  - Saying "go away" or "stop now"
  - Imagining/visualizing a stop sign
- Replace unwanted thoughts
  - Use positive self-talk



### "I can't do anything right; there is no point in trying"


Inconsistent with EBP	Consistent with EBP
<ul style="list-style-type: none"> <li>• Telling client repeatedly what his good qualities are</li> <li>• Giving reasons why he is wrong for what he thinks</li> <li>• Suggesting the client is causing his problems by thinking wrong</li> <li>• Arguing/disagreeing with his perceptions of unworthiness</li> <li>• Agreeing that he is probably right</li> </ul>	<ul style="list-style-type: none"> <li>• Validating thoughts without agreeing</li> <li>• Inquiring re basis for thoughts</li> <li>• Evidence gathering</li> <li>• Exploring extremes to highlight discrepancy</li> <li>• Eliciting alternative possible thoughts</li> <li>• Establishing discrepancy between general view and personal attribution (e.g., best friend)</li> </ul>

## Emotion Regulation

Helpful for all clinical targets...but not actually the first “go to” when you look at the evidence [so don’t start here unless you have a good reason]

## Addressing Negative Feelings

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



## Techniques

- Progressive Muscle Relaxation
- Guided Imagery
- Breathing work
- Mindfulness
- Meditation
- Yoga
- Games
- Bubbles
- Dance
- Singing
- Listening to Music
- Pleasant Activity





## Emotion Regulation Strategies

- Calming the Body:
  - Progressive muscle relaxation
  - Calm breathing
  - Tense and relax
  - Positive imagery
- Planned Distraction:
  - Exercise; games, dancing, singing....
- Cognitive Coping
  - Thought stopping; changing the channel (Negative to positive thoughts)
- Acceptance
  - Mindfulness, distress tolerance and grounding




## Acceptance-Based

- Mindfulness
  - Metaphors (stand on the raging river instead of jumping in; watch freight train go by)
  - M & M in mouth X 2 minutes-attend only to sensation
  - Count backward by 3s while throwing ball back and forth
- Distress Tolerance
  - Hold ice cube in hand while it melts
- Grounding
  - Taste strong flavor (e.g. Altoid), smell strong scent (e.g., cinnamon), touch texture (e.g., sand paper, soft cloth)








## Pablo's 1-2-3 Keeping Cool Plan

- 1. Stop**

- 2. Tense and relax**

Taco y Tortilla



- 3. Take a break**


# Day II



CBT for Behavior Problems and Anxiety

# Behavior Problems

CBT for Behavior Problems

## Definition: Externalizing/Behavior Problems

- Negative affect (anger, hostility)
  - Leads to aggressive behavior
- Negative behavior achieves goals:
  - Attention
  - Power over situation
  - Rewards
  - Avoidance of unpleasant activity or consequence

## Diagnoses

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



## 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? Use **adult examples** to get their buy in



The collage includes the following titles and resources:

- Parent-Child Interaction Therapy (PCIT)
- Triple P Positive Parenting Program
- Off Road Parenting: Practical Solutions for Difficult Behavior
- The Incredible Years: A Guide to Healthy Childhood Development
- defiant children: A Clinician's Manual for Assessment and Parent Training by Russell A. Barkley
- Helping the Noncompliant Child
- Assessing and Treating Physically Abused Children and Their Families: A Cognitive-Behavioral Approach by David J. Kotkin and Cynthia Caput Swenson
- Defiant Teens: A Clinician's Manual for Assessment and Family Intervention by Russell A. Barkley, Gregory B. Conroy, and Arthur L. Robin
- the strong-willed child



### Psychoeducation: Behavior Problems

- Focus: Mainly the caregiver
- Remember Primary Goals
- Topics
  - All behavior has a function—gets you something you want (e.g. attention), or don't want (e.g., doing chores)
  - Things we do, and the environment, reinforce behavior
    - Some we don't even realize
  - Change the environment and reactions of others, to change the behavior
  - Explain treatment

### 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 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/control over situation?
  - Avoid negative activity/consequence?
  - Emotion regulation
  - Access to tangible rewards



### 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)

### Basic Principles for the Big B

- Positive reinforcement is more powerful and enduring than negative reinforcement
  - Intermittent reinforcement is the MOST powerful of all



### 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 behavior: *Skills*
- Focus here on skills, but don't forget what you've already learned; that parents, not just kids, may need help learning skills
  - Examples when you may need to do a CBT triangle? A thoughts-focused component? A feelings component?
  - Parent attitudes: *Cognitive restructuring*
  - Parent feelings: *Emotion regulation*

## 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

## Getting Buy-in on Key Components

- Using **adult examples** to show why these components may be helpful for improving behavior
- **Positive Time**
  - Neighbor makes a request after a: 1) you talk and laugh outside when you get the mail; 2) plays loud music and keeps you awake
- **Praise**
  - Best/worst boss or friend example

## Key Components

- **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
  - Brief and related to the problem behavior

## 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. Coaches....?
  - 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
- Role play: Caregiver practices; give feedback
  - Talk about homework and plan
  - Problem-solve loopholes



## 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 + behavior, + opposite**
  - Catch child being good
  - Praise every time, **big** time, right after the behavior
- Praise as a tool to increase + behavior
- Adult example
  - Good boss/supervisor vs. bad boss supervisor
- Teaching Praise
  - Model: Therapist Demonstrate (caregiver plays child)
  - Have caregiver practice
  - Give feedback
  - Home Practice: Praise on 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 – immediately switch to attending to the positive behavior

## Effective Instructions

- Eye contact and at their level
- 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.*)

## Rewards/Behavioral Plan

- Free or low-cost rewards?
- Creative, motivating?
  - Anything related to the power of making a choice
- 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
  - Adults: exercise. Give yourself a reward 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*)

## Video Off Road Parenting

Making Behavioral Contracts Work

### 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)
  - Child can connect specific behavior at school to reward at home

### Children with Sexual Behavior Problems: What We Know

- Children who sexually misbehave are different from adolescent and adult offenders in important ways
- More diverse group than adolescent offenders
- The risks they present are very low
- Brief structured treatments work very well
- Many societal attitudes and responses are unhelpful

### Report of the ATSA Task Force on Children With Sexual Behavior Problems

Report of the Task Force on Children with Sexual Behavior Problems

**Task Force Members:**

<b>Mark Chaffin (Chair)</b> University of Oklahoma Health Sciences Center	<b>Thomas D. Lyon</b> University of Southern California Law School
<b>Lucy Berliner</b> Harborview Sexual Assault Center, Seattle, Washington	<b>Ina Jacqueline Page</b> University of Tennessee Health Sciences Center
<b>Richard Block</b> Three Springs Inc., New Smyrna Beach, Florida	<b>David S. Prescott</b> Sand Ridge Secure Treatment Center, Mauston, Wisconsin
<b>Toni Cavanaugh Johnson</b> Independent Practice Psychology, South Pasadena, California	<b>Jane F. Silovsky</b> University of Oklahoma Health Sciences Center
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<b>Diana Garza Louis</b> RIO Grande Counseling Center, Austin, Texas	<b>Christi Madden</b> University of Oklahoma Health Sciences Center

ATSA

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- David S. Prescott Treatment Center, Mauston, WI

**Similar Components!**

- Assessment
- Psychoeducation
- Emotion Regulation
- Cognitive Restructuring
- Skills Training
- Supervision

ATSA

# Anxiety

CBT For Anxiety

## Psychoeducation: Anxiety

- Remember Primary Goals (you are not alone, you are not crazy, not your fault, 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

## 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 how and why exposure works
- Imaginal and in vivo
  - Imaginal = imagining the feared situation
  - In vivo = facing real fears in the environment (going to school) or reminders (seeing a plane)
- Make a plan
- Gradual steps
- Reinforce safety
- Do feelings ratings before, during and after
- Never leave the session with high anxiety

## Gradual Exposure: Fear Ladder/Hierarchy

Some Easy (but not TOO easy)

Some Middle Ones

Some Hard Ones

**Fear Ladder**

Date: \_\_\_\_\_

Please give a rating (on how scary each or those things are today) somewhere to use the scale (from 0 to 10).

Filled out by:  client  parent  other


### Exposure: Getting a Range of Rungs on the Ladder

- What would make that step a little easier?
- What would make that step a little harder?
- When a child experiences a challenge with an exposure—**“step back without backing down”**
  - John Weisz, MATCH ADTC
  - “Sounds like that one was hard for you. Let’s try it again now, but with something that would make it a little easier.”

### School Phobia: 9 Year Old

- Not going to school
- Cries when her mom takes her to school
- Mom hates to see her cry, takes her back home
  - Child feels better
- Mom wants her to go to school
- Child loves books and art (possible rewards for doing exposures)
- Mom hates to see her daughter upset (important to get buy-in for exposures)

### Fear Ladder Development

For our 9 year old with School Phobia...

### Anxiety Disorders

When child cannot do exposures: consider adding some:

- Cognitive Coping
- Emotion Regulation
- However, know that exposures are the effective ingredient. Above skills should be used to help the child DO the exposures.

### OCD: Response Prevention

- Target rituals (a form of avoidance of distress)
- Identify what they are
- Get agreement not to do them
- Set up a plan to delay use of rituals
- Form of in-vivo – (stay in until the distress comes down)
- Learn that you can get calm without engaging in the rituals
- Notice feelings, decrease in distress (thermometer)

### Addressing Thoughts: Two Strategies

- Psychoeducation
  - Provide new, accurate and helpful information

When new information alone has not worked *“I know you say nothing bad is really going to happen, but I don’t really believe it”*, we need restructuring!

- Socratic Questioning
  - Use questions to help the client talk him/herself into a more helpful way of thinking

### Socratic Questioning

- Key: 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
  - Best Friend role play ("What would you tell your best friend?")
  - Ask client to generate alternative thoughts

### Socratic Dialogue Practice

**Goal:** What's a more helpful or accurate thought where kid might end up?

Where kid starts

- I can't leave my mom, she won't be safe. • ?
- If other kids got kidnapped waiting for the bus then I will too. • ?
- No one can protect me. • ?
- It isn't safe to go anywhere without my mom. • ?

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

<u>What do you want to tell child?</u>	<u>Turn it into a question!</u>
• 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: "If other kids got kidnapped then I will too"

<u>What do you want to tell child?</u>	<u>Turn it into a question!</u>
	• ?
	• ?
	• ?
	• ?

## Bringing it all together

In summary.....

### CBT Plus Summary

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

Use assessment measures

Use Cheat Sheets

### Depression Focus

- Assessment
- Psychoeducation
  
- Behavioral Components
  - Pleasurable Activity Scheduling
  - Taking Steps Toward Goals/Problem Solving
  
- Cognitive Components
  - Socratic Dialogue & Cognitive Coping
  
- Feelings Components (if needed)

### Behavior Problem Focus

- Assessment
- Psychoeducation:
- Behavioral Components: Positive Parenting
  - Increase positive time together
  - Praise
  - Selective Attention
  - Giving Effective Instructions
  - Rewards and Consequences Plan
  - Home-School Link
  
- Behavioral: Skills Training with the youth, if needed
  - Problem-solving

### Anxiety Focus

- Assessment
- Psychoeducation
  
- Behavioral Components
  - Face your Fears (exposure)
    - Imaginal & In Vivo
  
- Feelings components (if needed, to face fears)
  
- Cognitive Components
  - Socratic Dialogue, Cognitive Coping

### Remember...

- Use assessment measures to identify a treatment target
- Start with one target
- Deliver only 1-2 components per session
- Model!  
Practice!
- Assign and review weekly practice (homework)

### What can YOU do by next Wednesday?

Getting started.  
Making these two days count.

### What we want to avoid.... (the problem behavior!)