

Behavioral Rehearsal Guidelines

Psychoeducation about the Traumatic Event(s) Experienced

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STEPS

SUPERVISION TO ENHANCE
PRACTICE STUDY | WASHINGTON

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For clinicians about to cover Psychoeducation, decide on focus: **caregiver or child session** (separate meetings are recommended so that level information can be tailored; child/parent can talk freely). Choose based on either a) your experience with the clinician's skill or b) clinician's thoughts about which would be most helpful to practice in advance of the next session.

Remember approximately 5-10 minutes. Do not review the goals of the behavioral rehearsal task with the clinician. This is meant to provide an estimate of clinician fidelity for this component. Do not interrupt the therapists rehearsing to provide feedback. After the rehearsal, provide feedback on both strengths and needed improvements. If the therapist rehearses a 2nd/3rd time, only rate the first rehearsal.

Therapist prompt: *Please show me how you would provide Psychoeducation about one of the child's primary traumas to the child. Strive to make this engaging and developmentally appropriate.*

EXPECTATIONS

- * **Does not avoid or show discomfort** talking about the trauma
 - Does not drop voice
 - Names the traumatic event(s)
- * **Provides general information**, including:
 - Defining trauma type (what it is, types of behaviors involved)
 - Prevalence of the trauma experienced
 - Who typically experiences it
 - Common causes of the trauma
 - Impact: common feelings, worries, behaviors of children
 - Common misconceptions (e.g., people often think it's their fault or that they are the only one)
 - May use handout/informational sheet (e.g., from TF-CBT manual, TF-CBT workbook, NCTSN site) or children's book
- * Delivery is **engaging and developmentally appropriate**
 - Not completely didactic/lecture
 - Avoids jargon/clinical terminology
 - Examples include:
 - ♦ Game/quiz or talk show/contest
 - ♦ What Do You Know cards
 - ♦ Together, circle/highlight important things from a handout
 - ♦ Answer psychoed questions for each square on a game (e.g., Candyland) or each turn (Checkers/Connect Four/Jenga)

Given the time you had for the role play, how well did the clinician do on the main elements*?

0 Extremely Poor | **1** Poor | **2** Fair | **3** Adequate | **4** Good | **5** Excellent | **6** Perfect

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FEEDBACK	
Strengths (Adherence & Skill)	
Areas to Improve (Adherence & Skill)	

Other topics or common challenges you might want to discuss with the clinician...

- For child psychoeducation, other engaging ideas for delivering psychoeducation that incorporates creativity games/art? Developmentally appropriate ideas (you tube/music for teens?)
- How to best deliver to caregiver/ensure key psychoeducation is received and reinforced to the child?
 - ♦ Does the parent believe the trauma (or parts of it) happened to the child? Any work needed here?
- What information might need to be tailored for this child/trauma type?
 - ♦ e.g., If sexual abuse, including information on how genital stimulation can feel good; and/or information about grooming
- Therapist should note thoughts that the child might report for review later, when at cognitive processing