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## Practice Guides

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Objectives:

- to emphasize the link between positive activities and feeling good
- to note that doing more things with someone we like is a good way to enjoy activities
- to explain that we can make ourselves busy so that we don’t have time to worry or feel bad
- to discuss helping other people; it makes them and us feel good

Steps:

1. Educate in types of mood-lifting activities
   Discuss with the child that today you will focus on activities that can all help get our minds off of bad feelings and make us feel better. These are activities that:
   1) we enjoy,
   2) are done with someone we like,
   3) keep us busy, or
   4) help someone else.

2. Illustrate connection between activities and feelings
   Help the child to grasp that:
   - doing activities we enjoy can make us feel good
   - doing activities we do not enjoy (or doing nothing) can make us feel bad
   You may start by telling the child about a time when doing things you (or a boy or girl you know) did not like made you feel bad, and then doing something you liked made you feel better.

3. Illustrate how activities can be mood-enhancing for the child
   Demonstrate that activities, feelings and actions are connected for the child personally. To help make this point:
   - Ask the child to identify 2-3 examples of times when he/she felt bad, then did something enjoyable, then felt better.
   - Discuss these experiences with the child.

4. Generate simple pleasant activities
   1) Ask the child to list 10 (or less, depending on time) easy-to-do activities that he/she can do to elevate his/her mood.
   2) Encourage the child to come up with as many as he/she can
   3) Make suggestions if the child has trouble thinking of activities.
   4) The activities must be:
      - simple,
      - free,
      - do-able almost any time, and
      - virtually guaranteed to make the child feel good.
   The list might include such activities as calling a friend, throwing a ball outside, spending time with a pet, remembering a fun experience, or stretching.
**Steps:**

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<tr>
<td>☐</td>
<td>Practice one activity together</td>
</tr>
<tr>
<td>1)</td>
<td>Make sure that the list above includes at least one simple activity that the child can do with you right now.</td>
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<tr>
<td>2)</td>
<td>Assist the child in picking one to try.</td>
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<td>3)</td>
<td>Have the child rate his/her mood on a 10-point scale or similar (e.g., 1=very low, 10=very high) before and after the activity.</td>
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<tr>
<td>4)</td>
<td>Engage in the activity the child picked.</td>
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<tr>
<td>5)</td>
<td>Discuss with the child the effect of the activity on his/her mood ratings.</td>
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<tr>
<td>6)</td>
<td>Emphasize to the child that the purpose of doing these activities is to help the child discover:</td>
</tr>
<tr>
<td></td>
<td>• which activities really are mood enhancers for the child, and</td>
</tr>
<tr>
<td></td>
<td>• that using these activities to feel better is under his/her control.</td>
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<tr>
<td>☐</td>
<td>Increasing activities with someone the child likes</td>
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<tr>
<td>Combine (a) involvement in pleasant activities with (b) building social relationships. The social element can be introduced with a personal story illustrating how joining with a friend in a mutually enjoyable activity can make a person feel really good.</td>
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<tr>
<td>☐</td>
<td>Introduce benefits of staying busy</td>
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<tr>
<td>Introduce the idea of “staying busy, getting involved” as a way of feeling good. This concept may also be introduced using personal stories.</td>
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<tr>
<td>☐</td>
<td>Explain benefits of helping others</td>
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<tr>
<td>Tell the child that helping others in a meaningful way, and seeing the effects one’s help produces, can:</td>
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<td></td>
<td>• increase one’s sense of primary control and personal efficacy, not to mention life purpose</td>
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<td></td>
<td>• reduce self-focus, and thus perhaps reduce susceptability to depression</td>
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<td></td>
<td>• provide distraction from repeated rumination, which helps to relieve depressed mood</td>
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<tr>
<td></td>
<td>Again, personal stories (or from a boy or girl you know) are helpful.</td>
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<tr>
<td>☐</td>
<td>Practice Assignment</td>
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<tr>
<td>Encourage the child to try to do one of the simple pleasant activities the child in listed in session in the coming days.</td>
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<tr>
<td>Ask the child to write down what activity he/she chose, and then rate how he/she felt before and after the activity.</td>
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<tr>
<td>The formality of activity scheduling can vary from using the list of activities which from which the child can choose, to an hour-by-hour daily schedule of pleasant and necessary (e.g., homework, chores) activities.</td>
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</table>

**Helpful Tips:**

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:

- to assist the caregiver in identifying events that may lead to appropriate or inappropriate behavior
- to teach the caregiver to think about behavioral difficulties before they occur
- to provide the caregiver with strategies to manage the child’s behavior in difficult situations

Steps:

☐ Provide rationale

- Ask the caregiver if he/she has noticed that the child is more likely to exhibit undesirable behavior in certain situations, certain activities, or under certain conditions.
- Explain that for most children, their disruptive behavior is not constant across situations.
- By addressing certain environmental conditions, we can decrease the occurrence of undesirable behavior and increase the likelihood of desirable behavior.

☐ Discuss triggers

Discuss with the caregiver the situations in which undesirable behavior occurs. Consider common triggers or situations for disruptive behaviors, including: transitions from desirable to undesirable activities, unstructured free time, and public places.

☐ Example: Transitions

- Children frequently exhibit disruptive behavior when transitioning from a desirable task to a less desirable activity (e.g., child tantrums from playtime to homework time or bedtime).
- Explain that the caregiver can help prevent disruptive behavior by using the following strategies:
  1. providing transition warnings to alert the child when a transition is approaching (e.g., “In five minutes it will be time to clean up the toys and do your homework”),
  2. using creativity and fun during the transition (e.g., challenging the child to “beat the clock” while cleaning up), and
  3. rewarding appropriate behavior during the transition (e.g., providing praise or reward “You cleaned up the toys without whining—we’ll play together after you finish your homework.”)

☐ Example: Down time

- Often caregivers assume that a child who is permitted to play on his/her own will not have a problem; however, a child with nothing specific to do has the time and opportunity to get into trouble.
- Children who exhibit disruptive behavior have difficulty selecting appropriate activities for themselves for long periods of time.
- Encourage the caregiver to plan a specific activity for the child, or to let the child choose from a small selection of activities, rather than telling the child to “go play.”
- Inform the caregiver that frequent monitoring and praise for appropriate play will reinforce the child’s desirable behavior.
Steps:

□ Example: Public places

Children often exhibit disruptive behavior in public places, making it challenging for caregivers to enforce rules and consequences. Instruct the caregiver to use these strategies when taking the child in public:

1. Establish and review rules with the child before entering the public place. These rules should address common misbehaviors (e.g., before entering a store: “Please walk next to me and don’t touch anything”).

2. Identify a reward for the child’s compliance. Tell the child what he/she will earn for following the rules. This may include snacks delivered during the public outing, a small treat, or a special privilege at the end of the outing. Deliver frequent praise to the child for compliance throughout the outing.

3. Identify punishment for noncompliance. Tell the child what will happen if he/she does not comply (e.g., time out, departure from public place, etc.). Follow through with identified consequence if necessary, even if it means leaving an enjoyable activity.

4. Provide child with a specific activity to do. Enter the public place and identify specific activities for the child (e.g., “Help me select the reddest apples”).

□ Example: Bedtime

- Have caregiver establish a bedtime routine consisting of relaxing activities in a predictable order (e.g., snack, bath, story, etc.) that the child will associate with falling asleep.

- To increase the associations between the bed and falling asleep, the caregiver should:
  1. insist that the child sleep in the same location every time he/she sleeps, rather than allow the child to fall asleep on the couch or other locations and
  2. prohibit the child from engaging in other activities while in bed, such as playing, watching television, or reading.

□ Example: Homework

- Caregiver should establish a consistent homework time in a location that is free from distractions and provides adequate lighting and space.

- To increase the associations between the location and homework completion, the caregiver should:
  1. insist that the child complete his/her assignments in the same location every time he/she has homework, rather than allow the child to work in a variety of settings and
  2. prohibit the child from engaging in other activities in this location, such as playing or eating.

□ Establish a plan

Work with the caregiver to identify a situation in which thinking ahead about the behavior and changing the situation would be helpful. Establish a plan for how to manage the situation. Encourage the caregiver to try this plan the next time the situation is encountered.

Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:

- to explain the different ways that people relate to one another
- to teach youth how to use socially appropriate strategies to express feelings, stand up for themselves, and disagree with others
- to assist youth in practicing situations in which assertive strategies would be appropriate

Steps:

- **Provide overview**
  Let the youth know that you will be talking about assertiveness skills. Convey that everyone feels frustrated or intimidated by others at times. Point out that it is normal to feel this way, but that it is important to make good choices about how to resolve those situations.

- **Explain the four styles of relating needs**
  Explain that when people want something or disagree, they generally behave towards each other in one of four ways:
  - Aggressively: one person dominates another person without regard for other’s rights, wants, needs, or well-being. Can refer to verbal or physical aggression
  - Passively: a person gives in to another’s dominance without regard for his or her own rights, wants, needs, or well-being
  - Passive-aggressively: a person gives in but is then stubborn, resentful, or otherwise negative
  - Assertively: considered the middle ground between aggression and passivity. A person states his or her needs in a non-aggressive way that respects the other person’s perspective

- **Discuss the pros and cons of these four styles**
  Have the youth consider times in which he or she exhibited these styles of interaction (e.g., “Has there ever been a time when you yelled at or hit someone because you thought that was the only way to express your frustration or to get what you wanted?”).
  Next, encourage the youth to consider what went well and not so well in each situation. Assist the youth in concluding that assertiveness will help him or her successfully manage stressful situations with others and avoid the escalation of negative feelings (e.g., anxiety, anger) and behavior (e.g., aggression).

- **Discuss “personal rights”**
  Discuss how different situations have different rules and expectations, representing the “rights” of each party. Generate a list of rights of the youth and rights of others in some example situations (e.g., the youth has a right to choose when to do a chore, but not whether to do it), and note that rights of different people may be in real or perceived conflict.

- **Identify situations in which the youth has difficulty being assertive**
  Ask the youth to describe situations in which he or she has difficulty being assertive (e.g., “when someone tells me what to do without giving me a choice”). Work to identify the challenging parts of those situations.

- **Identify internal cues of distress**
  Ask the youth to identify bodily feelings (e.g., fast heartbeat) and thoughts (e.g., “This person always disrespects me!”) that serve as cues that s/he is feeling distressed about the social interaction. If the youth is unsure, it may be helpful for the youth to monitor and record these cues during difficult situations to increase his/her awareness.
### Steps:

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| ☐ Discuss strategies to delay response | Explain that we often react to provocative situations in the same way, so it is important to use strategies to delay our automatic response.  
- Ignore the other person’s behavior for a few moments.  
- Recite self-statements such as “Do not get angry” and “I can handle this situation”  
- Practice deep breathing  
- Mentally rehearse an appropriate response |
| ☐ Discuss general skills | Start the conversation early, rather than waiting until the frustration is intolerable. Be mindful of nonverbal body language. Use a calm, neutral tone of voice and appropriate speaking volume. Avoid personal attacks and judgments. Focus on explaining your own perspective and feelings. When you are caught off guard or things do not appear to be going well, take a break. |
| ☐ Review specific strategies | Review approaches to being assertive that can help in different situations:  
- **Broken Record**: State your position but don’t offer an explanation. Repeat your position often, but without escalating.  
- **Empathy Assertion**: Assert needs by (1) making an empathy statement (e.g., “I know you are busy”), (2) stating your position (“I really need your help with this project”), and (3) suggesting a plan of action (e.g., “I would like to schedule a time to work together”).  
- **Escalating Assertion**: Similar to broken record, state your position, but gradually escalate assertion by stating consequences for non-compliance (e.g., “if you don’t stop, I will tell the teacher”), and finally, enacting the consequences (e.g., telling the teacher).  
- **Fogging**: Use humor when possible to diffuse a tense situation. |
| ☐ Model, rehearse, and provide feedback | Modeling, rehearsal, and feedback are integral to assertiveness training.  
- Create a practice scenario based on situations in which the youth has trouble demonstrating assertiveness.  
- With the youth acting as the confederate, you should assume the role of the youth and demonstrate appropriate assertiveness. Discuss the role play afterwards and highlight the strategies you used.  
- Switch roles so that the youth has a chance to practice. Discuss the role play afterwards, providing specific praise for strengths and noting areas for improvement. Continue rehearsing until satisfactory performance is demonstrated.  
- Vary the scenarios so the youth practices assertiveness towards adults and in the face of peer pressure (i.e., having to say “no”).  
- It is often helpful to role play aggressive and passive responses as well as assertive responses to help youth distinguish among the different relational styles and their related outcomes. |
| ☐ Generalize skills | Assist the youth in identifying challenging situations that may arise in the future and how the youth may apply his/her assertiveness skills to successfully manage the situation. |

### Helpful Tips:
- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This can be covered in more than one session/meeting
### Objectives:
- to increase the amount of positive attention provided to the child, even if the child has misbehaved at other times during the day
- to teach the caregiver to attend to positive behaviors
- to promote the child’s sense of self-worth

### Steps:

**Provide rationale**
- Emphasize the importance of providing positive attention to the child.
- Elicit the caregiver’s opinion about how attention affects behavior and people’s motivation to do a good job.
- Have the caregiver describe his or her best and worst “managers” and the caregiver’s motivation to work for each.
- Lead the caregiver to recognize that how he or she was treated affected the caregiver’s desire to work.
- Discuss how the child’s behavior may be affected by the caregiver’s behavior towards the child and how the child’s desire to behave can be increased by improving the caregiver-child relationship.

**Set aside one-on-one time for caregiver and child**
Encourage the caregiver to set aside a block of time (e.g., 10 minutes) each day devoted to joining the child in an activity the child has chosen.

**Teach caregiver to provide positive and descriptive commentary**
- Show the caregiver how to demonstrate sincere interest in the child’s activities while they are playing.
- Instruct the caregiver to provide enthusiastic descriptive (e.g., “You are drawing a tree”) and/or positive (e.g., “I like the way you stacked the blocks”) commentary and praise regarding the child’s behavior.

**Encourage caregiver to engage in child’s activity**
Suggest that the caregiver become actively involved in the play activity by imitating the child’s behavior in order to demonstrate approval.

**Restrict criticism, questions, and commands**
- It is important that the child lead the activity; that is, the caregiver should refrain from making suggestions, asking questions, and criticizing the child.
- Allow the child to use his or her imagination (e.g., coloring the green or making up new rules to a game) without caregiver input about the “correct” way to do things.

**Anticipate difficulties**
When the procedure is initially implemented, the child may engage in negative behavior that characterizes the usual caregiver-child interaction. When this occurs, the caregiver should:
- consistently ignore negative behavior by looking away;
- refrain from scolding the child so as to avoid providing negative attention for misbehavior;
- end one-to-one time if disruptive behavior continues or is dangerous.

Over time, however, it is expected that consistent positive attending will result in decreased negative behavior and increased positive caregiver-child interactions.
Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:
- to educate the parent about how anxiety works in order to build a rationale for activities to follow
- to instill optimism about the child’s situation
- to encourage the parent’s participation in treatment

Steps:

- **Discuss strategies**
  Point out how the one skill that has been shown more than any other to help anxiety problems in children is practice. Ask the parent to give an example of how someone who is scared of something could get used to it by practicing.

- **Describe your role**
  Explain that your job is to be a like a coach: you will plan, organize, supervise, troubleshoot, and give feedback about practice. If things are getting in the way of practice, your job is to help make practice easier.

- **Describe role of parent**
  Explain that another important goal is for the parent to become the coach as quickly as possible. To the extent possible, the parent will be asked to learn how to do all the practice exercises with the child, and to learn how to fix problems that come up. As soon as the parent can start to take over, the therapist backs away a bit, providing support only when needed.

- **Normalize the emotion of anxiety**
  Point out that anxiety is an emotion that all people experience.
  - Ask the parent whether he or she thinks anxiety is good or bad.
  - Elicit the reasons why the parent thinks this way about anxiety.
  - Praise the response, but then ask whether anxiety could really be both good and bad.
  - Make the point that anxiety can serve many functions, and that it is often a good thing to have because it prevents us from getting into dangerous situations or getting hurt.

- **Introduce the alarm analogy**
  Point out that anxiety is an emotion that all people experience, and that it works as the body's natural alarm. Usually, that alarm is helpful and protects us from danger. Ask the parent to imagine what someone would do if he or she felt no anxiety (the parent should be guided to provide an answer suggesting that a person could not avoid danger, which would be bad). Then point out that, in their child’s situation, the alarm is a little too sensitive—it goes off too easily. Thus, the goal of therapy is to make sure that their child is better able to tell what fears are real and what dangers are only false alarms. The goal is not to help the child get rid of all his or her anxiety, but rather to have her experience anxiety only when it is appropriate.

- **Discuss different degrees or “stages” of anxiety**
  The first stage of the anxiety alarm is a warning that something bad might be about to happen. It can be just like a yellow light that says “watch out.” The second stage of our alarm system tells us that the danger is here right now. This stage would be like a red light, which tells us that there is real trouble. See if the parent can give examples from the child’s experiences.
**Steps:**

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<tr>
<td>Provide the rationale for treatment</td>
<td>Explain that one good way to deal with anxiety is teach the child how to tell the difference between a true alarm and a false alarm by testing the anxiety alarm. Explain that the best test has two parts: (1) Being in the feared situation and (2) Seeing if the anything bad really happens. Explain that only by practicing situations that make the child nervous will he or she be able to learn to control excess anxiety (the false alarms). Reassure the parent that your role is to make sure that you are never putting the child in real danger or “true alarm” situations.</td>
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<tr>
<td>Clarify goals</td>
<td>Make sure to get the parent’s understanding of what is expected in treatment and to clarify what motivated bringing the child to treatment. Develop a plan for how practice will be used as a strategy to achieve those goals.</td>
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<tr>
<td>Introduce the idea of monitoring</td>
<td>Tell the parent that during practice, he or she may need to write down or help the child write down some things about the task being practiced and about the level of anxiety the child experiences during practice.</td>
</tr>
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</table>

**Helpful Tips:**

- Remember to praise often
- Remember to review often, by asking questions
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:

- to discuss purpose and process of sessions; including practice assignments, regular attendance, and end-of-session caregiver briefings
- to explore the parent’s understanding of why the child is in treatment and establish a framework of feeling better by learning there are things we can do to control our mood
- to introduce the general concept that we can control our feelings by (a) how we act and/or (b) how we think
- to discuss causes and “symptoms” of feeling good and bad for the child

Steps:

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<th>Task</th>
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<tbody>
<tr>
<td>Normalize feelings of depression</td>
<td>State that you will be talking about the child’s depression today. Point out that everyone—children and parents—has a time when he or she feels bad, sad, gloomy, grouchy, etc. but that not everyone knows the things they need to do to stop feeling that way. Add that it’s normal for a child to feel bad sometimes, but that we don’t want to a child “get stuck” in the bad feelings.</td>
</tr>
<tr>
<td>Discuss factors contributing to depression</td>
<td>Discuss factors (e.g., emotions, behavior, cognitions, social systems, etc.) contributing to depression and how these factors work together to maintain the child’s difficulties. You might examine how social fears are related to poor peer relations, negative self-thoughts, and social isolation, thereby maintaining depression.</td>
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</table>
| Find out more about the child’s feelings                           | Next, you will want to get the parent’s perspective on the child’s negative feelings. Try to develop an individualized picture of the child’s distinctive pattern of depression:  
  - The triggers that provoke positive or sad feelings  
  - The bodily response to such feelings (e.g., increased or decreased energy)  
  - The outward appearance that accompanies the feelings (e.g., downcast eyes, slumping body)  
  - The thoughts that go along with the feelings (e.g., “I’m no good” vs. “The world sucks”)  
  - The behavioral display involved (e.g., talkative and seeking others out vs. quiet and withdrawn) |
| Discuss skills                                                      | Let the parent know that to change the child’s moods, we might focus on some skills that involve  
  - The ways he or she behaves  
  - The ways he or she think about things, or  
  - Both types of skills  
  Draw a distinction between ways to cope that involve what we do and ways to cope by changing how we think. |
| Explain skill building concept                                      | Point out to the parent that much of the treatment for depression will involve teaching the child new skills that are designed to increase positive mood. Not every skill helps every child, but the idea is to give the child enough tools that he or she has many options to try when feeling sad or irritable. |
Steps:

- **Lay out structure and sequence of treatment**: Discuss how these skills will be learned through practice and rehearsal (e.g., role-playing, practicing new skills at home), and that regular attendance is very important because the child will need a chance to get feedback on his or her performance and to learn more than just one or two skills to feel better.

- **Clarify goals**: Make sure to get the parent’s understanding of what is expected in treatment and to clarify what motivated bringing the child to treatment. Develop a plan for how the skills to be learned will be used as a strategy to achieve those goals.

- **Introduce the idea of monitoring**: Tell the parent that during new skill practice at home, he or she may need to write down or help the child write down some things about the task being practiced and the feelings the child experiences before and after practice. This is in order to find out what kinds of things are most reliable for increasing positive feelings.

Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:
- to educate the caregiver about various factors (e.g., temperamental, developmental, physiological, genetic, psychological, etc.) that contribute to the development of disruptive behaviors and how these behaviors can be learned over time
- to instill optimism in the caregiver about the child and family’s situation
- to encourage participation in treatment

Steps:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss caregiver’s views about causes of misbehavior</td>
<td>Elicit the caregiver’s perceptions regarding causes of misbehavior (e.g., attention-seeking, caregiver’s demands outside the home, child’s nature from birth). Acknowledge the caregiver’s responses and explain that the causes of misbehavior are complex, such that there is rarely one cause and it is not any one person’s “fault.”</td>
</tr>
<tr>
<td>2. Cover the four factors</td>
<td>The four general factors contributing to child misbehavior are: (1) child’s characteristics, (2) family and caregiver characteristics, (3) situational context, and (4) stressful events.</td>
</tr>
<tr>
<td>3. Explanation of child’s characteristics</td>
<td>Some children are born with an inherited predisposition towards misbehavior, whereas other children also seem to exhibit difficult behavior from an early age due to other child factors. Other factors that may relate to misbehavior or increased conflict between children and caregivers include: (1) difficult temperament (e.g., short attention span, irritability), (2) developmental delays, (3) health problems, (4) physical characteristics (e.g., size, strength), and (5) impulsivity. Ask the caregiver to describe the child in these areas and how these characteristics may affect the caregiver’s ability to manage disruptive behavior.</td>
</tr>
<tr>
<td>4. Explanation of family and caregiver characteristics</td>
<td>Discuss that caregiver or family factors can make it difficult for caregivers to manage disruptive behavior (e.g., multiple children in the home, caregiver illness, work demands). Encourage the caregiver to provide examples of his or her own.</td>
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</table>
**Steps:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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</table>
| Explanation of situational context | - Although child and caregiver characteristics contribute to child misbehavior, behavior is ultimately learned and purposeful.  
- Behavior is motivated situationally by:  
  1. rewards (e.g., attention, desired object) and/or  
  2. escape from undesirable situations.  
- The consequences that follow misbehavior teach children how to behave in both the immediate situation and in general.  
- Even if children are not always successful in obtaining what they want or avoiding unpleasant situations, misbehavior can be maintained.  
- Instill optimism in the caregiver that just as problem behaviors can be learned, they can also be “unlearned.” |
| Explanation of stressful events | Stressful events (e.g., financial difficulties, marital problems, residential transitions, etc.) can contribute to children’s misbehavior by affecting caregivers’ ability to consistently manage misbehavior, thereby increasing caregivers’ negative perception of child and affecting child’s own well-being. |
| Provide the rationale for treatment | Explain that although it is not always possible to address the myriad of factors that contribute to misbehavior, we can change situational consequences to teach children how to behave appropriately. |
| Emphasize caregiver’s role in treatment | Make the point that the caregiver is the expert on that particular child, and as such, will play an invaluable role in treatment. Behavioral improvement will not occur unless the caregiver implements treatment techniques, with coaching from the therapist. Explain that treatment may be hard in the short run, but it has the potential for behavioral improvement in the long run. |
| Clarify therapist’s role in treatment | Explain that the therapist will coach the caregiver to implement treatment strategies, so that eventually the caregiver is proficient in managing current misbehavior and new problems as they arise. Clarify that the therapist will probably not spend time talking to the child about his or her feelings or identifying the “root cause” of the misbehavior, since such strategies generally are not helpful in changing a child’s behavior. The child’s role in treatment will be to help the caregiver practice techniques in session. |
| Discuss format of treatment | Inform the caregiver that treatment will involve instruction in specific techniques, modeling, role-play, and corrective feedback. Additionally, practice of techniques will be required. |

**Helpful Tips:**

- Remember to praise often
- Remember to review often, by asking questions
- Remember to use examples to explain concepts
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Child
Psychoeducation: Anxiety

Objectives:
- to educate the child about how anxiety works in order to build a rationale for activities to follow
- to instill optimism about the child’s situation
- to encourage participation in treatment

Steps:

☐ Get a common vocabulary
State that you will be talking about anxiety today, and begin by asking the child for his or her definition of anxiety. Elicit words that might mean the same thing as “anxiety.” Praise the child’s definitions and incorporate them into your own.

☐ Explain the three parts to anxiety
Explain to the child that anxiety has three parts to it: What we THINK, what we FEEL, and what we DO.

☐ Examples of thoughts
Have the child come up with examples of thoughts the child has when feeling scared (e.g., write scared thoughts in cartoon thought bubbles).

☐ Examples of feelings
Come up with a list of feelings that the child has when feeling scared (e.g., make a drawing and label parts of the body that feel different when anxious).

☐ Examples of behaviors
Ask the child what kinds of things people do and what he or she does when scared. Go through several examples, if necessary.

☐ Normalize the emotion of anxiety
Point out that anxiety is an emotion that all people experience.
- Ask the child whether he or she thinks anxiety is good or bad.
- Elicit the reasons why the child thinks this way about anxiety.
- Praise the response and indicate that the child is right, but then ask whether anxiety could really be both good and bad.
- Make the point that anxiety can serve many functions, and that it is often a good thing to have because it prevents us from getting into dangerous situations or getting hurt.

☐ Introduce the alarm analogy
One way that we can think about anxiety is as an alarm. Ask the child if he or she can think of any other kinds of alarms (e.g., fire alarms, burglar alarms). Ask him or her what these alarms do (i.e., warn us that something bad or dangerous might be about to happen). Praise the child’s efforts to come up with examples of alarms and what they do.

☐ Discuss different degrees or “stages” of anxiety
The first stage of the anxiety alarm is a warning that something bad might be about to happen. It can be just like a yellow light that says “watch out.” The second stage of our alarm system tells us that the danger is here right now. This stage would be like a red light, which tells us that there is real trouble.

Use This When:
To introduce a course of treatment for anxiety or phobias.
**Steps:**

- **Discuss how anxiety can be like a “false alarm”**
  Point out that although our anxiety alarm alerts us to danger, sometimes anxiety is not so positive, such as when people experience false alarms. Ask if the child knows what false alarms are (i.e., alarms that go off when there is actually nothing bad happening, such as when a fire alarm goes off, but there is really no fire). Explain that when people experience false alarms, they get scared and nervous when there is really no danger. When people have a lot of false alarms, then their anxiety has gotten out of control, and it is in these cases that anxiety becomes harmful.

- **Provide the rationale for treatment**
  Explain that one good way to deal with anxiety is to learn to tell the difference between a true alarm and a false alarm by testing the anxiety alarm. Explain that the best test has two parts:
  
  (3) “Put yourself in the scary situation that you are avoiding now” and  
  
  (4) “See if scary thing that you think will happen actually happens.”

  Explain that only by practicing situations that make the child nervous will he or she be able to learn to control excess anxiety (the false alarms).

- **Explain that practicing will be gradual**
  Use examples to get the child to verbalize how something scary can be practiced, and how it can be practiced in a series of gradual steps, just as practicing any other new skill (e.g., sport or musical instrument) would be practiced. In particular, small steps will be required until bigger ones can be taken (e.g., a child who is afraid of dogs may begin practice by looking at dog, then sitting next to a dog, then petting the dog).

- **Introduce the idea of monitoring**
  Monitoring is like gathering clues or evidence to help us learn more about the child’s anxiety. Tell the child that during practice, he or she may need to write down some things about the task being practiced and the level of anxiety the child experiences during practice.

**Helpful Tips:**

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
## Objectives:

- to discuss purpose and process of sessions; including practice assignments, regular attendance, and end-of-session caregiver briefings
- to explore the child’s understanding of why he/she is in treatment and establish a framework of feeling better by learning there are things we can do to control our mood
- to introduce the general concept that we can control our feelings by (a) how we act and/or (b) how we think
- to discuss causes and “symptoms” of feeling good and bad for the child

## Steps:

<table>
<thead>
<tr>
<th>Step</th>
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<tbody>
<tr>
<td><strong>Normalize feelings of depression</strong></td>
</tr>
<tr>
<td>State that you will be talking about depression today. Try to convey</td>
</tr>
<tr>
<td>to the child the idea that everyone has times when they feel bad,</td>
</tr>
<tr>
<td>sad, gloomy, grouchy, etc. (find the words that fit the child’s</td>
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<tr>
<td>vocabulary); but that not everyone knows the things they need to</td>
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<tr>
<td>do to stop feeling that way. Add that it’s OK to feel bad sometimes,</td>
</tr>
<tr>
<td>but that we don’t want to “get stuck” in the bad feelings so we</td>
</tr>
<tr>
<td>can’t get out.</td>
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<tr>
<td><strong>Discuss factors contributing to depression</strong></td>
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<tr>
<td>Discuss factors (e.g., emotions, behavior, cognitions, social</td>
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<tr>
<td>systems, etc.) contributing to depression and how these factors</td>
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<tr>
<td>work together to maintain children’s difficulties. You might</td>
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<tr>
<td>examine how social fears are related to poor peer relations,</td>
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<tr>
<td>negative self-thoughts, and social isolation, thereby maintaining</td>
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<tr>
<td>depression.</td>
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<tr>
<td><strong>Find out more about the child’s feelings</strong></td>
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<tr>
<td>Next, you will want to find out some more about the child’s feelings</td>
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<tr>
<td>Use gentle encouragement, plus your own modeling, to draw out the</td>
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<tr>
<td>child if he/she is reticent and to help him/her elaborate on ideas.</td>
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<tr>
<td>Move toward an individualized picture of each child’s distinctive</td>
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<tr>
<td>pattern of depression:</td>
</tr>
<tr>
<td>- The triggers that provoke positive or sad feelings</td>
</tr>
<tr>
<td>- The bodily response to such feelings (e.g., increased or decreased</td>
</tr>
<tr>
<td>energy)</td>
</tr>
<tr>
<td>- The outward appearance that accompanies the feelings (e.g.,</td>
</tr>
<tr>
<td>downcast eyes, slumping body)</td>
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<tr>
<td>- The thoughts that go along with the feelings (e.g., “I’m no good”</td>
</tr>
<tr>
<td>vs. “The world sucks”)</td>
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<tr>
<td>- The behavioral display involved (e.g., talkative and seeking</td>
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<tr>
<td>others out vs. quiet and withdrawn)</td>
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<tr>
<td>Keep notes for yourself to assist in your thinking about how to</td>
</tr>
<tr>
<td>personalize the notion that the child’s actions and thoughts will</td>
</tr>
<tr>
<td>affect his/her feelings.</td>
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</table>
Steps:

- **We can change how we feel**
  Let the child know that to change our moods, we might focus on some skills that involve:
  - The ways we act
  - The ways we think about things, or
  - Both types of skills
  Draw a distinction between ways to cope that involve how we act and ways to cope by changing how we think. Give examples from your life, or from a boy or girl you know, illustrating some kind of action that leads to feeling good and some kind of thinking that leads to good feelings.

- **Explain purpose of sessions**
  - Find out, from the child’s perspective, why the child believes he/she is here and what he/she thinks is going to happen.
  - Explain to child that he/she will be learning about “things to do” when depressed in these meetings together.
  - Note that by working with you in session, the child will be learning ways to get “unstuck.”

- **Lay out structure and sequence of treatment**
  - The activities that will happen in the various sessions (e.g., role-playing, practicing new skills)
  - The importance of regular attendance (because each session builds on the contents of the previous ones, and the entire program is needed to maximize the chances of success)
  - Practice assignments (for him/her to do each week between sessions)

- **Explain importance of practicing**
  To illustrate the importance of practice, start by asking the child why they think practice, in any area, might be important (answer: to get better at things).

- **Introduce the idea of monitoring**
  Monitoring is like gathering clues or evidence to help us learn more about the child’s sad feelings. Tell the child that during practice, either at home or in session, he or she may need to write down some things about the task being practiced and the feelings he/she experiences during practice. This is in order to find out what kinds of things makes the child have positive feelings, and what kinds of things makes the child have sad feelings.

**Helpful Tips:**

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This can be covered in more than one session/meeting
Objectives:
- to introduce the idea of thoughts and how they are related to anxiety
- to introduce cognitive restructuring as a technique for correcting negative thinking

Steps:

- **Introduce the idea that changing one’s thoughts can change how one feels**
  - Remember, cognitive strategies should be used with older children and those with the cognitive abilities to understand these strategies.
  - Explain to the child that you will be teaching him/her how to deal with different kinds of thoughts that make children feel upset.
  - Explain that these types of thoughts can be unpleasant and even scary to think about, but that most children eventually feel better after using the techniques.
  - Make sure the child understand what thoughts are and how they are different from feelings.

- **Introduce probability overestimation**
  - Tell the child that thoughts often include predictions about the future.
  - Elicit some predictions of the future from the child.
  - Point out that at times children predict things will turn out well for them, and other times they may predict that bad things will happen.

- **Review the concept of probability**
  - Provide different examples of events and ask the child which event is more or less likely to occur. Use a continuum to mark probabilities from 0 to 100. Ask the child to generate and record examples of events and their probabilities. Provide feedback if any probability estimates seem inaccurate (e.g., he/she thinks there’s a “100% chance” of him/her getting a bad grade on a test, when he/she is a straight A student).

- **Illustrate how negative predictions can lead to bad feelings**
  - Ask the child if he/she thinks that it is problematic if someone always predicts things will go badly. Lead the child to see that he/she would likely feel upset or anxious with such thoughts, and that it is not in his/her best interest to become upset over something that might not happen.

- **Elicit personal example from child**
  - Have the child elicit situations in which he/she predicted a negative outcome that did not occur. Find out how upset he/she became. Confirm that this kind of error is exactly what you are talking about.

- **Introduce a thought record**
  - Teach the child a set of questions to ask him/herself when he/she starts to predict that bad things will happen, and how to write the answers on a thought record with 5 columns (this will later expand to 7 columns):
    1) “What is your thought or prediction?” (e.g., “I will fail my math test”)
    2) “How likely does it feel?” (e.g., “65%”)
    3) “What are some alternative thoughts?” Illustrate that there are many different interpretations of an event (e.g., “I might do OK on the test”)
    4) “What is the proof?” Have the child try to think of some evidence for (or against) the evidence supporting the alternative thought (e.g., “Is there any evidence that this won’t happen?”)
    5) “How likely is it really?” This asks the child to re-estimate the probability of the thought in column 1, based on what he/she has learned from considering some alternative thoughts and evidence.
Steps:

- Introduce catastrophic thinking
  Introduce the idea that children often think catastrophically when they are feeling anxious or distressed. Define a catastrophic thought: “a thought in which the child fears that something terrible, catastrophic, or dangerous, will happen to him/her, and that he/she will not be able to cope with it.” Give an example of a catastrophic thought that is salient to the child.

- Elicit child’s sample catastrophic thoughts
  Help the child to elicit a thought that is relevant to him or her. Continue until you have a catastrophic thought with the negative outcome spelled out clearly. Keep in mind that certain thoughts may embody both (a) a probability overestimation error and (b) a catastrophic thinking error. If so, consider reviewing why the thought is a probability overestimation error before addressing the catastrophic nature of the thought.

- Teach the coping response to catastrophic thoughts
  - Write down the catastrophic thought, using the child’s exact words as much as possible. Make it into a sentence form using 1st person (e.g., “I’m afraid that I will make a mistake at my piano recital because people will hear my mistake”).
  - Teach the child to counter thoughts with questions (e.g., “If the worst thing actually did happen, how terrible or catastrophic would it be?”) If the child lists a series of negative consequences, explore each.
  - Ask the child about his/her ability to cope with the imagined aversive consequences (e.g., “Can you think of any time when you have coped with something similar before?”)
  - Record the child’s coping response in column 6, and evidence that he/she can handle the problem in column 7.

- Points to consider
  - Guide (and not unduly force) the child to the conclusion either that (a) the negative consequences might not be as aversive as imagined, or that (b) such consequences might be unpleasant and difficult, but effective coping is nonetheless possible.
  - If the child imagines that the negative or unpleasant situation will last forever, point out that the effects are time limited and manageable.
  - Remind the child that focusing on these types of feelings may produce more distress and anxiety initially because these thoughts are anxiety provoking. This is expected and normal.
  - Tell the child that some children react to this increase in negative thoughts by trying to avoid such thoughts. Reassure him/her that such thoughts will eventually become less evident as he/she practices.

- Practice assignment
  If all the points of probability overestimation are covered, assign the first 5 columns of a thought record for homework. If it was necessary to stop early, assign the first 2 columns for homework until the all the material has been covered. When ALL the points above have been covered, assign all 7 columns of the thought record for homework. The thought record should be filled out for each time the child has an anxious thought this week.

Helpful Tips:
- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
# Cognitive: Anxiety (STOP)

## Objectives:
- to introduce the idea of thoughts and how they are related to anxiety
- to modify anxious self-talk into coping self-talk
- to provide the child with a 4-step plan to use when feeling anxious

## Steps:

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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</table>
| Introduce the idea of identifying feelings                           | Explain that you will be spending the session talking about different kinds of feelings that children have and how to identify those feelings in themselves and in other people.  
Tell the child that you will introduce a way to stop those bad feelings, which will involve several steps.  
Inform the child that most children feel better after learning the techniques. |
| Discuss that feelings can be expressed                               | Ask the child to practice expressing some feelings with his/her face and body to see if you are able to guess his/her feelings.                                                                                      |
| Discuss that there are many explanations for nervous feelings        | Use an alarm analogy. Ex: all these feelings are part of the alarm system that is meant to help you when there is danger. Ask: Why do you think these feelings would happen?  
Point out that the alarm makes your heart beat faster, makes you breathe faster, and sweat so you can cool off if you need to run away. You get butterflies/stomachaches, feel shaky, dizzy, or blush.  
Make sure the child sees that most of these feelings are the same as when they exercise hard.  
Suggest that feeling scared gets your body ready for some hard work in case you need to get out of trouble. |
| Review feelings that make the child nervous or scared                | Tell the child that everyone has times when they are a little bit afraid.  
Ask the child to provide examples of times when his/her friends or family members were scared or afraid.  
Point out that it is OK to be scared sometimes, and when you don’t want to be scared there are things you can do about it. |
| Step 1: Identify when frightened or scared                          | Review that the first step in overcoming scared or anxious feelings is to learn how to identify when you are feeling that way. Discuss with the child the first clue that they have when he/she becomes frightened or scared.  
Tell the child that this first step is called **Scared**. |
### Steps:

- **Step 2: Thoughts that make one upset**
  - Ensure that the child has a clear understanding of what a thought is, and how thoughts are distinguished from feelings.
  - Introduce the idea that children’s thoughts can cover a range of different topics, but that they often include *guesses about the future*.
  - Point out that some children guess things will turn out well for them, and other children may guess that bad things will happen to them.
  - Make sure that the child understands that thoughts can be wrong.
  - Discuss the ways in which different thoughts in the same situation can lead to different feelings and actions. Use examples to demonstrate.
  - Tell the child that this step is called *Thoughts*, and that it involves learning how to identify the thoughts that make him/her feel anxious.
  - Review ways in which recognizing thoughts can help in anxious situations. Use examples.

- **Step 3: Think of things to do or think to feel less scared**
  - Note that this step is called *Other Thoughts*.
  - Elicit from the child realistic assurances that the bad things will not come true (e.g., “my mom usually comes back on time”).
  - Discuss with the child his/her own ideas about what they can do to help him/her better cope with their scared/worried feelings.
  - Use examples to discuss how each step covered so far helps in feeling less anxious.

- **Step 4: Praising yourself**
  - Tell the child that this final step is called *Praise*.
  - Elicit examples of children doing well at a task and things they could tell themselves afterwards (e.g., “it was hard but I did it—nice job!”).
  - Indicate to the child that he/she has just learned a plan that can help to cope with scared or anxious feelings.
  - Tell him/her that the 1st letter of each step spells out the word *STOP*.

- **Role play**
  - Choose a mildly anxiety-provoking item for the child.
  - Describe the situation for the child and ask him/her to walk you through what he/she would do in that situation, using the STOP steps.
  - Engage in a role play, making sure the child successfully demonstrates the STOP steps.
  - Praise the child and remind him/her to use self-reward when practicing these steps outside of session.

- **Points to consider**
  - It is often helpful to use pictures of people showing different expressions, both facial and entire body, which reflect different emotions and discuss what type of feeling each person might be experiencing. These pictures can often be found in magazines.
  - Encourage the child to go through the 4 (STOP) steps each time an exposure exercise is performed.

- **Practice assignment**
  - Let the child know that you will review these steps next time you meet.

### Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:
- to teach the child that his/her thoughts and behaviors influence the way he/she feels
- to target cognitive errors
- to instruct in positive coping strategies
- to review negative thoughts for their accuracy, generate more positive alternatives and rehearse them

Steps:

- **Convey that the way we behave and think influences the way we feel**
  
  Educate the child in 2 ways of feeling better:
  
  1) There are often ways we can act that may really help change things that are happening that we don’t.
  2) In situations that we cannot change very much by what we do, we may instead examine how we think about things. If we are thinking negative thoughts, then we need to change these thoughts into more positive, realistic thoughts; which can make us feel better.

- **Identify cognitive errors**
  
  Start with identifying negative thinking that contribute to sad feelings:
  
  - self-blame (i.e., taking personal responsibility for negative events)
  - selectively attending to negative aspects of situations
  - negative assumptions based on minimal evidence (i.e., “jumping to conclusions”)
  - catastrophic thinking (i.e., imagining a disaster)

- **Reinforce idea that we have control over how we feel**
  
  - Have the child list 3 bad things and 3 good things that happened to him/her yesterday.
  - Discuss how we would feel if we focused only on the “good news” vs. if we focused only on the “bad news.”
  - Stress that where we choose to focus our attention—good news vs. bad—is a matter of our own choice; we control how we feel.

- **Generate counter-thoughts**
  
  Retrieve a memory of an experience in which the child caused him/herself to feel really bad by thinking unrealistic negative thoughts about some event. Practice creating a list of negative thoughts and realistic counter-thoughts.

- **Things we can do to feel better**
  
  Note that we all have bad things happen to us and that there are at least 3 good things that almost everyone can do to feel better in those situations.

- **Things we can do to feel better: Identifying positive aspects of situations**
  
  Illustrate that most life experiences—even the ones that seem really bad—have good sides as well as bad sides, and that which side we focus on can greatly influence whether we feel good or bad. If the child has difficulty coming up with examples, generate 3 or 4 good ones. Personal examples may be useful here.

- **Things we can do to feel better: Seeking social support**
  
  - Work with the child to identify people who can provide social support, even if these individuals are not family members or “official friends;”
  - Examples may include a teacher, a counselor at school, or a neighbor who is friendly and supportive. Try to include a few adults on the list.

- **Things we can do to avoid replaying negative thoughts:**
### Steps:

**feel better: Avoid replaying negative thoughts**

1. Identify situations where the child’s thoughts have become ruminative and counter-productive.
2. Work with the child to identify ways he/she can distract himself/herself so as to stop ruminative-depressive thoughts.
3. Make sure that the distracting activities you identify together are
   - realistic for the child;
   - acceptable to caregivers;
   - rewarding for the child; and
   - likely to work reasonably well in disrupting ruminative thoughts.

**Practice all 3 skills together**

Bring together the 3 skills one can do feel better in one illustrative role play. Identify a situation or event that might really arise in the child’s daily life and that would make the child feel bad.

**Practice 1**

If focusing on counteracting negative thoughts:
- Ask the child to try to memorize the list of negative thoughts and the counter thoughts.
- Ask the child to write down a full account of a negative thought and a positive thought he/she had. Specifically:
  1. What happened that caused the negative thought?
  2. What was the negative thought?
  3. How did the child feel when he/she had this thought?
  4. What type of negative thought was it?
  5. What might a more positive or realistic thought be?
  6. How would the more positive, realistic thought make the child feel?

Discuss that some of the negative thoughts the child writes down may not fit in with the ones discussed today, and acknowledge that this is OK.

**Practice 2**

Also/alternatively, if focusing on things the child can do to feel better, have the child:
1. write down something that happened that he/she didn’t like or something that made him/her feel bad. It doesn’t have to be something that happened on that day – just something the child can remember from any time.
2. rate how he/she felt when the bad thing happened.
3. write down 1 of the 3 skills the child used (or could have used) to make him/herself feel better.
4. rate how he/she felt (or would have felt) after doing 1 of the 3 skills.

### Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
### Objectives:
- to provide the caregiver with strategies to clearly and consistently communicate instructions to the child
- to provide the caregiver with strategies to demonstrate to the child that caregiver will see the task through to its completion
- to minimize discord between the child and caregiver regarding directives

### Steps:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐ <strong>Provide rationale</strong></td>
<td>Increasing a child’s compliance with instructions involves managing what happens before the command (antecedents), addressing the form and content of commands, and managing what happens after the command (consequences).</td>
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<tr>
<td>☐ <strong>Set the stage for success</strong></td>
<td>Instruct the caregiver to optimize the likelihood of compliance by managing certain setting events, including:</td>
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<td></td>
<td>• minimizing distractions (e.g., turning off television),</td>
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<td></td>
<td>• getting the child’s attention by saying the child’s name, making eye contact, and standing near the child, and</td>
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<td></td>
<td>• providing a transition warning when appropriate (e.g., “In two minutes it will be time to put the toys away”).</td>
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<tr>
<td>☐ <strong>Example: Tone of voice</strong></td>
<td>Instruct the caregiver to use a firm, but calm, tone of voice. A critical tone or one that conveys frustration may increase the likelihood of noncompliance.</td>
</tr>
<tr>
<td>☐ <strong>Example: One at a time</strong></td>
<td>Instruct the caregiver to provide commands one at a time.</td>
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<td>• This helps increase compliance by minimizing the number of things the child has to remember to do and by providing caregiver with opportunities to praise compliance after each task is successfully completed.</td>
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<td></td>
<td>• Example: “Brush your teeth.” [Wait for compliance.] “I like how you brushed your teeth when I asked. Now wash your face.”</td>
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<tr>
<td>☐ <strong>Example: Simple is better</strong></td>
<td>Provide simple, clear instructions (e.g., “Put on your coat.”).</td>
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<tr>
<td></td>
<td>• Avoid vague requests (e.g., “Get ready to go.”), or general criticisms (e.g., “We’re leaving soon and you are not ready!”).</td>
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<tr>
<td>☐ <strong>Example: Tell, don’t ask</strong></td>
<td>Instruct the caregiver to provide commands in statement form (“Put away your toy truck”)</td>
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<tr>
<td></td>
<td>• Avoid question form (e.g., “Would you put away your truck?” “Would you do me a favor and put away your truck?”)</td>
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<tr>
<td></td>
<td>• Avoid using the word “Let’s” if the caregiver does not intend to participate (e.g., “Let’s put away the toys now.”)</td>
</tr>
<tr>
<td>☐ <strong>Example: Tell child what to do</strong></td>
<td>The caregiver should instruct the child about what to do (e.g., “Walk in the hallway”), rather than what to stop doing (“Don’t run!”). Telling the child what to do is more positive and informative than telling the child to stop doing something.</td>
</tr>
</tbody>
</table>
Steps:

- **Example: Avoid explanations**
  The caregiver should state the command quickly and avoid lengthy explanations about why the child must comply. Explanations provide the opportunity for the child to try to negotiate or escape the instruction.

- **Example: State the consequences of compliance and noncompliance**
  - When applicable, the caregiver should use “If-Then” statements to inform the child what will happen if the child complies or does not comply with the caregiver’s instruction.
  - Example: “If you put on your shoes, then you can go outside. If you do not put on your shoes, then you must stay inside.”

- **Follow up: Provide time for compliance**
  The caregiver should know to provide ample time for the child to comply with an instruction. Avoid repeating the instruction quickly if the child has not complied.

- **Follow up: Mean what you say**
  Explain that it is necessary to see commands through to their completion to teach the child that the caregiver means what he/she says. It is better to not give a command rather than to give a command and not back up compliance or noncompliance with appropriate consequences.

- **Follow up: Provide appropriate consequences for compliance**
  Caregivers should provide praise consistently when the child begins to comply with instruction, as well as while and after the child completes task. When applicable, the caregiver should provide stated reward for compliance (e.g., the child is permitted to go outdoors after she puts on her shoes).

- **Follow up: Provide appropriate consequences for noncompliance**
  Instruct the caregiver to follow through with the stated consequence regarding noncompliance.

Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Remember to use examples to explain concepts
- Remember to practice often and provide corrective feedback to the caregiver
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:

- to organize discussion of difficult topics using a “communication hierarchy”
- to teach and practice communication skills to members of the family to improve positive relations among family members

Steps:

☐ **Create communication hierarchy**

| Work with parent and child to generate a list of topics that are difficult to discuss without conflict. Set clear ground rules here: (a) this is NOT a time to discuss the topics, just to list them; (b) each member has the “right” to suggest topics—the immediate goal is not consensus; (c) turn-taking during list-making helps a lot. Reframe and/or summarize the topics. Ask each person to assign each topic a difficulty rating and record the mean rating for each topic. Ensure that you have topics that are in the “low” “middle” and “high” ranges. |

☐ **Teach intent and impact**

| Present basic intent-impact model of communication: |
| Speaker has an “intended message” |
| Message has an “impact” on the listener |
| Message is affected by filters that the speaker has |
| Message is also affected by the listener’s filters |
| Goal is for intent to equal impact |

☐ **Discuss filters**

| Filters are influenced by a person’s current mood, recent events (good or bad), recent interactions with the speaker or listener (good or bad), and other factors (e.g., is the person hungry, tired, etc.?). |

☐ **Introduce speaker skills**

| The speaker can help intent to match impact in several ways: |
| Be brief—keep message to a few sentences |
| Be clear—make the message focused on one thing |
| Be “filter-free”—avoid mixing in bad feelings about other things into the message, either by adding “mean” words or “mean” non-verbals |
| Use of “I” statements can help: “I feel XX when you YY” where XX is a feeling and YY is a specific behavior (and not a character trait, for example). |
| Emphasize importance of verbal and nonverbal aspects of the message. |

☐ **Introduce listener skills**

| The listener can also help intent to match impact: |
| Make eye contact, nod, avoid negative posture/gestures |
| Say as little as possible until speaker is done |
| Summarize what the speaker has said without commenting on it |
| Allow the speaker to state whether the listener has correctly understood |

☐ **Discuss the “floor”**

| Discuss importance of establishing who has the floor, which means who is the speaker. Everyone will have a turn, but a key to communication is allowing one person to have the floor until s/he is heard and understood. It can help to use an object, like a laminated card, to pass back and forth to indicate who has the floor. |

☐ **Practice on neutral topics**

| Practice speaking and listening skills and use of the floor on a variety of easy topics. These can be practiced one at a time at first, and then combined into a full discussion or conversation. Praise use of skills. |
**Steps:**

- **Select topics from communication hierarchy**
  Once skills are well-practiced, you can begin discussing topics on the communication hierarchy. This usually requires multiple meetings or sessions to work through the many items on the hierarchy, and homework assignments are common. Begin by selecting items that are rated as easier to discuss, and gradually work towards harder items over time as skills develop.

- **Practice on hierarchy topics**
  Discuss a topic together, employing the new skills taught. Act as coach, referee, and consultant, encouraging family members to use the skills, calling “time-outs” when things are headed into trouble, and “huddling” with the family to think through how to proceed when they become stuck.

- **Plan and assess**
  As time runs down, stop the practice to get feedback from the family about next steps with the topic, with a plan made to do one of the following:
  
  (a) resume same topic next week,
  
  (b) continue discussing topic as “homework”, or
  
  (c) determine that the topic is “done.”

- **Assign homework**
  Once the family demonstrates some skill with communication, assign topics from the hierarchy as homework.

**Helpful Tips:**

- Remember to praise often, and encourage family members to praise one another
- Being playful may help defuse tension; for example, during practice, you can pretend to be a referee, even “blowing a whistle” or “throwing a penalty flag.”
- Start hierarchy work with topics that are mutually deemed “low”—in other words, only use topics that everyone thinks are low conflict.
- Be cautious in assigning homework early on, especially if you are not sure how well the experiences will go. Prescribe a “moratorium” of communication on topics on the list except during sessions until you give the green light.
- This skill is usually covered in more than one session/meeting
Objectives:

- to teach caregiver how to gradually shape and reinforce child’s receptive, expressive, and functional communication
- to promote generalization of child’s communication skills

Steps:

- **Provide rationale**
  Discuss the purpose of improving communication skills through structured practice sessions and practice in the natural environment.
  - Through repeated practice, the child’s ability to communicate his or her needs effectively will increase.
  - Caregivers may also recognize a related decrease in the child’s frustration and behavior problems as the child becomes better able to communicate.

- **Explain the course of communication skills development**
  Note that the progression of communication skills typically follows this course: (1) understanding language (“receptive language”), (2) imitating and expressing language (“expressive language”), and (3) communicating to express a need (“functional communication”).

- **Identify child’s current level of communication skills**
  Discuss with caregiver the child’s current level of communication skills so that you can teach new skills appropriate for the child’s level. Provide examples of receptive, expressive, and functional language, to determine child’s current skill level:
  - **Receptive**: (1) recognizes object by its label (e.g., white liquid = milk), and (2) follows simple directions (e.g., “sit down”).
  - **Expressive**: (1) imitates nonverbal actions, (2) imitates sounds and words, and (2) names objects using gestures, signs, pictures, or words (e.g., “milk”).
  - **Functional**: Makes requests using gestures, signs, pictures, or the object’s name (e.g., “I want milk”).

- **Describe teaching method**
  Explain that the caregiver will teach new skills using brief practice sessions (teaching trials) and practice in the natural environment.
  - Teaching involves multiple short (e.g., 30-60 seconds long initially) trials in a row.
  - Practice in the child’s home/school/community environments involves naturally occurring opportunities presented by the activities, routines, materials, and people that are a part of the child’s daily life.

- **Explain practice format**
  All practice trials follow the format of: (1) prompt, (2) child response, (3) reinforcement. Explain these terms:
  - Prompt: a way to communicate to the child what behavior you want him or her to exhibit. This can take the form of verbal statements, caregiver demonstration, or physical guidance.
  - Child response: the target behavior that is being shaped.
  - Reinforcement: a reward that immediately follows the occurrence of the desired behavior by the child (e.g., preferred food rewards, tangible objects to play with, or enthusiastic praise).
### Steps:

- **Identify skills to teach**
  
  The best skills to practice are those that will increase the child's ability to effectively express his or her needs. To generate skills to practice:
  
  - Identify the family's daily routines (e.g., mealtimes, playtime, or bedtime).
  - Identify activities within each routine that occur with high frequency and that the child and parent are motivated to work on (e.g., caregiver provides child with a drink, child plays with favorite toy, child cuddles favorite blanket).
  - Identify skills within each activity (e.g., child will learn the label for “cup” and “milk” or how to gesture or verbalize a request for a drink/toy/blanket).

- **Identify response, prompt, and reinforcers**
  
  - Determine the target response to be taught (e.g., pointing to a cup, sitting down).
  - Identify the appropriate caregiver prompt for the behavior (e.g., caregiver points to and says “cup,” caregiver says “sit down”).
  - Identify powerful reinforcers to be delivered immediately after the child exhibits the target response. Instruct the caregiver that only the target response should be rewarded. All other behaviors should be ignored or corrected.

- **Modify daily routine to allow for practice**
  
  Consider structuring the environment in a way that encourages repeated practice of skills. Examples include:
  
  - Placing a favorite object out of child’s reach to elicit the name of or request for the object.
  - Providing desired objects in limited quantities or for limited duration to elicit additional labeling of or requests for the objects.
  - Presenting choices to the child to elicit object names or requests.

### Helpful Tips:

- Play-like interactions are essential to engage the child in teaching trials. It helps to be down on the floor at the child’s level.
- It is helpful in practice trials to use enthusiastic and animated speech.
- Involving the child’s favorite objects and activities can help draw him or her in.
- Teaching trials should be short (e.g., 30-60 seconds in the beginning), with play breaks in between.
- There is no need to wait until the child has a large vocabulary to begin teaching the child to make simple requests. Soon after the child learns the names of several objects associated with his or her daily routine, it is a good time to teach the child to verbalize (or use gestures or pictures to indicate) the object names, and then to use the object names (or gestures or pictures) to make simple requests.
Differential Reinforcement or Active Ignoring

Objectives:
- to teach caregiver to remove attention and rewards from minor disruptive behaviors
- to teach caregiver to provide increased attention and rewards for appropriate behaviors

Steps:

- **Provide rationale**
  - Use examples of the child’s disruptive behavior (e.g., interrupting while caregiver is on the phone) to engage the caregiver in a discussion about why certain behaviors occur.
  - Help the caregiver to understand that the child exhibits certain behaviors to get attention.
  - Explain that because caregiver attention motivates the child’s disruptive behavior, it will be important to redirect caregiver attention away from disruptive behavior and towards appropriate behavior.

- **Identify target misbehaviors**
  Active ignoring (sometimes called “differential reinforcement”) is best suited to behaviors that the child uses to get attention from the caregiver. Common examples include interrupting, whining, tantrums, and talking back. Behaviors that are dangerous to the child or to others or that involve property destruction are not appropriate for ignoring.

- **How to ignore**
  Instruct the caregiver to ignore target misbehaviors. Ignoring means NO:
  - talking (e.g., “I’m ignoring you!” or “Stop it!”),
  - gesturing (e.g., pointing),
  - facial expressions (e.g., grimacing, glaring at child),
  - physical contact, or
  - eye contact.
  Ignoring must occur at every instance of the target misbehavior(s) in order to maximize effectiveness of this strategy.

- **Other caregiver activities**
  It may be helpful for the caregiver to engage or pretend to engage in another activity if he/she has difficulty ignoring the child’s behavior.

- **Distraction**
  Distraction or redirection can be used with the child after the misbehavior has subsided. For example, if the child whines and cries about not being allowed to watch television, the caregiver could try to redirect child to play a game after the whining has subsided.

- **Identify appropriate behaviors**
  - Explain that this strategy is called “active ignoring” because the caregiver will work hard to praise the child for appropriate behavior that is the opposite of the target misbehavior.
  - Common examples include independent play (not interrupting), using appropriate tone of voice to ask for something (not whining), and using appropriate coping strategies (not having a tantrum) when upset.

- **Establish praise schedule**
  Instruct the caregiver to provide praise frequently when first implementing differential reinforcement to teach the child how to get attention with appropriate behavior. Over time, as the child exhibits more and more appropriate behavior, the frequency of praise is reduced.
## Steps:

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<th>Step</th>
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| ☐ Model active ignoring | Have the caregiver observe the therapist implement effective active ignoring.  
  (1) For example, the therapist should tell the child to play with a toy and not interrupt while the therapist reads.  
  (2) After a few moments, the therapist should praise the child for playing independently and return to reading.  
  (3) The therapist should continue to praise after gradually increasing longer intervals of independent play. |
| ☐ Practice | Allow the caregiver to practice active ignoring, and provide corrective feedback. |
| ☐ Explain extinction burst | Explain that when behaviors that usually get attention are suddenly ignored (like interrupting), those behaviors can get worse temporarily. When this occurs, it is especially important for the caregiver not to give in or provide attention, so as to not reward more extreme levels of inappropriate behavior. Extinction bursts are usually short-lived, and their occurrence signals that ignoring is working. |
| ☐ Address caregiver concerns |  
  - Providing attention for independent play will trigger disruptive behavior. The caregiver may express preference to “let sleeping dogs lie” instead of paying attention to the child when he/she is being good. Indicate that behavior that is attended to will recur and behavior that is ignored will decrease. If the child has been disruptive after the caregiver has paid attention to good behavior, it is likely that the child has learned that inappropriate behavior keeps the caregiver’s attention longer than does appropriate behavior.  
  - Differential reinforcement will interrupt caregiver activities too frequently. Indicate that although this will be true at first, caregiver praise will decrease over time. Additionally, it is likely that the child’s interruptions are already interfering with the caregiver’s ability to complete tasks.  
  - It is not appropriate to ignore certain behaviors (e.g., swearing) that require discipline. When done correctly, active ignoring is an effective tool to teach the child the difference between appropriate and inappropriate behavior.  
  - It is not appropriate to ignore the child entirely. Remind the caregiver that he/she will ignore behavior, not the child. Reiterate that differential reinforcement ignores inappropriate behavior but also requires attention to appropriate behavior. |

## Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Remember to use examples to explain concepts
- Remember to practice and provide corrective feedback to the caregiver
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
## Engagement with Caregiver

**Objectives:**
- to begin to establish rapport with the parent
- to elicit the parent's perspective regarding the child's main challenges and goals for improvement
- to identify and reduce practical and psychological barriers to participation
- for parent to understand basic information about the treatment

**Steps:**

<table>
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<tbody>
<tr>
<td>☐ Explain rationale</td>
<td>Let the parent know you will spend today's session discussing the parent's reasons for seeking treatment for the child, establishing treatment goals, discussing the current treatment program, and working together to reduce obstacles that might get in the way of treatment.</td>
</tr>
</tbody>
</table>
| ☐ Discuss challenges and goals | Elicit from the parent:  
  - The child's problems/challenges. Convey an attitude of empathy and support. Focus on priorities if there are many issues (e.g., "What are the three biggest challenges for your child right now?").  
  - The parent’s goals for treatment. Develop behavioral goals related to each problem and identify middle steps for difficult goals (e.g., "What signs would tell us that your child is making progress?"). |
| ☐ Review, clarify, and validate | Summarize and clarify what appear to be the child’s main challenges and your understanding of the parent’s goals for seeking treatment. Express empathy for the parent’s concerns. Point out the parent’s strengths in coping with the child's challenges. Acknowledge that the parent is a caring adult who is the “true expert” about the child, and as such, the parent will play an invaluable role in the treatment process. |
| ☐ Discuss prior experiences | Ask the parent about treatment approaches that have worked well for the family in the past and what approaches have been less helpful. Encourage the parent to express concerns about the usefulness and demands of treatment, agency procedures, and the therapy process (e.g., “Did [services] make a difference for your child?” and “Did you feel like the provider understood your perspective?”). Notice parent perceptions that may impact treatment. |
| ☐ Clarify expectations | Paint a picture of how you anticipate treatment will progress. Describe whether you will spend more time with the child, the parent, or everyone together. Try to identify and address any misperceptions that could cause problems later. |
| ☐ Describe your role | Explain that your role will be like that of a coach and that you will:  
  - Make sure practice is aimed at the family's specific goals.  
  - Ensure that practice is not too hard or too easy.  
  - Plan, supervise, troubleshoot, and give feedback about new skills.  
  - Address obstacles that interfere with learning or using those skills. |
| ☐ Describe parent's role | Emphasize that you will work together to figure out which skills work best for the child. Explain that children do better when their parents participate in treatment. |
**Steps:**

- **Ask for parent's perspective and if needed, address concerns**
  
  Get the parent's perspective about your description of treatment. If the parent appears concerned about participating, express empathy and explain:
  
  - Parents are the most influential people in the child's life.
  - The child might spend, at most, 1 hour per week with the therapist, but many more hours at home or school. So, most of the opportunities for the child to learn will happen at home and in other places where the child lives his or her everyday life.

- **Discuss attendance and barriers to treatment**
  
  - Emphasize the importance of regular attendance and practice of skills.
  - Make a list of barriers to treatment (e.g., parental stress, time commitment, transportation issues) in a way that conveys empathy (e.g., “Sometimes things come up that make it hard for families to participate in treatment on a regular basis. What could get in the way of you meeting with me regularly?”).

- **Develop a plan for addressing barriers**
  
  - Write out at least two potential solutions for each barrier.
  - Identify what the parent can do ahead of time to carry out each solution easily.
  - Have parents keep a copy of the list.

- **Elicit a commitment**
  
  Based on what you can discern about the parent’s concerns, elicit a commitment to the next steps of treatment. For example:
  
  - schedule the next appointment with a parent who expresses enthusiasm for treatment.
  - schedule a follow-up phone call to discuss and answer questions about treatment with a parent who seems resistant to treatment.

  Thank the parent for their participation and express enthusiasm at the prospect of working together.

**Helpful Tips:**

- Remember to praise often
- Remember to review often, by asking questions
- Avoid suggesting that the family is “not interested” in the child’s progress. Instead, describe that treatment must be an important goal for the parent using the words “high priority.”
- For parents who seem concerned about committing time to therapy, ask them to consider how much time and energy they currently spend engaged in their child’s problem. Let them know that this approach will take time now to save them time later.
- Adding pre-session supports, such as reminder phone calls or check-ins, can also help with engagement.
- Engagement strategies should be continued throughout the application of any later skills covered together. For example, in later meetings designed to introduce new skills, it can be helpful to have a regular check-in regarding barriers or to end those meetings with a positive activity or conversation.
Engagement with Child

Objectives:
- To develop the child’s power and efficacy with regard to treatment decisions and outcomes
- To build strong collaborative relationships with the child and others in the child’s support network to support the child’s progress
- To enhance the child’s understanding of therapy services and the roles of those involved
- To reduce barriers to active participation in services

Steps:

☐ **Facilitate empowerment and efficacy**

  - Provide as many age-appropriate opportunities for client choice and involvement in decision-making as possible (e.g., scheduling appointments, service planning, therapeutic activities, out-of-session practice). Praise participation at every level and reward even small steps towards progress.

☐ **Support access to services**

  - Create opportunities for therapeutic contact. Consider what factors are important so that the relevant participants can meet. For example:
    - Location/Transportation: Will the child (and others) travel to you or will you travel to them? If they are traveling, consider providing bus tokens, bus route information, taxi vouchers, or other things that will facilitate their travel. If you are traveling to them, consider if it is feasible and therapeutically appropriate to meet them at their residence or whether an alternate location is preferable.
    - Scheduling: What are the scheduling preferences of the child? What are the child’s other time commitments? Provide flexible scheduling to accommodate the child’s other obligations and preferences.
    - Food: Will the therapeutic contact occur during mealtime? If so, provide food. Have snacks available at other times to help the child feel comfortable and to set a positive tone for the therapy session.

☐ **Provide proactive reminders**

  - Between contacts, confirm the date, time, and location of your next therapeutic contact with the child (by phone, in person, texting, email, etc.). If the child is traveling to you, review the child’s travel plan. If you are located at the same site as the child (e.g., school, residential facility), be sure that the child knows whether you will accompany the child to the meeting location or whether the child should plan on meeting you there.

☐ **Clarify the therapeutic process**

  - Ensure the child has developmentally appropriate information regarding treatment services. Use open-ended questions to elicit the child’s views and provide additional information to correct any misinformation. Normalize the experience of receiving services.
    - Purpose: in general, what will you and the child work on? (e.g., “Many children work with a counselor so they can [insert reason]. We’re going to be working together to [describe purpose].”)
    - Roles: what are the roles and responsibilities of you and the child? (e.g., “Sometimes when we are learning new skills, one person is the teacher and the other person is the learner. When we work together, how does it sound if I am the teacher some of the time and then you are the teacher some of the time? I want to hear your opinions because you are the expert about your life and so it’s important that you have a chance to say what you think.”)
    - Contact: How many times do you expect to meet with the child? How often will you meet and for how long?
Steps:

☐ Create a positive therapeutic relationship

Connect by learning more about the child’s experiences and interests, or by engaging in enjoyable activities together. Convey through verbal and nonverbal means that you are a positive, trustworthy, and consistent source of support. Be mindful of the child’s verbal and behavioral cues about his or her relational style. If the therapeutic relationship needs work, consider separate strategies for targeting rapport directly.

☐ Build and engage a support network

Develop the child’s support network. Involve people who are willing and able as team members to support the child’s efforts in therapy.

☐ Foster positive expectations

Instill hope that therapy will bring about positive change.

- Normalize the experience (e.g., “This would be a challenging for anyone.” “Lots of people have trouble with school/parents/peers.”)
- Foster efficacy (e.g., “You’ll learn skills to make it more likely that you’ll be able to handle those situations effectively.”)
- Tell success stories (e.g., “There was a 7th grade boy who often felt angry. [Insert more information]. In a short time, he was doing much better and it was because of his own efforts.”)
- Emphasize collaboration and teamwork (e.g., “Together, we’ll try new skills and learn what works best.”)

☐ Promote open discussion about barriers to treatment

Identify factors that might get in the way of therapeutic contacts.

- Ask the child about previous services, particularly what worked well and what was less useful. Probe responses (e.g., “What made you stop seeing that counselor?”)
- Normalize the experience of initial negative emotional reactions to services (e.g., “It’s a common experience that children don’t like coming to meetings or that they feel weird about it in some way.”)
- Probe for and address concerns that children regularly voice, such as stigma, confidentiality, and cultural differences (e.g., “Often students feel concerned that [insert concern]. Is that a concern for you?”)

☐ Set the stage for successful out-of-session practice

- Create out-of-session practice as an extension of in-session practice so that the child understands what he or she is supposed to do.
- Provide a concrete framework (e.g., worksheet) to guide practice.
- Clarify expectations by having the child explain the assignment. Work through an example with the child.
- Have the child identify potential practice times and anything that might get in the way of practice. Resolve barriers to out of session practice.
- Identify natural reminders of practice in the environment (e.g., after child eats dinner, phone call from therapist).
- Identify individual in support network to help child with practice.
- Contact child between sessions to find out how practice is going and to address any barriers to practice.
- Review practice at the next session to show the child that you value his or her efforts. If practice was not completed, complete it in session.
- Provide lots of praise for practice! Consider larger incentives for participation if necessary.

Helpful Tips:

- This material can be covered in more than one session/meeting and can be revisited as you cover new material over the course of treatment
- Monitor important factors such as therapeutic alliance, satisfaction, treatment relevance, attendance, participation, and out of session practice to provide information about child engagement in services
Objectives:

- to gather information on what kinds of situations make the child anxious and construct a list of feared items
- to practice exposure to feared items or situations and allow habituation to occur
- to repeat exposure practice exercises across trials until all ratings for feared items are reduced

Steps:

- **Gather information**
  
  Let the child know that today you want to find out some more about the child’s specific fears or worries by constructing a hierarchy of anxiety provoking situations. Gather information about the child’s anxieties, including:
  - the types of situations that provoke anxiety,
  - his/her somatic and cognitive reactions to anxiety, and
  - his/her behavioral response to the anxiety-provoking situations.

- **Emphasize honesty**
  
  Emphasize the importance of being as honest and thorough as possible. Explain that this is one of the most important parts of working together, and the better you two do on this task, the better the child will do with his/her anxiety.

- **Educate in rating anxiety**
  
  Make sure the child is familiar with rating his/her fear:
  - Come up with a rating scale (e.g., 1-10, with 10 being very anxious).
  - Practice with sample anchors.
  - Ensure the child can use the full range of the scale, not just the ends.

- **Establish a list of feared stimuli**
  
  Work together to establish a list of feared stimuli. Staying within the selected diagnosis or problem area, identify as many feared stimuli as possible (e.g., situations, cues, sensations, obsessions). As you agree on each item generated, write it down on an index card. Get 10+ items.

- **Get ratings for list of items**
  
  Read the items one by one to the child, each time obtaining a fear rating to write down on the card. Get items with a range of intensity levels.

- **Meeting with caregiver(s)**
  
  1) Meet with the caregiver(s) alone. Make sure the caregiver(s) are familiar with fear ratings.
  2) Without revealing the child’s ratings, read each item and get a caregiver rating.
  3) Bring everyone together. Get fear ratings from the child for the caregiver generated items.

- **Select items**
  
  Select 10-12 items that will be used to guide later exposure exercises:
  - select items that translate quite easily into exposure exercises and
  - suggest a logical progression of these exercises from easiest to hardest.

**Exposure**

**Use This When:**

To decrease anxiety associated with an object or situation.
### Steps:

- **Introduce exposure**
  - Explain that practice is critical in building skills for coping with anxiety.
  - Assist the child in choosing a situation from his or her fear hierarchy, easy ones at first, harder ones later.
  - Ask the child to define overt behavioral goals for that situation.
  - If necessary, discuss and modify the goal so that it is not so hard that the child will refuse. Small steps are OK. If the exposure situation is too difficult, practice may need to be role-played first.

- **Practice exposure**
  1) Practice the exposure together *in vivo* (in the actual situation).
  2) Exposure can also be imaginal, depending on the feared situation. Imaginal exposure is well-suited to situations that are difficult to arrange (e.g., as in the case of a fear of storms) or in cases where a child's anxiety is too great to begin with an *in vivo* situation.
  3) Before beginning, get a fear rating and record it.
  4) During discrete exposure practice (e.g., holding one's breath, or asking someone a question), take fear ratings only before and after each trial.
  5) During continuous exposure practice (e.g., standing in a dark room, giving a speech, or touching a feared object), take additional fear ratings at about 1-minute intervals during the exercise (intervals can be longer).

- **Habituation**
  - Habituation can be determined by various means, including:
    - the therapist's observation of the child's behavior and
    - the child's quantitative rating of fear (e.g., 1 [not at all afraid] to 10 [extremely afraid]).
  - If fear levels decreased during the exposure, ask the child what happened to his or her anxiety. Ask if the feared consequences occurred or if anything bad happened. Show that his/her anxiety went down over time.

- **Repeat practice exposure**
  - If there is time, repeat the practice exercise again after a short break. Ask the child if he or she noticed that the second time was easier in any way.

- **Practice assignment**
  - Assign daily exposure practice by filling out fear ratings. Write the appropriate instructions and item names at the top, and instruct the child to practice once every day or every other day. If the ratings are too difficult for the child to track, have the caregiver(s) assist.

- **For continued exposure**
  - Practice should progress from easy items to more challenging items across trials.
  - If there is no habituation within practice trials, consider making practice trials longer.
  - If there is habituation within practice trials but not between practice sessions, consider making trials more frequent.
  - It is OK to add new items if new ones arise.
  - You may also conduct trials in the location of the feared stimuli.

### Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
### Objectives:
- to provide a rationale for using a goal setting framework
- to identify goals that are important to the child and family
- to establish a realistic, achievable progression of steps towards desired goals
- instill optimism about goal achievement

### Steps:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐ <strong>Provide overview</strong></td>
<td>Discuss with the child and family that goal setting provides a framework for making progress toward certain desired outcomes. Provide examples of possible outcomes including behavioral changes (e.g., increased school attendance), emotional changes (e.g., improved mood), relationship improvements (e.g., positive child-caregiver communication), and specific achievements (e.g., making the honor roll).</td>
</tr>
</tbody>
</table>
| ☐ **Describe the benefits of goal setting** | Explain that goal setting can benefit the child and family by:  
- Providing direction in terms of helping the child and family think about and identify desired outcomes,  
- Providing the child and family with control over achieving those desired outcomes,  
- Making large goals manageable by reducing interference from goal-irrelevant activities,  
- Increasing the likelihood of persistence in the face of obstacles,  
- Providing a source of pride and satisfaction following progress and success. |
| ☐ **Identify goals** | Collaboratively establish goals that are important to the child and family to increase their motivation:  
- Reframe problems (e.g., truancy, depressed mood, aggression towards peers) described by the child and family as goals (e.g., spending time at school, doing fun activities, being kinder to others).  
- Cast as goals the child’s strengths and interests regarding skill building (e.g., developing proficiency in a new sport) or achievement (e.g., making the honor roll or being picked for a play or a sports team). |
| ☐ **Prioritize goals** | Collaboratively prioritize goals to help the child and family focus on accomplishing a particular goal without getting distracted by other goals. If appropriate, explain that motivation tends to increase as the child or family comes closer to achieving a goal, so it is better to focus and make large gains on a small number of goals than to make small gains on a large number of goals. This increased motivation and focus will make the child more likely to persevere in the face of challenges or obstacles. |
| ☐ **Break large goals into smaller goals** | Set up goals so that there are a number of smaller goals on the way to larger ones. Each small success can help the child and family build confidence and motivation to persevere toward larger accomplishments. |
Steps:

☐ Discuss characteristics of effective goals

When creating goals, explain that effective goals are:

- **Stated in the positive** (e.g., “Use positive communication skills when discussing disagreements with parents” vs. “Don’t fight with parents”). Positively stated goals help the child adopt a positive mindset focused on success, lend themselves to easy assessment of progress, and are consistent with a strengths-based approach.

- **Concrete, specific, and behavioral** (e.g., “Practice relaxation at least three times per week”). Stated in this way, progress towards the goal is easily observed and measured.

- **Effort-based rather than outcome-based.** Certain outcomes (e.g., “Winning the State title competition for a particular sport”) may not be achieved due to circumstances beyond the child’s or family’s control (e.g., poor field conditions, teammates with subpar performances, injury). Prioritizing the child’s or family’s effort and engagement rather than the ultimate outcome provides the child and family with greater control over achievement of the goal and feelings of pride when the goal is accomplished despite an undesirable outcome.

- **Written down and shared.** Documenting a goal or making a public commitment to a goal enhances a child’s and family’s commitment to making progress toward the goal.

- **Realistic and challenging, yet achievable with hard work.** Effective goals take into account the child’s and family’s abilities and resources, are moderately challenging so that the child and family are motivated to work toward success, and are achievable with persistence and effort. Goals that are too easy may be pursued at first so that the child can experience some early success. However, over time, goals should be crafted so that they are moderately challenging. Sometimes goals are set too high, perhaps because the child or family do not accurately assess the degree of skill required to achieve the goal or do not recognize substantial obstacles. Goals that are too high can dramatically reduce motivation and persistence, leaving the child or family with a feeling of failure.

- **Time-bound.** Having specific timeframes for accomplishing goals helps motivate the child and family to action and provides a standard for assessment of progress.

☐ Identify potential obstacles

Anticipate potential obstacles to achieving a goal, and assist the child and family with creating a plan for overcoming these barriers and persisting toward goal attainment should those obstacles develop.

☐ Instill confidence and plan to monitor progress

After the goal setting plans have been developed, praise the child and family for taking the first step (i.e., setting the goal) toward successful accomplishment of the goal. Exude optimism and confidence that the child and family can tackle the next steps toward the goal, and plan to monitor progress to increase the child’s and family’s motivation for continued effort and achievement.

Helpful Tips:

- Remember to praise often.
- Remember to review often, by asking questions.
- Brief any caregivers, teachers, or other adult figures who may be involved.
- Simplify these steps if you have to.
- This material can be covered in more than one session/meeting.
Objectives:

- to review primary concepts underlying treatment
- to emphasize the child’s and caregiver(s)’s efforts in achieving progress
- to plan for the future by brainstorming potential difficulties

Steps:

- **Illustrate treatment gains**
  1) Discuss with the child how the skills he/she has developed during treatment has made things better.
  2) Make 2 columns on a piece of paper. In the 1st column, have the child write all of the things that were difficult before.
  3) Ask (for each item): “has this gotten better for you?” If the answer is yes, have the child cross the item out and rewrite it in the 2nd column.
  4) Most of the things should be under the 2nd column. If any stay under the 1st column, ask the child how he/she plans to apply the skills that worked in treatment to work on the remaining things.

- **Review basic concepts learned in treatment**
  Make sure that the child is able to attribute gains during treatment to practice. Some children may benefit from working on a drawing to symbolize their progress through treatment, such as creating a multi-panel cartoon.

- **Discuss the importance of continued practice in everyday life**
  - Encourage the child to continue practicing his/her new skills, and convey confidence in his/her ability to do so.
  - Use analogies of sports or playing a musical instrument, etc., to make the point that without regular practice, people can get “rusty.”
  - Ask how the child thinks he/she will continue to challenge him/herself day to day with “mini practice” exercises.
  - Make this a highly interactive portion of the session, with lots of input from the child as to specific ways of applying his/her skills.

- **Inoculate the youth against future disappointment**
  - Predict not only occasional failure in his/her attempts to apply the new skills and tools, but also some relapse of bad feelings.
  - Tell him/her that some of the things in the right column might try to drift back to the left side.
  - Explain that “lapses” are natural, involve minor steps backward, are common when one is stressed, and that almost no one can expect to have no bad feelings ever. The goal is to avoid a “relapse.”
  - Remind him/her that if minor steps backward occurs, he/she can work on these lapses with more practice, using the skills acquired in treatment. Thus, he/she can have more control over those bad feelings, and make them go away faster.

- **Discuss the structure of the next few sessions**
  Suggest to the child that you will be reviewing the practice exercises and engaging in “in vivo” exercises for the next few sessions, and that you will practice those areas of concern that have not gotten better for the child.
### Steps:

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<tr>
<td><strong>Bring the caregiver(s) into session</strong></td>
<td>Discuss issues that were reviewed with the child with respect to:</td>
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<td></td>
<td>• the specific skills and tools that the child has acquired and how these fit the child’s real life everyday problems and concerns</td>
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<td></td>
<td>• the child’s gains and progress during treatment are the result of his/her hard work and practice during treatment</td>
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<tr>
<td></td>
<td>• the progress was due primarily to their efforts, not to the therapist’s</td>
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<tr>
<td></td>
<td>• the importance of continued practice</td>
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<td></td>
<td>• provide plenty of praise to both child and caregiver(s)</td>
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<tr>
<td><strong>Inform about gradual decrease in sessions</strong></td>
<td>• Inform the child and his/her caregiver(s) that you will gradually be decreasing the number of sessions.</td>
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<td></td>
<td>• The frequency may need to be a “check up,” progress review, and question-and-answer every two weeks, and eventually down to once a month and then finishing.</td>
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<td>• The pace depends on how successful they are at maintaining gains and implementing continued practices.</td>
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<td>• Assure them that they can contact the therapist if problems arise.</td>
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<tr>
<td><strong>Practice assignment</strong></td>
<td>1) Individually tailor a practice assignment. Pick out, with the child, a situation that is both highly likely to occur and provoke symptoms for him/her in the coming week. In that situation, he/she will try out the skills acquired during treatment and record how the practice went.</td>
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<td></td>
<td>2) Write the proper instructions down for the child, and instruct him/her to practice once every day, or at a minimum, every other day.</td>
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<td></td>
<td>3) Prompt the child to articulate that when future problematic situations arise, he/she can address these concerns by practicing.</td>
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<tr>
<td><strong>Plan a fun activity for the final session</strong></td>
<td>This can involve snacks, playing a game, making a good-bye card, going for a walk (these will differ widely by child and by age).</td>
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</table>

### Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:
- to promote rapid acquisition of a new skill (e.g., approaching a feared object, having a conversation)
- to provide an opportunity for a caregiver to demonstrate the skill or to cue the child to use the skill in appropriate situations

Steps:

☐ Provide rationale
   Explain to the caregiver or child that when learning a new skill it is often helpful to see another person performing the skill in an appropriate situation.

☐ Identify the skill and situation
   Select a skill that the child has difficulty performing, and identify the situation in which the child exhibits difficulty.

☐ Discuss the advantages of developmental models
   Teach the caregiver about the difference between *mastery* models (those who show no problem using the skill or performing a new behavior) and *developmental* models (those who struggle with the new behavior, but then overcome their difficulty). Point out that developmental models are more effective at promoting skill acquisition. Thus, ideal models should first exhibit thoughts, feelings, and behaviors that are similar to those of the child but should over time become more adept at implementing the skill smoothly and easily.

☐ Consider other attributes of models
   Models can be more effective when they share features in common with the child, such as having a similar age, gender, or appearance.

☐ Identify the model
   You may serve as the model, but the caregiver may also model new skills, as can other youth or a model on video. An advantage of having the caregiver act as the model is that he or she can assist with practice sessions later, but this must be weighed against advantages of other types of models noted above. Choose what you think best fits the situation and context.

☐ Model the skill
   The model should exhibit poor performance or negative thoughts at the onset of the situation. Examples:
   - When helping a child manage social situations, the model might initially appear hesitant to say hello to a group of other people, saying aloud, "I don't want to say hello. They might ignore me or make fun of me."
   - When teaching problem solving skills, the model might initially appear angry about the situation and certain of a poor outcome, saying aloud, "I hate when the teacher starts trouble with me for something I didn’t do. He’s out to get me and there is nothing I can do about it."
Steps:

<table>
<thead>
<tr>
<th>□ Model the improved skill</th>
<th>The model should then demonstrate increasingly competent coping strategies in the chosen situation. Examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The model may take deep breaths to relax and approach the group while saying, “When I have been in uncomfortable social situations in the past, I know that practicing them makes them easier. These people are smiling, so they will probably say hello back to me and even if they ignore me I can walk away and it won't be so bad.”</td>
</tr>
<tr>
<td></td>
<td>• The model may say, “I feel angry when I think about what happened at school today. Even though it doesn't seem like it, there are probably things that I can do to make the situation better. I should make a list of possible ideas and see which one might solve this problem.”</td>
</tr>
</tbody>
</table>

| □ Follow with discussion, praise, and a plan | Discuss with the child and caregiver what the child noticed about how the model started out in the situation (e.g., “What was the person doing at the beginning of the situation?”) and how things turned out (e.g., “How did the person turn things around? How would the situation have turned out if the person had kept going the way he/she started out?”). |

| □ Have child perform the behavior | Have the child imitate the behavior performed by the model. Give plenty of praise, even for attempts that are not entirely successful. Provide constructive feedback between each attempt, and practice several times so that there are opportunities to improve. |

| □ Plan additional practice | Make a plan with the child and caregiver to continue to practice the new behavior at home. If the caregiver was able to serve as the model, the caregiver should continue to demonstrate the behavior and provide feedback on the child’s practice attempts. |

Helpful Tips:

- Remember to praise often, and encourage family members to praise one another.
- Remember to review often, by asking questions.
- Remember to use examples to explain concepts.
- Remember to practice often and provide corrective feedback to the child and caregiver.
- Brief any other caregivers, teachers, or other adult figures who may be involved.
- Simplify these steps if you have to.
- This material can be covered in more than one session/meeting.
Objectives:
- to identify target behaviors to monitor
- to develop a rating scale to increase the accuracy of observation
- to create a recording procedure

Steps:

☐ Provide rationale

Monitoring is gathering information about the child’s behavior to identify area of concern and provide information about how treatment is going.

☐ Identify and define behaviors to be monitored

Select one or two behaviors to be monitored (e.g., tantrums). Define the behavior(s) to increase the accuracy of observations (e.g., “tantrum” includes crying or yelling lasting at least 1 minute).

☐ Establish recording procedure

Determine:
- when (e.g., during playtime),
- how often (e.g., nightly), and
- what information will be recorded.

☐ Create recording form

Create a recording form that identifies what information is to be recorded. Consider information such as:
- the situation the behavior occurred in
- the behavior
- how the caregiver responded
- did the caregiver’s response work?

Continuing the tantrum example, the recorded information may look like this:

<table>
<thead>
<tr>
<th>Situation</th>
<th>Behavior</th>
<th>Response</th>
<th>Work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wanted toy from sibling</td>
<td>Tantrum-2 min</td>
<td>Redirect to other toy for cleaning up</td>
<td>Y</td>
</tr>
<tr>
<td>2. Instructed to clean up</td>
<td>Tantrum-4 min</td>
<td>Active ignoring, praise for cleaning up</td>
<td>Y</td>
</tr>
</tbody>
</table>

☐ Subjective ratings

In addition to concrete behaviors, the caregiver or others can also provide subjective ratings about how “disruptive” (or “anxious” or “sad”) a child is. Develop a scale to increase the accuracy of ratings (e.g., 1 [not disruptive] to 10 [very disruptive]). Have the caregiver provide ratings at specified intervals (e.g., daily; weekly).

☐ Review information collected by caregiver

Examine the data with the caregiver to determine if treatment progress is occurring. For example, if a caregiver indicated that her child was moderately disruptive (e.g., 4) over the previous week, comparison of the current rating with ratings from previous weeks (e.g., 9, 7, 6) would provide evidence to suggest that the child’s disruptive behavior is improving relative to previous levels of misbehavior.
Helpful Tips:

- Sometimes monitoring alone can be a helpful intervention (e.g., caregiver monitoring of child bedtime/curfew might help lead to improvements)
- Remember to praise often
- Remember to review often, by asking questions
- Remember to use examples to explain concepts
- Remember to practice often and provide corrective feedback to the caregiver
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:
- to inform the caregiver about the value of praise
- to provide the caregiver with strategies to increase the child’s appropriate behavior
- to encourage participation in treatment

Steps:

- **Provide rationale**
  Elicit the caregiver’s opinion regarding the value of praise. Explain that praise has many benefits, including:
  - leads to increased appropriate behavior and decreased inappropriate behavior,
  - contributes to the child’s positive self-image, and
  - motivates the child to persevere through steps to master new skills or accomplish difficult tasks.

- **How to praise: Labeled praise**
  Instruct caregiver to provide labeled praise that describes a specific behavior to teach the child what behaviors are valued by the caregiver. For example, “I like the way you put your toys away” conveys more information than “Good job.”

- **How to praise: Enthusiasm**
  Instruct caregiver to provide praise using a sincere and enthusiastic tone, to vary phrases used to convey praise (e.g., “I like it when you…; “You did a nice job…”), and to use nonverbal rewards (e.g., high-5’s, smiles, hugs, etc.).

- **How to praise: Avoid criticism**
  Instruct caregiver to provide praise without criticism. The caregiver of a noncompliant child might say “Good job putting the toys away!” Why can’t you always do that?” but this would be better stated as “Good job putting the toys away!” The caregiver of an anxious child who approaches a feared stimulus might say “See! That’s not so scary!” in an attempt to praise, but this statement minimizes the child’s bravery. This sentiment would be better phrased as “I am so proud that you slept without your night light!”

- **How to praise: Contingent on good behavior**
  Instruct caregiver to provide praise immediately following the desired behavior. Praise is for appropriate behavior on its own, not for when a child is demonstrating appropriate behavior within the context of inappropriate behavior (e.g., playing independently while breaking toys).

- **Find opportunities to praise**
  The caregiver can create opportunities to praise, such as by issuing commands and praising compliance, or he/she can “catch the child being good”—when the child demonstrates appropriate behavior on his or her own or follows a rule. It is especially important to provide praise in the instance when a child behaves appropriately or carries out a chore without being asked to do so in order to increase the likelihood of such behavior in the future.

- **Address concerns**
  Address concerns if the caregiver expresses reluctance towards using praise or has questions about the effects of praise.
  - A child should know how to behave without praise. A child who receives praise will learn to cooperate only to receive praise or
Steps:

rewards. Children learn good behavior through positive reinforcement. (Adults, too, work for reinforcement in the form of paychecks, for example). Behaviors that are praised/rewarded are likely to increase and behaviors that are ignored are likely to decrease. Children who receive little praise tend to be the ones who are most motivated by external rewards. However, children who receive frequent praise internalize their caregivers’ values regarding appropriate behavior and behave because they have learned it is the right thing to do.

- *There are ways to make a child behave without using praise.* Caregivers who do not use praise frequently rely on threats or punishment to coerce good behavior. Over-reliance on such strategies usually does not result in consistent good behavior without some other negative effect on the child. Praise increases a child’s self-esteem. Additionally, caregivers provide a model for behavior for children. Caregivers who use frequent praise rather than critical statements influence their children to be positive towards others and to themselves.

- *Praise should be reserved for exceptional behavior.* This approach results in infrequent praise and ignores the learning process a child goes through completing small steps towards a larger goal (e.g., dressing oneself in mismatched clothing worn inside out is a praise-worthy step along the way to dressing oneself appropriately).

- *The child is so naughty there is no behavior to praise.* It is unreasonable to believe that there are no instances of appropriate behavior to praise. Encourage the caregiver to consider situations in which there are no demands on the child or during which the child is engaged in a favorite activity. Appropriate behavior under such conditions is praise-worthy.

- *The child appears not to enjoy receiving praise.* Some children appear to ignore or outright reject caregiver praise. This may have occurred because they have received little praise in the past and have internalized a negative self-image. These children particularly need praise so they can develop positive self-image.

Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Remember to use examples to explain concepts
- Remember to practice often and provide corrective feedback to the caregiver
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:
- to teach a method of problem solving that involves clearly defining the problem, generating possible solutions, examining the solutions, implementing a solution and evaluating its effectiveness

Steps:

- **Normalize problems**
  - Discuss the fact that we all have problems, every day.
  - Note that solving them can make us feel good, and not solving them can make us feel bad.
  - Discuss with the child the types of problems that people in general experience daily, and more specifically, those problems that the child might be dealing with. Appropriate self-disclosure may be useful.
  - Ask the child to begin thinking about a particular problem he/she has experienced lately.

- **Teach 5 steps to problem solving**
  1) Say what the problem is
  2) Think of solutions
  3) Examine each one (what good and bad things would happen if he/she tried this solution?)
  4) Pick one and try it out
  5) See if it worked. If so, great! If not, go back to the list of solutions and try another one.

- **Practice using the problem solving steps**
  - Familiarize the child with this problem-solving process by starting with your own problem and allow the child to help you in working through the problem solving steps.
  - Keep your example brief (e.g., use only 2 or 3 possible solutions, and move through them quickly; the goal is to illustrate the process).
  - Use questioning to make sure he/she understands the steps.

- **Elicit personal example from child and practice**
  After you have disclosed your problem, work with the child to identify a problem from his/her life that the two of you can work on using the problem solving steps. Do this in more detail than your example above. If the child is not ready to discuss his/her problems, use a story or a problem of someone the child is close to (i.e., a friend or family member).

- **Review problem solving technique**
  Ensure that the child (a) knows when it might be helpful to use the steps, (b) understands how to use this strategy, and (c) knows each of the five steps.

- **Practice assignment**
  Ask the child to practice the problem solving process on his/her own, and to record his/her steps (with caregiver, as needed), and bring the record back to the next session for discussion and review.
Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This can be covered in more than one session/meeting
Objectives:
- to connect with the child by learning more about him or her and his or her experiences and interests, or by engaging in enjoyable activities together
- to convey to the child through verbal and nonverbal means that you are a positive, trustworthy, and consistent source of support

Steps:

☐ Create or maintain a positive physical environment
Choose a quiet, private setting with minimal distractions that will allow you and the child to focus on your time together. If possible, arrange furniture in such a way as to promote comfortable conversation (e.g., chairs facing each other at a slight angle rather than directly face to face or separated by a large desk). Consider ways to create a child-friendly atmosphere and to normalize the experience of working together.

☐ Orient yourself to observe the child’s responses
Be mindful of the child’s verbal and nonverbal cues about his or her reactions to you. Positive reactions can include smiling, making eye contact, spontaneously offering information, or choosing a conversation topic. Behaviors such as looking away, frequently interrupting to correct you, providing short answers or asking how much time is left can indicate that the therapeutic relationship is not strong.

☐ Introduce yourself
If you have not had the opportunity to do so already, introduce yourself by providing your name and briefly describing your role. You may want to ask the child why he or she thinks you want to talk together. Over time, you will clarify your role, but the first session is more about engaging the child to increase the likelihood that he or she will be willing to work with you rather than providing a lot of information about the work itself.

☐ Select topics and activities unrelated to therapy or the child’s difficulties
Choose neutral or fun topics for discussion to help the child feel comfortable and to show that you are interested in getting to know him or her. Consider topics such as the child’s interests, strengths, and knowledge. Engage in enjoyable activities.

☐ Select developmentally appropriate topics and activities
Be mindful of the child’s developmental level when choosing discussion topics and activities (see Helpful Hints for suggestions).

☐ Develop a responsive interaction
- Sit at the same level as the child and with a relaxed posture.
- Nod, smile, and use appropriate eye contact.
- Try to match the child’s energy level and interactive style, and progressively introduce therapy-appropriate behavior.
- Look for opportunities for turn-taking in your interactions.
- Use open-ended (as opposed to yes/no) questions.
- Allow pauses after you speak so the child can respond.
- Avoid “pushing” the child by asking too many questions or repeatedly asking for the same information if the child appears reluctant to talk.
- Restate in your own words what the child has said to confirm your understanding and to validate the child’s experience and emotions.
- Avoid giving the impression that you know exactly what the child is talking about or that you had the same experiences as the child (which may be interpreted by the child as disingenuous).
Develop a responsive interaction (continued)

- Praise the child for participating in any discussion or activity.
- Follow through with things you say (e.g., meeting with the child at a certain time, providing a reward, doing a particular activity).

Create a smooth transition to treatment topics

- Assess child’s cues to determine whether child is comfortable and is responding positively to you.
- After it appears that rapport is positive, signal a topic change to the child (e.g., “I wonder if we can talk about your suspension from school last week.”).
- Consider engaging in fun activities that elicit positive responses to serve as a transition to treatment topics (e.g., a game or funny website that introduces treatment content) or as a reward for continued participation following the introduction of treatment topics.

Helpful Tips:

- Keep in mind that children may have had negative experiences with previous therapists or with other adults. Persist with rapport building even if the child appears non-responsive; this may be the child’s way of figuring out whether to trust you.
- Remember that establishing a connection with a child within a short timeframe at the beginning of treatment may be difficult. These strategies may need to be applied across multiple occasions.
- Preschool (ages 2-5): Children in this age group often respond well to attention. Appropriate topics include family, numbers, colors, and animals. Consider play involving dolls, cars, animals, and crayons. Other activities include singing songs, reading books, and physical activities (e.g., Simon Says, dancing, pretending to be animals).
- Elementary (ages 5-10): Children in this age group often respond well to attention, but also enjoy more complex interaction. Appropriate topics include school, friends, and hobbies/activities. Appropriate activities include building with blocks, playing with clay, guessing games (e.g., Hangman, I Spy), and discussion about fantasy (e.g., “If I had 3 wishes I would...” or “If I could be any animal I would be...”).
- Pre-teen (ages 10-13): Children in this age group strive to impress but may also be reluctant to disclose information. Identify strengths and ask the child to elaborate about how he or she excels in different areas (e.g., sports, school subjects, music). Appropriate activities include telling jokes, learning phrases in other languages, or being challenged by riddles, games, and puzzles. Playing computer games or browsing websites may also provide the child the opportunity to demonstrate strengths or share interests (e.g., by listening to the child’s music).
- Teenage (ages 13-18): Children in this age group are increasingly independent and tend to view themselves as adults. Allow the child to lead the conversation at times and expand on topics of interest to the child. Sharing appropriate information about yourself may enhance rapport with children in this age group. Provide opportunities for them to showcase interests, talents, and goals (e.g., listen to their music, have them show you how they execute a particular skill such as playing a musical instrument or doing martial arts, etc.). Inquire about things that are popular with this age group and have the child explain the fad or teach you some slang words.
Objectives:

- to present the idea that staying calm and relaxing is a good way to affect the way we feel
- to demonstrate what relaxation feels like to children who have difficulty relaxing
- to increase a child’s awareness about his or her own tension so that relaxation skills can be applied at the proper time
- to teach the child to relax on demand in certain situations (e.g., bedtime, before a test)

Steps:

- **Introduce benefits of relaxation**
  Present the idea that staying calm and relaxing is a good way to affect the way we feel – especially when we are stressed out and tense.

- **Relay the idea that being tense can make us feel bad**
  Discuss with the child times when he/she has felt up-tight, tense, or stressed, particularly focusing on the somatic or physical responses he/she experiences at such times. If the child has difficulty recalling somatic or physical feelings associated with stressful experiences, imaginal techniques might be used to help the child identify the physical expressions of his/her feelings.

- **Discuss how bad feelings can make the body tense**
  Introduce the idea that many of the physical sensations associated with feelings of worry, sadness, or stress involve muscle tension. Suggest that when a person becomes upset, some parts of the body become tense, and that these somatic or physical responses are the result of that tension.

- **Introduce idea that learning to relax can help combat bad feelings**
  1) Ask the child to think of a time or situation in which he/she is really calm and happy.
  2) Ask him/her to imagine him- or herself in that scene and to then focus on how his/her body feels.
  3) Discuss with the child the difference between how his/her body feels when it is tense and when it is relaxed.
     - Reinforce this idea by asking the child to make a tight fist by clenching his/her hand while you count to five and to focus on how it feels.
     - Then tell the child to relax his fist to the count of five and to focus on the warm, relaxed feeling.

- **Initial training in deep-muscle relaxation**
  Tell the child that if he/she can relax tense parts, he/she will be taking the first step in coping with these feelings. Scripts are available for these exercises, but you will want to adapt your training to the child’s age level and other characteristics (e.g., emotional maturity). Steps (10-20 minutes):
  1) Ask child to get into a comfortable position, with closed eyes
  2) Practice deep breathing
  3) Prompt child to progressively tense and relax various muscles groups until the child feels relaxed
Steps:

- **Brief, self-calming techniques**  
  Alternatively, or additionally, educate the child in other techniques that are designed to be practiced any time and any place that the child feels the need to reduce tension but cannot participate in deep-muscle relaxation. Give the child examples of such stressful situations (e.g., just before an exam). Steps:
  1. Sit in a relaxed posture, with hands partly open [i.e., no fists] and resting on your lap or thighs.
  2. Check the tension level of the muscle group where child tends to become most tense (e.g., neck); try to relax those muscles.
  3. Take a deep breath and exhale slowly.
  4. Imagine that he/she is relaxing in his/her favorite place.
  5. Do this over and over, until child feels calmer, or until it is his/her time to perform.

- **Imagery**  
  Calming imagery may also be incorporated with any relaxation technique, such that the child is encouraged to visualize a peaceful setting/situation.

- **Mood rating**  
  Discuss with the child the effect of this activity on his/her mood ratings.
  - If the child’s mood rating went up after the activity, note how well this activity worked for the child.
  - If the child’s mood rating remained the same or declined, discuss possible reasons for this (e.g., this particular activity is not mood enhancing for this particular child).
  - Emphasize that your goal in doing these activities together is:
    1. to help the child discover which activities are mood enhancers for him/her, and
    2. that using these activities to feel better is under his/her control.

- **Discuss the experience of the relaxation exercise**  
  Include:
  - the sensed difference between a relaxed body and a tense one
  - that slowing and paying attention to one's breathing can help relax the body
  - that tensing and relaxing muscles helps relax the body
  - that pleasant and relaxing imagery can magnify the relaxation experience
  - that the ultimate goal is to recognize tension in the body and then work to relax it
  - Reinforce and further develop the child’s awareness of how and when relaxation might be useful by explaining that:
    1. relaxation training exercises (such as those practiced today) are done to help the child realize what it feels like to be tense or relaxed and
    2. to help the child learn to relax more quickly.

Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
### Objectives:
- to provide the caregiver with a convenient, systematic, immediate, and powerful consequence for misbehavior

### Steps:

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐ Provide rationale</td>
<td>Response cost serves as a penalty for unacceptable behavior and is almost always applied within the context of a reward system, particularly a token economy system.</td>
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</tbody>
</table>
| ☐ Review reward system | Review:
  - specific behaviors to increase (e.g., chore compliance, prosocial behavior towards sibling),
  - rewards (e.g., 1 chip for taking out the trash, 3 chips for sharing toys with sibling), and
  - cost of rewards (e.g., time spent riding bike = 4 tokens). |
| ☐ Identification of target behaviors: Be specific | Be specific about the exact behavior that will result in penalties. This sets up clear expectations for the child and allows the caregiver to easily identify when the behavior has occurred. For example, “Hitting sibling” is more specific than is “Being bad.” |
| ☐ Identification of target behaviors: Pick a manageable number of behaviors | Choose a manageable number of behaviors to penalize. Consider:
  - frequency of behaviors: the more frequent the behavior, the more caregiver attention and monitoring will need to occur, and
  - child’s developmental stage: younger children or children with developmental delays will require simpler penalty programs with fewer target behaviors than will older children. |
| ☐ Penalties: Magnitude | Just as values were determined for the rewards for positive behaviors, values are assigned to each undesirable behavior, with more severe behaviors resulting in greater token penalties. Penalties for undesirable behavior should be comparable to what the desired behavior would have earned for a reward (e.g., refusing to take out the trash = 1 chip deduction; not sharing toys = 3 chips deduction). A visual reminder of the system (e.g., chart) may be helpful for caregivers and children. |
| ☐ Penalties: Immediately after the behavior | Penalties should be implemented immediately following the target behavior in order to teach the child about the link between inappropriate behavior and its consequences. |
| ☐ Penalties: Contingent on behavior | Penalties should be contingent on target behavior, meaning implemented ONLY after the occurrence of the target behavior and not for other undesirable behavior. |

### Use This When:
- In conjunction with rewards, to decrease the likelihood of undesirable behavior.
Steps:

☐ Anticipate difficulties

- Child repeatedly responds to the penalty with unacceptable behavior for which he or she is fined. Repeated fines for the child’s unacceptable behavior in response to fines may escalate the child’s behavior to the point that he or she loses so many tokens that the child becomes unmotivated to participate in the reward system. Suggest that the caregiver fine the child one time and use an alternate punishment (e.g., time out, privilege removal) if the child exhibits unacceptable behavior in response to the fine.

- Child earns so many tokens that he/she has access to rewards despite frequent unacceptable behavior. The child has likely mastered the level of appropriate behavior indicated by the caregiver, so increase the difficulty of behaviors required to earn the same number of tokens. Additionally, adding the rule that the child must spend a certain proportion of tokens each day prevents the child from cashing them in on days when undesirable behavior occurs frequently. Similarly, consider making a rule that the child cannot earn a particularly desirable reward on days in which penalties exceed a certain amount (e.g., no video game on days when child hits sibling more than once).

Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Remember to use examples to explain concepts
- Remember to practice often and provide corrective feedback to the caregiver
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:
- to provide the caregiver with a strategy designed to increase desired behavior
- to teach the caregiver how to maximize the effectiveness of rewards

Steps:

- **Provide rationale**
  Explain to the caregiver that some desired behaviors are more challenging than others for children to perform (e.g., toilet training, homework completion, sleeping without a nightlight).

- **Address concerns**
  The caregiver may be concerned about providing a reward for something the child has done in the past (albeit infrequently) or that other children do.
  - Explain that children vary in the amount of behavioral control they exhibit and that rewards can result in more rapid behavioral improvement than using praise alone.
  - Explain that the caregiver likely uses an informal rewards system with the child already and creating a formal rewards system will ensure that the child earns reward when and only when the child exhibits the desired behaviors.

- **Characteristics of effective rewards**
  Effective rewards must be:
  - desirable to the child,
  - easily accessible after the behavior occurs, and
  - comparable to the behavioral effort (i.e., easy behaviors = small rewards, difficult behaviors = large rewards).

- **Identification of rewards**
  - Encourage caregiver to enlist the child’s help in creating a list of rewards the child would like to earn.
  - The majority of rewards on the “reward menu” should be free or inexpensive privileges (e.g., 15 minutes on the computer, a trip to the playground) and small inexpensive items (e.g., stickers, small prize).
  - The reward menu may also include slightly larger items (e.g., trip to the movies, new toy) that are reserved for completion of more challenging behaviors.
  - The caregiver may also provide stickers, tokens, or points for the child to collect and exchange for a desired reward after a specified number has been accumulated (e.g., 5 tokens = 1 dessert). This method is particularly convenient to use in situations when the target behavior occurs frequently or when the desired reward cannot be provided immediately.

- **Behaviors: Be specific**
  Be specific about the behavior the child needs to perform in order to earn a reward. This sets up clear expectations and allows the caregiver to identify when the behavior has occurred. For example “Share toys for 5 minutes” is a better target behavior than “Don’t fight” or “Be good”.

- **Behaviors: Be positive**
  Although the caregiver will identify a negative behavior that he or she wants to decrease (e.g., fighting), identify the positive behavior to be increased (e.g., sharing toys) and create the reward system around it.

Use This When:
To increase the likelihood of a desired behavior.
### Steps:

<table>
<thead>
<tr>
<th>Step</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Behaviors: Start easy</strong></td>
<td>A reward system is most effective if the target behavior is one that the child can perform relatively easily to earn a reward (e.g., sharing toys for 5 minutes, working on homework for 5 minutes) at the onset of the program so that the child is motivated by his/her success.</td>
</tr>
<tr>
<td><strong>Behaviors: Increase difficulty</strong></td>
<td>Over time, behavior can be shaped by rewarding progressively more difficult behavior (e.g., sharing for 10 minutes, sharing for 20 minutes; working on homework for 10 minutes, completing homework). It is important to increase the task difficulty so that the child does not get the reward so often that he/she is no longer motivated.</td>
</tr>
</tbody>
</table>
| **Behaviors: Pick a manageable number of behaviors** | The caregiver should choose a manageable number of behaviors to reward. Consider:  
  - *frequency of behaviors*: the more frequent the behavior, the more caregiver attention and monitoring will need to occur, and  
  - *child’s developmental stage*: younger children or children with developmental delays will require simpler reward programs with fewer target behaviors than will older children. |
| **Timing of rewards** | Rewards FOLLOW behavior (“If you put away your toys, you can have a snack”); bribes PRECEDE behavior (“I’ll give you a snack if you put away your toys afterwards”). Caregiver should provide rewards immediately following the target behavior to teach the child about the link between good behavior and its positive consequences. |
| **Contingency of rewards** | The caregiver should provide rewards contingent on behavior, meaning provided ONLY after the occurrence of the target behavior and not at other times. Do not allow the child to have access to reward items outside of behavior (e.g., if a video game is the reward for homework completion, the child should not be permitted to play the game at other times during the day). |
| **Frequency of rewards** | The caregiver should provide rewards continuously (after each instance of the behavior) or intermittently (after every few instances of the behavior). Continuous reinforcement is more effective in promoting the desired behavior at first, but over time, intermittent reinforcement can be more effective to maintain the behavior. |
| **Provide praise** | The caregiver should provide praise along with rewards to reinforce the smaller steps that the child accomplishes along the way to earning a reward her goal (e.g., praise sharing behaviors every minute, provide reward at 5 minutes). The reward system is a temporary program to increase desired behavior. As the program is phased out, praise should be used to maintain the desired behavior. |

### Helpful Tips:

- Remember to praise often
- Remember to review often, by **asking questions**
- Remember to practice often and provide corrective feedback to the caregiver
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
### Objectives:
- to identify target behavior or emotion to monitor
- to develop a rating scale to increase accuracy of the observations
- to create a recording procedure

### Steps:

<table>
<thead>
<tr>
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<tr>
<td>Introduce the idea of monitoring</td>
<td>Inform the child that monitoring involves repeated collection and recording of information regarding one’s behavior or emotions. Tell the child: “figuring out the kinds of things that lead us to have positive or sad feelings can be like solving a mystery. What do detectives look for when solving a mystery? That’s right – clues!” Let the child know that you will be working together to gather important clues to help him/her learn more about the kinds of situations that affect his/her feelings.</td>
</tr>
<tr>
<td>Identify target behavior or emotion to monitor</td>
<td>Work together to establish a target behavior or emotion for monitoring. For example, if anxiety is the primary concern, the ratings should be “fear ratings.” If the primary problem is depression, use “mood ratings.”</td>
</tr>
<tr>
<td>Develop a rating scale</td>
<td>Inform the child that whenever he/she practices something in session or at home, you will ask him/her to rate his/her feelings. These ratings help you solve the mystery of what kinds of things makes him/her have positive and sad feelings. Develop a rating scale to increase the accuracy of observations (e.g., 1 [not at all afraid] to 10 [extremely afraid]; 1 [not at all sad] to 10 [extremely sad]). Ask the child what the numbers mean to ensure comprehension.</td>
</tr>
<tr>
<td>Create a recording procedure</td>
<td>Determine: <em>when</em> (e.g., during social situations) and; <em>how often</em> (e.g., daily) monitoring will occur, and; <em>what</em> information about the target will be recorded (e.g., type of situation and rating). Over time, a change in ratings in the desired direction (e.g., decrease in fear rating; increase in mood rating) provides evidence of progress.</td>
</tr>
<tr>
<td>Practice assignment</td>
<td>Inform the child that you will review his/her recordings in your next meeting. Clarify any questions the child may have.</td>
</tr>
</tbody>
</table>
Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This can be covered in more than one session/meeting
Objectives:

- to teach the child benefits of skill building
- to identify a skill that the child wants to develop
- to set a goal involving the talent or skill he/she wants to develop
- to start practicing to master small steps needed until each goal is achieved

Steps:

☐ Introduce benefits of skill building

- Note that sometimes we feel bad because we want to do something really well but we don't know how to do it well.
- Introduce the idea that one way to feel good is to develop our talents.

☐ Give real life examples of people with skills

- Discuss a few examples of people who have really well-developed skills.
- You can make use magazine photos, and/or inspirational stories.
- Examples can include famous people, but should also include people who are simply very good at some skill, even though they are not celebrities.
- Point out that what these people have in common is that they have developed a special talent or skill that they can do especially well.

☐ Educate the child in reasons for developing a skill

Ask the child why people go to all the trouble to develop a special skill. Answer: It feels good to be able to do something really well. Perhaps use yourself as an example:

- Tell about some skill you have that you are good at.
- Tell the child how good it makes you feel to be exercising that skill.
- Note that when you are feeling down, it always helps you feel better if you can spend some time doing that special skill.
- Give a specific example of a time doing the skill lifted your mood.

☐ Introduce the skill building steps

Explain to the child that, once you decide what skill you want to develop, you need to do 3 things:

1) Decide on a specific goal (e.g., making an A on the next spelling test, getting a part in the school play, etc.)
2) Figure out small steps you can take toward that goal (e.g., for a spelling test, memorizing the first five words, then the next five, etc.)
3) Practice the small steps, a lot!

☐ Personalize this process for the child

- Work with the child to pick out one specific goal that the child will aim for in his/her skill development program.
- Make sure that the goal identified is one that the child can actually attain, with practice.
- Steer the child away from goals that are impossibly grand and from goals that might be so easy that they represent no challenge.
Steps:

☐ Role play  Role playing may assist the child with imagining how practice might go:
  • Establish realistic expectations for how much skill development will occur with varying degrees of practice.
  • Identify potential setbacks to prepare the child to deal with future obstacles and possible failure.
  • Consider how the child’s behavioral or emotional difficulties may affect goal attainment.
  • Emphasize persistence so that children who are prone to negative thinking learn that they can succeed in spite of difficulties or failures.

☐ Plan practice assignment  Tell the child that for this week’s practice assignment, the child should:
  1) Practice the step he/she picked out
  2) Write down what he/she did for practice and how it went
  3) Record how he/she was feeling before practicing and how he/she was feeling after practicing

Helpful Tips:

  • Remember to praise often
  • Remember to review often, by asking questions
  • Brief any caregivers, teachers, or other adult figures who may be involved
  • Simplify these steps if you have to
  • This can material be covered in more than one session/meeting
Objectives:

- to note the importance of being positive in our interactions with others
- to teach the child verbal and nonverbal social behaviors
- to practice social skills and provide feedback
- to encourage the child to practice his/her new social skills with others

Steps:

- **Introduce benefits of positive self-presentation**
  - Discuss the importance of the skills of meeting new people and having conversations.
  - Having conversations with new people helps people to discover whether they like each other and want to become friends.
  - Conversations involve verbal and nonverbal communication.
  - Note to therapist: Not all children may need all the exercises, or at least not equal emphasis.

- **Verbal communication: Practice introductions**
  - Have the child practice introducing him/herself. If the child does well, try again and do not say your name unless the child asks. Use this to demonstrate that it is OK to ask the other person’s name if that person does not say it. Practice this introduction until successful.

- **Verbal communication: 4 steps to meeting someone new**
  - Educate child in 4 steps to meeting someone new:
    1) Choose a place
    2) Greet person
    3) Ask, tell, or say something. Take turns with the other person, so that when the other person speaks, you listen
    4) Make a closing remark

- **Verbal communication: Practice and review**
  - Practice a situation in which the child meets a new person. For example, you could role play two children meeting each other in the school cafeteria.
    1) Introduce yourself first.
    2) Allow the child to introduce him or herself.
    3) Ask each other about teachers and classes, and likes and dislikes.
    4) Find a topic in common to discuss, focus conversation on this topic.
    5) Discuss the role play after it ends. What went well? What could be done better next time?
    6) Praise the child for doing well on this practice task

- **Verbal communication: Changing topics**
  - Generate some ways to change the topic in a conversation in order to not get tired of the topic. Practice changing the topic after a minute of talking. Discuss the role play after it ends. If it can be arranged, have the child practice a role play meeting a new person (with a confederate or cooperative peer). Discuss the role play afterward with the child alone.

- **Introduce nonverbal communication**
  - Tell the child that now you’re going to talk about things that we can do with our bodies when we are talking to other people. We may not even notice doing these things, but if we don’t do them, other people can feel uncomfortable.
Steps:

- **Nonverbal communication: Talking distance**
  Lead the child to see that the optimal distance to keep between people when having a conversation is not too close or not too far. Discuss that there are different needs for personal space in different situations (e.g., crowded elevator vs. an empty one) and with different people.

- **Nonverbal communication: Eye contact**
  Lead the child to see that the optimal amount of eye contact is about half the time. Too little eye contact shows no interest, and too much can make things uncomfortable.

- **Nonverbal communication: Speaking voice**
  Tell the child that it is important to speak loud enough to be heard, and to show interest by sounding happy or excited. Again, praise child whenever possible.

- **Practice assignment**
  - Ask the child to have at least one conversation at home and at least one at school using the verbal and/or nonverbal skills learned today.
  - The conversation at school can be with someone he/she already knows or with someone he/she doesn’t know well.
  - Tell the child that a good way to get hints about what to discuss with other children is to observe other’s conversations at school. Note what things others talk about, their interests, what they do in their spare time.
  - Ask the child to write down how the conversation went in order to share with you next time.

Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Brief any caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
Objectives:
- to provide the caregiver with a strategy designed to decrease serious or resistant misbehaviors
- to provide the child and caregiver with a strategy that allows them time to cool off following misbehavior, so that the negative behavior does not escalate

Steps:

- **Provide rationale**
  - Explain that some behaviors are so serious (e.g., aggression, property destruction) that they require intense consequences such as time out.
  - Time out involves removing the child from all activities and attention for a brief period of time.
  - Time out is more effective at reducing undesirable behavior over the long run than is spanking or yelling.
  - Time out teaches the child about nonviolent methods of conflict resolution, provides time for the caregiver and child to cool off during conflict, and provides an opportunity for the child to think about what he/she has done.

- **Address concerns**
  The caregiver may indicate that time out was not effective when he/she used it in the past. Explain that two important factors contribute to the success of time out: (1) brief duration and (2) caregiver control of the start and end of time out. These and other factors will be addressed by the therapist before the caregiver implements time out.

- **Identification of target behaviors**
  Have the caregiver identify one to three specific behaviors that will result in time out (e.g., aggression, property destruction, serious rudeness, etc.). This sets up clear expectations for the child and allows the caregiver to easily identify when the behavior has occurred. At a time when misbehavior is not occurring, the caregiver should inform the child which behaviors will result in time out.

- **Time out location**
  Have the caregiver select a location for time out that is removed from attention and activities but to where the caregiver can take the child quickly following misbehavior. The child’s bedroom and rooms with television sets blaring or lots of activity are poor choices because of the potential for entertainment while the child is in time out.

- **Time out length**
  Brief time outs are preferred over long time outs because they give a child a fresh start to behave appropriately. A general guideline is that the child spends one minute per year of the child’s age in time out. Timers should be used to minimize the child’s arguing.

- **Starting time out**
  - “10 in 10”: When the target behavior occurs, the caregiver should get the child to time out by using less than 10 words in 10 seconds (e.g., ”You hit, now you have time out”).
  - Have the caregiver start the timer and place it in the child’s view.

- **During time out**
  Instruct the caregiver to ignore all but serious misbehavior (e.g., aggression) during time out and to place the child back in time out if the child leaves the time out location.
Steps:

- **Ending time out**
  - After the required duration of time out has elapsed, the child should be quiet for about 30 seconds in order to be permitted to leave the time out area.
  - The first time the caregiver implements time out, the child may continue to scream or cry for an extended period of time (e.g., 20-40 minutes).
  - The child must remain in time out until he or she is quiet so that the child learns that being quiet shortens time out.

- **Following time out**
  - When time out is over, the caregiver should repeat the rule (e.g., “Remember, no hitting”) and walk away from the child so as to not provide attention until the child exhibits appropriate behavior.
  - Instruct the caregiver not to lecture or scold child. Instead, wipe the slate clean and watch for appropriate behavior to praise.

- **Anticipate difficulties**
  - **Child refuses to go to time out.** Instruct the caregiver to first warn child to go to time out and then guide him or her to time out chair if the child continues to refuse. Another strategy is to add extra time to time out or remove a privilege if the child refuses to comply with time out.
  - **Child leaves or attempts to leave time out area.** Consider adding extra time to time out. Another option is to warn child that another attempt at leaving time out will result spending time out in another room (e.g., guest bedroom) that is devoid of entertainment. For older children, consider removing a desired privilege later on in the day.
  - **Child is aggressive or verbally abusive during time out.** Remember that behavior may worsen before improving when time out is first implemented. Instruct the caregiver to pay minimal attention to this behavior, but to tell the child that a specified amount of time will be added to time out (e.g., “No hitting—that’s an extra minute in time out.”)
  - **Child does not appear to be upset while in time out.** Explain to the caregiver that the child may not appear upset during time out. This is okay and does not necessarily mean that time out is not effective. Remind the caregiver that the purpose of time out is not to hurt the child or get revenge, but to stop the behavior and withdraw negative attention for misbehavior. However, it is important to check that time out is serving as a punishment. Review the time out location and procedure to make sure that the child does not have access to rewards (e.g., television, music, watching other family members, etc.).

Helpful Tips:

- Remember to praise often
- Remember to review often, by asking questions
- Remember to use examples to explain concepts
- Remember to practice often and provide corrective feedback to the caregiver
- Brief any other caregivers, teachers, or other adult figures who may be involved
- Simplify these steps if you have to
- This material can be covered in more than one session/meeting
The CARE Process

Use This When:
To focus problem solving and decision making.

Consider
Evaluate
Answer
Respond

Process Guide
The Evidence-Based Services System Model

Use This When:
To organize sources of evidence, decision makers, decision-making structure, and common decisions.

Process Guide

- Causal Mechanism Research
- General Services Research
- Local Aggregate Evidence
- Case-Specific Historical Information

Treatment Team

Targets & Goals

Therapeutic Practices

Service Setting

Treatment Integrity

Client Progress

Supervision

Use This When:
To organize sources of evidence, decision makers, decision-making structure, and common decisions.
Embracing Diversity

**Adapt Process**
- Style
- Communication
- Change Agent

**Adapt Content**
- Conceptualization
- Message
- Procedures

Use This When:
To enhance the fit of client, context, and therapeutic care.
The Session Planner
(Clinical Event Structure)

Opening
• Check In
• Review Earlier Skills/Homework
• Set Agenda

Working
• Advise, Instruct, or Guide
• Rehearse
• Repeat

Closing
• Review
• Assign Homework
• Reward

Use This When:
To plan and coordinate a clinical interaction.
The MAP

Process Guide

Use This When:
To guide and inform clinical reasoning and service review.

Start

Client Info Needed?

Select measures, Perform assessment

no

Plan Unfocused?

Identify targets, Set goals, Select interventions

no

Disengaged? Crisis?

Pursue engagement, Take appropriate action

no

Clinical Progress?

Continue plan until goals met

no

Poor Treatment Fit?

Identify barriers and revise plan

no

Treatment Integrity?

Increase supports, Change intervention, Further consultation, Add intervention

no

Add consultation or training supports

no

Treatment Plan, Decision Guide Client Info, PWEBS

Poor Attendance, Complaints, etc.

Clinical Dashboard: Progress Pane

Clinical Dashboard: Practice Pane, PWEBS

Practitioner Guide, Quality Review, Therapist Portfolio

Client Info Needed?

Select measures, Perform assessment

no

Select measures, Perform assessment

Client Info Needed?

Select measures, Perform assessment

no

Plan Unfocused?

Identify targets, Set goals, Select interventions

no

Disengaged? Crisis?

Pursue engagement, Take appropriate action

no

Clinical Progress?

Continue plan until goals met

no

Poor Treatment Fit?

Identify barriers and revise plan

no

Treatment Integrity?

Increase supports, Change intervention, Further consultation, Add intervention

no

Add consultation or training supports

no

Use This When:
To guide and inform clinical reasoning and service review.
The Treatment Planner
(Focus-Interference & Connect-Cultivate-Consolidate)

Focus

Connect ➔ Cultivate ➔ Consolidate

Use This When:
To plan and coordinate an episode of care.

Interference