

**MATCH-ADTC:
MODULAR APPROACH TO THERAPY
FOR CHILDREN WITH ANXIETY,
DEPRESSION, TRAUMA, AND
CONDUCT PROBLEMS**



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Day 4

Welcome Back!

Teaching Skill to Mastery

- Provide rationale for skill
- Explain each step of skill
- Model skill
- Practice skill in session and give feedback
- Identify opportunities to practice skill
- Identify potential barriers to skill use/practice
- Enlist people in the child's ecology to help
 - E.g., caregivers, teachers to prompt child
- Monitor skill practice

Challenge by Choice!

- Comfort Zone
- Learning Zone
- Danger Zone



Challenge by Choice!

- For today, which of these best describes your “learning zone”?
 1. Role play as therapist in front of room
 2. Role play with a co-therapist in front of room
 3. Role play as therapist in table role play
 4. Role play as co-therapist in table role play
 5. Role play as therapist in dyad role play
 6. Observe role play



Therapy Modules

MATCH
Protocol

Learning to Relax

Use This:

To teach the child to relax via slowed breathing, deep muscle relaxation, and guided imagery.



For Child

Goals

- The child will understand that staying calm and relaxing are good ways to affect the way we feel—especially when we are stressed out or tense
- The child will identify somatic cues that show when he or she is tense
- The child will learn how to do self-calming through deep breathing, deep muscle relaxation, and guided imagery

Materials

- *Fear Thermometer* and *Fear Ladder* (2 unrated copies for anxiety/trauma), *Feelings Thermometer* (for depression), or *Behavior Rating Scale* (for disruptive behavior)
- *Learning to Relax* worksheet (2 copies)
- *Relaxing at Home* worksheet
- *Self-Calming Through Relaxation* parent handout
- Relaxation audio file for the child to keep, downloadable at: <http://relax.practicewise.com> (you can email it, burn it on a CD, or show the child where to download it)
- MP3 audio player (any type that has good sound quality; this could be your computer)
- Pens, pencils, markers

⚠ If time is tight: Convey the idea that staying calm and relaxing are good ways to affect the way we feel, and use the audio recording to teach the child how to do deep muscle relaxation.

Main Steps	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> Obtain Weekly Ratings	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <i>Fear Thermometer</i> to obtain <i>Fear Ladder</i> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <i>Feelings Thermometer</i> to take a rating. If the main focus is disruptive behavior, take a parent rating with the <i>Behavior Rating Scale</i> .
<input type="checkbox"/> Discuss Feeling Stressed & Feeling Bad	Tell the child that the way our body feels when we are worried, sad, or stressed out involves muscle tension. When we feel upset or worried, some parts of our body become tense or tight, and that tension makes our body feel uncomfortable. Discuss with the child times when he or she has felt uptight, tense, or stressed, particularly focusing on the physical feelings he or she has experienced at those times.

Introduce the child to the idea that learning to make our bodies relax can help combat stressful feelings and the tension that goes with those feelings. If we can make our bodies feel relaxed, we are taking an important step toward coping with bad feelings. In addition, it helps to breathe slowly and calmly, and it also helps to picture, in our minds, a calm, peaceful place.

Example script:

Sometimes when we feel sad, worried, or stressed, our bodies feel tense or tight. Today we are going to practice a way to get our bodies to relax. We are going to play a recording that teaches how to do something called Deep Muscle Relaxation. It teaches how to tense and relax different muscles in the body until we begin to feel more relaxed all over. (Demonstrate this concept by tightening and relaxing your fist, and having the child do the same.) In addition, the recording will teach us to slow down our breathing—to take deep breaths and let the breath out slowly. And it also teaches us to imagine a calm, peaceful place, and to picture that place in our mind while we relax. People who use this recording feel much calmer and more relaxed after using it.

Cue up the audio recording, but before you play it, do the following:

1. Work with the child to create an image or a story of a very stressful day or a stressful situation, thereby inducing a negative mood.
2. Have the child complete the top half of the *Learning to Relax* worksheet—rating his or her mood while thinking about the imaginary stressful situation, and also describing how he or she feels physically while thinking about the stressful situation.
3. Make the room more comfortable (e.g., you may dim the lights).
4. Have the child sit comfortably in a chair with feet on the floor and arms at his or her side. The child can also close his or her eyes (or look at a boring spot on the floor or wall, if closing eyes makes the child uneasy or uncomfortable).
5. Play the relaxation audio file.
6. Have the child finish filling in the *Learning to Relax* worksheet.

Discuss the relaxation exercise with the child. Did the child's rating and physical feelings change, as shown on the worksheet? Did the child feel more relaxed? What did the child like/dislike? What was most helpful? Make sure to explain:

- the big difference between a relaxed body and a tense one
- how slowing one's breathing and paying attention to it can help relax the body
- how tensing and relaxing muscles helps relax the body
- how picturing a calm, relaxing place can make the experience even more relaxing
- how calming it can be when we combine all three of the things the recording teaches—i.e., slowing down our breathing, tensing and relaxing our muscles, and imagining a calm, peaceful place.

MATCH is made up of MODULES

What is a module?

A guide to support promising therapeutic action

- ✓ Designed to be “stand-alone” so can be used in different combinations
- ✓ Can be done in one session or many
- ✓ Follows the same overall outline
- ✓ Accessible online and downloadable to your desktop

Basic Layout of MATCH-ADTC Module

- ✓ Goals of session
- ✓ Materials needed for session
- ✓ *“If time is tight...”*
- ✓ Main Steps checklist & descriptions

Warm Up

Try to get the conversation going at a pace that suits the child. It is often helpful to make ...

- ✓ *Leave ‘Em Laughing*
- ✓ Share with parent (if possible)
- ✓ **Helpful Tips***
- ✓ **Special Cases***
- ✓ How’s Your Style?

Anatomy of a Module

MATCH
Protocol

Learning to Relax

Use This:

To teach the child to relax via slowed breathing, deep muscle relaxation, and guided imagery.



What It Is

- The child will understand and identify the ways to affect the way we think and feel, and how these ways affect the way we think and feel.
- The child will learn how to use slowed breathing, deep muscle relaxation, and guided imagery

When to Use It

- When the child is experiencing anxiety, depression, or disruptive behavior.
- When the child is experiencing stress, tension, or anger.
- When the child is experiencing difficulty concentrating, sleeping, or eating.
- When the child is experiencing difficulty managing emotions.

Materials

- *Fear Thermometer and Fear Ladder* (2 unrated copies for anxiety/trauma, 1 *Thermometer* (for depression), or *Behavior Rating Scale* (for disruptive behavior))
- *Learning to Relax* worksheet (2 copies)
- *Relaxing at Home* worksheet
- *Self-Calming Through Relaxation* parent handout
- Relaxation audio file for the child to keep, downloadable at <http://relax.practicewise.com> (you can email it, burn it on a CD, or show the child where to download it)
- MP3 audio player (any type that has good sound quality; this could be your computer)
- Pens, pencils, markers

Who It's for



Anatomy of a Module

Goals

Goals

- The child will understand that staying calm and relaxing are good ways to affect the way we feel—especially when we are stressed out or tense
- The child will identify somatic cues that show when he or she is tense
- The child will learn how to do self-calming through deep breathing, deep muscle relaxation, and guided imagery

Use This:

To teach the child to relax via slowed breathing, deep muscle relaxation, and guided imagery.



Materials

Materials

- *Fear Thermometer* and *Fear Ladder* (2 unrated copies for anxiety/trauma), *Feelings Thermometer* (for depression), or *Behavior Rating Scale* (for disruptive behavior)
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- Pens, pencils, markers

⚠ If time is tight: Convey the idea that staying calm and relaxing are good ways to affect the way we feel, and use the audio recording to teach the child how to do deep muscle relaxation.

Main Steps

Remember to start by setting an agenda together and reviewing any practice assignments.

□ Obtain Weekly Ratings

If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the *Fear Thermometer* to obtain *Fear Ladder* ratings from both the child and his or her parent. If the main focus is depressed mood, use the *Feelings Thermometer* to take a rating. If the main focus is disruptive behavior, take a parent rating with the *Behavior Rating Scale*.

Steps



About the Steps

Checklist

Details

Main Steps

Remember to start by setting an agenda together and reviewing any practice assignments.

- ❑ **Obtain Weekly Ratings**
If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the *Fear Thermometer* to obtain *Fear Ladder* ratings from both the child and his or her parent. If the main focus is depressed mood, use the *Feelings Thermometer* to take a rating. If the main focus is disruptive behavior, take a parent rating with the *Behavior Rating Scale*.
- ❑ **Discuss Feeling Stressed & Feeling Bad**
Tell the child that the way our body feels when we are worried, sad, or stressed out involves muscle tension. When we feel upset or worried, some parts of our body become tense or tight, and that tension makes our body feel uncomfortable. Discuss with the child times when he or she has felt uptight, tense, or stressed, particularly focusing on the physical feelings he or she has experienced at those times.


Special Cases

Special Cases

MATCH Protocol

Rewards

Use This:
To establish a program of rewards to increase



Goals

- The parent will understand the conditions for the reward program.
- The parent will establish a reward program that the child will follow-through with instructions and understand.
- The child will understand and agree to the program.
- The child will demonstrate increased motivation to complete exercises that are part of the therapy.

Materials

- Fear Thermometer and Fear Ladder (for depression), or
- Rewards handout.
- Parent Observation Record
- Blank paper and a pen

If time is tight: Teach the parent how to use the Fear Thermometer and Ladder, and how to use the Rewards handout.

Main Steps

Remember practice!

- Obtain Weekly Ratings**
If the parent has the Fear Thermometer and Feelings Behavior Checklist, have the parent complete the weekly ratings.
- Meet with Child**
Meet with the child to discuss the different reward options. The child will choose the larger reward item. If the child is not interested in any of the items, the therapist should discuss the child's interests and preferences.

Manage Concerns: Making Time

If the parent expresses concern about how time-consuming the program might be, assure him or her that although it may take more time during the initial few weeks, it will become a habit for the parent and should help the parent get more time in the long run as the child's problems improve.

Review Program with Child and Parent

Meet with the child and parent together to discuss the program of rewards. Work to resolve in advance any disagreements or misunderstandings between the child and parent about what rewards will work. The child should be told that the program of rewards will work. The child should be told that the program of rewards will work. The child should be told that the program of rewards will work. The child should be told that the program of rewards will work. The child should be told that the program of rewards will work.

If the child is not available to participate in this part of the program, encourage the parent to schedule a time to sit down with the child and go over these issues before starting the program.

PRACTICE ASSIGNMENT: Rewards at Home

Provide the parent with a copy of the Rewards handout and the Parent Observation Record. The practice assignment requires the parent to review the handout and to record on the Parent Observation Record each time the desired behavior occurred and when the child did when the behavior occurred. The record will be reviewed in the next session if the rewards are being given quickly and consistently to track whether the desired behaviors are occurring with the desired frequency.

Leave 'Em Laughing

If you have been working primarily with the parent up until now, end the session on a positive note with the parent. Perhaps you can talk about things that are unrelated to his or her child or discuss an area of interest you have in common. This time at the end of each session should be used to praise the parent's efforts and to convey support and encouragement.

If you have been working primarily with the child up until now, end the session on a fun note with the child, by playing a game or some other activity that will leave the child feeling really good about the work you have done together today.

Special Cases

Anxiety	When working with the parent to create a list of desired behaviors to target with rewards, the list should include current treatment goals (e.g., practicing coping skills or items on the Fear Ladder).
Depression	Rewards may be used to support depression treatment by targeting behaviors needed for the treatment to work. For example, the desired behaviors might include completion of role-plays or activities with the therapist, or completion of practice assignments by the child between sessions.
Younger Children	The reward schedule should be as easy as possible at first, and the more immediate the rewards the better. The program can always be made more challenging later. As a general rule, the child should get rewarded on the first or second day of starting the program. After he or she does well, the behaviors on the list can be changed to be more challenging, or they can be rewarded less frequently.

Special cases

- Special Cases refers to adaptations for particular clinical presentations
- Extends applicability of material to a wider variety of specific problem types and client characteristics
- Located at the end of some therapy Modules
- Examples:
 - ▣ **Fear Ladder** - Variations of items for the Fear Ladder depending on type of anxiety
 - ▣ **Problem Solving** – Obtaining a mood rating and incorporating a fun activity if youth enters session in a bad mood
 - ▣ **Rewards** – reward schedule for younger youth should be more immediate. Youth should be rewarded on the first or second day of the program.

Supplemental Materials

Worksheets

Records

Caregiver Handouts
incl (Spanish)

Learning Your Anxious Feelings


What does YOUR anxiety feel like?

We want you to practice some different exercises to create different feelings in your body. The exercises will help us learn what your anxiety feels like for you. Later, they can help us know how to practice together to make those feelings less scary or uncomfortable.

I will show you some of these exercises first, and then you can take a turn. After each exercise, I will ask you to give 3 different ratings with the Four Thermometer:

- how strong the feelings are
- how anxious the feelings make you feel
- how similar the feelings are to what you usually feel when you are panicked or anxious

Go ahead and give it a try!

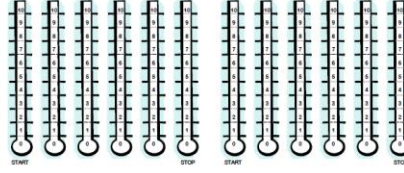


	How Strong?	How Anxious?	How Similar?
Move your head side to side (30 sec)			
Hold your head low between your legs (30 sec), then lift quickly			
Run in place or do jumping jacks (1 min)			
Hold your breath (45 sec)			
Tense all your muscles or hold a push-up position (1 min)			
Spin in a swivel chair (1 min)			
Hyperventilate (1 min)			
Breathe through a small straw or as slowly as possible (2 min)			

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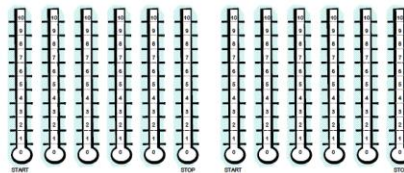
Start-and-Stop Practice Record

Take ratings as you practice. Remember, keep going until your ratings come down to a _____. Good work!



Date: _____ Date: _____

Item: _____ Item: _____



Date: _____ Date: _____

Item: _____ Item: _____

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Understanding Anxiety

Help for Parents

Is Anxiety Good or Bad?

A little anxiety can be a good thing. It can help an athlete get ready for the big game or a businessman get ready for a big presentation. It helps all of us get out the door on time for work or school. It is only when people become anxious at times when there is no real danger—often called “false alarms”—that anxiety becomes a problem. For example, a student who usually earns good grades but panics during a test would be having a “false alarm.”

How Does Anxiety Work?

The main purpose of anxiety is to help us to be alert to danger and therefore be able to avoid it. In the early stages of anxiety, when the threat is not too close, a person feels worried or tense, starts focusing more on the possible threat, and can't look on activities like running or playing. One researcher refers to this stage of anxiety as “stop, look, and listen.” If a threat gets closer, the cautious feelings of “stop, look, and listen” will intensify, and the body will physically prepare to meet the danger. This is a natural response and can be primarily useful in the face of a real threat. At this point, the body enters a second stage of anxiety, often called fear or panic. You might know this as the “fight or flight” response. Anxious often demonstrates these behaviors. For example, you may have noticed that if you approach a bear, it will freeze and stare at you—stop, look, and listen. If you continue to walk toward it, it will panic, either diving away or a sudden charge of energy or, if necessary, trying to defend itself. In this case, increased alertness and speed help the bear protect itself.

Why Is My Child Anxious?

Anxiety in children and adolescents has many different causes, including biological factors (things in your body), psychological factors (thoughts and feelings), and social factors (like school and friends). Most often, an anxiety disorder results from a combination of a child's “sensitive personality” and these other factors. They react more strongly to bad situations or to objects and information that seem threatening. A child with a sensitive personality has an increased risk of negative emotions throughout life, which can lead to anxiety disorders and sometimes depression.

Sensitive Personality
“Sensitive personality” means that some children tend to be more easily worried, frightened, upset, and than others. They react more strongly to bad situations or to

Similarly, if a child who is walking to school suddenly sees a dog barking, she might pause and think about what to do—stop, look, and listen. If the dog becomes aggressive and starts running toward her, she will move on to stage two, experiencing increased heartbeats, faster breathing, changes in blood pressure, and a rush of chemicals, designed to help the body increase strength, speed, and alertness. Some of these chemicals, such as adrenaline, can also bring side effects such as shakiness or nausea. The natural response will help her respond to a real threat by fleeing from the dog or, if necessary, even fighting it.

Anxiety is a problem only when a child becomes anxious in the absence of any real danger or trouble.

Develop a sense that he or she has control over the degree of control over particular events. For example, a sensitive child who is angry by a bee might develop a phobia of bees. If the child is helped by deep breathing, social anxiety might develop. If the child is treated harshly by a caregiver, separation anxiety may result.

or “panic.” So anxious children also generate more anxious “false alarms” than non-anxious children. That is, they are more likely to feel themselves threatened. “It never be able to do this” or “I don't know what I'm doing.”

Anxious thoughts lead to anxious feelings—racing heart, sweaty palms, fast breathing—by creating “false alarms” when there is no real danger.

reactions that may seem to be a sign of a child who is not in control of his or her emotions. Most of them are actually a sign of a child who is trying to control his or her emotions. They are a sign of a child who is trying to control his or her emotions. They are a sign of a child who is trying to control his or her emotions.

Why Can Help

Children who have a sensitive personality and who feel they cannot control their emotions may be more likely to experience anxiety. They may be more likely to experience anxiety. They may be more likely to experience anxiety.

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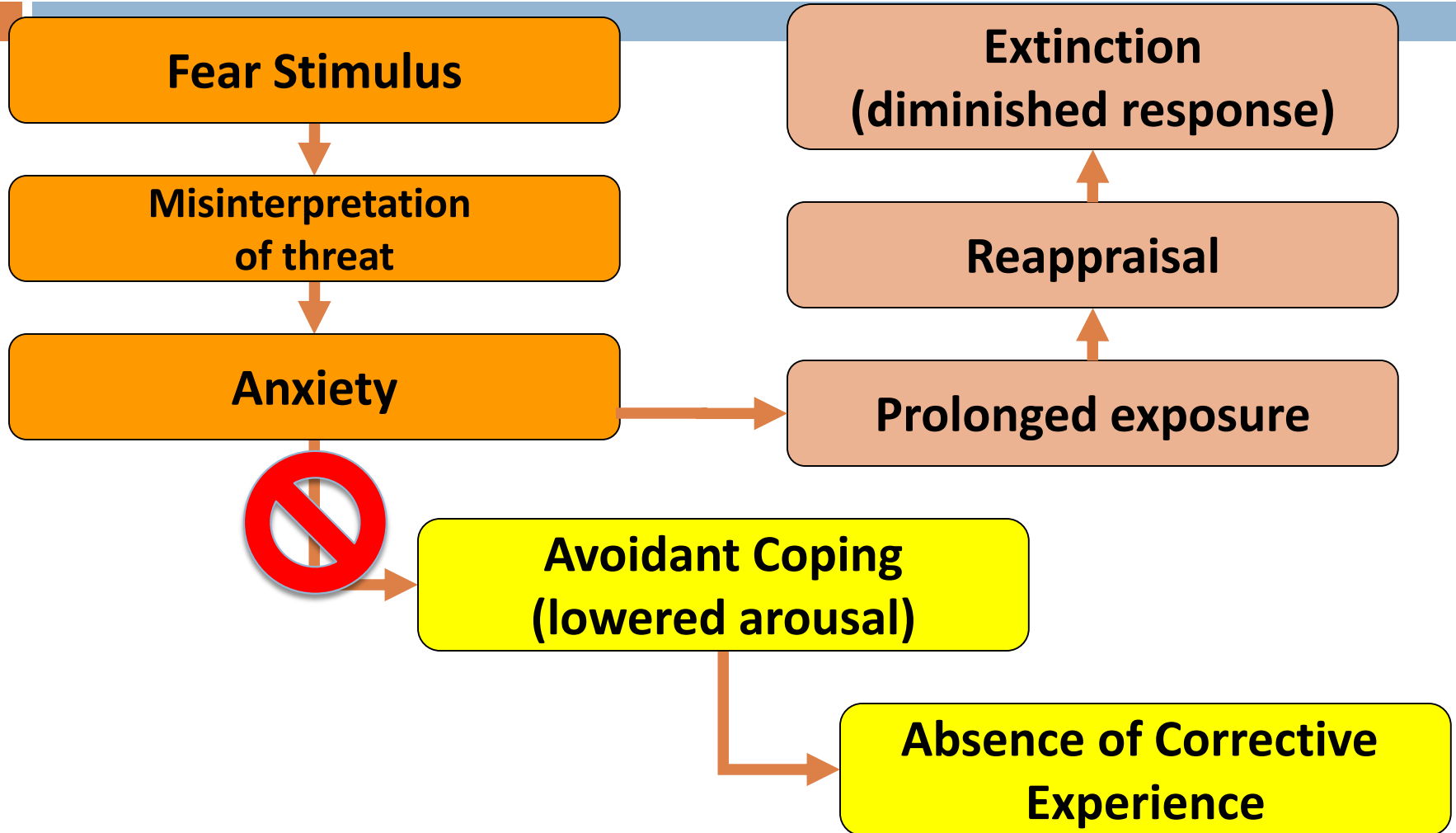
A Closer Look at a Therapy Module

- Let's examine the Learning to Relax Therapy Module
 - ▣ Look up the therapy module
 - ▣ Review the Special Cases information
 - ▣ Review the Supplemental Materials

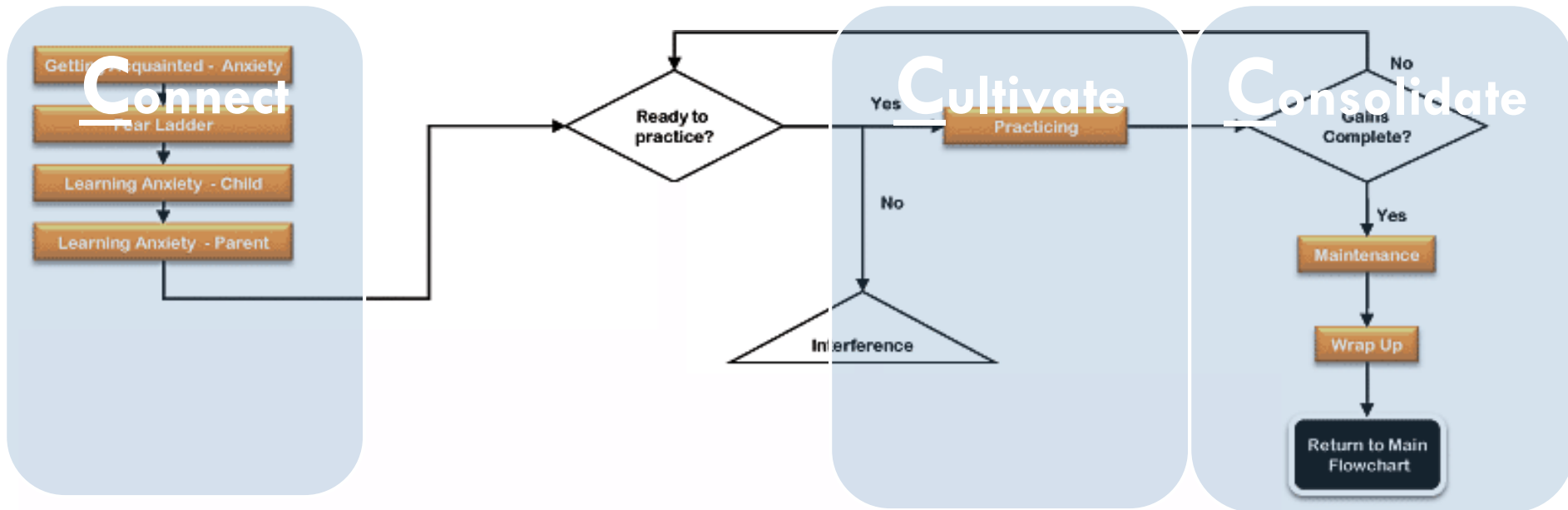


Practice Delivery: Anxiety Focus

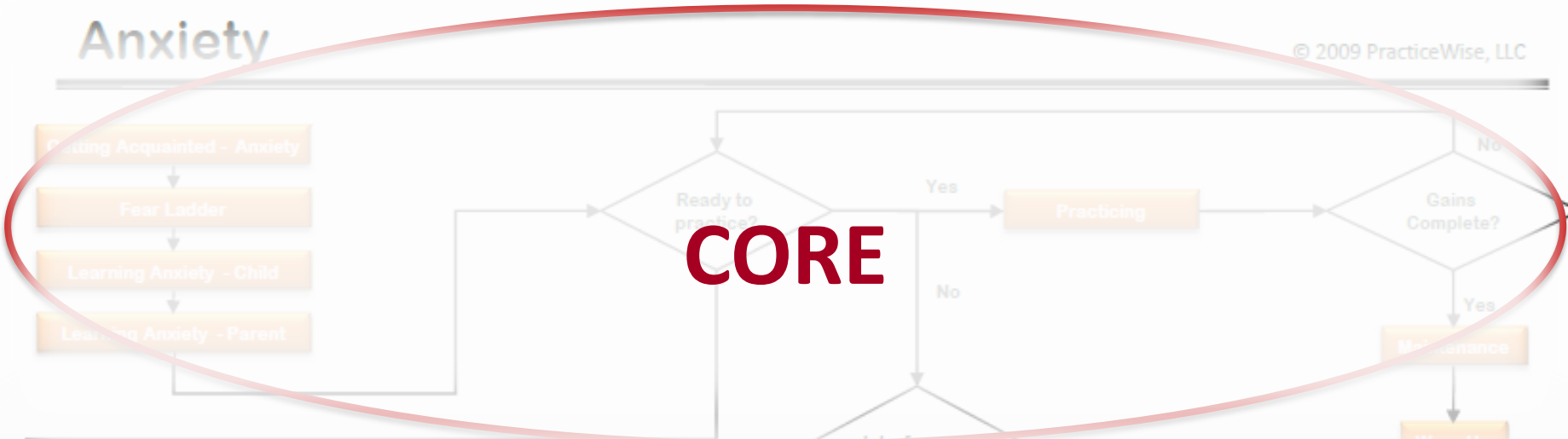
Basic Anxiety Treatment Model



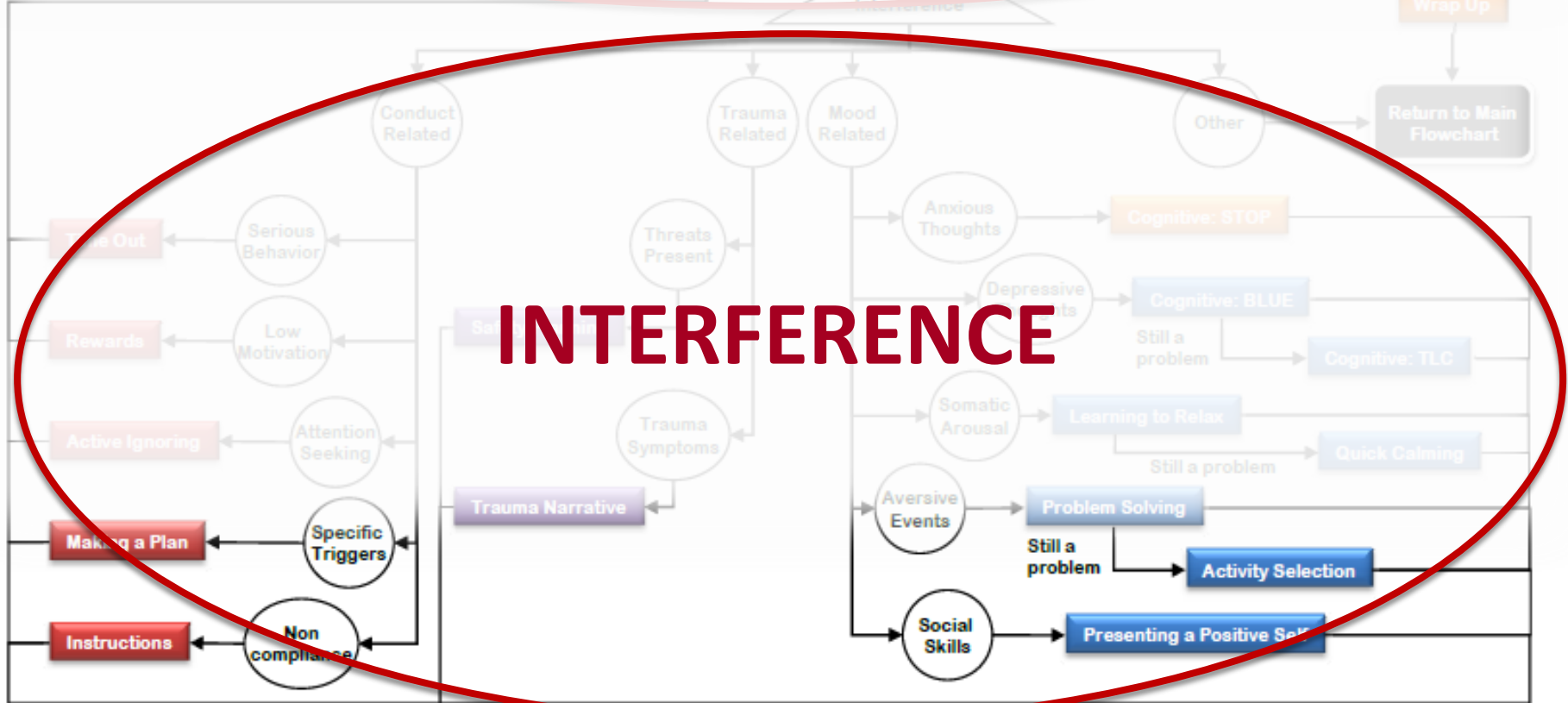
Anxiety Flowchart



Anxiety



CORE

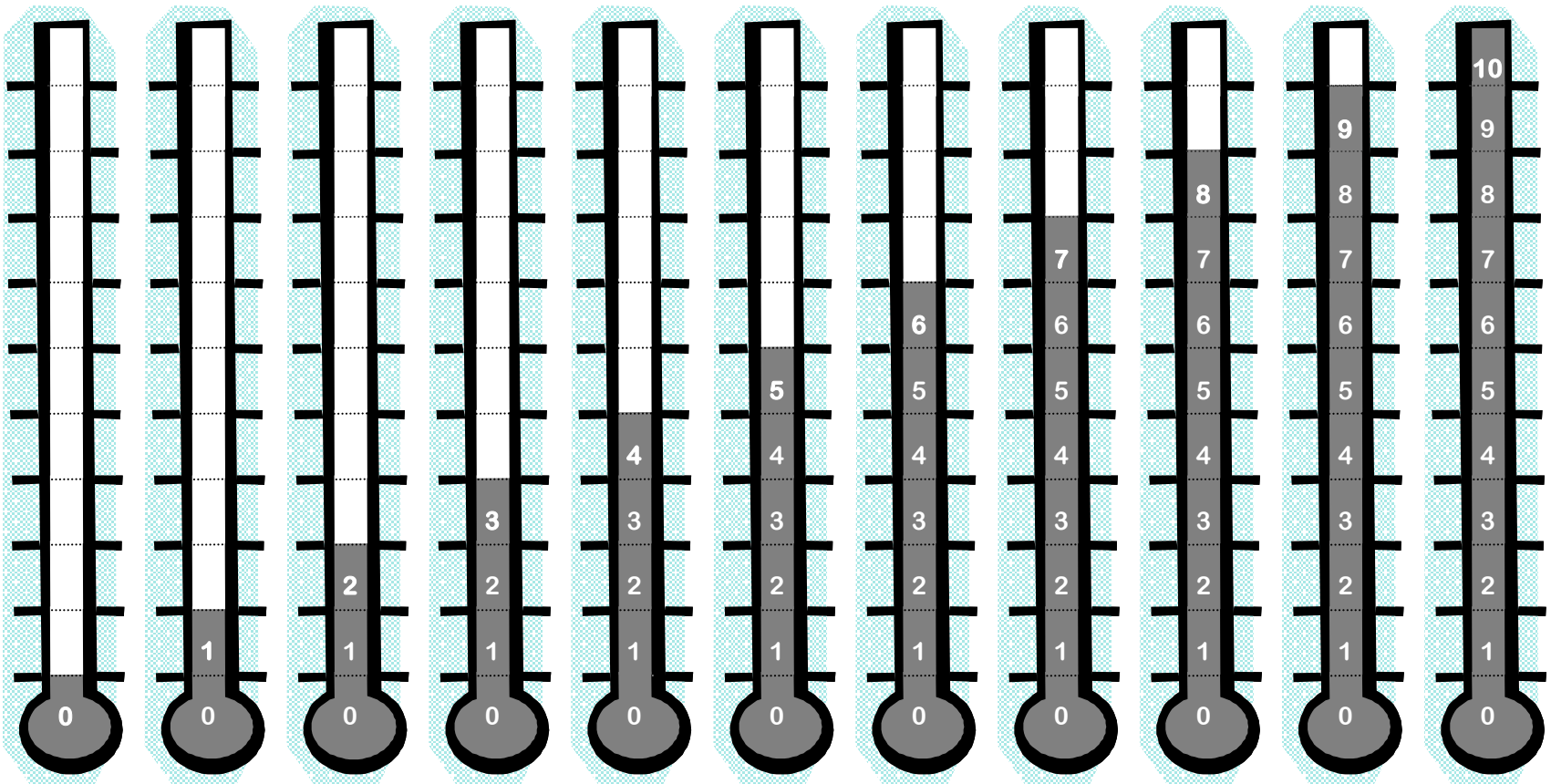


INTERFERENCE



Module: Building a Fear Ladder

Introduce Fear thermometer



Fear Ladder: The Basics

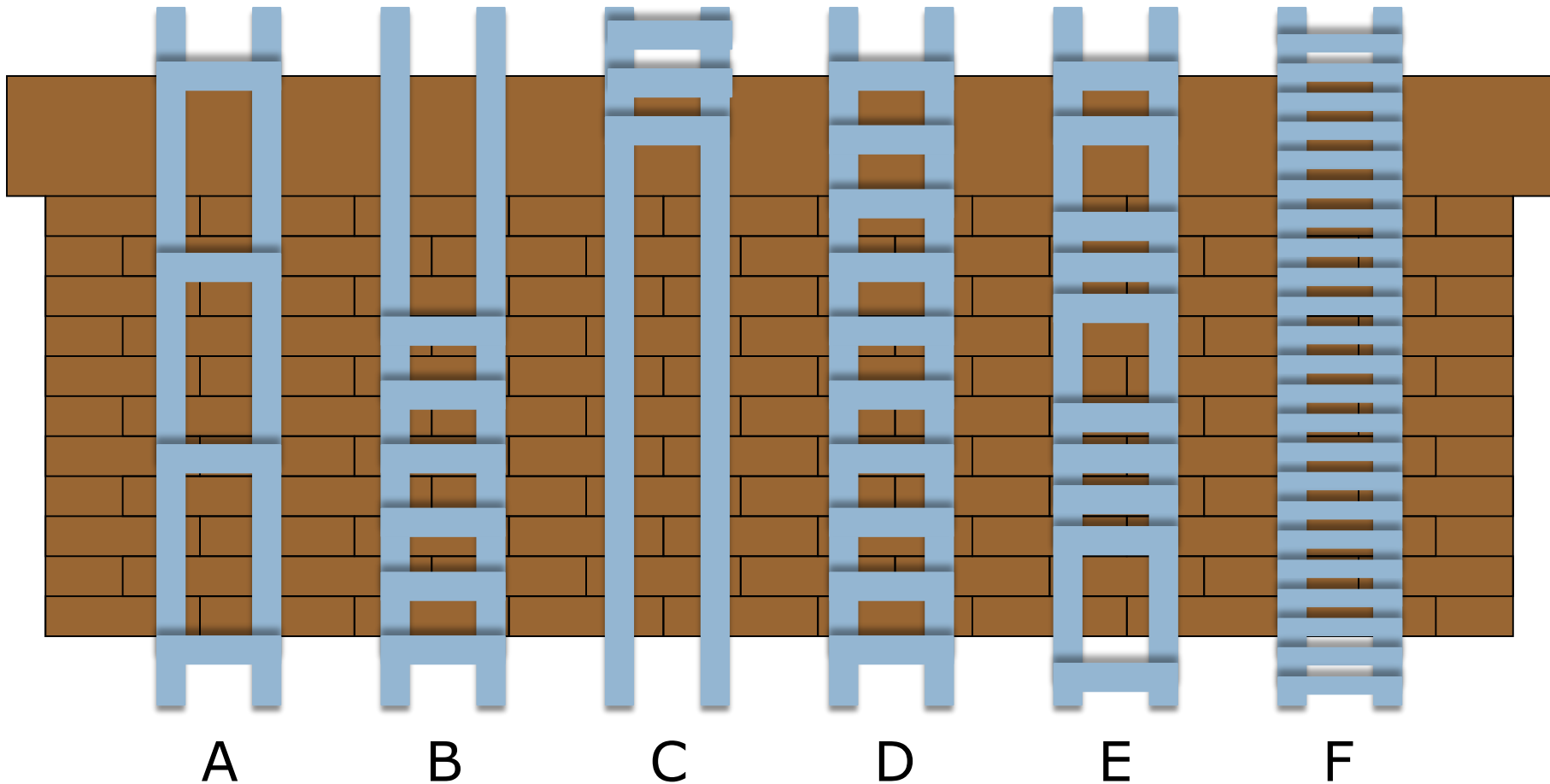
- Identifying and ordering feared stimuli makes planning exposure easier and allows client to see progress
- Use the “*Fear Ladder*” Worksheet

Building a Fear Ladder-1

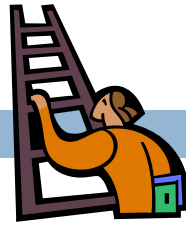


- Create a list of child's fears using the Fear thermometer to give a fear rating
 - Rank items from the least (0) to the most feared (10)
 - Have some items in the low, middle, and high range
- Choose items that the child will actually be able to practice (with you or at home)

Which Ladder Would You Climb?



Building a Fear Ladder-2



- Break the fear stimulus into as many possible scenarios as possible
 - Create a range of feared situations

- Therapist elicits ratings by varying stimulus across relevant dimensions, including:
 - Number
 - Gender
 - Location
 - Age
 - Intensity
 - Proximity

Social Anxiety Example

Rating	Item
10	Organizing game among group of peers on playground
9	Asking unfamiliar peer to play game
8	Asking familiar peer to play game
7	Ordering food from unfamiliar teenager at familiar restaurant
6	Ordering food from familiar teenager at familiar restaurant
5	Approaching unfamiliar adult and asking 3 questions
4	Approaching familiar adult and asking 3 questions
3	Approaching unfamiliar peer and asking 3 questions
2	Approaching familiar peer and asking 3 questions
1	Waving with eye contact at unfamiliar peer

Separation Anxiety Example

Rating	Item
10	Parents late 15 min for school pick-up
9	Parents late 10 min for school pick-up
8	Youth waits in one aisle of a store while parent/therapist is in a separate aisle
7	Youth waits inside home while parent take outs trash
6	Youth stays in a separate room from parent at home for 5 min
5	Scavenger hunt in the clinic
4	Sits in therapy room alone for 5 min with therapist outside of office
3	Sits in therapy room alone for 3 min with therapist outside of office
2	Sits in therapy room alone for 1 min with therapist outside of office
1	Imagines being alone in therapy room

Group Exercise: Building a Fear Ladder

8 YEAR-OLD BOY WITH SEPARATION ANXIETY AND SCHOOL REFUSAL

- In treatment now for 3 sessions
- Generate items for fear ladder
- Create ladder using handout

PROBLEMS

- Slow to get ready for school
- Asks over and over if he can stay home with caregiver
- Asks what time she's going to pick up him after school
- Worries about bad things happening while they are apart.
- At school, Billy cries and refuses to get out of the car.
- Similar problems when it's time to go to soccer practice and refuses to be left with a babysitter.

Getting Started

10 = Going to school all day long, all by myself

9

8

7

6

5 = Going to school, going into class, Mom comes along, we leave together after 1 hour

4

3

2

1= Thinking and talking about school with therapist



Special Cases:

Trauma, OCD, Panic & GAD

How to Adapt MATCH

Special cases

- Trauma
 - ▣ Fear ladder used to help guide the creation of the trauma narrative
 - A bit more on the trauma narrative later...
- OCD
 - ▣ Fear ladder includes focus on ratings withOUT the compulsions
- Panic disorder
 - ▣ Fear ladder includes interoceptive exposure
- GAD
 - ▣ Exposure to WORRY itself
 - ▣ Helping youth to gain control over worry cycle

How to adapt MATCH to OCD

Same basic format as any other anxiety

- In addition to learning about fears, will need to gather information about behaviors that are used to neutralize anxiety (e.g., compulsively washing hands after touching any foreign object)
- Practices on fear ladder will involve exposure PLUS inhibiting the neutralizing rituals

How to adapt MATCH to Panic Disorder

- With panic, the feared stimuli are the child's own harmless bodily sensations
 - ▣ May be difficult for them to separate each of those sensations in order to create a fear ladder
- Use an interoceptive assessment to isolate each of the bodily feelings and rate them on the fear thermometer
- Now you have a fear ladder and can practice

Interoceptive Assessment

(“Learning Your Anxious Feelings”)

	How Strong?	How Anxious?	How Similar?
Move your head side to side (30 sec)			
Hold your head low b/w your legs (30 sec), then lift quickly			
Run in place (1 min)			
Hold your breath (45 sec)			
Tense all your muscles or hold push-up position (1 min)			
Spin in a swivel chair (1 min)			
Hyperventilate (1 min)			
Breathe slowly through a small straw or as slowly as possible			

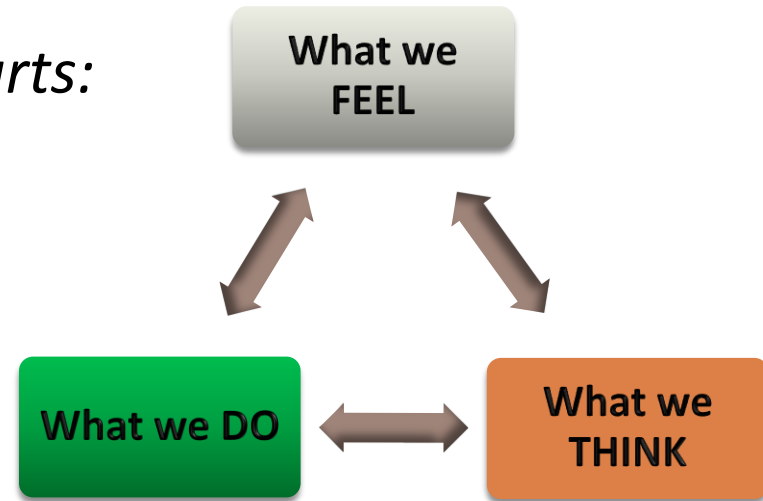


Module:

Learning about Anxiety (Child)

Learning about Anxiety (Child)

- *What is ANXIETY? There are 3 parts:*
 - What we **FEEL!**
 - What we **THINK!**
 - What we **DO!**



- *Anxiety is NORMAL and can be helpful!*
 - A built in alarm
 - Helps motivate us to do something
 - Sometimes, there is real danger!

“Anxious Thoughts and Feelings” Worksheet
“Learning About Anxiety” Worksheets

Distinguishing between **Anticipatory** and **Acute** Alarms

- **YELLOW LIGHT:** Something bad might happen
 - Worry; obsessional thoughts

- **RED LIGHT:** Something bad is happening RIGHT NOW!!!
 - Panic symptoms, PTSD re-experiencing, mind going “blank,” etc.

YELLOW LIGHT



"Something bad **MIGHT** happen."

RED LIGHT



"Something bad is happening
RIGHT NOW!"

Your anxiety is like a false alarm

- *How to identify a “false” alarm?*
 - False alarms → scary, but not dangerous
 - False alarms can get in our way
- *Sometimes, our alarms are too sensitive, and go off when there is no real danger*
 - Can modify slightly for Panic, OCD, PTSD
- *In session, we will work to help you learn the difference*
 - By looking for clues
 - Testing out situations
 - Practicing, small steps
 - “We can go slow, but we will always be moving forward.”



Model: Psychoeducation



- 13 year old girl with generalized anxiety disorder and symptoms of panic. When stressed, tends to trigger seizure activity.
- GOAL:
 - Present real/false alarm metaphor to client
 - Only have 10 minutes for entire session!



Module:

Learning about Anxiety - Family

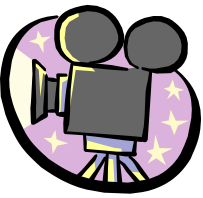
Learning about Anxiety - Family

- *Nature of anxiety in children*
- *What works/what doesn't*
 - Talking doesn't help much
 - Practicing to face anxiety provoking situations and handling them helps
- *Coach roles*
 - Therapist → “session coach”
 - Caregiver → “home coach”
- *Alarms & False Alarms*
- *Principles of Success*

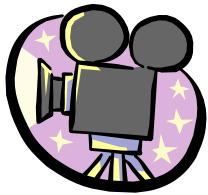
“Family Interview” (if necessary)

“Understanding Anxiety” (Caregiver Handout)

“Helping Your Child Succeed” (Caregiver Handout)



Role Play: Learning about Anxiety

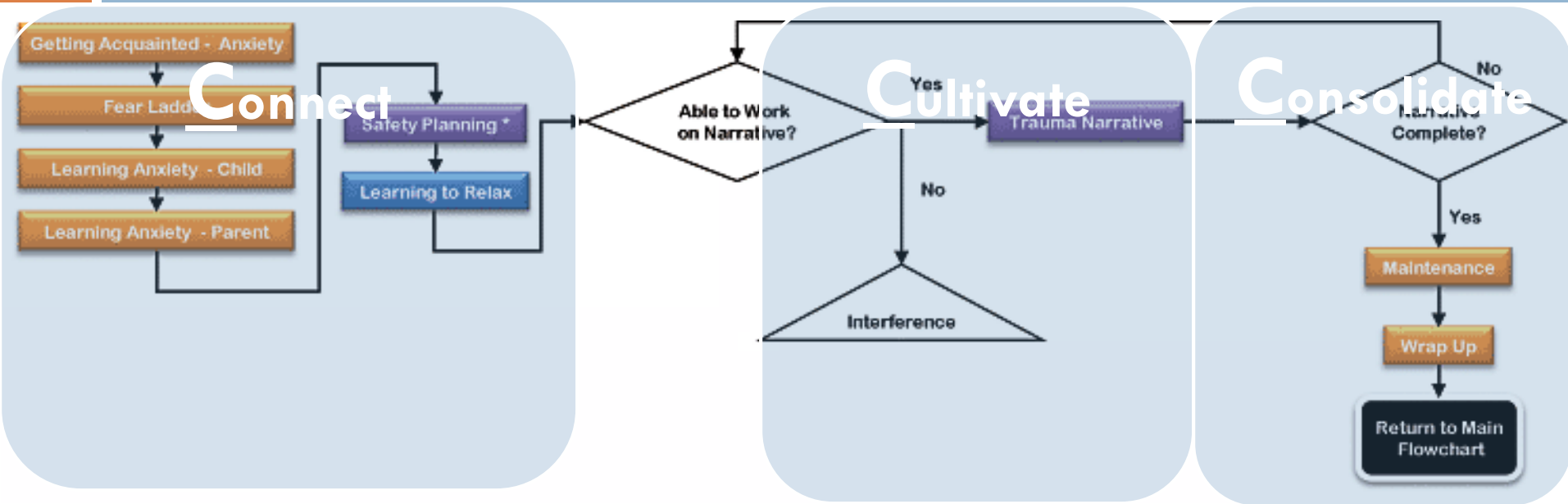


- Session with **CAREGIVER** of the 13 year old from the model

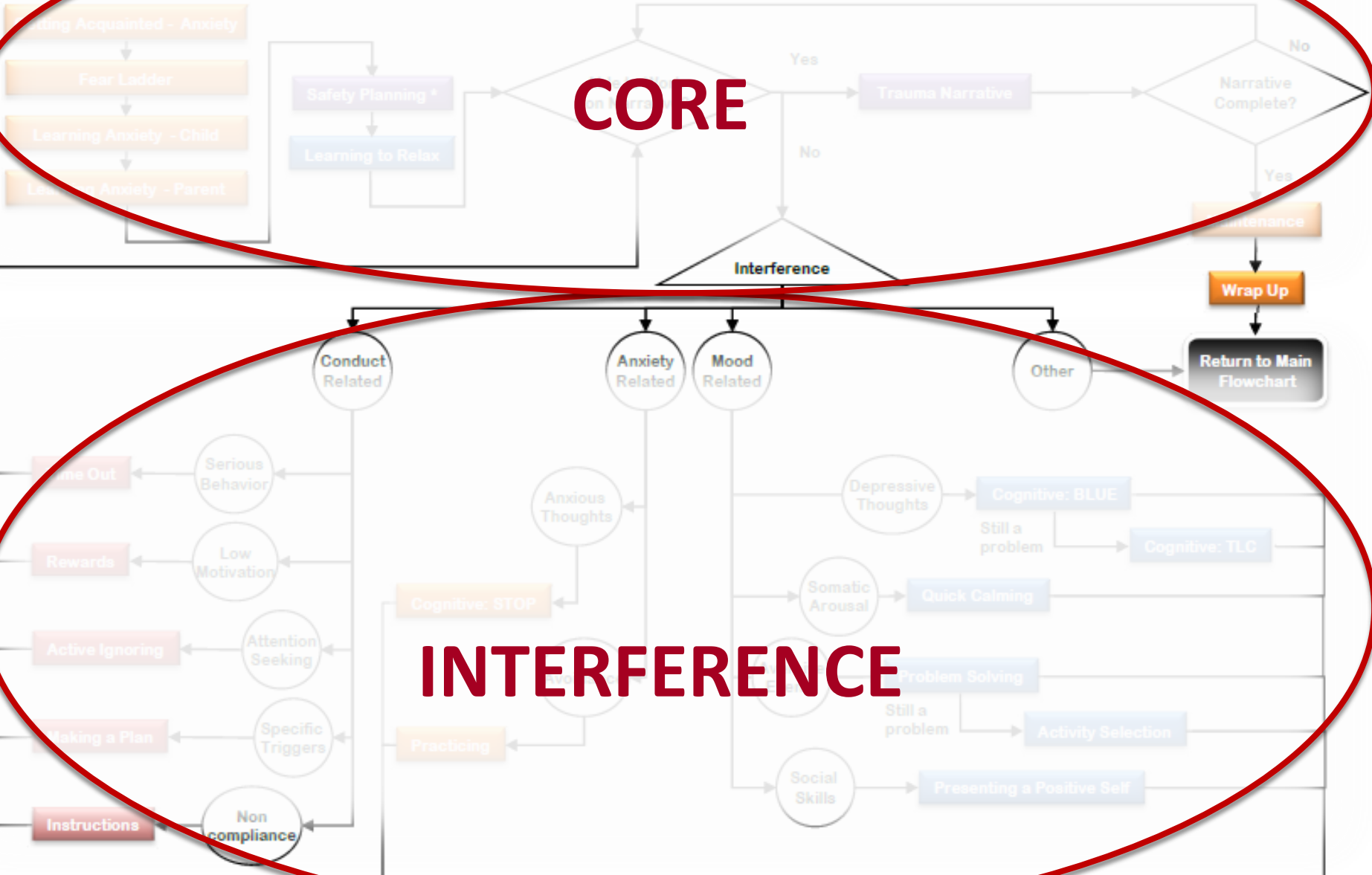
- YOUR TASK:
 - Explain the anxiety “alarm analogy”
 - Use praise with the parent
 - Use Socratic questions in discussion

Practice Delivery: Trauma Focus

Traumatic Stress Flowchart



Traumatic Stress



CORE

INTERFERENCE

* Safety Planning can be moved to the end (before maintenance) if safety issues are not urgent

Traumatic Stress Modules

- Getting Acquainted
- Fear Ladder
- Learning About Anxiety - Child
- Learning About Anxiety - Caregiver
- **Safety Planning**
- Learning to Relax
- **Trauma Narrative**
- Maintenance
- Wrap up

Trauma Narrative

What is Trauma Narrative?

- Creating a story about the traumatic event/s within a safe environment
- Description of traumatic events that the child experienced or witnessed

Trauma Narrative (cont.)

Why is Trauma Narrative important?

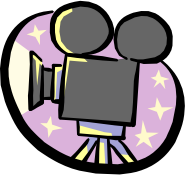
- Anxiety is associated with traumatic memories
- Efforts to avoid thinking about the trauma/s result in flashbacks, re-experiencing, constantly looking out for danger
- It can help integrate the experience and help the child learn that the memory is not dangerous
- Re-telling helps organize the **emotional** and **physiological** effects of an experience
- Helps them learn that they can revisit the memory without feeling overwhelmed
- Helps them feel in control of the memory (and that the memory does not control them!)

Steps to creating a Trauma Narrative

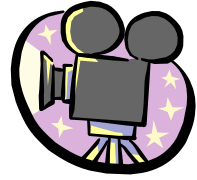
1. Relaxation Training
2. Gradual, systematic creation of narrative
 - Begin with neutral event
 - Develop the story in small bits per session
 - Can use fear ladder as your guide
 - Start low, go slow!
 - Re-read story over time and rate fear
3. Challenge cognitive distortions (if present)
4. Share with caregiver

Common Concerns about Trauma Narratives

- *It will re-traumatize the child*
 - ▣ Emphasis is on gradual retelling with habituation
 - ▣ Goal is NOT to overwhelm the child—go low & slow!
- *Isn't fear of traumatic events expected?*
 - ▣ Goal is the help child learn that the *memory* cannot hurt them; not habituate them to trauma itself.
 - ▣ Will normalize child's feelings of anxiety/anger/sadness related to past experiences
- *I'm not sure I can handle hearing about this stuff*
 - ▣ Remember your consultants! Use us to help you with this!
 - ▣ Remember that this is a way that you are *helping* the child
- *What if this stirs up other things/makes things worse?*
 - ▣ You are not creating memories; the memories are already there and getting in the way



MODEL:



Trauma Narrative

- 10-year-old female with history of witnessing domestic violence. Experienced first seizure during a DV episode. Caregiver reports nightmares of DV, avoidance of men (difficulties with male doctors), intrusive memories of the DV, difficulty concentrating and blunted affect.
 - Have provided psychoeducation and worked on relaxation with youth
 - 4th session. Working phase of the meeting.
- Our task
 - Introduce trauma narrative and begin first chapter
 - Incorporate scale for self-monitoring

Practice Delivery: Depression Focus

MATCH Approach: Toolbox Concept

Do you have a toolbox at home?

How many tools are in it?

How many have you used in the past year?

Goal of treatment program: Develop tools

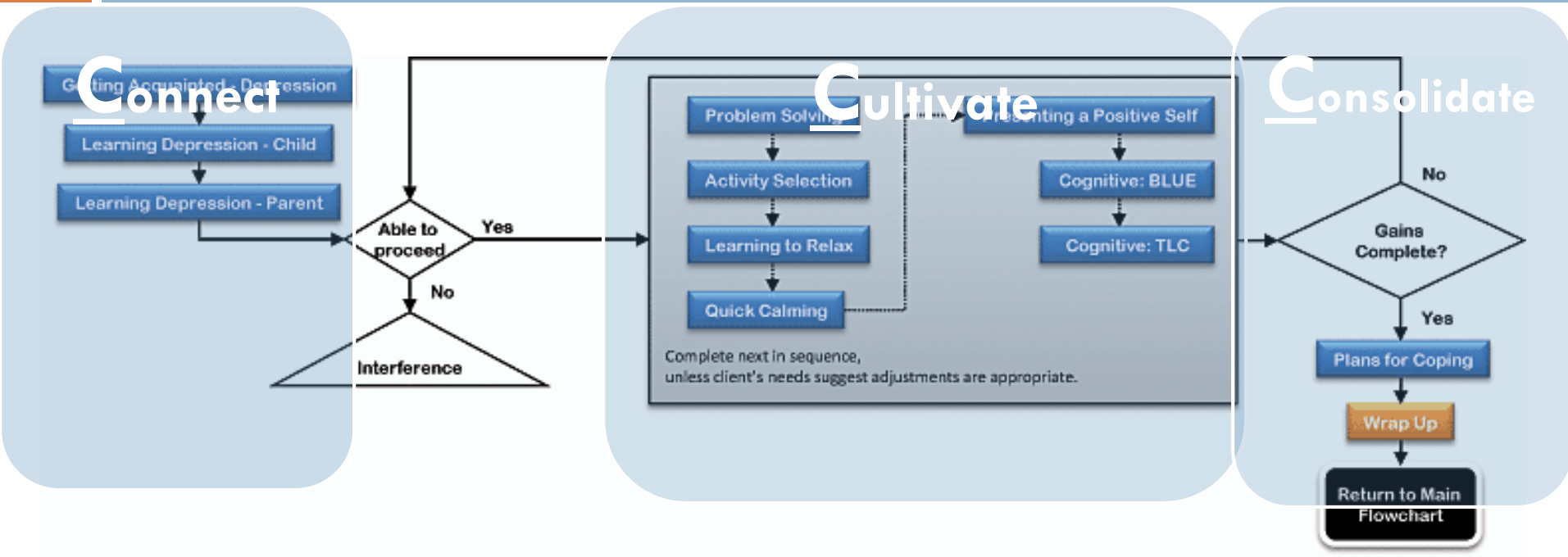
- Learn to be good with a few tools
- Learn a bit about the others, just in case

MATCH Depression Modules

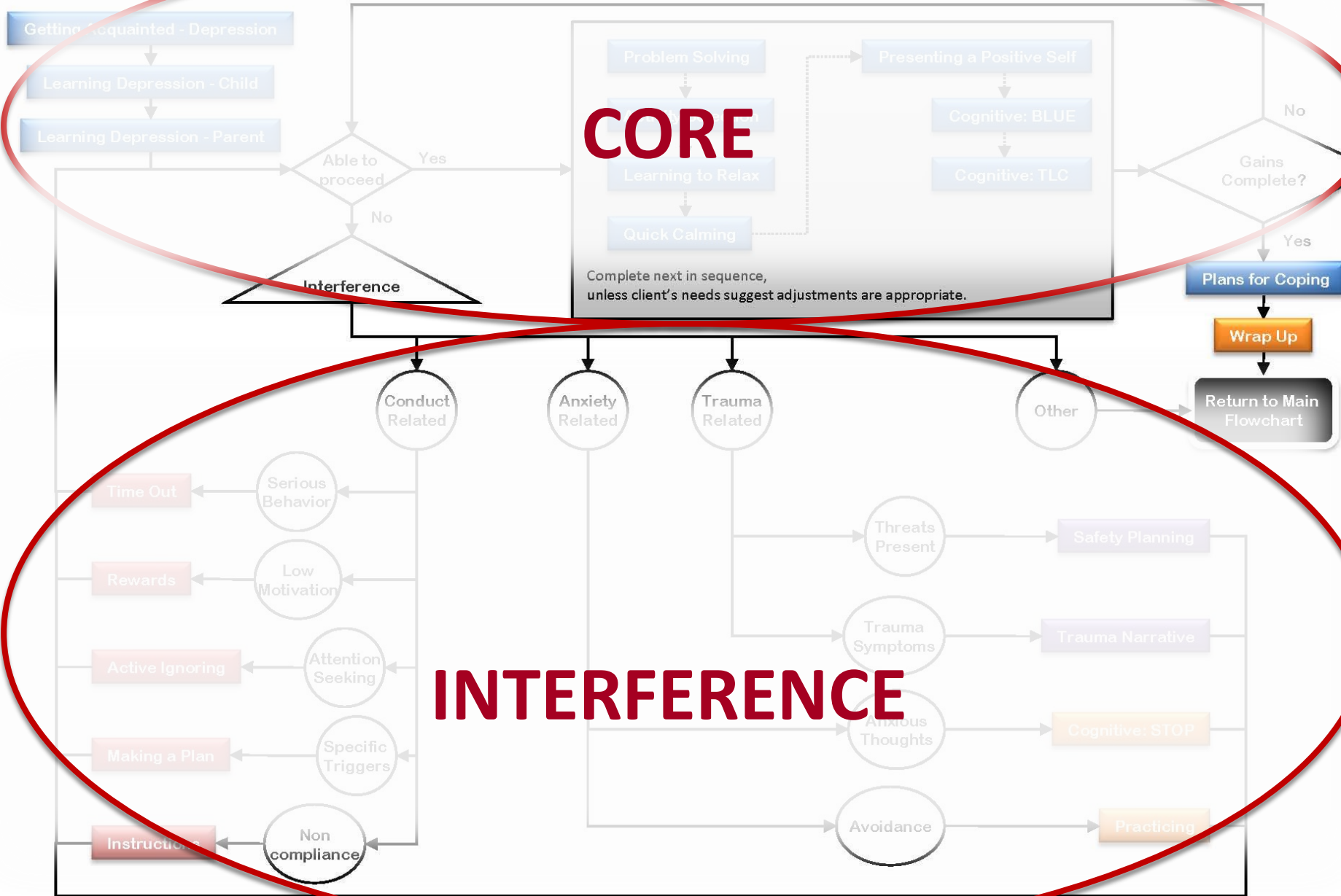
1. Getting Acquainted
2. Learning about Depression – Child
3. Learning about Depression - Parent
4. Problem Solving
5. Activity Selection
6. Learning to Relax
7. Quick Calming
8. Presenting a Positive Self
9. Cognitive Coping - BLUE
10. Cognitive Coping - TLC
11. Plans for Coping
12. Wrap-Up*

*From Anxiety

Depression Flowchart



Depression



Module: Getting Acquainted

Overview of Getting Acquainted

- *Relationship building exercises*
- *Program Overview & Rationale*
 - “Coach” metaphor
 - Practice!
 - Introduction to Feelings thermometer
- *Child’s Perspective & Goals*
 - What are the child’s goals for treatment?
- *End of session games*

Getting Acquainted: Program Overview & Rationale

- Importance of active child participation
 - This is a team effort
- Goals of Program:
 - Knowing when you feel sad, down, cranky
 - Knowing how to get “unstuck” from those feelings
- Homework Assignments & Rewards
 - Homework at each session
 - Earn rewards for bringing and completing homework

Getting Acquainted: Child's Perspective & Goals

- ✓ What are child's expectations for therapy?
- ✓ What are some goals the child would like to achieve?

Help the child articulate these goals so they relate to improving mood

Help us re-word these goals. . .

EX: Get my mom off my back

GOAL: Get along better with my mom and others

EX: Not be annoyed by everyone

GOAL: Feel better about my relationships with others

EX: Not come to therapy

GOAL: Manage my mood so it doesn't get in the way of doing things I want to do

Getting Acquainted: Treatment Structure

- *Each week we will learn new skills*
 - Practice them together in session
 - Plan for practice at home
- *Each session builds on the one before*
- *Meet with caregivers each session if possible*
 - Review limits of confidentiality

Introduce Feelings Thermometer

Feelings Thermometer



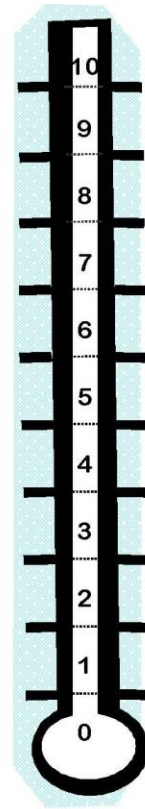
very good



so-so



very bad



sort of good

sort of bad

Introduce Feelings Thermometer

Make sure child has a working definition for the different levels on the feelings thermometer

- Not every day will be a 10 or a 0
- Come up with examples to illustrate the gradations
- Use examples from your own life!

Getting Acquainted: Practice

Have child complete *“Daily Feelings Record”*

- This gets child into the habit of monitoring mood
- Child should start to pay attention to “clues” about how s/he is feeling and why

Getting Acquainted: Caregiver Participation

Briefly review material presented to child

- Introduce caregiver to Feelings Thermometer

Learning about Depression – Child Overview

- Obtain weekly feelings rating
- Develop definition of child’s “depression”
- Introduce Feeling-Thinking-Doing Triangle
- Introduce Toolbox Concept & Importance of Practice
- Complete “*How I Show My Feelings*” worksheet

Developing a Definition

- How does the child describe his/her “bad mood?”
 - Sad
 - Cranky
 - Upset
 - Bored
 - Others?

- Develop a common vocabulary for understanding the child’s depressed presentation

Thinking-Feeling-Doing

Imagine a rainy day



You think... "The rain has ruined my day! There is nothing to do inside!"

You feel...

- Tired
- Bored
- Lonely

You Do...

- Go back to bed
- Say "no" when your mom suggests an activity

Thinking-Feeling-Doing

- Depression has 3 parts
 1. What we **FEEL**
 2. What we **THINK**
 3. What we **DO**

- Try to generate example from the child's own life
 - Is there a time when you felt upset?
 - What happened to start these feelings?
 - What did you think in your head?
 - How did you feel?
 - What did you do in response to those thoughts and feelings?

- Everyone feels sad sometimes, but having the “tools” to get “unstuck” is the goal of this treatment

Introduce Toolbox

- First learn what tools the child ALREADY uses to improve their mood
- Explain that you will be helping child add to the toolbox
 - Using new tools can seem strange at first
 - They become easier to use with practice!
 - Use examples from the child's life
 - *What is something they have practiced that got easier over time?*

How I Show My Feelings

All people look, feel and act slightly different when they are sad, mad, or upset. . .

- *What is it like when I feel bad. . .*
 - What do I usually do?
 - How do I look and sound?
 - What do I think about myself and my world?
 - How does my body feel?
 - How do I act around others?

- *What is it like when I feel good. . .*
 - What do I usually do?
 - How do I look and sound?
 - What do I think about myself and my world?
 - How does my body feel?
 - How do I act around others?

Homework for Child

- Gathering Clues and Evidence
 - Understanding what makes us feel good and what makes us feel bad is like solving a mystery
 - Need to look for CLUES!
 - Practice completing “*Thinking-Feeling-Doing*” worksheet over upcoming week when you feel bad in order to gather clues



Module: Activity Selection

Introduce Activity Selection

- What we do changes how we feel!
 - *Can you think of a time when you were in a bad mood, and didn't do much of anything, and stayed stuck? What about a time where you did something fun, and felt better?*

Activity Selection Exercise

- Provide client with “*Doing Something Fun to Feel Better*” worksheet
- Have several activities to choose from that you can do in session
- Practice taking ratings
- Debrief about activity afterwards; point out to child that activity
 - Only took a few minutes
 - Wasn’t even their favorite activity

Make a List of Activities


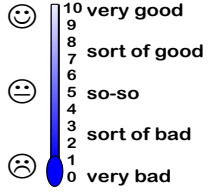

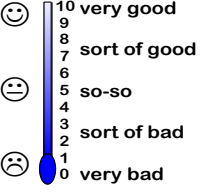
How to develop the list?

- What are some things your clients would put on their lists?
- What are some things you would add?
- Be on the lookout for too many sedentary activities and activities that rely on others' participation
 - Suggest additional activities that (1) use energy or (2) child can do on their own
- Provide client with *“10 Things I Can Do to Feel Good”* worksheet

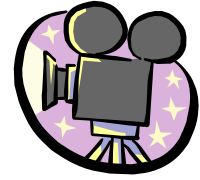
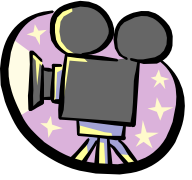
Four Types of Activities

1. Things we enjoy
2. Social
3. Helping someone else (altruism)
4. Staying busy (group or club)
 - As much as possible, all activities should be simple and free, and feasible at almost any time/place
 - Activities that use energy are especially good

Practice Scheduling Time for Fun!

<u>DAY and my Plan</u> 	<u>How I Felt Before (0-10)</u> 	<u>Activity I Did</u> 	<u>How I Felt After (0-10)</u> 
Saturday: Play soccer with my friend after lunch	5	Played soccer with my friend after lunch	8
Sunday:			
MONDAY:			
TUESDAY:			
WEDNESDAY:			
THURSDAY:			
FRIDAY:			
SATURDAY:			

Example:



Group Activity: Create Activity Schedule

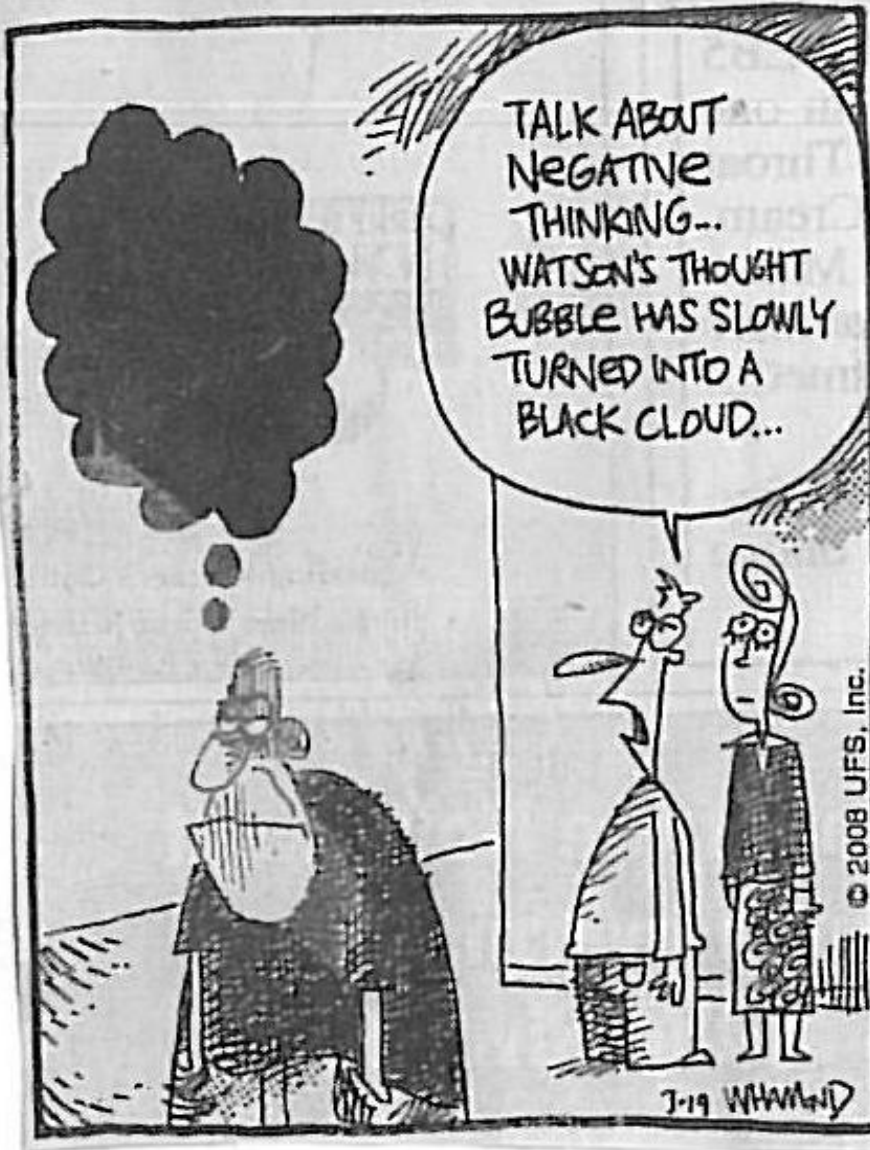
- **CASE:**
 - 9-year-old boy who says the only thing he enjoys doing is playing video games
 - Family shows up late to session

- ***If time is tight:*** Convey the link between activities and feelings and help the child brainstorm a list of 10 activities that he or she could do to feel better.

- **YOUR TASK**
 - As a group, come up with as many ideas for an activity menu
 - Make sure your list contains the four types of activities
 - Things we enjoy
 - Social
 - Helping someone else
 - Staying busy
 - Try to find things that are NOT video games

Module: Cognitive Coping - BLUE

REALITY CHECK By Dave Whamond



Introduce the Connection between Thinking & Feeling

Imagine you get a bad grade on a test. . .

□ What if you thought:

I've failed. I'll always fail. I'll never go anywhere in my life.

□ What if you thought:

I know I can study more and do better next time.

Ask yourself...

□ How do these thoughts make you FEEL?

□ What would you DO in response to these thoughts?

Introducing BLUE to TRUE Thoughts: Blue Glasses

- Can be imaginable or done in-vivo
- What does the world look like when you are wearing dark glasses?
 - Dark
 - Blurry
 - Everything looks “the same”
- Having BLUE thoughts can be like wearing dark glasses—making it harder to see the world as it really is
- Make a link between seeing things more clearly (by removing glasses) and thinking more realistically (by changing thoughts)

B-L-U-E Thoughts

Blaming myself

- “If I hadn’t misbehaved, my mom would still be taking care of me.”

Looking for the bad news

- “My new school doesn’t have a computer room. It already totally sucks.”

Unhappy guessing

- “Those kids are laughing—I bet they think I’m stupid.”

Exaggerating – Imagining a disaster!

- “My life is totally ruined.”

How to change BLUE thoughts → TRUE thoughts

1. Help child identify distorted thoughts
 - ▣ Use Socratic questioning to generate helpful, more realistic thoughts
 - ▣ Don't have to be overly positive or non-specific. Just opening a door to a different way of thinking
2. Use “*Changing BLUE Thoughts*” worksheet to help child understand how **TRUE thoughts** can counteract **BLUE thoughts**
3. Provide “*Double Bubbles on My Own*” worksheet for practice at home and “*Changing BLUE Thoughts*” handout to caregiver

5 Types of Socratic Questions

1. Clarification questions

What do you mean by...?

And then what? And then what?

Could you give an example?

2. Reasons/evidence probing

What is your evidence?

What led you to that belief?

5 Types of Socratic Questions

3. Viewpoints/perspectives

What would someone who disagrees say?

What is an alternative?

4. Implications/Consequences

What effect would this have?

5. Origin/Source

Where did you get this idea?

Double Bubble

BLUE, Negative Thoughts

**Nobody cares
what
happens to
me!!**

Positive, Realistic Thoughts

**Even though my
mom can't be with
me right now, she
still loves me.**

- ✓ What's the Evidence?
- ✓ Is there another way to look at this situation?
- ✓ What would you tell a friend?
- ✓ What if it is true—how bad would it be?



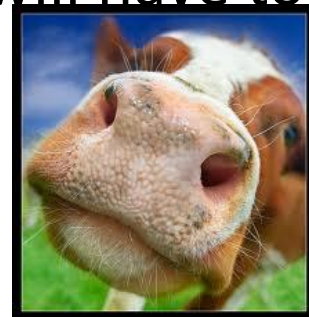
Cognitive Coping - BLUE: Common Pitfalls

- Kids who say they have no such thoughts
- Overactive/ADHD kids who can't concentrate for long, and won't sit still
- Kids who just aren't very "cognitive," don't seem to be able to think about their own thoughts
- Not enough time to get through all the material in one meeting

Role Play:

Changing **BLUE** thoughts → **TRUE** thoughts

- 9-year-old depressed boy with epilepsy who has already been introduced to the BLUE thoughts model. Has just found out that his family is moving and he will have to meet all new doctors (COW!)



- Your task
 - Identify negative thought and empathize
 - Take rating on feelings thermometer
 - Use Socratic questioning to help child examine the clues that support/do not support this thought
 - Help child articulate a more realistic “True” thought to counter the “Blue” thought
 - Re-rate feelings thermometer