

## Before You Get Started: How to use the MICE Protocol



### What Is MICE?

MICE is an NIHR funded Programme Grant on the Mental health Intervention for Children with Epilepsy. A major part of the research is to evaluate whether a psychological treatment modified for use in children with epilepsy is beneficial when added to usual care. The psychological treatment that has been modified is ‘MATCH-ADTC’<sup>1</sup> – the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems. MATCH-ADTC is a collection of 33 independent therapeutic procedures that can be flexibly arranged to guide a course of individualised, evidence-based therapy for children, addressing not only their main problems, but also any accompanying issues or challenges. It has been shown to be effective in children and adolescents with mental health disorders but its effectiveness has not been evaluated in young people with epilepsy.

### Flowcharts

The five flowcharts in the first section of this manual guide the selection and arrangement of the therapy procedures. The first flowchart (“Main”) shows that first, the therapist completes an assessment session (p. 21) which is followed by completion of the Epilepsy Specific Module for Youth (ESMY) session (p. 29). Once determining the primary focus of the child’s problems, which can include anxiety, depression, traumatic stress, or conduct problems, the focus points to one of four detailed flowcharts that correspond to each of these areas. Each of these detailed flowcharts outlines an order and logic for choosing modules from the programme.

*Core practices.* The four problem-area flowcharts emphasise the core evidence-based practices pertaining to that problem area. For example, the anxiety flowchart follows a progression from engagement, to psychoeducation, to self-monitoring, to exposure, and then to review and termination.

*Handling interference.* Each flowchart also features a collection of recommended procedures that can be applied if interference arises that somehow challenges or threatens the application of the core procedures. In that sense, the course of therapy can take a “detour” and apply other evidence-based procedures in order to get back on track for treatment. For example, when treating a child for depression, you might determine that a reward programme must be established to increase motivation to complete the exercises regarding negative thoughts. If so, you can use the reward module to address that challenge before returning to the core procedures for depression.

*Termination.* Each problem-area flowchart ends with instructions to return to the main flowchart in order to assess whether another significant problem remains, which could then be targeted directly by using another problem-area flowchart that corresponds to the remaining problem.

### Therapy Modules

The next section of the manual presents the therapy procedures themselves. The steps of each procedure are outlined in a two-column format, with a checklist on the left side and detailed descriptions on the right. The detailed descriptions, which provide specific strategies for approaching the steps of the procedure, are intended for therapists who are just getting to know the programme.

<sup>1</sup> Chorpita, B. F., & Weisz, J. R. (2009). *MATCH-ADTC: Modular approach to therapy for children with anxiety, depression, trauma, or conduct problems*. Satellite Beach, FL: PracticeWise.

More experienced users who have implemented the steps before might simply refer to the checklist for prompts.

Some modules offer “Special Cases” information at the end, which explains how to adapt the material for particular clinical presentations (e.g., how to adapt the module for practising feared items in the case of panic disorders), thus extending the applicability of many modules to a wider variety of specific problem types, all in the context of epilepsy.

There is also a special module, “MATCH Essentials,” which presents material that is common to almost every other procedure, such as how to set an agenda or assign and review homework. In order to avoid having these descriptions appear in every individual module, they appear in the “MATCH Essentials” module only.

### **Worksheets, Handouts, and Resources**

The third and final section of the manual contains all of the supplemental materials required for each therapy procedure: *worksheets*, which are exercises usually completed by the child, *handouts*, which are informational brochures and tips for caregivers, and *records*, which are forms used for tracking ratings of emotions or behaviours.

### **MICE in Action**

A key part of implementing MICE is the application of ongoing assessment to measure progress toward goals. Accordingly, almost all therapy modules recommend a minimum amount of ongoing assessment (e.g. weekly mood, fear, or behaviour ratings). This assessment can be supplemented with other measurements, and ongoing review of outcomes should guide decisions about which modules to choose next, when to move ahead, and when to complete a course of treatment (as indicated in the flowcharts). Given the high degree of flexibility of this programme as well as the many recommendations for adapting or individualising each procedure, treatment can take many different paths for different children. Nevertheless, with careful application, all children should receive the appropriate evidence-based procedures designated to address their challenges and help make the changes they need to improve their lives.

# Contents

<b>MICE Flowcharts .....</b>	<b>8</b>
Main Flowchart .....	9
Anxiety (no interference).....	10
Anxiety (with interference).....	11
Depression (no interference).....	12
Depression (with interference).....	13
Traumatic Stress (no interference) .....	14
Traumatic Stress (with interference) .....	15
Conduct Problems (no interference) .....	16
Conduct Problems (with interference) .....	17
<b>Therapy Modules .....</b>	<b>18</b>
MATCH Essentials .....	19
Assessment and Engagement .....	21
Epilepsy Specific Module for Youth .....	29
Learning about Anxiety - Family .....	37
Using the Fear Thermometer - Anxiety .....	50
Fear Ladder .....	55
Practising.....	62
Maintenance .....	67
Cognitive - STOP.....	73
Wrap Up (Anxiety) .....	80
Booster (Anxiety) .....	86
Getting Acquainted - Depression.....	89
Learning about Depression - Family .....	95
Problem Solving .....	103
Activity Selection.....	108
Learning to Relax.....	114
Quick Calming .....	120
Presenting a Positive Self .....	128
Cognitive Coping - BLUE.....	134
Cognitive Coping - TLC .....	140
Plans for Coping .....	145
Wrap Up (Depression) .....	151

Booster (Depression) .....	157
Safety Planning .....	160
Trauma Narrative.....	165
One-on-One or ‘Special’ Time .....	171
Praise.....	180
Active Ignoring .....	189
Giving Effective Instructions .....	197
Rewards .....	205
Time Out .....	213
Making a Plan.....	221
Daily Report Card .....	227
Looking Ahead.....	231
Booster (Conduct) .....	238
<b>Interference Modules .....</b>	<b>241</b>
Review session .....	243
Parental Mental Health.....	247
Stigma .....	253
Transition .....	260
<b>Worksheets, Handouts, and Measures/Records .....</b>	<b>265</b>
Assessment and Engagement .....	266
<i>Understanding What’s Going On</i> .....	267
<i>Understanding What’s Going On (Blank)</i> .....	268
<i>What I Would Like the Therapist to Know</i> .....	2689
<i>Setting Goals for Treatment</i> .....	270
<i>Challenges and Goals Interview</i> .....	271
<i>What Can Help</i> .....	272
<i>Thinking Ahead</i> .....	273
Measures/Records .....	275
<i>Therapist Note Taking Sheet</i> .....	276
<i>Weekly Questionnaires</i> .....	277
<i>Weekly Questionnaires</i> .....	281
<i>Weekly Questionnaires</i> .....	285
<i>Weekly Questionnaires</i> .....	289
<i>Weekly Questionnaires</i> .....	293
<i>Monitoring Sheet: Date</i> .....	297

<i>Monitoring Sheet (example): Date.....</i>	298
Epilepsy Specific Module for Youth .....	299
<i>Roadmap of Resources.....</i>	300
<i>Frequently Asked Questions.....</i>	302
Learning about Anxiety - Family .....	304
<i>Anxious Feelings and Thoughts.....</i>	305
<i>Learning about Anxiety.....</i>	308
<i>Helping Your Child Succeed.....</i>	314
<i>Understanding Anxiety.....</i>	315
Using the Fear Thermometer - Anxiety .....	317
<i>Fear Thermometer .....</i>	318
Fear Ladder .....	319
<i>Fear Ladder .....</i>	320
<i>Fear Ladder (example) .....</i>	321
<i>Learning Your Anxious Feelings.....</i>	322
Practising.....	323
<i>Practice Record (Before-and-After).....</i>	324
<i>Practice Record (Start-and-Stop) .....</i>	325
<i>Practising.....</i>	326
Maintenance .....	328
<i>What's New?.....</i>	329
<i>Maintaining Success on Your Own.....</i>	330
<i>Relapse Prevention.....</i>	332
Cognitive - STOP .....	333
<i>STOP .....</i>	334
Getting Acquainted - Depression.....	341
<i>Feelings Thermometer .....</i>	342
<i>Daily Feelings Record .....</i>	343
Learning About Depression - Family .....	344
<i>How I Show My Feelings .....</i>	345
<i>Thinking-Feeling-Doing .....</i>	346
<i>Understanding Depression.....</i>	348
Problem Solving .....	350
<i>Helping Your Child Solve Problems.....</i>	351
<i>Five S-T-E-P-S to Problem Solving.....</i>	354
Activity Selection.....	355

<i>Doing Something Fun to Feel Better</i> .....	356
<i>Ten Things I Can Do to Feel Good!</i> .....	357
<i>Scheduling Time for Fun</i> .....	358
<i>Activity Selection</i> .....	359
Learning to Relax.....	360
<i>Learning to Relax</i> .....	361
<i>Relaxing at Home</i> .....	362
<i>Self-Calming Through Relaxation</i> .....	363
Quick Calming .....	364
<i>My Relaxing Place</i> .....	365
<i>Quick Calming Practice</i> .....	366
<i>Quick Calming</i> .....	367
Presenting a Positive Self.....	368
<i>My Negative Self and My Positive Self</i> .....	369
<i>Practising My Positive Self</i> .....	370
<i>Presenting a Positive Self</i> .....	371
Cognitive Coping - BLUE.....	372
<i>Changing B-L-U-E Thoughts</i> .....	373
<i>Double Bubbles on My Own</i> .....	375
<i>Changing B-L-U-E Thoughts</i> .....	376
Cognitive Coping - TLC .....	377
<i>Coping Through TLC</i> .....	378
<i>Using T-L-C When Bad Things Happen</i> .....	382
Plans for Coping .....	383
<i>My Favourite Skills for Feeling Good</i> .....	384
<i>Following My Plans</i> .....	385
<i>Practising My New Skills</i> .....	386
<i>Plans for Coping</i> .....	387
One-on-One or ‘Special’ Time .....	388
<i>One-on-One or ‘Special’ Time</i> .....	389
<i>Checklist of Strategies</i> .....	391
Praise.....	392
<i>Praise</i> .....	393
Active Ignoring .....	394
<i>Active Ignoring</i> .....	395
Giving Effective Instructions .....	399

<i>Giving Effective Instructions</i> .....	400
Rewards .....	402
<i>Rewards</i> .....	403
<i>Blank Behavioural Reward Chart</i> .....	407
<i>Behavioural Reward Chart (Example)</i> .....	408
Time Out .....	412
<i>Time Out</i> .....	413
Making a Plan.....	417
<i>Making a Plan</i> .....	418
Daily Report Card .....	421
<i>Using a Daily School Behaviour Report Card</i> .....	422
<i>Daily School Behaviour Report Card</i> .....	426
<i>Daily Break Time and Free Time Behaviour Report Card</i> .....	427
Parental Mental Health (Interference Module).....	428
<i>Progressive Muscle Relaxation</i> .....	429
<i>GAD-7 and PHQ-9</i> .....	430
Stigma (Interference Module) .....	432
<i>Child Stigma Scale</i> .....	433
<i>Parent Stigma Scale</i> .....	433
<i>Sheet with video links</i> .....	433

# **MICE Flowcharts**

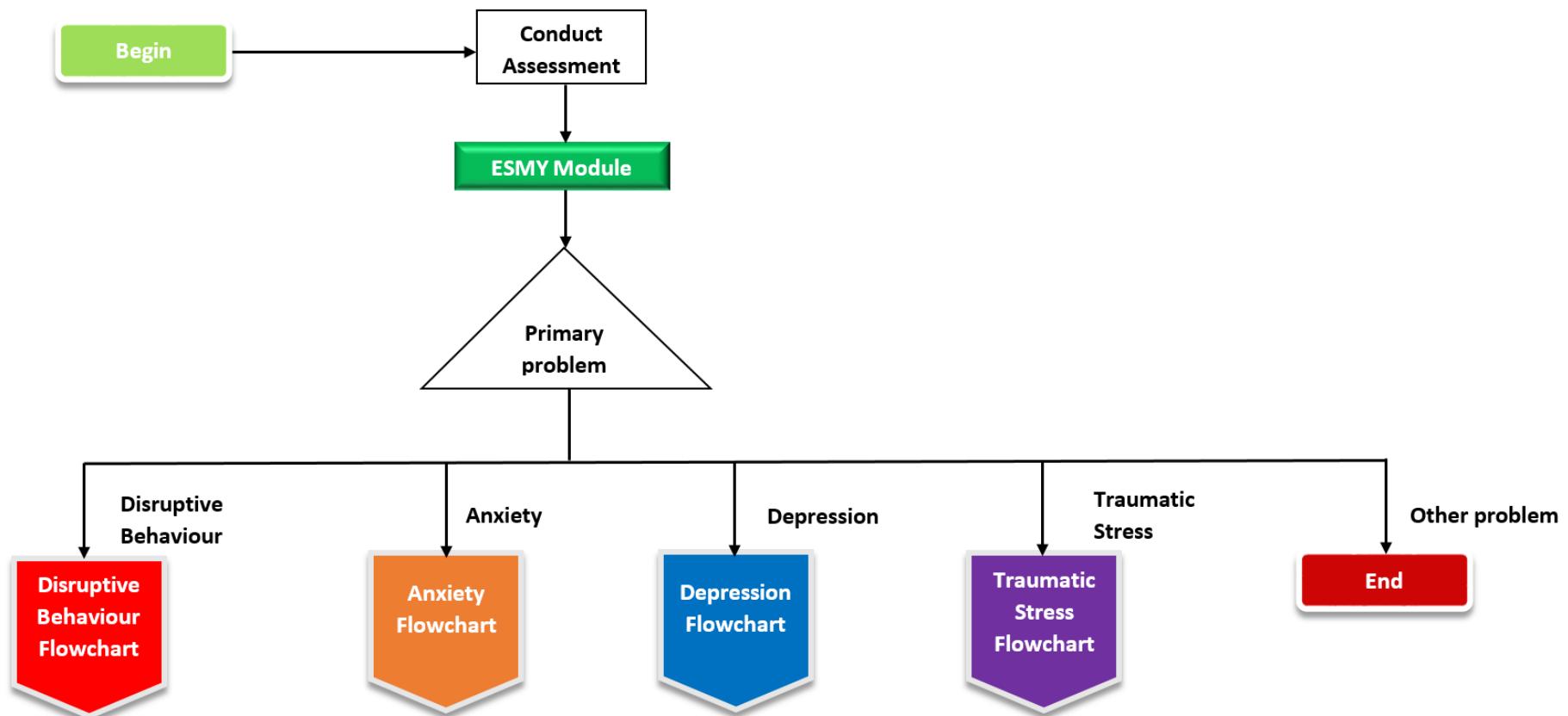
---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

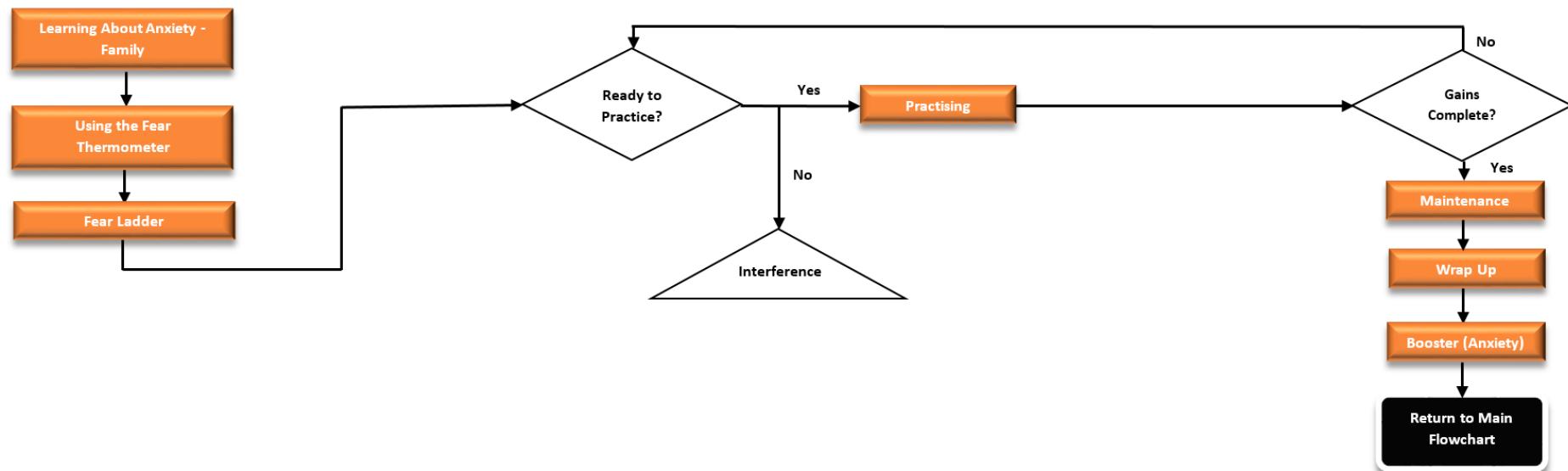
# Main Flowchart





MICE  
Mental health interventions for Children with  
Epilepsy

# Anxiety (no interference)

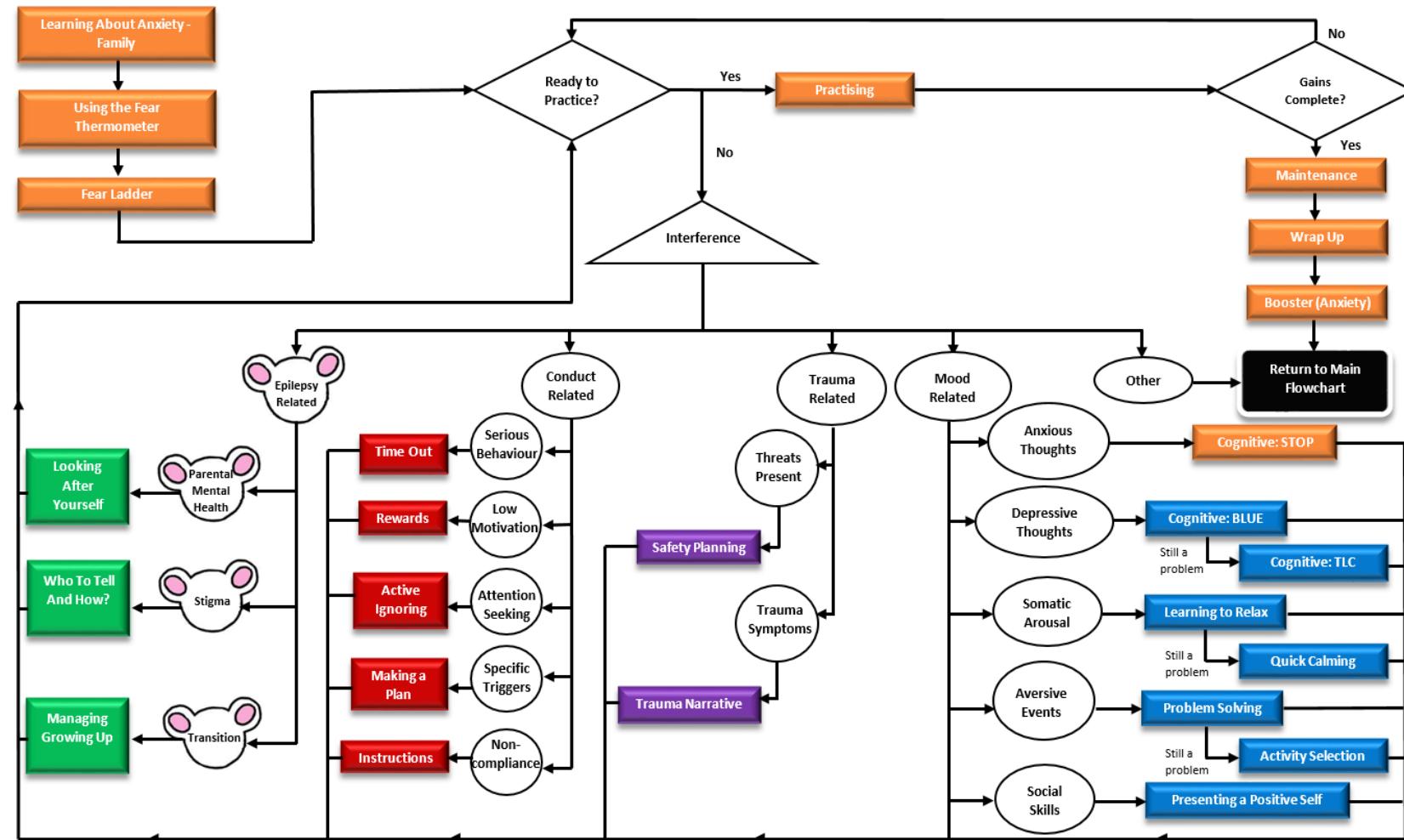




## MICE

### Mental health Interventions for Children with Epilepsy

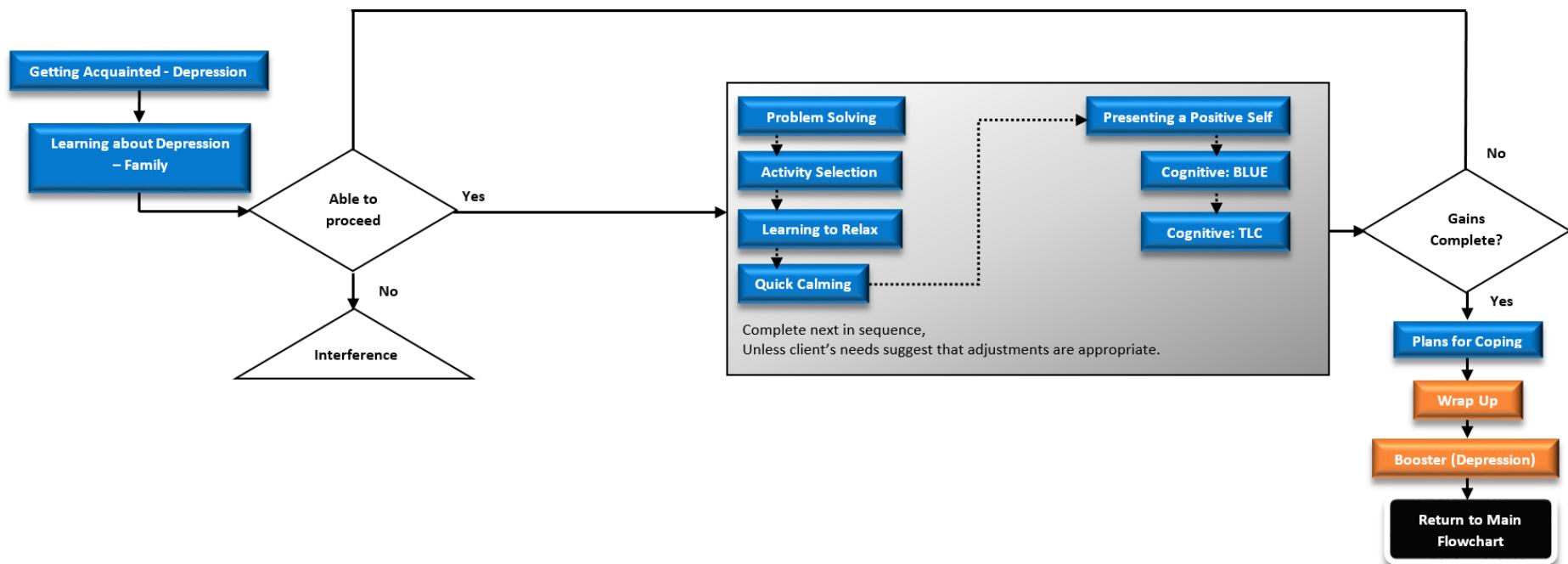
# Anxiety (with interference)





MICE  
Mental health Interventions for Children with  
Epilepsy

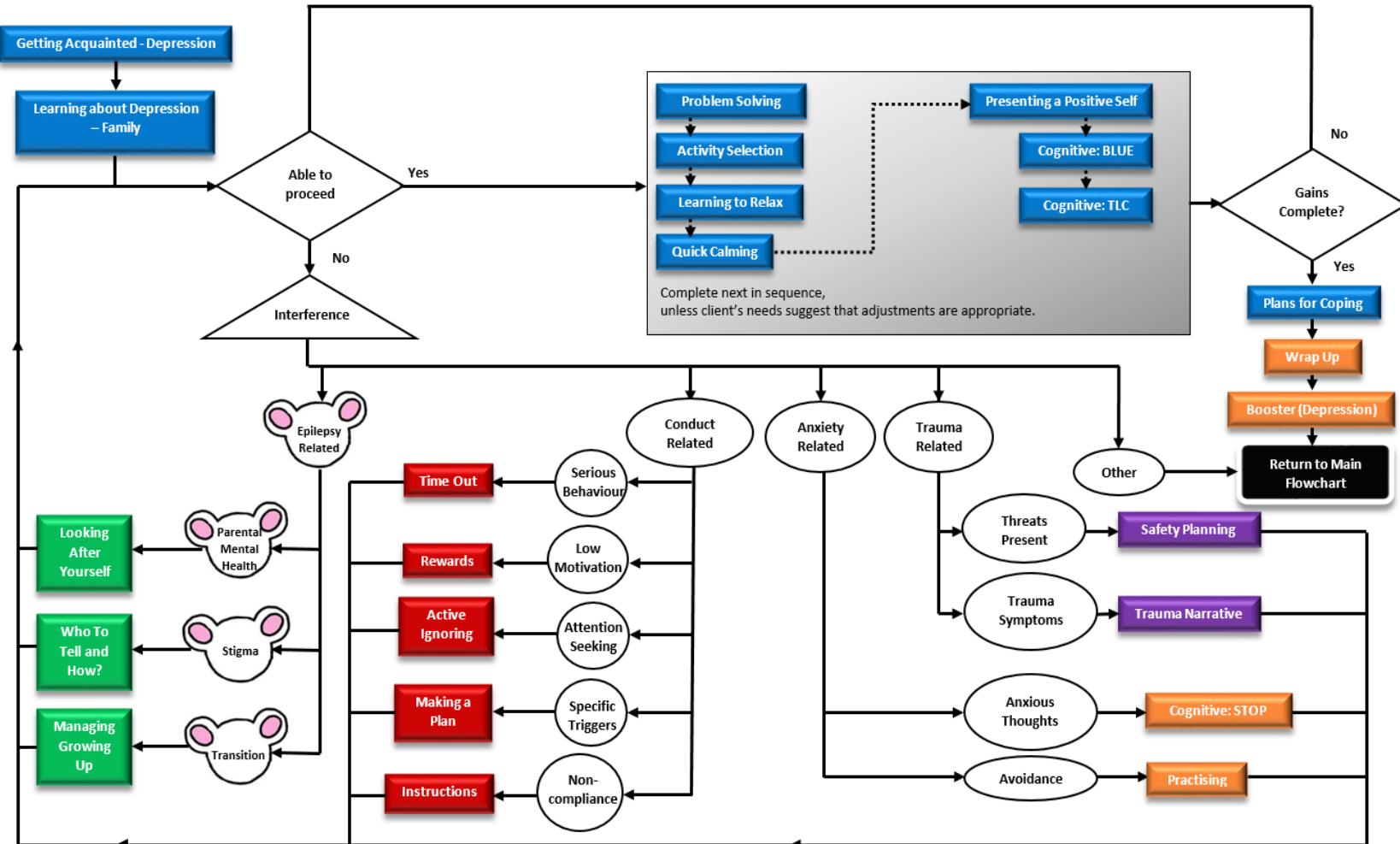
# Depression (no interference)





MICE  
Mental health Interventions for Children with  
Epilepsy

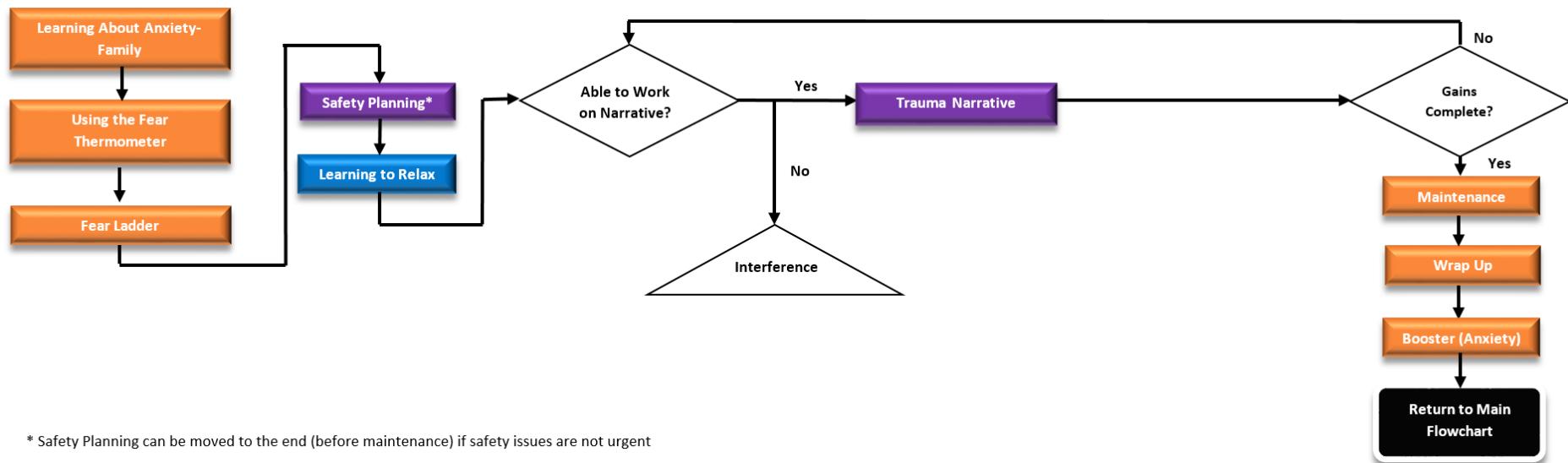
# Depression (with interference)





MICE  
Mental health interventions for Children with Epilepsy

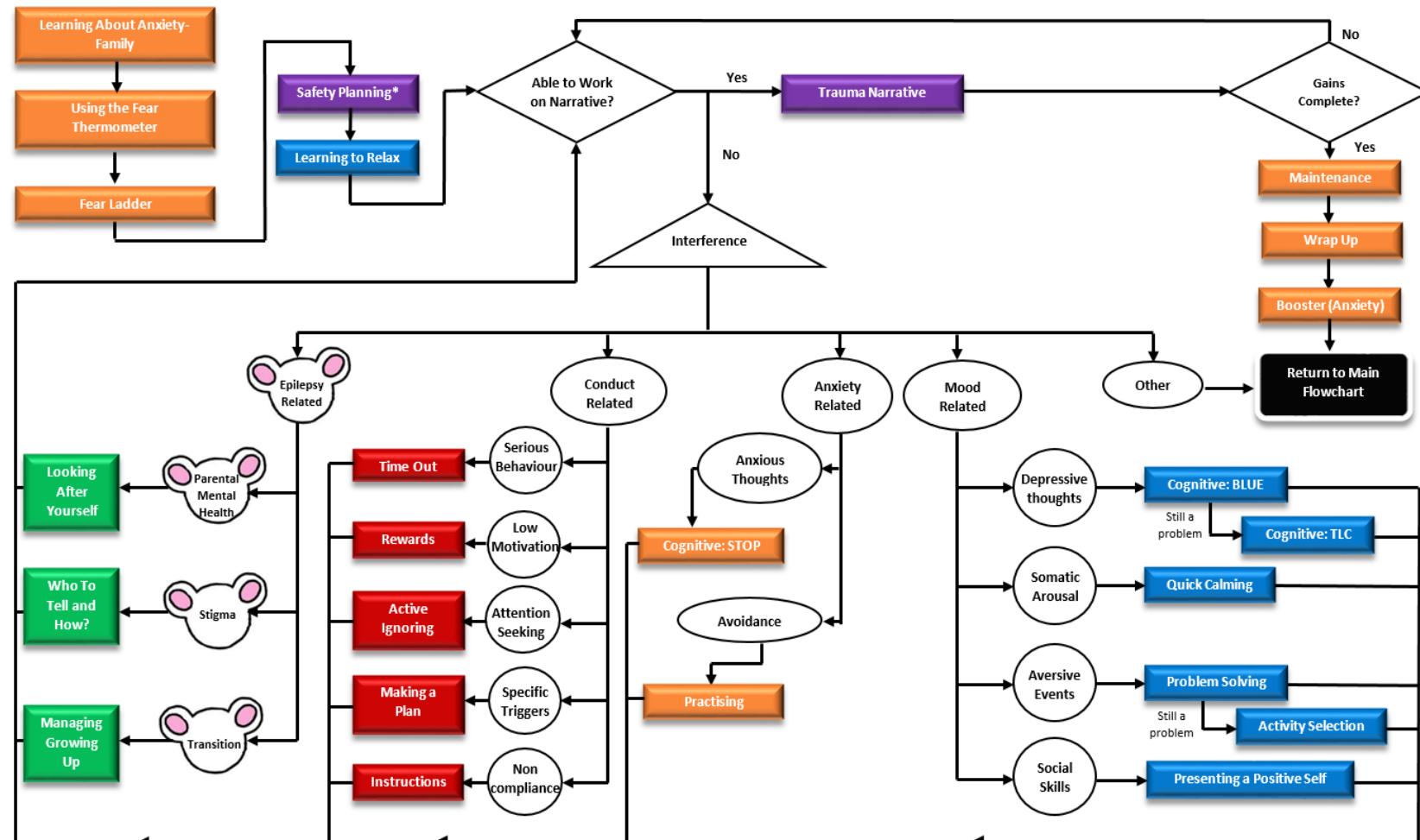
# Traumatic Stress (no interference)





MICE  
Mental health Interventions for Children with Epilepsy

# Traumatic Stress (with interference)

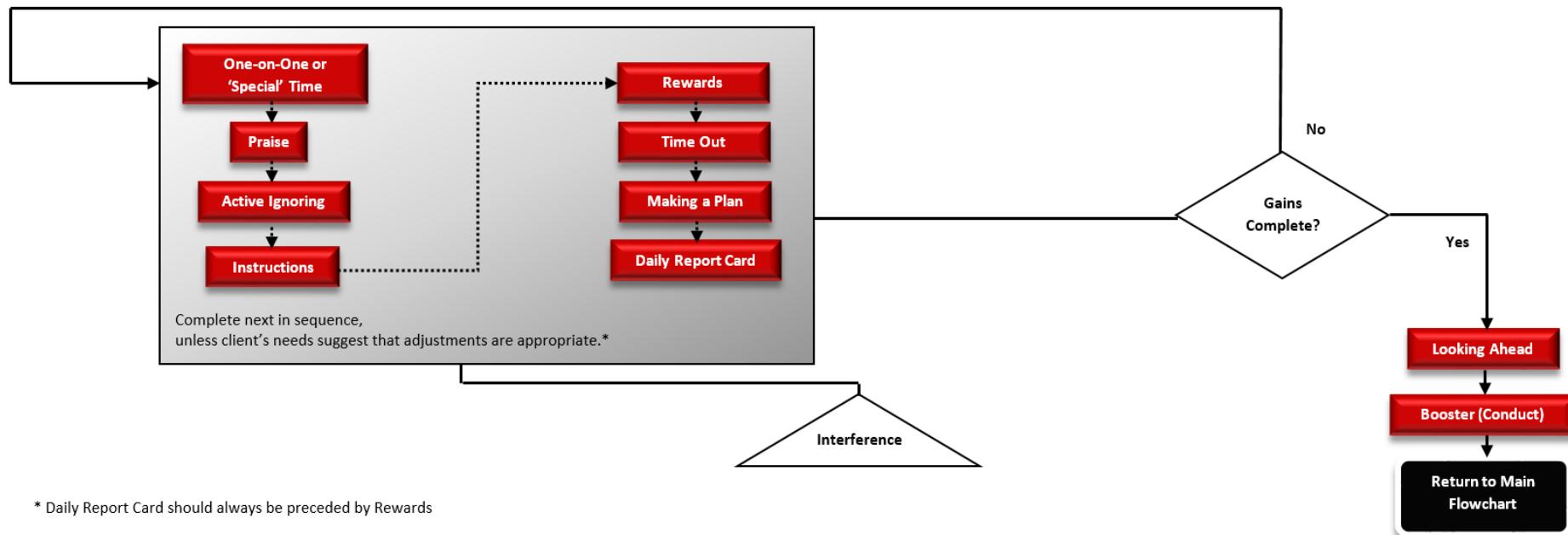


\* Safety Planning can be moved to the end (before maintenance) if safety issues are not urgent



MICE  
Mental health Interventions for Children with  
Epilepsy

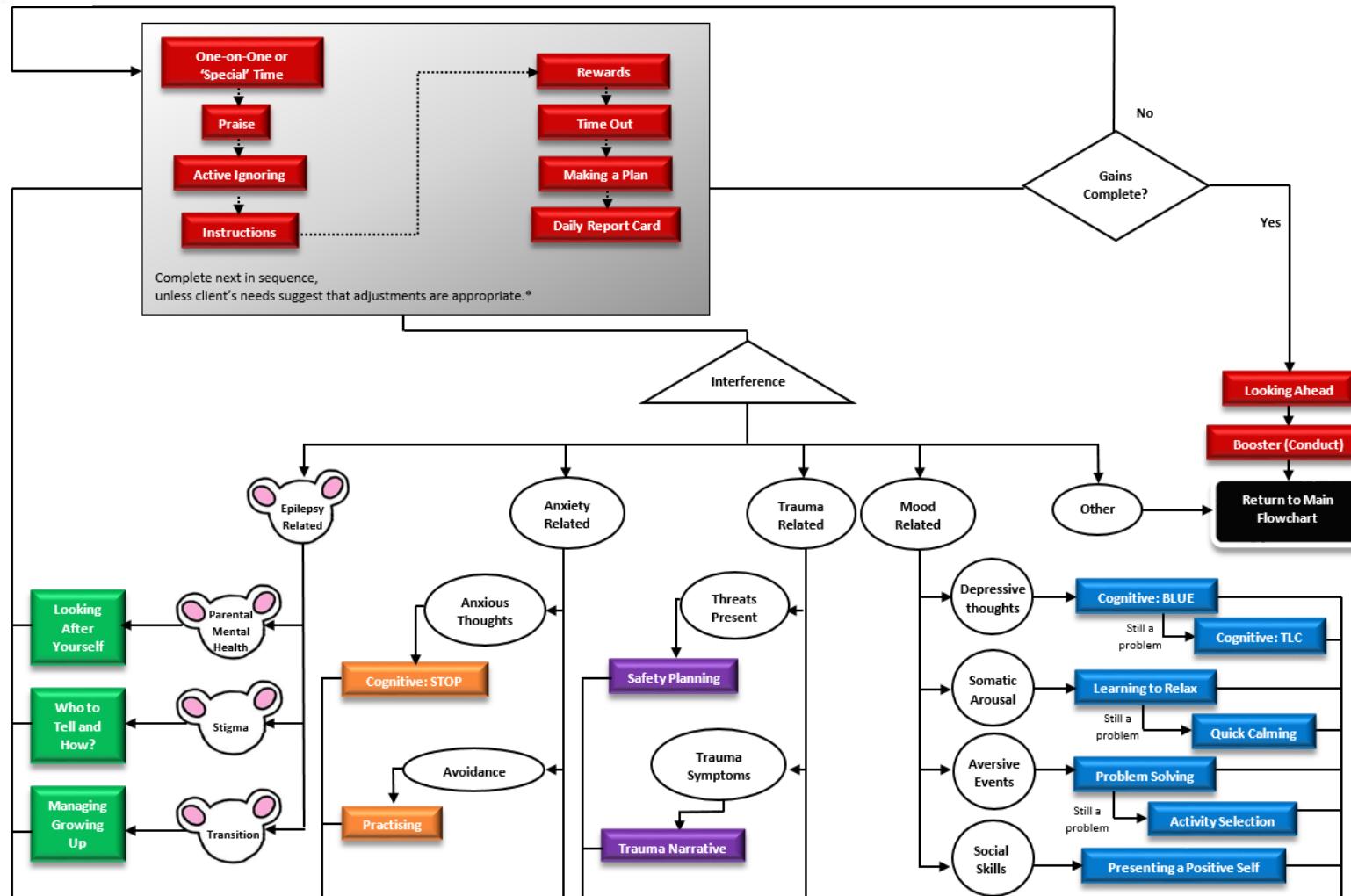
# Conduct Problems (no interference)





MICE  
Mental health interventions for Children with Epilepsy

# Conduct Problems (with interference)



# **Therapy Modules**

---

MICE



## Setting an Agenda

Always start the session by setting an agenda together. You should not jump straight into teaching the new material, nor should you begin with an open ended check-in. Instead, begin with asking the parent and/or child what they want to add the agenda and then provide a brief overview of the material to be covered, breaking it into a few main steps. If there has been a crisis of the week (COW), put that into the agenda at the beginning. Set an appropriate time limit on your discussion of the COW so that you can transition to the other items on your agenda, or if more fitting, to a review of material already learned that might apply to this COW. Always try to make room at the end of the session for the “Leave ‘Em Laughing” activity, and mention this activity when setting the agenda.

## Reviewing Practice Assignments

Always remember to review practice assignments that were assigned in a previous session, no matter how small. Forgetting to review assignments sends the message that practice is not important, just the opposite of what you want to convey. In fact, practice is the most important part of learning new skills.

If the assignment was completed, be sure that the child or parent understands the basic ideas and objectives that it was intended to convey. Be highly supportive in your comments and provide plenty of praise, even if there were problems or there was only partial completion.

Discuss whether completion of the practice assignment felt successful. If it did, review what skills, behaviours, or insights were related to that success. If the practice was felt to be unsuccessful, suggest different interpretations of the outcome or see whether the child or parent can find a silver lining. This is also a good time to emphasise the importance of persistence. Especially with parenting skills, it often takes a few tries before things start to work smoothly.

If the practice assignment was not completed at all, determine what factors might have prevented it from getting done, and work together to develop a plan to address any barriers. Possible solutions might include a reminder phone call to the home about the practice during the week, asking the child or parent to develop a specific plan that allows the child and parent to do the practice together at home during the week. Sometimes it can help to have the child or parent pick the specific day and time that they will complete the practice (e.g. after dinner but before bath time on Tuesday), so that it is “on the schedule”.

## Being Socratic

Another essential skill is being Socratic, which means to teach by asking questions rather than by explaining. There is usually a lot of material to teach, and if you find yourself doing most of the talking, you are probably not being Socratic. Instead, you should think of the concept or idea that you want to explain, and then ask guiding questions until the child or parent articulates that concept or idea. For example, rather than saying, “Maybe you should try again,” you could ask, “What do you think you should do next?”, “What would happen if you tried again?”, or “What happens to people when they give up?” Being Socratic can feel slow and even tedious for the therapist, but it is much more interesting for the child or parent and far more likely to lead to enduring new beliefs and ideas for them.

# **Assessment and Engagement**

---

MICE

## Assessment and Engagement

### Use This:

After the family have been allocated to the MICE intervention.



### Goals

- You will begin to establish rapport with the family
- The family will outline the main challenges and goals
- The family will understand basic information about the treatment
- The family will identify ways to address barriers to their active participation
- The family will understand the weekly measures

### Materials

- ***Understanding What's Going On*** therapist handout and parent handout (p. 267)
- ***What I would like the therapist to know...*** parent handout
- ***Setting Goals for Treatment*** handout (p. 270)
- ***What Can Help*** handout (p. 272)
- ***Thinking Ahead*** worksheet (p. 273)
- ***Challenges and Goals*** interview (p. 271)
- ***Weekly questionnaires*** (see pages 277-293)
- ***Therapist Note Taking Sheet*** (p. 276)

### Who is present?

This will vary by age and type of problem but in general:

- Parents only if primarily behaviour problems
- Parents and young person if primarily anxiety or depression
- You may want to assess the young person separately from his/her parents if you sense that (s)he would be able to talk more freely alone.

***♂ If time is tight:*** Do what you can to make sure you have another session after this one.

### Main steps

- Give *What I would like the therapist to know* handout** Introduce yourself to the parent and/or young person. Give the ***What I would like the therapist to know*** parent handout and ask the parent if they would like to complete the sheet before starting the assessment.

<input type="checkbox"/> <b>Address Ground Rules</b>	Before starting the assessment, discuss any “deal-breaker” policies in terms of confidentiality (i.e., that what is spoken is confidential unless a family member indicates possible harm to themselves or others) so that such procedures do not come as a surprise to parents later.
<input type="checkbox"/> <b>Thank for completing the questionnaires</b>	Thank the parent and/or young person for completing the pre-treatment questionnaires and the longer DAWBA questionnaire. Let them know that these questionnaires are not just for research but that they are really useful clinical measures to assess change over time.
<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together.
<b><i>Part 1 – Understanding the difficulties</i></b>	
<input type="checkbox"/> <b>Understanding what's going on</b>	During the assessment it would be useful to ask questions that will allow you to understand what is keeping the difficulties going and how the epilepsy, thoughts, feelings and behaviours fit together in an unhelpful vicious cycle. Such understanding is often referred to as a ‘formulation’. At the end of the assessment, it is helpful to complete a diagram of the role of epilepsy and thoughts, feelings and behaviour (see <b><i>Understanding What's Going On</i></b> therapist handout for an example and complete using the blank parent handout) and discuss this with the patient. You can also refer back to this during treatment as you learn more about the difficulties and what is keeping them going.
<input type="checkbox"/> <b>Conduct Challenges and Goals Interview</b>	Administer the <b><i>Challenges and Goals</i></b> Interview, writing down those details that you think will be helpful for planning future work together. Convey an attitude of empathy, support, and interest. You may already have some of this information from the notes or referral, so focus on trying to get new information and establishing priorities. Make sure you understand the family situation in terms of who lives at home, parental relationship status, siblings or other issues based on the notes and clarify anything that you are unsure about.  You may need to guide the family to organise the challenges into a list or to identify the greatest priorities if there are too many issues. If the family dwells on any one problem at length, let them know that you have noted that problem and would like to see if there is another to add to the list.
<input type="checkbox"/> <b>Obtaining goals for treatment</b>	Work with the parent and/or young person to try to identify 2-3 goals for treatment.  When identifying goals, try to establish goals related to each of the challenges listed, and ensure that intermediate steps are identified for goals that might be difficult. Review the <b><i>Setting Goals for Treatment</i></b> handout with the young person/parent and use this as a guide when setting goals for treatment.

<input type="checkbox"/> <b>Review and Clarify</b>	Repeat back to the parent what appear to be the child's main problems or challenges and your understanding of the parent's goals for seeking services. Ask the parent to let you know which parts of your understanding seem right and which parts seem wrong.
<input type="checkbox"/> <b>Validate the Parent</b>	Emphasise to the parent that he or she provides the perspective of a caring adult who knows the child much better than you ever will and that they have coped incredibly well under the very challenging circumstances of their child's epilepsy and other difficulties. Remind the parent of his or her invaluable role in the treatment process and the unique perspective he or she can bring. Acknowledge that the parent is the "true expert" on his or her child and that you therefore really depend on what he or she has to say.

#### ***Part 2 – The plan for treatment***

<input type="checkbox"/> <b>Check in about Prior Experiences</b>	Check in with the parent about past experiences in treatment. Ask the parent what has worked well for his or her family in the past as well as what strategies were less helpful. Encourage the parent to express any general concerns he or she has about agency procedures or the therapy process. Try to become aware of parental perceptions that may favourably or unfavourably impact the course of treatment.
<input type="checkbox"/> <b>Manage Expectations</b>	Explain that during this treatment programme you will not be "talking it out" with the child and you will not be "searching for the root of the child's behaviour or anxiety or mood problems." In fact, in most cases, you will not even spend the majority of your time meeting with the child at all, because that is unlikely to provide the type of help that is needed unless the treatment is for depression or an older adolescent with anxiety.
<input type="checkbox"/> <b>Discuss What Can Work</b>	Point out that one approach known to be particularly helpful is to work primarily with a parent, focusing on specific skills known to be helpful in managing children's behaviour and anxiety. Emphasise that you will (a) work together to establish or strengthen a number of powerful skills in the parent for increasing his or her child's positive behaviour (or improve mood, or decrease anxiety), and (b) work together to figure out which specific skills work best.

#### ***Example script***

*One of our biggest goals in working together will be to give you a toolbox, or a set of skills to use when managing your child's difficult behaviour. We'll start by learning some new strategies or working with some that you may already know, and seeing how we can improve them. Then we will try to learn which ones work best with your child.*

<input type="checkbox"/> <b>Describe your role</b>	<p>Explain that your job will not be to spend a lot of time with the child, nor to be a passive listener to the parent. Instead your role will be more like a coach. Explain that a coach's job is to:</p> <ul style="list-style-type: none"> <li>• Make sure practice is aimed at specific goals (you will not ask parents to practise things that don't move them towards their goals)</li> <li>• Ensure that practice is not too hard or too easy (you will work to make sure that parent and child develop skills at an appropriate pace)</li> <li>• Maintain enthusiasm (coaches often give pep talks, and you will work to make sure that the parent stays motivated and interested, especially when times get challenging)</li> </ul> <p>This is what you will do as a therapist: plan, organise, supervise, troubleshoot, and give feedback about new skills. If things get in the way of learning or using those skills, your job is to address those barriers.</p>
<input type="checkbox"/> <b>Describe Parent's Role</b>	<p>In most cases, telephone sessions will be with the parent. Explain that another important goal is for the parent to become the coach as quickly as possible. The parent will be asked to learn how to use these new tools and techniques with the child, and learn how to fix new problems that come up. As soon as a parent can start to take over, the therapist backs away a bit, providing support only when needed. Eventually, family members will be able to use all of their new skills and strategies without help and won't need the therapist anymore. Remind the parent that all this represents an active approach to treatment, and that children always do better when parents participate actively in treatment.</p>
<input type="checkbox"/> <b>Cover the <i>What Can Help</i> Handout</b>	<p>Go over the <b><i>What Can Help</i></b> handout together. Be sure to stop and answer questions as you go along. The parent/young person should be given this to take home.</p>
<input type="checkbox"/> <b>Cover the <i>Thinking Ahead</i> Worksheet</b>	<p>Next, complete the <b><i>Thinking Ahead</i></b> worksheet. Your goal is to identify any potential barriers to treatment participation and to identify corresponding solutions in advance. The parent should get a copy of the completed handout to take home.</p>
<input type="checkbox"/> <b>Introduce <i>Weekly questionnaires</i></b>	<p>Introduce the parent to the <b><i>Weekly questionnaires</i></b>. Explain that research has shown that outcomes are better with weekly monitoring and the measures are tools to make a global rating of the child's difficulties and progress towards goals. Explain to the parent how the scales works (e.g., higher numbers represent progress towards goals), and ask the parent to use it to rate his or her difficulties under various circumstances. Let the parent know that in most cases, he or she will be asked for a rating of his or her child's difficulties at the beginning of each treatment session. Ratings will be used to guide discussion and to measure how the child's difficulties are changing.</p>

<input type="checkbox"/> <b>Obtain a Rating</b>	If you have time and if you have clearly established goals, have the parent rate his or her child's difficulties for this week. Ask the parent what the number he or she chooses means, in order to be sure he or she understands.
<input type="checkbox"/> <b>Complete <i>Understanding What's Going On</i> handout</b>	If you have time at the end of the assessment complete <b><i>Understanding What's Going On</i></b> handout and share with the parent/young person. Otherwise share it with them at the beginning of next session.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the young person/parent you will send the materials for the next session. Remind them that the materials <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b><i>Weekly questionnaires</i></b> which need to be completed for the next session.
	Confirm date and time of the next call.
<input type="checkbox"/> <b>Answer Questions</b>	Answer any questions at this time and thank the parent/young person for his or her participation.

### **Leave 'Em Laughing**

End the session on a positive note with the family by perhaps talking about things that are unrelated to the child, or discussing an area of interest you have in common. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent's efforts and to convey support and encouragement.

### **Share with Child (if possible)**

At the end of the session, if the child is available and has not been in the session, it can be helpful to brief him or her on the materials covered.

<input type="checkbox"/> <b>Review Concepts</b>	Explain to the child that there will be some changes in communication in the family that are meant to be helpful for everyone. You can tell the child that for the time being, you will be working with his or her parent to help everyone in the family develop better ways to communicate with one another and to solve problems that might come up at home. Use this time to answer any questions that the child might have, and to indicate that you will be checking in with him or her each week after meeting with his or her parent.
---	--

If the child has had a separate assessment, then ask for the child's consent to summarise what has been discussed with the parent.

## Helpful Tips

- Some parents may be surprised at, or resistant to, the idea that you will be working mainly with them, expecting that you would mainly talk to the child. Such parents may perceive that the focus on parents implies that they are being blamed for their child's problems. Dealing with such concerns skilfully in the first meeting can go a long way toward ensuring that parents get engaged and continue to participate in treatment. Consider the following approaches:
  - One approach is to note that overcoming mental health problems is different from overcoming other problems. In the case of behaviour problems, experience over the past fifty years has shown that working with parents is especially effective. More recent research has shown parent-led CBT for anxiety to be as effective as traditional treatment for anxiety with the child. One reason may be that monitoring the child's behaviour and mood has to be done mostly at home and in other places where the child lives his or her everyday life – not in the therapist's office. Parents are the most important people in the child's life, and the most influential. The child might spend, at most, an hour per week with the therapist, but *many more* hours every week at home with parents. So it makes sense that most of the solution to conduct problems needs to be based at home, and with the parents.
  - Another point that can be helpful is to note that this particular child has special needs that require special steps. You might say: "*Suppose, for example, that you bought a car and you found that it wouldn't start if you just turned the key in the ignition. Instead, you have to turn the key while pushing a special button on the steering wheel and wiggling the gear stick. You could insist that the car should start when you turn the key, and you would be right. However, the reality is that for this particular car you have to do something special to make it work right. In a similar way, different children need different procedures to help them be their best. Your child may not be just the standard child who responds to standard good parenting procedures. Instead, special parenting procedures may be needed to help your child be his or her best. That's why so much of our time will be spent with just us together – working on those special procedures needed to help your child be his or her best.*"
- Therapists should be careful when discussing commitment and motivation with families, so as to avoid suggesting that the family is "not interested" in the child's progress. Many families are motivated for their child to improve, but do not have much time or have limited resources. A better approach is to describe that treatment must be an important goal for the parent using the words "high priority" instead. Parents should be encouraged to inform their therapist if they are not finding enough time to practise outside of session, as well as to discuss any other difficulties they are having with treatment as such difficulties arise.
- For parents who seem resistant to committing time to therapy, ask them to consider how much time and energy they are currently spending engaged in conflict with their child, or managing the consequences of their child's misbehaviour or anxiety in school with peers. Let them know that this approach will take time now to save them time later.

## **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Epilepsy Specific Module for Youth**

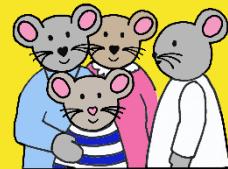
---

MICE

## Epilepsy Specific Module for Youth

### Use This:

Immediately after assessment to establish a relationship, provide psychoeducation about mental health problems and epilepsy and confirm goals.



### Goals

- To empower the young person and their family to address their mental health difficulties within the context of epilepsy
- To establish rapport with the young person/parent and enlist support in the treatment process
- The young person/parent will be informed of the focus of the intervention and be provided with resources to address other difficulties

### Materials

- **Roadmap of Resources** (p. 300)
- **Frequently Asked Questions (FAQs)** (p. 302)
- Completed **Understanding What's Going On** handout (if not completed in assessment) (p. 268)
- **Weekly questionnaires** and **Monitoring sheet (blank and example)** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**If time is tight:** Ensure parents/young people know that emotional and behavioural problems in epilepsy are very common. We may not know what caused them, but it doesn't matter – we do know what works to treat them. We will be working as a team to find out what strategies work best for their family with their specific circumstances.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Brief introduction</b>	Start the session by letting parents and/or the young person know that in this session you will be discussing the link between epilepsy and mental health and that this session provides the foundation for sessions and strategies that follow.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Obtain the <b>Weekly questionnaires</b> from the young person/parent via email prior to the session. If no goals have been set, set them in accordance with goal setting in the assessment session. Review the <b>Weekly questionnaires</b> in detail and answer any questions the parent/young person has.

<input type="checkbox"/> <b>Reminder of Treatment Overview</b>	An overview of treatment should have been provided at assessment but check that the young person/parent recall what was said and the structure of sessions in terms of confidentiality, setting an agenda, ending with a summary, working between each session and using measures. Working together as a partnership, focus on goals and what they want to be different at the end of treatment, flexibility etc.
<input type="checkbox"/> <b>Share <i>Understanding What's Going On</i> handout</b>	If you didn't have time in the assessment session, share the completed <b><i>Understanding What's Going On parent</i></b> handout with the parent/young person.
<input type="checkbox"/> <b>Epilepsy is not just a medical condition</b>	When some people are told they have/their child has epilepsy, they think it will just be a matter of taking some medication and it will be controlled. That is true for some but for others it is different. Epilepsy is associated with a very wide range of different conditions. Some of these are associated with other problems such as intellectual disabilities. Problems such as autism spectrum disorders can also be common. Many families want to be told what to expect up-front but that is tricky as it depends so much on the individual.  Discuss that it can sometimes be difficult for parents to accept their child has such difficulties and is different from their peers. Sometimes parents have unrealistic expectations of their child, for example given intellectual disabilities. Helping parents gain such acceptance and adjust expectations can be addressed throughout treatment if necessary (e.g., within problem solving, effective instructions).
	Tell the family that one of the things that we will email them is a <b>Roadmap of Resources</b> and <b>FAQs</b> that they can refer to in the future. If there are any questions arising from the Roadmap or FAQs, they will be discussed at the next session. Remember to put this on the agenda for the next session.
<input type="checkbox"/> <b>Get an overview of the week from the parent and/or child</b>	Invite the young person/parent to discuss their week in terms of the child's mental health (anxiety, depression, behaviour, trauma) and seizure activity. You may want to refer to the weekly ratings. Show great interest in what is being said and write down what is being said in terms of the relationship between epilepsy and mental health to use later to personally illustrate the relationship between seizures and mental health.

<input type="checkbox"/> <b>Connection between epilepsy and mental health; treatment success</b>	Thank the young person/parents/child for the ideas. Families will have many different ideas about factors that affect mental health in the context of epilepsy including biological factors, coping with seizures, lack of sleep, frustrations at any intellectual disabilities. Emphasise there is a higher rate of mental health problems in people with neurological conditions but <i>the techniques that help with emotional and behavioural problems in children without epilepsy should work just as well in young people with epilepsy –there is no reason to suppose they won't, regardless of the cause. For example, aspirin works just as well if you have a headache because of a noisy room or because you banged your head on a cupboard.</i>
<input type="checkbox"/> <b>Describe Emotional Problems and Relationship to Epilepsy</b>	<p>Discuss how common emotional problems include anxiety, depression, low self-esteem and a lack of confidence. (NB: <i>Discuss behavioural problems before emotional problems if it is clear this is the primary difficulty</i>). These can be caused by multiple factors including:</p> <ul style="list-style-type: none"> <li>• Fear of the seizures and of your body being 'out of control' during a seizure</li> <li>• Being dependent on adults for care when peers are becoming increasing independent</li> <li>• Fear of being hospitalised</li> <li>• Coping with medication and possible side-effects</li> <li>• Lack of understanding from friends and even teasing or bullying</li> <li>• Feeling 'different' from others.</li> </ul>

Discuss how young people show emotional distress by mood swings, irritability and temper outbursts, especially if young or developmentally delayed.

#### **Example script (for parent)**

*Imagine you are turned around several times on the spot so you are dizzy and that feeling of dizziness returns at random moments during the day. It might be when you are on the phone to us now, it might be when you are out and about. How does it make you feel just knowing that the horrible feeling might return at any time?*

OR

*Can you think of an example from [your child] of anxiety or worry or low mood relating to epilepsy?*

#### **Example script (for child)**

*Can you think of an example from your own experience of anxiety or worry or low mood relating to your epilepsy?*

---

<input type="checkbox"/> <b>Describe Behavioural Problems and Relationship to Epilepsy</b>	<p>Discuss how common behavioural problems are in young people with epilepsy and that this could be for many reasons, some of which you have covered previously but include:</p> <ul style="list-style-type: none"><li>• That the area of the brain that controls emotions and behaviours may be affected by epileptic activity</li><li>• Some antiepileptic drugs may alter the chemical balance in the brain that regulates behaviour</li><li>• Sometimes there may be changes in behaviour, personality and mood for minutes or days before the seizures</li><li>• Being stressed and anxious about having seizures</li><li>• Maybe the young person is not achieving in school</li><li>• Frustration if the young person has learning or language problems</li></ul> <p>It is hard to separate out the young person from his/her behaviour but it is important to do so as the variability and unpredictability of behaviour can cloud a parent's view of the young person him/herself and cloud a person's view of him/herself too.</p>
--	--

#### **Example script (for parent)**

*Imagine that you have a hangover. How does that influence your behaviour? Do you find yourself more generally irritable because of how you feel? Are you snappy? And what impact does that have on people around you?*

OR

*Can you think of an example from your own experience of how you/your child's behaviour is affected?*

---

<input type="checkbox"/> <b>'You are not your epilepsy'</b>	<p>Treatment often focuses on the negative but it is important not to forget the positive characteristics of the young person. Work with the parent to identify as many positive characteristics of the child as possible and make sure to refer back to these throughout the treatment.</p>
<b>Example script (for parent)</b>	
	<p><i>As we go through treatment, we often focus on the negative but it is worth spending a few minutes on your child's (your) positive characteristics. What do you like about your child?</i></p>
<p style="text-align: center;"><b>OR</b></p> <p><i>What do other people say they like about you/your child?</i></p> <p>Respond with enthusiasm and emphasise how fantastic these qualities are. If no positive characteristics are generated, then prompt with: Are you/they honest? Are you/they funny? Do you/they show any kindness? At times it can be hard for parents to accept their child's differences and there may be a mismatch between their expectations and the child's abilities. If this appears to be the case, you may want to use some of the strategies within parental mental health such as suggesting that they obtain support from local epilepsy organisations.</p> <hr/> <p><input type="checkbox"/> <b>Introduce 'Monitoring'</b></p> <p>It is essential to spend time in this session discussing 'Monitoring' and ensuring that parents are aware of its key role within treatment.</p> <p>Explain to the parent that Monitoring is the first strategy in their 'toolbox'. Monitoring helps people to take a step back, reflect on situations and recognise patterns. Explain to the parent that they should try to spend 10-15 minutes on monitoring each week. Explain that it is an important tool that will be used throughout treatment to aid discussion in the sessions and measure change.</p>	

<input type="checkbox"/>	<b>ASSIGNMENT</b>	<p><b>Review Monitoring Sheet</b></p> <p>Confirm previously established goals and based on them and the content of the session, ask the young person/families to monitor relevant variables. Refer to the <b>Monitoring Sheet (example)</b> as a guide. For example, if the young person feels anxious when in groups of people and doesn't know what to say, the monitoring record should have columns for (1) Date/time (2) Situation (3) Anxiety Level (4) Thoughts (5) Seizure activity (6) Comments. If the young person has behavioural problems, then the record should have columns for (1) Date/time (2) Situation (3) Behaviour (4) Reaction to Behaviour (5) Seizure activity (6) Comments. Send the monitoring sheet that is most relevant to the patient and feel free to personalise it/amend the columns if there is something important that is not included.</p>
<b>Example script</b>		
		<p><i>We have spoken about some of the things that influence you/your child's emotions and behaviour, and their relationship to the epilepsy. It's one thing to chat about it over the phone but it's also good to get an idea of how it works for you in the real world, facing real challenges in real time. It would therefore be good if you would fill out a sheet as things happens between this week and next so we get a better idea of what is going on. If you can send that back to us with your questionnaires the day before the next session, we will have a chance to go through it and understand how things have been for you. Do you anticipate any problems with doing this?</i></p>
		<p>Anticipate challenges with monitoring, emphasise it doesn't need to be re-written or typed; it can be done on voicemail if necessary.</p>
<input type="checkbox"/>	<b>Send the materials for the next session</b>	<p>Tell the young person/parent you will send a written summary, FAQS, Roadmap of Resources and the materials for the next session. Remind them that the materials <u>do not</u> need to be completed for the next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> which need to be completed for the next session.</p>
		<p>Confirm date and time of the next call.</p>
<input type="checkbox"/>	<b>Summarising</b>	<p>Ask the young person/parent if they would like to summarise the session, if they would like you to summarise the session or if they would prefer you to do it together.</p>

## **Leave ‘Em Laughing**

End the session on a positive note with the young person/parent by perhaps talking about things that are unrelated to emotional/behavioural problems, or discussing an area of interest you have in common. Also, the young person/parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the young person/parent to share concerns or the challenges faced since the previous session that have not already been addressed. The end of each session should be used to praise the young person/parent’s efforts and to convey support and encouragement.

## **Helpful Tips**

- In the summary, explain that you spent this session talking about factors that influence emotional and behavioural problems in young people with epilepsy and that you will be working together to make things go more smoothly. Use this time to answer any questions that the young person or parent might have, and to indicate that you will be checking in with him or her each week after meeting with his or her parent or vice versa.
- It is important to balance your emphasis on problems by also highlighting the strengths of the child and family. Talking at length about child and family problems can be difficult or embarrassing; the young person/parent needs to know that you recognise and appreciate his or her positive qualities and those of the child and family.
- In some cases, the person in the parental role may not be the child’s biological parent. The caregiver may be an adoptive or foster parent, or a kinship care provider. Whoever the caregiver is, it is important to identify his or her own strengths and challenges in the parenting role.
- A significant risk in this session is that the tone can become too didactic, with the therapist “teaching the parent about the factors that influence mental health and epilepsy.” Try to avoid this risk. Before even mentioning the factors, you will seek the *parent’s or young person’s* ideas about what causes are responsible for the emotional and behavioural problems experienced. Throughout the remainder of the session, you will seek to connect the *parent’s or young person’s* ideas to all of the concepts you introduce. The tone of the session should convey that the parent or child is the true expert on their child or themselves, that you respect the parent’s or young person’s ideas, and that you are seeking to learn about the child and family from the parent or young person.

## **How’s Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Learning About Anxiety - Family**

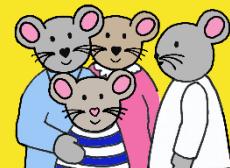
---

MICE

## Learning about Anxiety - Family

### Use This:

To establish rapport, teach the family how anxiety works and to introduce concepts needed for treatment.



### Goals

- Continue to establish rapport with parent/s and child
- The parent/s and child will understand how anxiety works and will have a rationale for exposure practice
- The parent/s and child will know the importance of completing worksheets, practice assignments and regular attendance
- The child will be optimistic about his or her situation
- The child will be interested in participating in and learning more about treatment

### Materials

- **Anxious Feelings and Thoughts** worksheet (p. 305)
- Picture book, magazine, or other material depicting someone scared
- **Learning About Anxiety** worksheet (p. 308)
- **Helping Your Child Succeed** parent handout (p. 314)
- **Understanding Anxiety** parent handout (p. 315)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**8 If time is tight:** Teach the child about how unwanted anxiety can be similar to a false alarm and how gathering clues and practising can help reduce unwanted anxiety. Develop the parent's enthusiasm about the programme, especially practice and learn more about anxiety from a parent's perspective.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> . Discuss any difficulties with monitoring, usefulness of monitoring, what is being monitored etc.

**This session has 2 different versions – one to use if the child/young person is present in the session and one to use if the session is only with the parent.**

## VERSION IF THE CHILD/YOUNG PERSON IS PRESENT:

<input type="checkbox"/> <b>ACTIVITY</b> <i>Ice Breaker</i>	<p>If you have not met the child before, an ice breaker activity may be a good idea to build a therapeutic alliance. The appropriate activities will depend on the child's age and interests, so you should prepare beforehand, trying to obtain enough prior information about the child to plan a uniquely tailored ice breaker. The exercise may be as simple as engaging in a discussion with the child centred on three things about him or her that are unusual or interesting.</p>
<input type="checkbox"/> <b>Warm Up</b>	<p>Try to get a conversation going at a pace that suits the child. It is often helpful to make sure that formal treatment does not begin too quickly, since anxious children tend to be avoidant, generally fearful or wary, and typically not familiar with questions about their feelings. Try to refrain initially from asking a lot of personal questions of the child. Let the child know that you will be talking about anxiety today. It may be helpful to ask the child for words that they like to use to describe anxiety such as 'scared', 'worried' or 'frightened'. Praise the child's definitions of anxiety and incorporate them into your own.</p>
<input type="checkbox"/> <b>ACTIVITY</b> <i>Body Map</i>	<p>Explain to the child that anxiety has three parts to it. One part is what we feel in our bodies (i.e. sensations), like feeling out of breath, having a racing heart, having our muscles become all tense, becoming shaky or sweaty, or having "butterflies". Introduce the <b>Anxious Feelings and Thoughts</b> worksheet (use only the girl or boy drawing, as appropriate). Using questions (and pointing to different areas as necessary), have the child label each area that feels different to him or her during anxiety.</p>
<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• <i>Can you mark places on the drawing where you feel things when you are anxious or scared?</i></li> <li>• <i>Do any other places ever get those feelings when you are scared?</i></li> </ul>	
<input type="checkbox"/> <b>ACTIVITY</b> <i>Thought Bubbles</i>	<p>Explain that the second part to anxiety is what we think when we are anxious. To make sure that the child understands what a thought is, use the third page of the <b>Anxious Feelings and Thoughts</b> worksheet, or draw some of your own characters with empty "thought bubbles" over their heads. Try to get examples of some anxious thoughts the child has had recently, and write those in the bubbles.</p>
<input type="checkbox"/> <b>ACTIVITY</b> <i>Finding Anxious Behaviour</i>	<p>Explain that the third part to anxiety is what we do when we are anxious, such as running away from the things that make us scared. Go through a book, magazine, or other materials together to see if the child can find an example of someone behaving in a way that looks anxious.</p>

<input type="checkbox"/> <b>Normalise</b>	Explain that anxiety is an emotion that all people experience. Reassure the child that all people have fears and anxieties (including adults, heroes, and brave people). You can explain that even you get anxious about things sometimes, being sure to give an appropriate example.
<input type="checkbox"/> <b>Introduce the Alarm Concept</b>	Ask the child if he/she can name different types of alarms (e.g. fire alarms, burglar alarms). Ask the child what 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.
	<p><b>Example script</b></p> <p><i>That's right! Alarms protect us from harm by letting us know when danger might be near.</i></p> <p>Explain that anxiety is the body's alarm system, a very special one. It is so well designed that it actually has two parts to it. The first is a warning that danger might be coming, and the second tells us the danger is here.</p> <p><b>Example script</b></p> <p><i>So anxiety acts as our own alarm system, and it has two parts. The first part tells you that something bad might be about to happen. It is just like a yellow warning light that says "be careful now." Have you ever felt like you knew something bad was going to happen? Yes, that was the "yellow light" part of your alarm. The second part of our alarm system tells us that the danger is here right now. That part is like a red light that says, "Oh no!" or "Let's get out of here!"</i></p> <p>Make sure to explain that people's alarms are not just for warning about fires or robbers. People can feel alarms about teasing, tests at school, taking a trip, getting sick, and lots of other things.</p>
<input type="checkbox"/> <b>Quiz About Alarms</b>	Make sure that the child understands the difference between the "yellow light" and the "red light" stages of the alarm system by asking him or her to state in his or her own words what you have just discussed. Give some examples, as follows:
	<p><b>Example script</b></p> <p><i>If I were really scared of lightning, and I heard it start to rain, what kind of alarm would I have? Would that be a yellow light or a red light? What if lightning struck nearby? What kind of alarm would I feel then?</i></p>

<input type="checkbox"/> <b>Show How Anxiety Can Be Good</b>	<p>Ask the child whether he or she thinks anxiety is good or bad. Ask the child to explain why. Praise any response, and then go on to ask whether anxiety can really be both good and bad.</p>
<b>Example script</b>	<p><b>You:</b> So, do you think anxiety is a good thing or a bad thing?</p> <p><b>Child:</b> Um, bad.</p> <p><b>You:</b> OK, so can you tell me what makes you think anxiety is bad?</p> <p><b>Child:</b> It feels bad.</p> <p><b>You:</b> Right! Sometimes too much anxiety can make us feel really bad inside, and nobody likes that. But can anxiety sometimes be a good thing, too? How might anxiety be good for us?</p>
	<p>Ask the child what would happen if we did not have anxiety. Illustrate this point by asking the child what would happen if they tried to cross the street without looking (i.e., we might get hit by a car). See if you can get the child to say that anxiety can protect us from dangerous situations or from getting hurt.</p>
<input type="checkbox"/> <b>Discuss False Alarms</b>	<p>Ask the child if he or she knows what a false alarm is. If the child is unable to answer this question, explain that false alarms are when alarms go off, but there is actually nothing bad happening, such as when a car alarm goes off, but there is really no one stealing the car.</p> <p>Test to see if the child understands the difference between a false and a real alarm. It may help to draw a picture of a house with a smoke alarm going off and no fire and another house with a fire that has a smoke alarm going off. Ask which one is the real alarm and which one is the false alarm. Explain that anxiety – people's alarm system – can have false alarms, too. That is when people get scared or anxious when there is really no danger. It is when people begin to have a lot of false alarms that their anxiety has got out of control, and it is in these cases that anxiety becomes harmful.</p>
<input type="checkbox"/> <b>Set Goal to Reduce Excess Anxiety Only</b>	<p>Tell the child that one of the goals in working together will be to get rid of the extra anxiety (that does not help), not the good anxiety (that does help). We do not want to get rid of the alarms altogether. We just want to stop having so many false alarms.</p>

<input type="checkbox"/> <b>Set up Tests</b>	<p>See if the child can explain how to tell if an alarm is real or false. First, give an example of something like a fire alarm at school.</p>
	<p><b>Example script</b></p>
	<p><i>How do the teachers know that there is no fire and everyone can go back inside? Did someone check for fire?</i></p>
	<p>Then ask how the child could test out whether his or her own “anxiety alarms” are real ones or false ones.</p>
	<p><b>Example script</b></p>
	<p><i>What could you do when your anxiety alarm goes off to see if the danger is real? How could you find out if there is anything to hurt you?</i></p>
	<p>Encourage the child to give answers that suggest one needs to check or test to see if the alarm is real. Make sure the child understands that this would mean going toward the scary thing or situation sometimes, just like one has to go look at one's car when a car alarm goes off.</p>
<input type="checkbox"/> <b>Explain the Importance of Practice</b>	<p>Explain that conducting these tests of whether alarms are real or false is why practice is so important. Ask the child why they think practice, in any area, might be important (answer: to improve).</p>
	<p>Also point out that practice involves getting used to something and learning it is safe.</p>
	<p><b>Example script</b></p>
	<p><b>You:</b> <i>What if I tried to teach you how to play football, and I told you everything about football – what the rules were, how people score points, and why people get penalties. After I told you everything there is to know about football, would that help you to play football really well?</i></p>
	<p><b>Child:</b> <i>Probably not.</i></p>
	<p><b>You:</b> <i>Why not?</i></p>
	<p><b>Child:</b> <i>'Cause I need to learn how to kick the ball and stuff like that.</i></p>
	<p><b>You:</b> <i>That's right, you need to get good at kicking and running, right? How do people get good at those things?</i></p>
	<p><b>Child:</b> <i>Practice.</i></p>
	<p><b>You:</b> <i>Right!</i></p>
	<p>Other examples can be incorporated into the above discussion that are more applicable to the child, such as playing an instrument, learning to swim, or better yet, something the child is already skilled at and about which the child is not anxious.</p>

<input type="checkbox"/> <b>Relate Practice to Anxiety</b>	Explain how the same principles that apply to learning how to play football are true for anxiety. By practising situations that make the child a little anxious, he or she can learn to test and control the false alarms. Use questioning to arrive at the idea that practice can be gradual, and that small steps will be required until bigger ones can be taken. It can help to reverse roles and ask the child how to help you with a false alarm, picking an example that involves an area of relatively little anxiety for the child (e.g., his or her pet, high places, being teased). Praise for good examples.
	<p><b>Example script</b></p> <p><b>You:</b> So, you're a good swimmer. Let's say I'm really scared of going in a pool – even in the shallow end where I can touch the bottom and even though I can swim. How would you help me?</p> <p><b>Child:</b> I would tell you not to be afraid of the pool.</p> <p><b>You:</b> But how would you convince me to go in?</p> <p><b>Child:</b> Maybe I'd go in first and show you.</p> <p><b>You:</b> Good! That might help me. Now, what if I was still too afraid to jump in where you are? What else could you do?</p> <p><b>Child:</b> I'd tell you to go in by the steps first, where it's really shallow.</p> <p><b>You:</b> That's great! I think I could do that.</p>
<input type="checkbox"/> <b>Introduce Monitoring</b>	Finally, introduce the idea of monitoring, which is just like gathering clues or evidence.
	<p><b>Example script</b></p> <p>Now, working on anxiety can be a bit like solving a mystery. What do detectives look for when solving a mystery? That's right – clues! So, just like two detectives, we are going to gather clues to help us learn more about your anxiety. Sometimes when you're practising things to help with anxiety, I will need you to write down some things (or tell your parents some things to write down). This will help us solve the mystery!</p>
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>Learning About Anxiety</i>	Tell the child the <b>Learning About Anxiety</b> worksheet is to be completed at home. Explain that you will go over it together the next time you talk.
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## VERSION IF SESSION IS ONLY WITH THE PARENT/S:

<input type="checkbox"/> <b>Aim</b>	The aim of this session is for the parent to understand more about anxiety and the rationale behind practising and relay this information to their child <i>if appropriate</i> .
<input type="checkbox"/> <b>Introducing Anxiety</b>	<p>Explain that anxiety is an emotion that all people experience. The parent should let their child know that everyone has fears and anxieties (including adults, heroes and brave people). The parent may also want to let the child know that they themselves can get anxious about things sometimes, being sure to give appropriate examples.</p> <p>Discuss with the parent that idea that anxiety has three parts to it:</p> <ul style="list-style-type: none"><li>• What we feel in our bodies (i.e. feeling out of breath, having a racing heart)</li><li>• What we think</li><li>• What we do (i.e. running away)</li></ul> <p>The parent should discuss this with the child after the session and complete the <b>Anxious Feelings and Thoughts</b> worksheet (use only the girl or boy drawing, as appropriate) with the child after the session.</p>
<input type="checkbox"/> <b>Introduce Alarm Concept</b>	<p>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 of his or her anxiety, but rather to have them experience anxiety only when it is appropriate.</p> <p>When explaining the alarm concept to their child, the parent may find it helpful to draw a picture of a house with a smoke alarm going off and no fire and another house with a fire that has a smoke alarm going off. Ask which one is the real alarm and which one is the false alarm. Explain that anxiety – people's alarm system – can have false alarms, too. That is when people get scared or anxious when there is really no danger. The aim is not to get rid of the alarms altogether but is to stop having so many false alarms.</p>

<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b>	The child should complete the <b><i>Learning About Anxiety</i></b> worksheet at home.
<b><i>Learning About Anxiety</i></b>	
<input type="checkbox"/> <b>Check In</b>	Answer any questions at this point, and try to frame your answers within the alarm model of anxiety reviewed so far.
<input type="checkbox"/> <b>Discuss What Does Not Work</b>	Begin with a brief discussion of what does not work for anxiety. For example, telling a child "just relax," or explaining that their anxiety is unnecessary or does not make sense will not help. Also, with the exception of problem solving around everyday worries, "talking it out" is generally not considered to help in the long run. Another common approach, "getting to the origin of the fears", has not been shown to help reduce anxiety, either.
<b>Example script</b>	
<p><i>Have you ever been really worried about something and had someone tell you "just relax?" Did it make you relax? Why not? That's right, it is not that simple! You see, one of the things we have learned is that just talking about worries or telling people to relax doesn't really show them how to get started. So what we would like to try will be a bit different than just "talking it out" or saying, "just relax."</i></p>	
<input type="checkbox"/> <b>Manage Expectations</b>	Explain to the parent that this means they will not be "talking it out" with the child nor will they be "searching for the root of the fears." It is important that the parents understand that those types of approaches are not likely to help.

<input type="checkbox"/> <b>Discuss What Can Work</b>	<p>Follow this with an explanation of what can work. 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 practising.</p>
<b>Example script</b>	<p><i>Have you ever known someone who was scared to fly in airplanes? How would they get over that fear?</i></p>
	<p>Be sure to point out that practice involves getting used to something and learning that it is safe. Praise the parent for good examples. If relaying this information to the child the parent may want to use examples that are applicable to the child, such as playing an instrument, learning to swim, or better yet, something the child is already skilled at and not anxious about.</p>
	<p>When explaining practising to their child, the parent may find it helpful to tell the child that practising is a way of testing whether their alarms are real or false. They could give an example of a fire alarm at school i.e. the teachers check to see whether there is a fire and whether it is safe for everyone go back inside. This means that sometimes, people have to go towards the scary thing or situation, just like the teachers may go into school to see if there is a fire.</p>
<input type="checkbox"/> <b>Describe Your Role</b>	<p>Explain that your job, then, is not really to be just a listener, but to be a coach. Use an example from sports or exercise to explain how the coach's job is to:</p> <ul style="list-style-type: none"> <li data-bbox="555 1257 1333 1370">• make sure practice is goal-directed (children are not asked to stand around with a football during practice, they are asked to dribble or practise penalties);</li> <li data-bbox="555 1370 1333 1482">• ensure that practice is safe (coaches make sure that children are properly warmed up and don't do anything that could lead to injury);</li> <li data-bbox="555 1482 1333 1594">• maintain enthusiasm (coaches often give pep talks, especially when practice is hard or things are not going well).</li> </ul> <p>This is what you will do as a therapist: plan, organise, supervise, troubleshoot, and give feedback about practice. If things are getting in the way of practice, your job is to help make practice easier.</p>

<input type="checkbox"/> <b>Describe Parent's role</b>	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. Eventually, the family will be able to do all the practice without help and won't need the therapist anymore. Remind parents that all this represents an active approach to treatment, and that children always do better when their parents participate actively.
--	--

#### **Example script**

*So, remember, we won't just be talking about how [child] feels each week. I am going to teach you skills to practise. I'd like you to help with the practice and work as a coach for your child to continue to improve these new skills.*

<input type="checkbox"/> <b>Acknowledge the Parent's Perspective</b>	Explain that in order to facilitate conducting practices with their child in future sessions, you will be getting specific information about the child's anxiety and functioning. Remind the parent of his or her invaluable role in the child's treatment programme and the unique perspective he or she brings. As much as possible, you should build the parent's enthusiasm and increase his or her motivation to participate in the child's treatment.
--	---

#### **Example script**

*One of the things that will help me the most in working with your child will be getting your perspective on her anxiety and the kinds of things that happen for your child when she experiences anxiety. Because you are really the expert on your child, your perspective on how things have been going for her will be very valuable.*

<input type="checkbox"/> <b>Review the <i>Helping Your Child Succeed</i> handout</b>	At this point, go over the <b><i>Helping Your Child Succeed</i></b> handout together. Make sure to stop and answer questions as you go along.
<input type="checkbox"/> <b>Monitoring</b>	Finally, ask the parent to note down any information when practising on the <b><i>Monitoring sheet</i></b> .
<input type="checkbox"/> <b>Review <i>Understanding Anxiety</i> Handout</b>	Tell the parent/s to review the <b><i>Understanding Anxiety</i></b> handout after the session, and finally, thank the parent enthusiastically for making the time to talk with you.

---

<input type="checkbox"/> <b>Send the materials for the session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> which need to be completed for the next session.
	Confirm date and time of the next call.

---

<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.
---	---

---

### Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

### Helpful Tips

- If this is too much material, it can be covered in two (or more) sessions. The most important concepts are the false alarm idea and the importance of practice and monitoring.
- If a child finds it difficult to discuss his or her own experiences, introduce concepts in the abstract or by referring to other people, rather than focusing on the child's own experience. What do other people do when they are scared? How do you know your little sister is scared?
- Therapists should be careful when discussing commitment and motivation with families, so as to avoid suggesting that the family is "not interested" in their child's progress. Many families are motivated for their child to improve, but do not have the time or resources to help. A better approach is to describe that treatment must be an important goal for both the parent and the child by using the words "high priority" instead. Parents should be encouraged to inform their therapist if they are not finding enough time to practise outside of the sessions, as well as to discuss any other difficulties they are having with treatment as such difficulties arise.

### Special Cases

---

<i>Generalised Anxiety</i>	A child with generalised anxiety may never experience many "red light" alarms, but can have a "yellow light" that seems to be always on. It can be helpful to talk about what kinds of things the yellow light comes on for – if it is saying "be careful!" why might that be? What kinds of things is it saying could go wrong? Be sure to point out that people's yellow light can come on for all sorts of little things, like homework, teasing, or being on time, not just serious danger.
<i>Panic</i>	For a child with panic disorder, the "alarm" metaphor can be used to

---

	describe what happens when the child begins to notice sensations in his or her body (sweaty palms, heart beating, rapid breathing). The panic attack itself is really a "red light" alarm for the child, whereas the worry about having another panic attack may be more of a "yellow light" alarm. The false alarm of a panic attack may feel to the child very similar to a real alarm (having a heart attack, going crazy), so this may be a good time to identify the core fear the child has attached to the panic attacks.
<i>Obsessions and Compulsions</i>	For a child with Obsessive compulsive Disorder (OCD), the obsessions can be described as an alarm that keeps going off, all the time, for no reason (like when a smoke alarm has a bad battery). Because the alarm is so distressing, the child tries to turn it off by doing something in response (compulsions). However, the more he or she tries, the louder the alarm becomes and the more often it goes off. This is a good time to identify the behaviours that the child has developed to try and "turn off the alarm."
<i>Posttraumatic Stress</i>	For a child with Posttraumatic stress, explain that sometimes when we have experienced a real alarm, people, places, sounds or memories that remind us of the scary experience can make us feel like the experience is happening all over again. This is actually a false alarm, but it can feel very real in the moment.
<i>Separation Anxiety</i>	For a child with separation anxiety, the alarm is likely to be false and the parent/child are likely to be fine. It can feel very real in the situation due to real alarms in the past related to epilepsy but nevertheless should be considered as false.
<i>Epilepsy</i>	At times it is very hard to distinguish between real and false alarms and some children have non-epileptic seizures which makes it even more complicated. If it is difficult to distinguish between the two, discuss the specific case with the neurologist.

## How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

## **Using the Fear Thermometer - Anxiety**

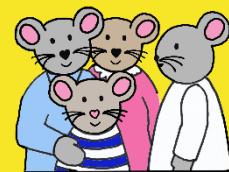
---

MICE

## Using the Fear Thermometer - Anxiety

### Use This:

Establish a plan for anxiety treatment and continue to establish rapport.



### Goals

- The child will feel more comfortable through introductory get-acquainted activities
- The child will understand basic information about the treatment of anxiety
- The child will learn about the importance of homework, and regular attendance
- The parent/s and child will know how to use the **Fear Thermometer**

### Materials

- **Fear Thermometer** (p. 318)
- Materials from recent assessment (if available)
- Pens and pencils
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**8 If time is tight:** Continue to build the therapy alliance and learn more about the child.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> . Discuss any difficulties with monitoring, usefulness of monitoring, what is being monitored etc.
<input type="checkbox"/> <b>Discuss Goals</b>	Refer back to the goals for treatment. Explain that the main principle of the work you will be doing together is that it is possible to reduce feelings of anxiety in challenging situations by changing how one copes with and responds to those situations. Let the child know that during your work together, you might focus on skills that involve the ways he or she responds to anxiety, thinks about things, or both, and their parents will support them in this.
<input type="checkbox"/> <b>Encourage Participation</b>	Invite the child to ask questions about treatment. Continue to re-open this invitation periodically until the child begins to share his or her questions and concerns. Stress to the child that information from his or her point of view is very important. Emphasise that you're interested in what the child sees and thinks about various situations. Value should be placed on the child's point of view.

---

<input type="checkbox"/> <b>Describe Treatment Structure</b>	<p>Lay out the structure and sequence of the treatment program. Be sure to cover the following points:</p> <ul style="list-style-type: none"><li>• the activities that will happen in the various sessions (e.g., role-playing, practising new skills)</li><li>• the importance of regular attendance (because each session builds on the contents of the previous ones, and the entire programme is needed to maximise the chances of success)</li><li>• the worksheets, which contain practice assignments for him or her to do each week between sessions</li></ul> <p>Explain that some sessions can be done with the child by themselves if that is what everyone decides is best, some can be done with the parent and not the child, and some can be done all together. There is now strong research evidence that anxiety interventions can be delivered by the parent without the young person needing to be present. If the assessment indicates that this is a preferable option, then still use the following protocol but work via the parents e.g., ask the parent for ratings of the child's level of fearfulness.</p>
--	---

---

<input type="checkbox"/> <b>ACTIVITY</b>	The parent/child should be introduced to the <b>Fear Thermometer</b> .
<b>Fear Thermometer</b>	Let the parent know that he or she and the child will be asked at each session to rate the child's current level of anxiety with respect to specific events and situations. Explain that the <b>Fear Thermometer</b> will be an important tool during treatment to gather information on the child's anxiety and the types of things that cause the child's fearfulness to increase or decrease. The parent should understand that the <b>Fear Thermometer</b> is a tool that takes a global rating of their child's anxious feelings. Ask the parent to use it to rate the child's fear under various circumstances.
<b>Example Script</b>	
	<i>If you/your child were at home watching a favourite film, how scared or nervous would you/they be then? How scared or nervous would he be if he was on a really scary rollercoaster ride? How about if he was about to make a speech in front of the whole school?</i>
	Have the child do a rating for his or her current level of fearfulness. You may need to practise once or twice with sample anchors to make sure the child is giving accurate ratings. Ask the child what the number he or she chose means, in order to be sure he or she understands the concept. Ask the child to indicate, using the <b>Fear Thermometer</b> how afraid he or she would be of several other situations (i.e., eating his or her favourite dessert, riding on a roller coaster, being in a strange place by him or herself) in order to make sure that the child feels comfortable using this scale. It is particularly important that the child be able to use the full range of the scale, not just the ends.
<input type="checkbox"/> <b>Praise</b>	Praise the child for his or her good work during this first session.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## **Leave ‘Em Laughing**

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you’ve done today. The end of each session should be used to praise the family’s efforts and to convey support and encouragement.

## **How’s Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Fear Ladder**

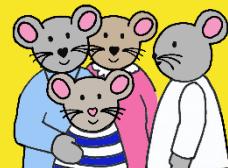
---

MICE

## Fear Ladder

### Use This:

To develop a list of fears that will guide treatment formulation and evaluation.



### Goals

- The child will identify situations that make him or her anxious
- The child will describe his or her reactions to signs of anxiety
- Together you will produce a list of feared items that will guide the practice exercises for subsequent modules
- The child will be interested in participating in and learning more about treatment

### Materials

- **Fear Ladder** (blank and unrated) (p. 320)
- **Fear Ladder (example)** (p. 321)
- **Fear Thermometer** (p. 318)
- **Learning Your Anxious Feelings** (if panic is a major focus) (p. 322)
- Index cards/strips of paper
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**⌚ If time is tight:** Construct a list of situations that provoke anxiety in the child, and note what factors might make the situations easier or harder.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.
<input type="checkbox"/> <b>Introduce the Ladder Concept</b>	Let the family know that you want to find out some more about the child's specific fears or worries by constructing a list or "ladder" of anxiety-provoking situations. You will want to learn more about the types of situations that trigger anxiety, how the child reacts to anxiety, and how the child responds to the anxiety-provoking situations. Some of these situations may be related to the epilepsy (e.g., fear of seizures in public), some may be related to other difficulties (e.g., using a wheelchair) and some will be unrelated (e.g., specific dog phobia).

<input type="checkbox"/> <b>Encourage Openness</b>	Point out that it is important to be as honest and as thorough as possible when making a list of fears. This part of the programme is one of the most important parts of working together, and the better you do on this task together, the better the programme is likely to work.
	<p><b>Example Script</b></p> <p><i>The work we are going to do today is really important. I know you can do really well with this, and the more you can help me learn about your anxious feelings, the more successful we will be in making those feelings go away...</i></p>
<input type="checkbox"/> <b>Review Fear Thermometer</b>	Review the <b>Fear Thermometer</b> if needed. You may need to practise once or twice with examples to make sure the child can provide accurate ratings. Remember that it is better if the child can use the full range of the scale and not just the extremes.
<input type="checkbox"/> <b>Begin Making List</b>	Work together to establish a list of feared situations within the primary domain of concern (if the child has multiple domains of anxiety, you can always develop another <b>Fear Ladder</b> at a later time). For example, if the primary problem is panic disorder the list should contain only items or triggers related to feelings of panic. If social phobia is the primary concern, the list should contain only items related to social or evaluative fears. If the primary problem is associated with anxiety related to the epilepsy the list should contain only items related to the epilepsy. As you agree on each item generated by the child or by you, tell the family to write it down on an index card/strip of paper and put it aside.
	<p><b>Example Script</b></p> <p><i>We want to make sure we help [child's name] face his/her fears in a gradual way, building up slowly so that [child's name] is not overwhelmed. The real trick to this is making a list of small steps on the way to conquering the fear. So, for example, if someone had a dog phobia, we might make a list that starts with looking for pictures of cute puppies on the internet and this would generate a fear of 1 perhaps on the fear ladder; step 2 might be looking at pictures of bigger dogs and then you would build up slowly to perhaps looking a dogs passing by which might be step 7 or 8, ending with patting a dog in the street at step 10. Can we start just by thinking of the situations that your child finds frightening?</i></p>
<input type="checkbox"/> <b>Develop the List</b>	Staying within the selected area, identify as many feared situations, cues, sensations, or obsessions as possible. Try to generate a diversity of items while sticking to the domain that will be the target of treatment. For a specific phobia or discrete social phobia, try to identify as many variations of the particular stimulus as possible.

<input type="checkbox"/> <b>Provide Support</b>	If the child finds it difficult to be specific about his or her anxiety, try to ask the child to imagine an actual situation while you observe his or her behaviour for signs of anxiety. To introduce the procedure, model the process by imagining yourself in an anxiety-provoking situation while describing each step. The child can then be invited to "tag along" as you repeat the imagining process with another situation and, finally, to imagine him- or herself in an anxiety-provoking situation, with you providing prompts as needed.
<input type="checkbox"/> <b>Get Enough Items</b>	If you do not have at least 10 items, consider the following: (a) go back through the assessment or intake materials together to identify other items the child may have forgotten (e.g., many structured interviews will have checklists for symptoms and cues) and/or (b) try to come up with some variations of items already identified. This latter approach can be done by changing small features of the stimulus/situation (e.g., more/fewer people around, stimulus more/less proximal, escape more/less difficult).
<input type="checkbox"/> <b>Get Ratings</b>	Once you have at least 10 items (the more the better), read them one by one to the child if present, each time getting a rating using the <b>Fear Thermometer</b> . Tell the family to write down the rating on the index card/strip of paper.
<input type="checkbox"/> <b>Get a Range</b>	Once the child/parent has rated each card, sort the cards in order of the fear ratings. If you have gaps in the ratings associated with each item (2 or 3 point span with no items), go back to earlier steps, trying to generate items that fall into the missing scale points. The aim is to have a range of items differing in intensity.
<input type="checkbox"/> <b>Praise</b>	Praise the child for doing well on this important task. Explain that you will now meet alone with his or her parent for a few moments and then you will meet with everyone together. Refer to Praise [Conduct module] if necessary (p. 180).
<input type="checkbox"/> <b>Select Items</b>	Select the items that will go on the ladder and will be used to guide later practice exercises. Choose 10-12 items that (a) translate relatively easily into exposure or role play exercises and (b) suggest a logical sequence or progression of these exercises. Seek input from the parent or child when you are unclear about specific properties of an item being considered (e.g., how readily can it be practised, is it too similar to another item we already have on the ladder, etc.). In some rare cases, you will be forced to choose fewer than 10 items, but first be sure you have been as thorough as possible on earlier steps.

<input type="checkbox"/> <b>Sort into Themes</b>	If there is a very large number of cards, it helps to sort them into piles by "themes" when creating the ladder. For example, with social anxiety, try to put all the cards related to assertiveness together, then all the cards related to speaking in public, then all the cards related to conversations, etc. The number within each pile can then be reduced by taking out things that are too similar in content or severity. For example, it is best to keep things within a theme that are different in severity rating or different enough in content to be important for later practice exercises.
<input type="checkbox"/> <b>Create Fear Ladders</b>	Ask the family to create a <b>Fear Ladder</b> form. Items should be listed from highest to lowest intensity, according to the child's ratings. Check with child and parent that the Fear Ladder is correct.
<input type="checkbox"/> <b>Praise and Rewards</b>	Praise and thank the child and the parent. If there appears to be low motivation for the child, then it may be useful to plan to discuss Rewards next session. See Rewards [Conduct module], (p. 205).
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT Fear Ladder</b>	Ask the child and his or her parent to choose one day during the coming week to review the <b>Fear Ladder</b> in terms of its content and also the ratings. It can be helpful to send the family a <b>Fear Thermometer</b> to use as a guide when completing the <b>Fear Ladder</b> .
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

## Special Cases

<i>Generalised Anxiety</i>	The items on the ladder for generalised anxiety disorder should focus as much as possible on feared <i>consequences</i> of the worry. For example, it is better to have an item such as "getting a bad grade" than "worrying about schoolwork." This is because the treatment programme will be directly targeting the fears about the consequences.
<i>Panic</i>	A child with panic disorder may not be able to differentiate among the various physical sensations of a panic attack in order to provide accurate rankings. Therefore, you may need to conduct an interoceptive assessment to create the <b><i>Fear Ladder</i></b> . Explain to the child that you want to have a better understanding of what his or her panic attacks are like, so that you can practise together learning that panic attacks are uncomfortable, but not dangerous, and work together to complete the <b><i>Learning Your Anxious Feelings</i></b> worksheet.
<i>Obsessions and Compulsions</i>	Children with Obsessive compulsive disorder (OCD) tend to produce a longer <b><i>Fear Ladder</i></b> . It is useful to have a list of both the feared stimuli and the behavioural responses the child currently engages in to neutralise the fear (compulsions). Practice will involve repeated exposure to the feared situations without engaging in the ritualised neutralising behaviours (e.g., touching something dirty without being able to wash hands until the fear has abated).
<i>Posttraumatic Stress</i>	For a child with Posttraumatic stress, the <b><i>Fear Ladder</i></b> may include "trauma reminder" items that have been inaccurately associated with the traumatic event (for example, all playgrounds for a child abused on a playground, or all men for a child whose assailant was male). However, actual people and places involved in the traumatic event that may truly be dangerous are not included. Keep in mind that these "trauma reminders" can be addressed using the <b><i>Fear Ladder</i></b> after the trauma narrative has been completed, and the specific memories of the traumatic event, which go in the narrative, need not be included on the <b><i>Fear Ladder</i></b> .

<i>Separation Anxiety</i>	For a child with separation anxiety, the child may not be intrinsically motivated to do a <b>Fear Ladder</b> and rewards will be particularly helpful. In most cases, separation anxiety will be due to a fear of something bad happening to their parent or to themselves during the separation. It may be that they are fearful of having a seizure while separated. In such cases it is important to reinforce the safety mechanisms in place (e.g., school based nurses). Practice will involve graded separation from their parent (e.g., spending 5 minutes alone at night; parent ignoring repeated requests for reassurance during exposure).
<i>Anxiety specific to Epilepsy</i>	It may be the case that a young person with epilepsy has separation anxiety, posttraumatic stress etc. related to their epilepsy. For example, they may have never slept in a room without a monitor and it would not be considered safe for them to do so. It is important to separate out real safety needs from excessive anxiety in the context of epilepsy. For example, a young person may fear falling over and it may be the case they are more likely to fall over than others. However, their fear is stopping them from daily activities i.e. walking down the stairs. It is still possible to do a <b>Fear Ladder</b> but in conjunction with input from the neurological team.

### How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Practising**

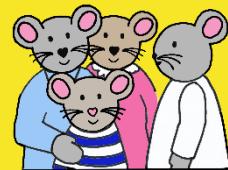
---

MICE

## Practising

### Use This:

To reduce anxious responding to feared situations or items through gradual exposure.



### Goals

- The child will practise exposure to feared items or situations
- Over the course of several attempts, the child will show decreased ratings for these items or situations
- The child will understand the relationship between the practice performed and the decreased anxiety

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies, for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Practice Record** (Start-and-Stop or Before-and-After) (pp. 324-325)
- **Practising** parent handout (p. 326)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**If time is tight:** Have the child practise on anxiety-provoking situation, successfully handle the anxiety produced by that situation, and experience a reduction in fear.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.
<input type="checkbox"/> <b>Introduce Practising</b>	If this is the first time starting exposure practice, review with the family that this phase of treatment will involve practising in order to build new skills for coping with anxiety. If you have covered the Learning about Anxiety Module with the family, you can tie in concepts already covered.
<input type="checkbox"/> <b>Select an Item</b>	Assist the child in choosing a situation from his or her <b>Fear Ladder</b> , easy ones at first, harder ones later. If the child has no <b>Fear Ladder</b> (i.e., anxiety is not the main target), pick the feared situation you currently wish to address.

<input type="checkbox"/> <b>Define Goals</b>	Ask the child to visualise the situation and define overt behavioural goals for that situation (e.g., starting a conversation, being separated from his or her mother). If necessary, discuss and modify the goal so that it is not so hard that the child will refuse. Remember that small steps are OK, and "not being anxious" is not allowed to be a goal.
<input type="checkbox"/> <b>ACTIVITY <i>Let's Practise</i></b>	To the extent possible, practise the exposure together. If the exposure will involve discrete trials of behaviours such as holding one's breath or asking someone a question, it is best to use the <b><i>Before-and-After Practice Record</i></b> . For extended or continuous behaviours, such as standing in a dark room, giving a speech, or touching a feared object, it is best to use the <b><i>Start-and-Stop Practice Record</i></b> . Date the <b><i>Practice Record</i></b> , and write the name of the practice item in the leftmost empty space. During discrete exposure practices, take fear ratings only before and after each trial. During continuous exposure practices, take a rating when you start, then take additional fear ratings at about one minute intervals during the exercise (intervals can be longer if the exposure might run longer than 10 minutes), and take a final rating as you stop. Repeat the exposure until the fear rating is a 3 or less for items starting at a 5 or above, 2 or less for items starting at 4 or below, or until 30 minutes has elapsed. When finished, draw one line to connect the values within each trial and another line to connect the "before" or "start" values across trials.
<input type="checkbox"/> <b>Review the Practice</b>	Praise the child for his or her hard work. If fear ratings decreased during the practice, ask the child what happened to his or her anxiety. Ask if the feared consequences occurred or if anything bad happened. Use the <b><i>Practice Record</i></b> to demonstrate that anxiety did indeed go down over time.
<input type="checkbox"/> <b>Praise Even if Ratings Did Not Decrease</b>	If the fear did not decrease, point out that the child endured the anxiety without quitting and that the feared consequences did not occur.
<b>Example script</b>	
<i>Well done! And did anything really terrible happen to you? Well done for being so brave!</i>	
<input type="checkbox"/> <b>Repeat Practise</b>	If there is time, repeat the practice exercise again after a short break. Ask the child if he or she noticed whether the practice gets easier with repetition.
<input type="checkbox"/> <b>Show off Success</b>	When the child has completed a practice exercise or activity successfully, this is a good time to repeat it with a parent there to see. During the practice, you can model to the parent how to encourage and praise the child's behaviours.

<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b>	If the child has never practised at home before, explain the <b>Practice Record</b> and its use. Assign exposure practice to be completed during the week by filling out a new <b>Practice Record</b> . Typically, the child should be asked to practise on at least 4 different days that week. On the <b>Practice Record</b> , write the items selected and the appropriate instructions (e.g., stop when ratings come down to a ...). Remind the child that filling out the <b>Practice Record</b> is just like gathering clues – the ratings will help us learn what's happening. If the <b>Practice Record</b> is too difficult for the child to use, have a parent assist. It may be necessary to give the parent a demonstration of how to use the form by doing a "mini-practice" together.
<input type="checkbox"/> <b>Review Parent Handout</b>	Tell the parent/s to review the <b>Practising</b> handout after the session. Make sure the parent is familiar with the concepts so that he or she can assist the child at home if needed.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

### Helpful Tips

- Practice should progress from easy to more challenging items across sessions.
- If ratings do not come down within practice trials, the practice trials may need to be longer.
- If ratings come down within practice trials but not between practice trials, the practice trials may be too far apart. Consider making them more frequent.
- You can add new items to the **Fear Ladder** if they arise.
- If a practice is too unusual or difficult, one option is to role-play or act it out first.
- If the exposure is being conducted with a child who has already received sessions with cognitive techniques (e.g., STOP), then you should have the child precede each practice exercise by stating first their anxious thoughts and then coming up with other coping thoughts. Following the practice, review with the child which thoughts came true, the anxious thoughts or the coping thoughts ("So which thing came true?").

## Special Cases

<i>Panic</i>	You will be using the <b>Fear Ladder</b> you created from information gathered in the interoceptive assessment. Remind the child that the goal of practising these feelings is to learn the difference between a real and a false alarm, and to get used to the feelings so that they no longer provoke panic attacks. When starting the practice, ask the child to focus on his or her physical sensations and to give a cue (e.g., raise a hand) when they notice the feared feelings. Start taking ratings at that point, and remind the child to focus on the fear and not to distract themselves. Continue each exercise for at least 30 seconds once the sensation is noticed. After the practice, it can be helpful to ask the child to also give a rating of how strong the feelings were (not just an anxiety rating). Point out that the feelings may not become less strong, but the anxiety about them should decrease over time.
<i>Obsessions and Compulsions</i>	For a child with OCD, be sure to explain the importance of refraining from special behaviours or rituals used to “turn off the alarm” (compulsions). Some compulsions may be hard to detect, such as the child looking at something, mental counting, etc. You can check on this by asking the child periodically about whether he or she has urges to perform the ritual and to rate the urge. The urge to perform the ritual often decreases as time elapses following the exposure. Once the urge and the fear have subsided, it may be appropriate to allow some form of the ritualised behaviour (for example, allowing a child to briefly wash hands when the exposures have involved touching something truly dirty).
<i>Posttraumatic Stress</i>	For children with posttraumatic stress, you should have first completed the trauma narrative. If the child has a remaining list of “trauma reminders” (situations, people, or places that have become linked to the traumatic memories) on the <b>Fear Ladder</b> you can practise those together with this module. Be sure that the content of the <b>Fear Ladder</b> is innocuous (based on false alarms) and does not actually present any danger to the child.
<i>Epilepsy</i>	Be sure that the content of the <b>Fear Ladder</b> is innocuous and does not present any danger.

## How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Maintenance**

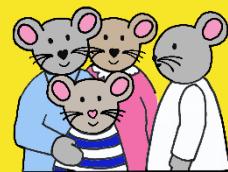
---

MICE

## Maintenance

### Use This:

At the end of a course of treatment for anxiety or traumatic stress to consolidate gains and prepare for termination.



### Goals

- The child will recognise that gains have been made and receive praise for his or her hard work in treatment
- The child will be able to review the main points covered in previous sessions, identify his or her new skills, and explain how to apply them to real life problems and conditions
- The child will understand that even though some concerns may remain at this point, continued practice after therapy has ended will lead to further improvement over time
- The parent will make plans to help the child maintain and build on newly acquired skills

### Materials

- **Fear Thermometer** (p. 318)
- **Fear Ladder** (2 unrated copies) (p. 320)
- **What's New** worksheet (p. 329)
- **Maintaining Success** parent handout (p. 330)
- **Relapse Prevention** worksheet (p. 332)
- Paper and pencils for written exercises
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**If time is tight:** Demonstrate to the child that gains have been made, ensure that practice will continue after meetings with the therapist are over, and reassure the child that if he or she continues to practise after treatment has ended, continued improvements are expected.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Using the 0 to 10 scale of the <b>Fear Thermometer</b> , obtain <b>Fear Ladder</b> ratings from both the child and his or her parent/s. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.

<input type="checkbox"/> <b>Review the Importance of Continued Practice</b>	Discuss the importance of continued practice in everyday life. Encourage the child to continue to practise using his or her new skills, and convey confidence in his or her ability to apply his or her new skills successfully. You can return to analogies of sports, exercise, or playing a musical instrument, etc. to make the point that without regular practice, people can get "rusty." Ask how the child thinks he or she will continue to challenge him- or herself day to day with "mini practice" exercises.
<input type="checkbox"/> <b>Quiz Child on New Applications of Skills</b>	Discussing with the child how he or she will use the skills he or she has learned with challenging events in the future should be a highly interactive portion of the session, with lots of input from the youth as to which specific ways of applying his or her new skills and tools will be likely to really work.
<input type="checkbox"/> <b>Predict Challenges</b>	Prepare the child for the realistic possibility that there could be a return of sad feelings, worries, or fears. Experience and previous research tells us that lapses are common among individuals who have experienced anxiety or depression. The message to the child should be that this is all very normal and common, that almost no one can expect to have no bad feelings ever. Even though old feelings can come back sometimes, now there are new skills in place to deal with them.

<input type="checkbox"/> <b>ACTIVITY</b> <b>What's New?</b>	<p>Complete the <b>What's New?</b> worksheet by having the child first write all of the things that were difficult in the left column. These things can be items taken from the <b>Fear Ladder</b> but can also be quality of life domains as well (e.g., family time, friends, hobbies).</p> <p>Then, read each item to the child and ask, "has this got better for you?" If the child answers yes, have him or her cross it out and rewrite it in the second column. At the end of the exercise, most or all of the things should be under the right column.</p> <p>If any remain under the left column, ask the child how he or she plans to apply to these things the same skills that worked for everything else. Some of these items can also be worked on at home and reviewed together in the final sessions as the child continues to work on the list.</p> <p>Provide the opportunity for the parent to comment on the changes that have been made and to offer ideas about continued goals and objectives.</p>
<input type="checkbox"/> <b>Praise and Give Credit</b>	<p>Praise the child in front of the parent, and praise the parent for his or her efforts as well. Make sure to point out that the progress was due primarily to the family's efforts, not to the therapist. It is important that the child takes responsibility for the success that was experienced and attributes gains to his or her own effort.</p>
<input type="checkbox"/> <b>Review Lapse vs Relapse</b>	<p>Discuss the difference between a "lapse" and a "relapse." Explain that lapses are natural, and involve minor steps backward. This discussion can involve the <b>What's New?</b> worksheet by telling the child that some of the things in the right column might try to drift back to the left side. Remind the child that if minor steps backward occur, these lapses can simply be worked on with additional practice exercises. Lapses are more common during stressful times, and it is perfectly normal for some anxiety or depression to return now and then. Remind them again that the goal was not to get rid of all anxiety, just to reduce it to tolerable levels. A "relapse" would mean that things went all the way back to where they started. Relapse is highly unlikely if the child's new skills are applied early when a lapse is detected.</p>
<b>Example script</b>	<p><i>If you start to feel scared or worried, it's important that you do not jump to the conclusion that you are back at square one. Remember, all of the skills you learned during treatment will always be a part of you. All you need to do is use them when anxiety starts to bother you.</i></p>
<input type="checkbox"/> <b>Review Relapse Prevention worksheet</b>	<p>Review and complete the <b>Relapse Prevention</b> worksheet with the family.</p>

<input type="checkbox"/> <b>Plan the Last Sessions</b>	Discuss with the family the structure of the next few sessions. Talk with the family about how you will gradually be decreasing the number of sessions. Suggest that during the next few sessions, you will be reviewing the practice exercises that the child is working on outside of session and engaging in continued practice exercises with the child during sessions. Sessions may become further apart and will end after a few more meetings together. For some children, reducing the frequency of meetings may go quickly if they are successful at maintaining gains and continuing to practise and if the parent is feeling comfortable with progress. For other children, the sessions may need to be tapered more gradually to allow time to establish independence and confidence with the new skills.
<input type="checkbox"/> <b>Review Parent Handout</b>	Tell the parent/s to review the <b><i>Maintaining Success</i></b> parent handout after the session.
<input type="checkbox"/> <b>Problem Solve</b>	Review any lingering concerns that the family may have, and use questioning to have the child and parent articulate a plan for how to approach new problems, being sure to incorporate the new skills learned during treatment.
<input type="checkbox"/> <b>Self-review</b>	Encourage weekly self-review of strategies: as the first booster session will not be for 1 month, encourage the parent to review what has been working well that week and what has not been working so well. This is to ensure strategies are sustained (before the first booster in 1 months' time); try to instigate this weekly for around 10-20 minutes each week.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the <b><i>Weekly questionnaires</i></b> and <b><i>Monitoring sheet</i></b> which need to be completed for the next session.
	Confirm date and time of the next call.
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## **Leave ‘Em Laughing**

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you’ve done today. The end of each session should be used to praise the family’s efforts and to convey support and encouragement.

## **Helpful Tips**

- During the maintenance phase of treatment, it is often helpful to assure the child and his or her parent that they can contact the therapist in between sessions if problems arise.

## **Special Cases**

<i>Posttraumatic Stress</i>	For children with PTSD, prior to working on termination, the last few sessions of treatment will include at least one conjoint parent-child session, to allow the child to read the narrative in its entirety to the parent. Prior to the child sharing the narrative with the parent, the following conditions should be met: the child should be comfortable reading the narrative aloud, and the parent should have already heard the narrative in parts and be able to tolerate hearing it and make supportive comments to the child. The child should be praised heavily after sharing the narrative with the parent. The child may also have additional questions and/or topics to discuss with the parent (e.g., the parent's thoughts and feelings about the trauma). Practise these questions/discussions with the child prior to conjoint sessions. The goal for these conjoint sessions is open communication between the child and parent. Other topics may include attributions about the trauma, healthy sexuality, healthy relationships, and/or maintaining safety. The review of the narrative and resulting discussion should precede the other parts of this module.
-----------------------------	---

## **How’s Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Cognitive - STOP**

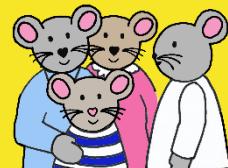
---

MICE

## Cognitive - STOP

### Use This:

To address negative thinking that can interfere with the course of treatment for anxiety or traumatic stress.



### Goals

- The child will learn to identify feelings that may be signs of anxious thinking
- The child will learn how different thoughts can lead to different ways of feeling and acting
- The child will begin to recognise his or her self-talk (expectations, automatic questions, and attributions) in anxiety-provoking situations
- The child will learn four steps to modify anxious self-talk into coping self-talk

### Materials

- **Fear Thermometer** (p. 318)
- **Fear Ladder** (2 unrated copies) (p. 320)
- **STOP** worksheet (p. 334)
- Pen/pencil
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**8 If time is tight:** Provide the child with the 4-step plan to use when feeling anxious and teach the **STOP** acronym.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Using the 0 to 10 scale of the <b>Fear Thermometer</b> , obtain <b>Fear Ladder</b> ratings from both the child and his or her parent/s. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.
<input type="checkbox"/> <b>Introduce Concepts</b>	Explain to the child 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. Let the child know you will introduce a way to stop bad feelings. The technique is called “STOP”, and will involve several steps that you will discuss together.

<input type="checkbox"/> <b>Introduce STOP worksheet</b>	Review the <b>STOP</b> worksheet, point out the stop sign in the upper left hand corner, explaining that here it refers to the first step. Go through the first two pages of the <b>STOP</b> worksheet to elicit ideas about feelings from the child, ask the child how he or she would be able to tell if someone else is experiencing these feelings, and find out when he or she has those feelings.
<input type="checkbox"/> <b>Explain Purpose of Anxious Feelings</b>	Next, discuss with the child the idea that there are often many reasons that can explain nervous feelings in a person's body. This should be tied in with what was learned in the "Learning about Anxiety" module.
<b>Example script</b>	
<i>Remember all these feelings are part of the alarm system that is meant to help you when there is danger. Why do you think these people have these feelings?</i>	
	Using as many questions as possible, point out that the alarm makes your heart beat faster, makes you breathe faster (so you might feel out of breath), and makes you sweat so you can cool off if you need to run away. You get butterflies or stomach aches because your stomach stops working on food so your body can concentrate on the danger. Feeling shaky or dizzy or blushing is often from all the increased energy that your body generates. Make sure the child sees that most of these feelings are things that people get when they exercise hard, and suggest that feeling scared gets your body ready for some hard work in case you need to get out of trouble.
<input type="checkbox"/> <b>Introduce the First Step: "Scared"</b>	Point out that the first step in overcoming scared or anxious feelings is to know when you are feeling that way. Ask the child the first thing he or she notices when he or she becomes frightened or scared. We call this step "Scared", and the first letter in STOP is also the first letter in scared. Refer back to the stop sign on the worksheet.
<input type="checkbox"/> <b>Introduce the Next Step: "Thoughts"</b>	Point out that the first step in overcoming scared or anxious feelings is to work on the thoughts that make children feel upset. Tell the child that you will be teaching him or her how to identify and deal with these thoughts to make him or her feel better. Explain that anxious thoughts can be unpleasant and even scary, but that there are tools to handle them.

<input type="checkbox"/> <b>Explain How Thoughts Are Guesses</b>	<p>Complete page 3 of the <b>STOP</b> worksheet together, making sure 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 thoughts often include guesses about the future. Elicit some predictions of the future from the child to make sure that the child understands this concept, and praise him or her for such efforts. For some children, the idea of a fortune teller or crystal ball may be helpful.</p>
<b>Example script</b>	
	<p><b>You:</b> Have you ever heard of a crystal ball?</p> <p><b>Child:</b> Uh huh.</p> <p><b>You:</b> In stories that you've read or films that you've seen, what does a crystal ball do?</p> <p><b>Child:</b> People look into them and they can see the future.</p> <p><b>You:</b> Right! People look into them and make guesses about the future. Sometimes those guesses are right, and sometimes they are wrong. That's just how your own thoughts can work. Your thoughts tell you what might happen in the future.</p>
<input type="checkbox"/> <b>Illustrate that Guesses Are Not Always Right</b>	<p>Go on to page 4 of the worksheet, and discuss the "roller coaster" picture to illustrate that not everyone makes the same guesses or has the same thoughts about a situation. Some children guess good things will happen, and other children may guess that bad things will happen. Check to see if the child understands the idea that thoughts, which are guesses, can be wrong. If the child makes this connection, you can then point out how a wrong guess is a lot like a false alarm.</p>
<input type="checkbox"/> <b>Make Connection Between Thoughts, Feelings, and Actions</b>	<p>Once the child has provided examples of good and bad guesses, discuss with the child the ways in which different thoughts can lead to different feelings and actions. Use the example on page 4 of the worksheet to demonstrate how two different thoughts in the same situation can result in quite different feelings and actions.</p>
<b>Example script</b>	
	<p><i>What would the girl do in this situation? What would the boy do? Who wants to go on the roller coaster? Why?</i></p> <p>Point out that the second letter in STOP stands for "thoughts". Inform the child that this is the second step in learning to overcome scared or anxious feelings: noticing anxious thoughts. Ask the child to name some ways that recognising thoughts might help when feeling anxious or scared.</p>

<input type="checkbox"/> <b>Introduce the Next Step: "Other Thoughts"</b>	Tell the child that the next letter in STOP stands for “other thoughts.” Mention that you are going to see whether it is possible to make other guesses about a scary situation. Go over page 5 of the worksheet, and ask if the child is able to come up with realistic other thoughts about how the bad things will not come true (e.g., “I bet there will be other new kids” or “It’s OK not to know the answer”). Ask the child how having these other thoughts might make someone feel in a scary situation (e.g., “would you feel better or worse?”).
<input type="checkbox"/> <b>Counter Your Own Thoughts</b>	Complete page 6 of the worksheet, and discuss with the child about what to do in particular situations to better cope with his or her own scared or worried feelings.
<input type="checkbox"/> <b>Apply the Steps to Examples</b>	Discuss how the steps covered so far can help in everyday situations that are scary.
<b>Example script</b>	
	<p><b>Therapist:</b> Let’s imagine that you are at school and the teacher calls on you. You think you know the right answer, but you are afraid you could be wrong. What would you do?</p> <p><b>Child:</b> I might just not say anything.</p> <p><b>Therapist:</b> Let’s remember the first step. What is the S for? So would you feel Scared? How would you know?</p> <p><b>Child:</b> Well, I would probably turn red, and get all hot, and I would feel my heart beating.</p> <p><b>Therapist:</b> Right! Now what does the T stand for? What kinds of thoughts would you have? What guesses are you making?</p> <p><b>Child:</b> I’m guessing the teacher will be mad if I say the wrong thing.</p> <p><b>Therapist:</b> OK. Now let’s look at the third step. What are some Other thoughts that you might have that would make this situation less scary?</p>
<input type="checkbox"/> <b>Praise and Repeat</b>	Praise the child for his or her efforts in this exercise. If time allows, ask the child to work through another situation in which he or she might feel anxious or scared, indicating how or he or she would use each step on his or her own. Provide praise again.
<input type="checkbox"/> <b>Introduce the Final Step: "Praise"</b>	Inform the child that now you will review the last step in helping to overcome scared and anxious thoughts. Tell the child that this step is called Praise, and discuss the last page of the <b>STOP</b> worksheet. Ask the child for some examples of children doing well at a task, and ask the child to suggest some things these children could tell themselves after doing so well (e.g., “it was hard but I did it – nice job!” or “I was really brave this time!”). Is it OK to write some of these down on the last page of the <b>STOP</b> worksheet.

<input type="checkbox"/> <b>Review the Plan</b>	Indicate to the child that he or she just learned a plan that can help to cope with scared or anxious feelings. Point out that it is often difficult to remember all of the steps when feeling scared or nervous, and remind him or her that the first letter of each step spells out the word STOP. Have the child explain to the parent what concepts he or she has learned in the session.
<input type="checkbox"/> <b>ACTIVITY STOP</b>	Choose a mildly anxiety-provoking item from the child's <b>Fear Ladder</b> . Describe the situation for the child and ask him or her to walk you through what he or she would do in that situation, using the steps from the STOP acronym. If the feared situation involves a social interaction, you should role play with the child and walk him or her through all four steps in the plan ( <b>adapt for telephone delivery</b> ).
<input type="checkbox"/> <b>Praise and Prompt Self-Praise</b>	After the child has successfully demonstrated the STOP steps in role-play, praise the child and remind him or her to praise him- or herself when practising these steps in the future.
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT STOP Worksheet</b>	The practice assignment for this week is for the child to complete the <b>STOP worksheet</b> if it was not finished in session. Let the child know that you will review this worksheet together in the next session.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

### Helpful Tips

- Once children have used STOP, they should be encouraged to go through the four steps each time an exposure exercise or reading of a trauma narrative is performed. For example, you can ask the child before starting an exposure practice about how he or she will know if he or she feels scared. Then ask about what some scared thoughts might be, and write those down. Next, have the child generate some other thoughts that might be more realistic and reassuring. At that point, suggest that the child recite some of those other thoughts to him- or herself during the practice. Complete the exposure exercise, and then remember to

praise and to encourage self-praise. These steps should be used for practice at home as well as those done together.

- To facilitate some children's ability to identify and label feelings, it can help to use pictures of people, showing different expressions that reflect different emotions. Discuss what type of feeling each person might be experiencing. Pictures illustrating different feelings and emotions can often be found in magazines or in illustrated children's storybooks.
- When working with younger children, it can be helpful to create a "Feelings Dictionary" by cutting out from magazines pictures that display physical responses to emotions, mounting them on paper, and binding them together in a booklet created by the child.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

## **Wrap Up (Anxiety)**

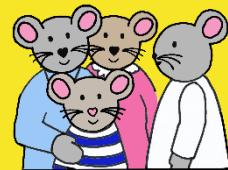
---

MICE

## Wrap Up (Anxiety)

### Use This:

To conclude a course of treatment for anxiety.



### Goals

- The child will review skills learned and discuss how to apply them to anticipated future challenges.
- The child will prepare a TV advertisement for the child's treatment programme
- The child will engage in a fun activity that leaves the child feeling positive and successful about the progress that he or she has made
- The parent will make plans to help the child maintain and generalise his or her newly acquired skills
- The family will ensure that practice will continue after meetings with you are over and plan for using specific skills in the future

### Materials

- **Fear Thermometer and Fear Ladder** (2 unrated copies, for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- Any useful worksheets from previous sessions
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Review the skills and tools that the child has acquired during treatment and celebrate the gains that have been made together.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.

<input type="checkbox"/> <b>Assess the Child's Feelings About Termination</b>	In a positive way, check in to get a sense of how the child is thinking and feeling about termination.
	<p><b>Example script</b></p> <p><i>Well, here we are at our last meeting. I am really impressed with the good work you've done in our meetings and in the practice assignments. And I have really enjoyed getting to know you in these meetings. How about you - how are you feeling about finishing up?</i></p>
<input type="checkbox"/> <b>Address Any Concerns</b>	Explore any issues that the child brings up about termination, answer any questions, and make sure that you devote sufficient time to address concerns that the child may have. Be sure to frame the discussion in a positive manner, pointing out the gains that have been made and that are expected to continue.
<input type="checkbox"/> <b>Review Main Points and How They Apply</b>	See if the child can review the main points of treatment, highlighting specific skills or tools that he or she has learned during the course of treatment. Try to allow the child to do as much of the talking as possible. Get examples of how these skills or tools fit the child's real-life everyday problems and concerns.
<input type="checkbox"/> <b>Emphasise Continued Use of Skills</b>	Emphasise to the child the importance of continuing to practise applying his or her new skills, and to persevere in the face of challenges.
<input type="checkbox"/> <b>Predict Challenges</b>	At this time, you should point out that there will probably be some failed attempts to apply new skills and tools in the future, and there may even be an occasional return of sad feelings, worries, or fears. This information is not intended to frighten or worry the child, but rather to establish realistic expectations and to avoid feelings of panic, failure, or disappointment when challenges inevitably arise. Experience and research tell us that occasional lapses are likely among individuals who have experienced anxiety or depression.
	<p><b>Example script</b></p> <p><i>Kids who go through this programme and get better find that it doesn't solve all their problems, and sometimes they feel bad again. But what's different now is that you have new skills to use if any problems come back. Let's think more about what skills you might want to use in the future.</i></p> <p>The message to the youth should be that lapses are normal and common, that almost no one can expect to have no bad feelings ever. But one needn't worry when one has good skills and strategies to use when sad feelings or worries arise. Reassure the child that by using the strategies and skills that he or she has acquired in treatment, he or she can have more control over those bad feelings than before, and make them go away faster than before.</p>

<input type="checkbox"/> <b>Plan Solutions</b>	If you have not done so in previous sessions, plan how the child will use the tools and skills he or she has learned during treatment to deal with possible difficult situations and events in the future (i.e., those events or situations most likely to elicit symptoms of anxiety or depression). This part of the session should be highly interactive with lots of input from the child as to which specific ways of applying the skills will be likely to really work.
<input type="checkbox"/> <b>ACTIVITY <i>Advert</i></b>	<p>This exercise involves working together with the child to record an "advert" for the child's treatment programme. This activity is useful both for improving the child's memory of the skills that he or she has learned during treatment and for personalising the programme. Encourage the child to star in his or her own videotaped or audio-taped advertisement for the programme. Examples of what can be included are:</p> <ul style="list-style-type: none"> <li>• A review of the main concepts that the child has learned during treatment. Have the child summarize the main ideas of the treatment programme as he or she remembers them.</li> <li>• What is good about the treatment programme – e.g., why other kids would benefit from learning and being able to use the skills that the child has learned.</li> <li>• "Greatest hits of practice." Have the child discuss one or two of the most effective practice assignments that he or she has completed. Be sure that the child talks about the effect of the practice assignment on his or her mood.</li> </ul> <p>First, have the child rehearse the advert while you serve as an "audience member," offering support and encouragement. Next, if possible, video or audio record the advert for the child. If possible, view or listen to the advert with the child and parent during the final portion of the session. The tape can be sent home with the child and parent, or a copy can be made and sent to them.</p>
<input type="checkbox"/> <b>ACTIVITY <i>Celebration</i></b>	During the very last session, engage in a fun activity with the child (typically planned during the previous session), such as having a "party" with snacks and drinks, playing a game, making a goodbye card, going for a walk (these interests and activities will differ widely by child and by age). This opportunity can focus on upcoming positive events for the child (e.g., an approaching birthday, an upcoming social event with peers, summer holiday, a special trip, a promotion to a new grade with the chance to make new friends). The general idea is to make this a celebration with a "positive future" orientation.

<input type="checkbox"/> <b>Say Your Goodbyes and Thank the Family</b>	Thank the parent for his or her help and support during treatment. Let the parent know that you have enjoyed getting to know him or her, and that you are now passing the baton along, as formal treatment is ending. Point out that the progress was due primarily to the child and family's efforts, not to your own. It is important that the child takes responsibility for the success that was experienced and attributes gains to his or her own effort.
	Confirm date and time of the first booster session (approx. 1 months' time).
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### **Helpful Tips**

- For many children, the review of concepts and the planning of the celebration activity may have been going on for several sessions already. In those cases, it might be possible to move more quickly through the first steps of this module and spend more time on the advert or celebration. Even when moving quickly, it is usually hard to perform the advert and the celebration in the same session.
- Another way to commemorate the child's success is to write a letter or card to the child, detailing all of his or her progress and your happiness at his or her success in treatment. It does not need to be long or elaborate, but it should be genuine. The letter should be something that the child will keep and can look at to remember what treatment was like and what he or she learned from treatment. You may choose to present the letter in the final session or to send it soon afterwards as a transitional experience for the child.
- Another idea is to provide the child with a few stamped envelopes, addressed to you at your workplace. You can invite the child to send a note every now and then to let you know how things are going for him or her. This gesture allows the child to leave the last session knowing that contact with you and the clinic has not ended completely, and provides him or her with an opportunity to stay in touch.
- In order to assist the child in his or her continued application of newly acquired skills to everyday situations, you might wish to make extra copies of any worksheets they would like to use regularly. The child and parent can then use these worksheets to resume formal practices if challenges arise after treatment has ended. This is particularly important if you feel that the child has made good use of the practice assignments throughout treatment.
- Although video or audio taping equipment may not always be available, the exercise of creating and presenting an advert for the treatment programme is a valuable component of the final session with the child. By making a clear statement in favour of the program, the child is more likely not only to remember his or her statement, but also more likely to believe in it. If it is not possible to record an advert, consider having the child develop an advertisement or brochure that the child can present and explain to you, and possibly his or her parents, in order to help the child remember and understand the main points of his or her treatment programme.

- In addition to engaging in fun activities with the child during the last session, you might also consider awarding a certificate of completion for his or her participation in the programme.
- If the child or parent is particularly concerned about ending treatment, you can plan to check in over the phone at a schedule that seems appropriate.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Booster (Anxiety)**

---

MICE

## Booster (Anxiety)

### Use This:

To follow up with the family after treatment for the young person's anxiety (1 and 3 months' post treatment).



### Goals

- The parent will review successes and challenges encountered with previously taught skills
- You and the parent will review the **Practice Record**
- Complete **Fear Ladder** and **Fear Thermometer** again if necessary
- Make adjustments or additional recommendations as needed

### Materials

- **Practice Record** (p. 324, 325)
- **Fear Thermometer** and **Fear Ladder** (if required) (p. 318, 320)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**If time is tight:** Review the child's status with the parent to determine whether additional adjustments or interventions are warranted.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together.
<input type="checkbox"/> <b>Obtain Rating</b>	Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, and review the strategies, what strategies are working well/what aren't working as well.
<input type="checkbox"/> <b>Discuss &amp; Review Practice</b>	Discuss with the parent the child's progress with exposure practice and review the <b>Practice Record</b> . Discuss any concerns the child may have at this point and reassure that continued practice after treatment has ended will lead to further improvement over time. Praise the child, and parent, for continued commitment and encourage further practice.
<input type="checkbox"/> <b>Complete Fear Ladder &amp; Thermometer</b>	After reviewing, if necessary, re-visit <b>Fear Ladder</b> and <b>Fear Thermometer</b> and revise the Practice plan.
<input type="checkbox"/> <b>Provide Feedback and Support</b>	Discuss with the parent his or her continued use of other strategies learned, and provide praise for their effective use. Some continued feedback might be needed and can be offered at this point as well.

---

<input type="checkbox"/> <b>Review Progress</b>	Finally, discuss with the parent his or her satisfaction with the child's progress and whether it appears that goals have been met, or whether additional treatment or other supports are still needed. Work with the parent to review and evaluate progress, define long-term goals, and outline plans for additional supports or services needed.
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

---

### **Helpful Tips**

- When discussing how to apply the skills and tools that the parent has acquired during treatment to future problems, emphasise only those skills that you believe are highly likely to work well.
- If the family remains concerned about having ended treatment, you can tell the parents that they can contact you anytime during work hours.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Getting Acquainted - Depression**

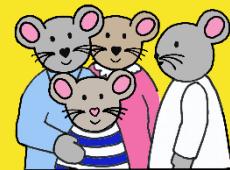
---

MICE

## Getting Acquainted - Depression

### Use This:

At the beginning of depression treatment to establish a relationship and plan.



### Goals

- The family will feel more comfortable through introductory get-acquainted activities
- The family will understand how the programme can meet their goals
- The family will learn about the importance of confidentiality, take-home assignments, and attendance
- The family will know how to use the *Feelings Thermometer*

### Materials

- *Feelings Thermometer* (p. 342)
- *Daily Feelings Record* (p. 343)
- Materials from recent assessment (if available)
- Pens, pencils, markers
- *Weekly questionnaires* and *Monitoring sheet* (see pages 277-293)
- *Therapist Note Taking Sheet* (p. 276)

**8 If time is tight:** Begin to build the therapy alliance and enthusiasm about the treatment programme. Learn about how the child shows depressive symptoms, and from the parent's perspective.

### Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Review the <i>Weekly questionnaires</i> and <i>Monitoring sheet</i> in detail. Discuss any difficulties with monitoring, usefulness of monitoring, what is being monitored etc.
<input type="checkbox"/> <b>Warm up</b>	Try to get a conversation going at a pace that suits the child. It is often helpful to make sure formal treatment does not begin too quickly, since depressed children may be irritable, anxious, and not familiar with questions about their feelings. Try to refrain initially from asking a lot of personal questions of the child.

<input type="checkbox"/> <b>ACTIVITY</b> <i>Ice Breaker</i>	An ice breaker activity is a good idea to build therapeutic alliance. The appropriate activities will depend on the child's age and interests, so you should prepare beforehand, trying to obtain enough prior information about the child to plan a uniquely tailored ice breaker. The exercise may be as simple as engaging in a discussion with the child centred on three things about him or her that are unusual or interesting. Art materials may also be helpful if the child enjoys drawing or if you feel that the child might find a nonverbal means of connecting easier at first.
<input type="checkbox"/> <b>ACTIVITY</b> <i>Personal Facts Game</i>	To introduce your need to gather information, and the idea that this information is important to you, it might be helpful to play a "Personal Facts" game. In this game, both you and the child supply answers to the same questions, such as "What is your middle name?", "How old are you?", "How many brothers and sisters do you have?", or "What is your favourite activity?" Keep in mind that including questions about favourite TV shows, heroes, and superheroes can provide information that will be helpful later in treatment. After giving answers, you and the child might quiz each other. It is important that you recall the details accurately as this conversation is one of the child's first attempts to share personal information with you. It will also be helpful throughout the treatment if you are comfortable with the child asking personal information about you and with providing answers to appropriate questions.
<input type="checkbox"/> <b>Provide Overview and Rationale</b>	<p>Explain that this programme is a joint effort between the therapist and the child, focused on feelings – especially feelings we don't like that can keep us from doing the things we want to do and should be doing.</p> <p>Tell the child everyone has times when they feel bad, sad, gloomy, or grouchy, and that it's OK to feel bad sometimes. We know that children with epilepsy are particularly likely to have these times for a variety of reasons. However, not everyone knows what to do to stop feeling that way, and sometimes they get "stuck" feeling bad. Getting stuck in the bad feelings can stop us from enjoying friends, getting our schoolwork done, and doing other things that would be good for us. Note that by working with you in session, the child will be learning ways to get "unstuck" so that he or she can do the things he or she really values and wants to be doing.</p> <p>You might ask the child if he or she can remember times when he or she got stuck in bad feelings (bad, sad, gloomy, grouchy) and those bad feelings stopped him or her from doing something fun (like hanging out with a friend) or important (like schoolwork).</p>

<input type="checkbox"/> <b>Child's Perspective and Goals</b>	<p>Ask if this sounds like what the child thought you would be working on together. If not, find out what the child had expected and see if you can identify common ground between goals of treatment and the child's expectations.</p> <p>Ask if the child has specific goals that he or she wants to work on in therapy. Help the child to word the goals in a way that can relate to improving mood.</p>
<input type="checkbox"/> <b>Encourage Participation</b>	<p>Invite the child to ask questions about treatment. Continue to re-open this invitation periodically until the child begins to share his or her questions and concerns. Stress to the child that information from his or her point of view is very important. Emphasise that you're interested in what the child sees and thinks about various situations. Value should be placed on the child's point of view.</p>
<input type="checkbox"/> <b>Describe Treatment Structure</b>	<p>Lay out the structure and sequence of the treatment programme. Be sure to cover the following points:</p> <ul style="list-style-type: none"> <li>• The activities that will happen in the various sessions (e.g., role-playing, practising new skills)</li> <li>• The importance of regular attendance (because each session builds on the contents of the previous ones, and the entire programme is needed to maximise the chances of success)</li> <li>• The worksheets, which contain practice assignments for him or her to do each week between sessions</li> <li>• The limits of confidentiality</li> </ul>

<input type="checkbox"/> <b>ACTIVITY</b> <b>Feelings Thermometer</b>	<p>Have the child provide a rating for his or her current mood. You may need to practise once or twice with sample anchors to make sure the child is giving accurate ratings. Ask the child what the number he or she chose means, in order to be sure he or she understands the concept. Ask the child to indicate, using the <b>Feelings Thermometer</b> how his or her mood would be in several different situations (i.e., spending time with a favourite friend, after a disappointing mark, after a seizure) in order to make sure that the child feels comfortable using this scale. It is particularly important that the child be able to use the full range of the scale, not just the two endpoints.</p>
	<p>For this session, the parent should also be introduced to the <b>Feelings Thermometer</b>. The parent should understand that the <b>Feelings Thermometer</b> is a tool that takes a global rating of the child's mood. Discuss that this tool will be used throughout the treatment to monitor the child's good and bad feelings. Explain to the parent how the <b>Feelings Thermometer</b> works. For practice in the session, ask the parent to use it to rate the child's mood under different circumstances (some good, some bad).</p>
	<p><b>Example script</b></p> <p><i>If your child just did really well on an exam at school, what would his or her <b>Feelings Thermometer</b> rating be? What would the rating be if your child got into a disagreement with a best friend at school?</i></p>
	<p>Then have the parent rate the child's current mood. Ask the parent what that specific rating means, so you can be sure the concept is clear.</p>
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <b>Daily Feelings Record</b>	<p>The practice assignment for this week involves having the child practise making ratings of his or her mood each day during the coming week. Tell the family you will send them a <b>Daily Feelings Record</b> after the session. Ask the child to make one rating each day by circling a number on the thermometer and writing what happened that day to make him or her feel that way.</p>
	<p>Remind the child that you will often take ratings with the <b>Feelings Thermometer</b> to gather clues and evidence about his or her feelings. Let the child know that at the next session, you will review his or her ratings together and talk about any changes that might have occurred in his or her mood over the week.</p>
<input type="checkbox"/> <b>Praise</b>	<p>Praise the child for his or her good work during this first session.</p>

---

<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the family you will also send the <b>Weekly questionnaires, Monitoring sheet and Feelings Thermometer</b> which need to be completed for the next session.
<input type="checkbox"/> <b>Summarising</b>	Confirm date and time of the next call. Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

---

### Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

### Helpful Tips

- Children often describe their depression as "tired," "bored," "cranky," "worried," or "mad," as well as "sad". Be sure to use the same language the child uses in describing his or her mood.
- Some children will have surprising insight, others relatively little, into what it is like to feel good and what it is like to feel bad. Use gentle encouragement, plus your own modelling, to draw out the child if he or she is reticent or reluctant to elaborate on ideas. It can also be helpful to refer to other people's experiences of feeling sad or down, just to get the child to talk about feelings.

### How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Learning about Depression - Family**

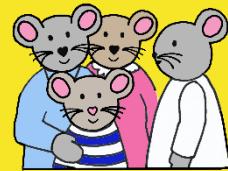
---

MICE

## Learning about Depression - Family

### Use This:

To introduce the family to the planned course of treatment for the child's depression.



### Goals

- You will continue to establish rapport
- The family will understand the nature of depression and its expression in youth
- The family will learn that individuals can control their mood by changing **how they act** and **how they think**
- The family will understand the importance of regular attendance, worksheets and practice assignments
- The family will be optimistic about the child's situation and the likelihood of improving
- The family will be interested in participating in and learning more about treatment

### Materials

- **Feelings Thermometer** (p. 342)
- **Thinking-Feeling-Doing** worksheet (p. 346)
- **How I Show My Feelings** worksheet (p. 345)
- **Understanding Depression** parent handout (p. 348)
- Materials from recent assessment (if available)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Teach the family about the **Thinking-Feeling-Doing** model of depression and how gathering clues and practising skills can help reduce unpleasant moods.

### Main Steps

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Set an Agenda</b>         | Remember to start by setting an agenda together and by reviewing any practice assignments.   |
| <input type="checkbox"/> <b>Obtain Weekly Ratings</b> | Using the 0 to 10 scale of the <b>Feelings Thermometer</b> , obtain ratings from both the child and parent. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail. |

<input type="checkbox"/> <b>Review Definitions and Vocabulary</b>	<p>Ask the child to describe how he or she knows when he or she is in a bad mood. What emotions are experienced during these times? Elicit other words (e.g., mad, grouchy) that might describe the symptoms of depression the child experiences. Praise the child's definitions and incorporate them into your own.</p>
<input type="checkbox"/> <b>Discuss the Nature of Childhood Depression</b>	<p>Begin this discussion by asking for the parent's ideas of what depression is and how it is affecting his or her child.</p> <p><b>Example script</b></p> <p><i>Many people have different thoughts about what depression is and what depression looks like.</i></p> <p><i>How would you describe depression? How would you describe your child's depression?</i></p> <p>Frame the discussion around the depressive symptoms identified by the parent. Include the following points: (1) the difference between a transient sad mood and the more enduring nature of depression, (2) the fact that depression in children and teens may sometimes show up as irritability rather than the sadness seen in adults, and (3) the fact that different children may show depression in very different ways.</p>
<input type="checkbox"/> <b>Note Your Need for the Parent's Perspective</b>	<p>Explain to the parent that in order for this programme to be most effective, you need to get his or her perspective on the child's depression and overall functioning.</p> <p><b>Example script</b></p> <p><i>As we were just discussing, depression can look very different in different children. What about your child? Because you are the true expert on your child, it would help me a lot to learn from you just what your child is like when he is feeling depressed.</i></p> <p>Remind the parent that his or her role in the child's treatment will be key to success. Build the parent's enthusiasm and work to increase his or her motivation to participate in the child's treatment.</p>

<input type="checkbox"/> <b>Provide Rationale for Treatment</b>	<p>Review with the parent/s and child the notion that our behaviours and our thoughts greatly influence the way we feel.</p>
<b>Example script</b>	<p><i>Our thoughts and our actions are very closely related. Was there ever a time when you had a job to do, and you felt pretty negative about it – like you wouldn't be able to do well at it? What did that do to your performance on that job? Exactly! Your negative thoughts about yourself and your future performance probably made it a lot harder to do well on the job. In much the same way, children who are depressed can feel down about themselves, and that can lead them to have problems developing close relationships and doing well in school or sports, which can lead to even more feelings of sadness. Part of changing this negative cycle for your child will be to work on his thoughts and his actions that are leading him to feel depressed.</i></p>
	<p>Review with the parent/s and child the goals for treatment: to gradually change the child's negative thoughts and behaviours through special coping techniques and consistent practice, and to teach the child new ways to cope with sad or upset feelings, so that the child won't feel as depressed and will have the skills needed to feel better.</p>
<input type="checkbox"/> <b>Introduce the Feeling-Thinking-Doing Triangle</b>	<p>Explain to the child that depression has three parts to it: what we <b>feel</b> (using the child's language), what we <b>think</b>, and what we <b>do</b>.</p>
<input type="checkbox"/> <b>ACTIVITY The Feeling-Thinking-Doing Triangle</b>	<p>Cover the first page of the <b>Thinking-Feeling-Doing</b> worksheet. Use questions to gather information from the child's own life to demonstrate how thoughts, feelings, and behaviours are often connected and can result in both pleasant and unpleasant emotions.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• <i>Is there a time recently when you felt (sad/mad/upset)?</i></li> <li>• <i>What happened that started those feelings?</i></li> <li>• <i>What did you think in your head?</i></li> <li>• <i>How did you feel?</i></li> <li>• <i>What did you do in response to those thoughts or feelings?</i></li> </ul>
<input type="checkbox"/> <b>Normalise</b>	<p>Remind the child that everyone feels sad or bad sometimes; the important thing is knowing what to do in order to get "unstuck" from these feelings so we can get on with the things we need to be doing. If possible, use an example from this child's life (from the previous session) – some activity the child values that he or she doesn't do when "stuck" in bad feelings. As an alternative, or in addition, you may use an example from your own life, or that of "another kid I know."</p>

<input type="checkbox"/> <b>Introduce the Toolbox Concept</b>	<p>Talk about the "toolbox" notion of treatment and ask the child if he or she knows what a toolbox is. The goal is to teach the child a number of specific coping skills. Ask the child to describe what sorts of things are in a toolbox (e.g., hammers, screwdrivers, wrenches). Point out that toolboxes have tools to solve all sorts of different problems, because not all tools work in every situation. Praise the child's efforts to come up with examples of tools and how they are used.</p> <p>Explain that people feel sad/down/upset for lots of different reasons, and show their feelings in lots of different ways. You have lots of tools that can be helpful to the child in improving his or her mood. Part of your work together will be trying out different tools in order to find out which ones work best.</p>
<b>Example script</b>	
	<p><i>As we discussed earlier, depression is different for each individual. That also means that different children will need different things – different coping skills – to help them feel better. One of the main goals in treatment will be to give you a toolbox, or a set of coping strategies. We'll teach you several different strategies, find out which ones work best for you, and then have you practise those specific coping strategies until they are easy for you to use when you feel sad or down.</i></p>
<input type="checkbox"/> <b>Learn about the Child's Tools</b>	<p>Ask the child what "tools" he or she use to improve a bad mood already. What are things he or she has tried in the past that have helped, even just a little bit?</p>
<input type="checkbox"/> <b>Explain the Importance of Practice</b>	<p>Explain that trying out new tools that we are not used to can be strange at first, like learning how to use anything new. Ask the child to think of a time when they practised to become good at something that was difficult at first. Examples could include riding a bike, playing an instrument, learning to use an electronic tool, learning to use chopsticks, etc.</p>

<input type="checkbox"/> <b>Relate Practice to Mood</b>	<p>Explain how the same principles that apply to learning how to do anything new also apply to changing mood. By practising using different tools, the child will get better at controlling his or her mood in order to have fewer unpleasant moods and less interference with things he or she wants to be doing.</p> <p>Use questioning to arrive at the idea that practice can be gradual, and that small steps will be required until bigger ones can be taken. It can help to reverse roles and ask the child how to help you learn to use something that they are very good at, such as an iPod or a video game.</p>
<b>Example script</b>	
<p><b>You:</b> How would you explain this game to me?</p> <p><b>Child:</b> I would explain the rules and how to use each of the control buttons.</p> <p><b>You:</b> But it seems really hard to me. I don't think it works for me. How can I get to be as good as you?</p> <p><b>Child:</b> I'd tell you to learn one little step at a time. Also, if you practise it will get easier.</p> <p><b>You:</b> Great! That's exactly the same as practising ways to change your feelings!</p>	
<input type="checkbox"/> <b>Explain about "How Feelings Look"</b>	<p>Explain that since all people look, act, and feel differently when they are sad/mad/upset, you would like to get a better understanding of what the child "looks and feels like" when he or she is feeling this way.</p>
<input type="checkbox"/> <b>ACTIVITY How I Show My Feelings Worksheet</b>	<p>Complete the worksheet with the child, asking for more information to better understand the child's presentation of depression, including the triggers that provoke positive or sad feelings including seizures, medication, the bodily response to such feelings (e.g., increased or decreased energy, changes in appetite or sleep), 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" or "The world sucks"), and the behavioural display involved (e.g., talkative and seeking others out vs. quiet and withdrawn). You can also model disclosure by answering each question yourself.</p>

<input type="checkbox"/> <b>Explain the Importance of Monitoring</b>	Introduce the idea of monitoring, which is just like gathering clues or evidence. <b>Example script</b> <i>Now, figuring out the kinds of things that lead us to have good or bad feelings can be like solving a mystery. What do detectives look for when solving a mystery? That's right – clues! Just like two detectives, we are going to gather important clues to help us learn more about the kinds of things that affect your feelings. Whenever you practise something here in session or at home for practice, I will ask you to fill in a <b>Feelings Thermometer</b>, like we did in session today. These ratings will tell us important things to help solve the mystery of what kinds of things make you have positive feelings, and what kinds of things make you have negative feelings.</i>
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <b>Thinking-Feeling-Doing</b>	The child should complete page 2 of the <b>Thinking-Feeling-Doing</b> worksheet during the upcoming week. Ask the child to pick a time when he or she felt bad and to write on the sheet. The child should then write what he or she thought, felt, and did and come up with alternative thoughts, feelings, and behaviours relevant to that example.
<input type="checkbox"/> <b>Review the Understanding Depression Handout</b>	Tell the parent to review the <b>Understanding Depression</b> handout after the session, and thank the parent <b>enthusiastically</b> for taking the time to talk with you.
<input type="checkbox"/> <b>Answer any questions</b>	Leave time at the end for discussion of any questions or concerns the parent/s or child may have about treatment.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the family you will also send the <b>Weekly questionnaires, Monitoring sheet</b> and <b>Feelings Thermometer</b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

## **Helpful Tips**

- For children who are high-energy, you can make the activities more engaging by using interactive games such as charades, or by drawing the "Thinking-Feeling-Doing" triangle on a large piece of paper and letting the child illustrate it.
- If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a "mood booster." Use the ***Feelings Thermometer*** to take a brief mood rating, spend a few minutes engaging in a pleasant activity, then re-rate the mood. Be sure to highlight for the child this important point: *what you do changes how you feel.*
- Check in on goals: Does the child feel that he or she is making progress? How does the material you covered today relate to the goals you set together?

## **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Problem Solving**

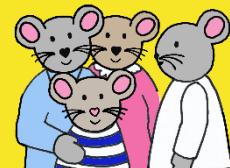
---

MICE

## Problem Solving

### Use This:

To teach the parent/s and child steps to solve problems more effectively.



### Goals

- The family will know the five steps for effective problem solving
- The family will know how to generate a variety of ideas and possible solutions prior to evaluating them or acting on them
- The family will know how to apply these problem solving skills to real problems in his or her life

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Five S-T-E-P-S to Problem Solving** worksheet (p. 354)
- **Helping Your Child Solve Problems** parent handout (p. 351)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Teach the child a procedure for solving problems using the S-T-E-P-S acronym.

### Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.
<input type="checkbox"/> <b>Introduce Problem Solving</b>	Discuss the fact that we all have problems every day. Note that solving them can make us feel good or keep us out of trouble, and not solving them can make us feel bad or get us in trouble. Let the child know you will be talking about a new way to solve problems, called "S-T-E-P-S."

<input type="checkbox"/> <b>Discuss Types of Problems</b>	Discuss some examples of problems people often deal with on a daily basis. Use examples the child is likely to have experienced and that can be solved through direct action. This can be done by using calculated self-disclosure; that is, share with the child <i>appropriate</i> information about problems you have encountered and how you solved them.
<input type="checkbox"/> <b>Introduce Problem Solving S-T-E-P-S</b>	<p>The parent should understand that S-T-E-P-S is a tool to solve problems that arise in the child's life.</p> <p>Describe each part of problem solving S-T-E-P-S:</p> <p><b>S: Say what the problem is.</b> State the problem as specifically as possible.</p> <p><b>T: Think of solutions.</b> Brainstorm at least three solutions without judging their feasibility or quality at this point.</p> <p><b>E: Examine the solutions.</b> Identify the pros and cons of each suggested solution, including the likely consequences of each.</p> <p><b>P: Pick one and try it out.</b> Use the pros and cons to choose the best solution.</p> <p><b>S: See if it worked.</b> What was the outcome? If it didn't work, choose another solution to try.</p>
<input type="checkbox"/> <b>ACTIVITY <i>Solve a Problem Using S-T-E-P-S</i></b>	<p>Present the child with a fun problem to solve that can be solved in the session together. Write down the process in terms of the problem solving S-T-E-P-S, and then point out to the child that you followed a process to solve the problem and that this is how S-T-E-P-S can be used. Example fun problems include:</p> <ul style="list-style-type: none"> <li>• Problem: move an object from one part of the room to another without using hands</li> <li>• Problem: keep a balloon in the air for 60 seconds without hands</li> <li>• Problem: Move from one chair to another without letting feet touch the ground</li> </ul> <p>Alternatively, use a problem from your own life and enlist the child as a helper to work through the problem-solving S-T-E-P-S.</p>
<input type="checkbox"/> <b>Apply S-T-E-P-S to Child's Life</b>	Help the child identify a problem from his or her life that the two of you can work on using the problem solving S-T-E-P-S procedure. Practise using S-T-E-P-S to address a relatively simple problem in the child's life. Talk the child through the <b>Five S-T-E-P-S to Problem Solving</b> worksheet and help him or her to apply each part of the strategy to the identified problem.

<input type="checkbox"/> <b>Review Problem Solving S-T-E-P-S</b>	With the worksheet out of sight, discuss this new problem-solving strategy with the child to ensure that he or she (a) knows when it might be helpful to use the S-T-E-P-S strategy, (b) understands how to use this strategy, and (c) knows each of the five parts of S-T-E-P-S.
<b>Example script</b>	
	<b>You:</b> So, when would someone want to use these S-T-E-P-S?
	<b>Child:</b> Well, when they're feeling bad about a problem, or feeling like they're stuck.
	<b>You:</b> And if they felt like they had a problem or couldn't figure something out, what would you tell them to do?
	<b>Child:</b> To think about their problem and some ways to try to solve it by going through the S-T-E-P-S.
	<b>You:</b> Great. But what if they're not familiar with solving problems by using S-T-E-P-S? How would you get them started? What would be the first thing that they need to do?
	<b>Child:</b> Well, they would need to start by saying what the problem is...
	<b>You:</b> Perfect! Then what? (continue asking similar questions, walking the child through the problem solving process)
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>Practise at Home</i>	Ask the child to practise using problem solving S-T-E-P-S on his or her own. The child should identify a problem in his or her life and fill out a <b>Five S-T-E-P-S to Problem Solving</b> worksheet for that problem at home. The child should then try one of the solutions and tell you how it worked in the next session. Remind the family to send the completed worksheet back for the next session for discussion.  Be sure to help the child pick a relatively simple problem for this practice assignment, rather than something big or complicated. Appropriate problems might include resolving a disagreement with a parent over a minor matter or with a friend about what to do over the weekend.
<input type="checkbox"/> <b>Review Helping Your Child Solve Problems Handout</b>	Review the <b>Helping Your Child Solve Problems</b> handout. Make sure the parent is familiar with the concepts so that he or she can assist the child at home if needed.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the family you will also send the <b>Weekly questionnaires, Monitoring sheet and Feelings Thermometer</b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## **Leave ‘Em Laughing**

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you’ve done today. The end of each session should be used to praise the family’s efforts and to convey support and encouragement.

## **Helpful Tips**

- If the child is reticent or having difficulty identifying a problem, you may use a story to illustrate a problem and then have the child apply the S-T-E-P-S to that problem. Alternatively, some children may be able to apply the S-T-E-P-S to a problem of someone they know or are close to, such as a friend or family member. The primary goal of this module is to teach the child a new skill for solving problems – not necessarily to solve a specific problem at hand. Eventually, this skill can be used to address problems specific to the child, even if the child is not ready at this point to discuss his or her unique problems during the session.
- Check in on goals: Does the child feel that he or she is making progress? How does the material you covered today relate to the goals you set together?

## **Special Cases**

<i>Depression</i>	If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a mood booster: take a brief mood rating using the <b><i>Feelings Thermometer</i></b> , spend a few minutes engaging in a pleasant activity, and then take another mood rating. If the activity was successful, highlight to the child that what we do changes how we feel and then move on to covering the problem solving skill.
-------------------	---

## **How’s Your Style?**

- Did you praise often?
  - Did you review often, by asking questions?
  - Did you simplify the steps as needed?
  - Did your pace match that of the child or family?
  - Did you stay on track?
-

# **Activity Selection**

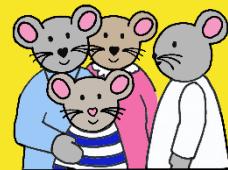
---

MICE

## Activity Selection

### Use This:

To help the child identify and use positive activities to improve his or her mood.



### Goals

- The family will learn the relation between the things we do and how we feel, emphasising the link between positive activities and feeling good
- The child will identify 10 activities that he or she can do to improve his or her mood
- The child will schedule activities that make him or her feel good

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Doing Something Fun to Feel Better** worksheet (p. 356)
- **Ten things I Can Do to Feel Better** worksheet (p. 357)
- **Scheduling Time for Fun** worksheet (p. 360)
- **Activity Selection** parent handout (p. 359)
- Pencils, crayons, markers
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ 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.

### Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.

<input type="checkbox"/> <b>ACTIVITY</b> <b><i>Doing Something Fun to Feel Better</i></b>	<ol style="list-style-type: none"> <li>1. Induce a negative mood with the child by describing a stressful situation. An example would be:  <i>Close your eyes and imagine that you are having a terrible day. You are late to school, and you forgot your homework! At lunch, you spill your drink on your clothes, and a bunch of kids laugh at you. When you get home, your mum makes you clean your room, and you miss your favourite TV show.</i></li> <li>2. Have the child rate his or her mood at the top of the <b><i>Doing Something Fun to Feel Better</i></b> worksheet.</li> <li>3. Have the parent engage in a fun, high-energy activity with the child (e.g., hula-hooping, singing a song) for a few minutes, until the child is having fun.</li> <li>4. Have the child do the second mood rating on the <b><i>Doing Something Fun to Feel Better</i></b> worksheet.</li> </ol>
<input type="checkbox"/> <b>Debrief the Activity</b>	<p>Briefly discuss with the child the effect of the activity on his or her mood ratings. Explain how low mood was related to thinking about something sad. Note how doing something for only a few minutes can improve mood. 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 after the activity, discuss possible reasons for this (e.g., child didn't like activity, too little time).</p>
<b><input type="checkbox"/> Discuss Connection Between Feelings and Actions</b>	<p><b>Example script</b></p> <p><i>So we just did something really quick and it raised your mood by 2 points! You went from a 5 to a 7! That's great! And I bet hula-hooping isn't even one of your favourite activities! What's an activity that you really <b>love</b> doing? What do you think your rating would be if you were doing <b>that</b> instead?</i></p>
<b><input type="checkbox"/> Discuss Connection Between Feelings and Actions</b>	<p>Discuss how what we do – our activities – can affect our mood, or how we feel. Explain that doing activities we enjoy can make us feel good and that doing activities we do not enjoy (or doing <b>nothing</b>) can make us feel bad (or <b>bored</b>). Have the child think of a time when he or she felt sad, did nothing, and continued to feel bad as well as a time when he or she felt sad, did something fun and felt better.</p> <p><b>Example script</b></p> <p><i>So what we do affects how we feel. When we are in a good mood, we probably want to do a lot of fun things. But when we are in a bad mood, we may not want to do anything fun, and then we may just stay in a bad mood. Can you think of a time when you were in a bad mood or were upset, and you didn't do anything (or maybe you decided not to do something fun) and you stayed in a bad mood? What about a time when you felt bad, did something fun, and then felt better?</i></p>

<input type="checkbox"/> <b>Discuss Four Types of Activities</b>	Discuss with the child four types of activities that can improve mood and have the child list some examples for each activity: <ul style="list-style-type: none"> <li>• <b>Activities that I have enjoyed before:</b> explain how doing things we usually like makes us feel better</li> <li>• <b>Activities with someone I like:</b> emphasise how doing something with someone we like or would like to know better is a great way to build relationships and improve mood</li> <li>• <b>Activities that keep me busy:</b> explain how scheduled activities help us stay busy and in a good mood. Have the child identify some of his or her interests and link those interests to clubs, groups, or teams (e.g., Scouts, choir, football, drama) the child can join</li> <li>• <b>Activities that help someone else:</b> emphasise how helping others can make us feel good</li> </ul>
<input type="checkbox"/> <b>Complete Ten Things I Can Do to Feel Good Worksheet</b>	Help the child complete the <b>Ten Things I Can Do to Feel Good</b> worksheet. Make sure the activities include the four types of activities previously discussed and are (1) simple, (2) free, (3) available almost any time, (4) safe for children with epilepsy and (5) virtually guaranteed to make the child feel good. Make sure the list includes activities that require energy and activities the child can do on his or her own. Examples include playing with a pet, riding a bike, reading a book, talking to a friend, helping a family member or friend, drawing, and painting fingernails.
<input type="checkbox"/> <b>Begin Scheduling Time for Fun Worksheet</b>	Explain to the child that staying busy – having plans to do fun things – is a great way to improve your mood or to keep your mood high. Help the child brainstorm one fun activity he or she can do every day, and fill in the first column of the <b>Scheduling Time for Fun</b> worksheet. Work with the child to write – in the left column – one specific activity he or she will plan to do on each day and note when that activity is planned (e.g., after school, after dinner). Refer to the <b>Ten Things I Can Do to Feel Good</b> list if you need to come up with enough ideas to fill the week. Try to make sure that the activities include at least one that uses energy, at least one that is with another person, and at least one that helps someone else (e.g., help clear the table and do dishes after dinner).
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT Complete Worksheet</b>	Explain to the child that the practice assignment for this week is to complete the <b>Scheduling Time for Fun</b> worksheet. Instruct the child to do the activity the two of you have written down (or a substitute activity if necessary) each the day in the coming week. Each day the child should write down what the activity was as well as his or her <b>Feelings Thermometer</b> ratings both before and after the activity.

<input type="checkbox"/> <b>Review Parent Handout</b>	Review the <b>Activity Selection</b> parent handout. Be sure that the parent is familiar with the concepts so that he or she can assist the child in using the new concepts and tools introduced in the therapy sessions.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the family you will also send the <b>Weekly questionnaires, Monitoring sheet</b> and <b>Feelings Thermometer</b> which need to be completed for the next session.
	Confirm date and time of the next call.
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### Leave ‘Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you’ve done today. The end of each session should be used to praise the family’s efforts and to convey support and encouragement.

### Helpful Tips

- If you have a hard time coming up with ideas, here are **10 possible activities** you could try: (1) toss a ball back and forth, (2) play rubbish bin basketball (crumble up a piece of paper to make a ball and use the rubbish bin as the goal), (3) hula-hoop, (4) skipping rope, (5) search for cute animal videos on YouTube, (6) do jumping jacks, (7) play a quick game/computer game, (8) play an instrument (maracas, tambourine), (9) play Simon Says, and (10) draw a picture.
- If the child is having difficulty generating activities for the **Ten Things I Can Do to Feel Good** worksheet, offer suggestions based on your earlier session with the parent – when the parent identified activities that improve this child’s mood. In addition, you may suggest activities that most children would enjoy (e.g., playing a game with a friend, playing sport, playing with a pet).
- If the child lists passive activities like sleeping or watching TV, accept these answers and write them down. However, make sure to include some activities that require energy (e.g., riding a bike, dancing) or that are more engaging (e.g., reading, painting).
- If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a mood booster: take a brief mood rating, spend a few minutes engaging in a pleasant activity, then re-rate the mood. If the rating improves, be sure to highlight to the child that what you do changes how you feel.
- The practice assignment for this session – and the **Scheduling Time for Fun** worksheet – can be used again, multiple times. If this child is one who tends to drift into bad moods – or lethargy – at home between sessions, it may be helpful to add the structure of regular weekly planning, looking to the week ahead and

planning one mood-enhancing activity for each day of the week, using the ***Scheduling Time for Fun*** worksheet.

- Check in on goals: Does the child feel that he or she is making progress? How does the material you covered today relate to the goals you set together?

## **Special Cases**

<i>Depression</i>	If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a mood booster: take a brief mood rating using the <b><i>Feelings Thermometer</i></b> , spend a few minutes engaging in a pleasant activity, and then take another mood rating. If the activity was successful, highlight to the child that what we do changes how we feel and then move on to covering the problem solving skill.
-------------------	---

## **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Learning to Relax**

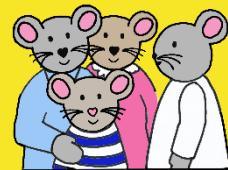
---

MICE

## Learning to Relax

### Use This:

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



### Goals

- The family 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) (pp. 318, 320, 342)
- **Learning to Relax** worksheet (2 copies) (p. 361)
- **Relaxing at Home** worksheet (p. 362)
- **Self-Calming Through Relaxation** parent handout (p. 363)
- 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) or <https://www.youtube.com/watch?v=cDKyRpW-Yuc>
- MP3 audio player (any type that has good sound quality; this could be your computer)
- Pens, pencils, markers
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**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.

### Main Steps

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Set an Agenda</b>         | Remember to start by setting an agenda together and by reviewing any practice assignments.   |
| <input type="checkbox"/> <b>Obtain Weekly Ratings</b> | If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail. |

<input type="checkbox"/> <b>Discuss Feeling Stressed &amp; Feeling Bad</b>	Tell the child that the way our body feels when we are worried, sad, angry 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.
<input type="checkbox"/> <b>Introduce Deep Muscle Relaxation</b>	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.
<b>Example script</b>	<p><i>Sometimes when we feel sad, worried, or stressed, our bodies feel tense or tight. Today we are going to practise 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.</i></p>
<input type="checkbox"/> <b>ACTIVITY Deep Muscle Relaxation &amp; Guided Imagery</b>	<p>Before you ask the family to play the recording, do the following:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Have the child complete the top half of the <b>Learning to Relax</b> 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.</li> <li>3. Make the room more comfortable (e.g., you may dim the lights).</li> <li>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).</li> <li>5. Play the relaxation audio file.</li> </ol> <p>Have the child finish filling in the <b>Learning to Relax</b> worksheet.</p>

<input type="checkbox"/> <b>Discuss the Relaxation Exercise</b>	<p>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?</p> <p>Make sure to explain:</p> <ul style="list-style-type: none"> <li>• The big difference between a relaxed body and a tense one</li> <li>• How slowing one's breathing and paying attention to it can help relax the body</li> <li>• How tensing and relaxing muscles helps relax the body</li> <li>• How picturing a calm, relaxing place can make the experience even more relaxing</li> <li>• 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</li> </ul>
<input type="checkbox"/> <b>Repeat the Relaxation Activity</b>	<p>If time permits, repeat the relaxation activity with the child. Note that relaxing and calming ourselves is a skill that we can get better at the more we practise. Use the recording to practise relaxation one more time. Then discuss with the child what he or she noticed the second time that was different from the first. Ask the child which activities seemed easier to do the second time than the first.</p> <p>Tell the child that you are going to give him or her the recording to use for this week's practice assignment. Encourage the child to use it anytime he or she feels tense, uptight, angry, or even just sad.</p>
<input type="checkbox"/> <b>Reinforce Relaxation</b>	<p>Reinforce and further develop the child's awareness of how and when relaxation might be useful. Help the child identify situations in which relaxation could be helpful and most needed.</p>
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT <i>Relaxing at Home</i></b>	<p>Explain to the child that he or she should practise the relaxation activity twice during the week and should complete the <b><i>Relaxing at Home</i></b> worksheet. Review this worksheet with the child to make sure he or she understands how to do the practice assignment and how to fill in the sheet. Discuss the mechanics of how the relaxation practice will work by identifying when and where the child can practise.</p>
<input type="checkbox"/> <b>Review Self-Calming Through Relaxation Handout</b>	<p>Review the <b><i>Self-Calming Through Relaxation</i></b> parent handout. The main goal of this part of the session is to familiarise the parent with the concepts (and provide a good review for the child), so the parent can assist the child in using his or her new relaxation skills.</p>

- Send the materials for the next session** Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they do not need to be completed for next session as you will go through them together in the session. Tell the family you will also send the **Weekly questionnaires, Monitoring sheet and Feelings Thermometer** which need to be completed for the next session.

Confirm date and time of the next call.

- 
- Summarising** Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.
- 

### Leave ‘Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you’ve done today. The end of each session should be used to praise the family’s efforts and to convey support and encouragement.

### Helpful Tips

- Be creative! Use your imagination to find ways to help the child understand relaxation.
- If the child is having difficulty describing physical sensations, have the child imagine and describe a stressful situation (a test, giving a speech), or play a stressful game in the session (e.g., Jenga, Operation). Have the child describe his or her anxious feelings and muscle tension during this activity.
- To demonstrate the physiological effects of self-calming, you can take the child’s temperature using a thermometer and/or pulse prior to and after relaxation. For most people, temperature rises slightly, and pulse slows, as they become more relaxed.
- Check in on goals: Does the child feel that he or she is making progress? How does the material you covered today relate to the goals you set together?

### Special Cases

---

<i>Depression or Conduct Problems</i>	If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a mood booster: take a brief mood rating using the <b>Feelings</b>
---------------------------------------	---

---

	<p><b>Thermometer</b>, spend a few minutes engaging in a pleasant activity, and then take another mood rating. If the activity was successful, highlight to the child that what we do changes how we feel and then move on to covering the problem solving skill.</p>
<i>Generalised Anxiety</i>	Relaxation techniques can be beneficial for children with generalised anxiety, particularly when the child can't fall asleep. In such cases, the recording may be used just prior to bedtime to help the child relax enough to fall asleep.
<i>Posttraumatic Stress</i>	For children who have posttraumatic stress symptoms or have experienced trauma, it may not be helpful- and it may increase distress- to darken the room, or have the child lie on the floor or a couch, or to ask the child to close his or her eyes, because these procedures may trigger distressing memories of past trauma. Instead, have the child slouch in a chair and look down at an uninteresting place, perhaps the floor.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

## **Quick Calming**

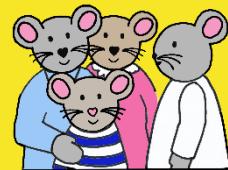
---

MICE

## Quick Calming

### Use This:

To reduce stress and improve mood when time is short or when in a public place.



### Goals

- The family will understand that learning to stay calm and relaxed can have a positive effect on the way he or she feels – especially when stressed out or tense
- The child will learn Quick Calming, a relaxation technique to use when time is short, when in a public place, or when caught off-guard by a stressful situation.

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma)
- **Feelings Thermometer** (pp. 318, 320, 342)
- **Anxious Feeling and Thoughts** worksheet [Anxiety module] (p. 305)
- **My Relaxing Place** worksheet (p. 365)
- **Quick Calming Practice** worksheet p. 366)
- **Quick Calming** parent handout (p. 367)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Convey the idea that staying calm and relaxed can have a positive effect on the way we feel. Teach the child a brief relaxation strategy that can be used in public places where he or she may not be able to use deep muscle relaxation techniques.

### Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.
<input type="checkbox"/> <b>Review the Purpose of Relaxation</b>	Ask the child to explain the relationship between muscle tension, stress, and negative feelings. Work with the child to generate an explanation that learning to relax our bodies can help us feel better emotionally. If the child previously did the relaxation training session with the CD, recall how the CD instructions helped the child relax, and how the child's overall feelings (e.g., Thermometer ratings) improved.

<input type="checkbox"/> <b>Explain Purpose of Quick Calming</b>	Explain to the child that some stressful situations are public or unexpected, and it can be difficult to use elaborate relaxation methods at those times. Provide examples of stressful situations in which you might need to relax but don't have a lot of time or there are other people around (e.g., just before an exam, just before you have to give a report in front of your class, just after an argument with a friend that has left you angry and your heart pounding).
<input type="checkbox"/> <b>ACTIVITY Develop "Quick List"</b>	To help the child understand when it would be helpful to use the Quick Calming technique, ask the child to come up with some examples of times he or she may be stressed, tense, or uptight in public places, or when time is limited. Provide help, if the child needs it, reminding the child of situations he or she has discussed with you in which stress levels are likely to be high.
<input type="checkbox"/> <b>Introduce Quick Calming</b>	<p>Tell the child that what you are going to work on today is a way to do Quick Calming, and that it involves three steps (they spell "ReST"):</p> <ul style="list-style-type: none"> <li>• <b><u>Relax your muscles</u></b> <ul style="list-style-type: none"> <li>○ Relax the muscles, especially those that feel most tense</li> </ul> </li> <li>• <b><u>Slow your breathing</u></b> <ul style="list-style-type: none"> <li>○ Take slow, deep breaths and exhale slowly each time</li> </ul> </li> <li>• <b><u>Think of a peaceful place</u></b> <ul style="list-style-type: none"> <li>○ Picture a peaceful place and imagine that you're relaxing there</li> </ul> </li> </ul> <p>Tell the child the basic idea is that we can get good at doing these three things, and then – when we are in a stressful situation, we do these three things over and over again until we feel calmer, or until we have to take some action (e.g., take the test that is stressing us out, or take the penalty in football). Remind the child of some examples of stressful situations on the list the two of you just generated (above).</p>

---

<input type="checkbox"/> <b>Identify Areas of Chronic Muscle Tension, Using a "Body Map"</b>	<p>Help the child identify areas in the body where muscles most often feel tight in times of stress. First, ask the child to imagine a situation in which he or she often feels stressed out (e.g., starting a test, arguing with parents, or other situations from the list the child gave you, above). Ask the child where his or her body feels tense in such stressful situations. If you have not done so in a prior session, select one of the first two pages of the <b>Anxious Feelings and Thoughts</b> worksheet and use it to "map" the feelings in the child's body (use only the girl or the boy drawing, as appropriate). Using questions (and pointing to areas if necessary), have the child mark each area on the body where he or she often feels muscle tension. Get as much information as possible, for example:</p> <ul style="list-style-type: none"><li>• <i>Can you mark places on this drawing where your muscles feel tight and tense when you are stressed out?</i></li><li>• <i>Do any other places ever get those tight and tense feelings?</i></li></ul> <p>Point out that when doing Quick Calming, it helps a lot to focus on these tense areas of the body, trying to really get those areas relaxed.</p>
<input type="checkbox"/> <b>Introduce Slow, Deep Breathing</b>	<p>Tell the child that the second part of Quick Calming is slow, deep breathing. Explain that when people feel stressed or anxious, they often take short, shallow breaths which only make them feel more stressed. Discuss that taking slow, deep breaths from the stomach can help to slow the breathing, to calm the body, and to improve mood.</p> <hr/>

<input type="checkbox"/>	<b>ACTIVITY</b> <b><i>Slow, Deep Breathing</i></b>	<p>Teach the child how to take slow, deep breaths. Have the child get comfortable in the chair with feet on the floor and arms at his or her side. Ask the child to take a slow, deep breath from his or her stomach (his or her hand will move when inhaling). After 1-2 seconds, the child should exhale, even more slowly than when inhaling. An example follows:</p>
		<p><i>Now, we are going to learn how to do deep breathing. Take a slow deep breath in through your nose, and feel the breath go down through your chest and all the way down into your stomach. You will feel your chest rise first, and then feel your stomach rise, like a balloon is being blown up. When you breathe in, the hand on your stomach should move out. Hold your breath there for a moment, and then <b>slowly</b> let your breath out. When you breathe out, your hand will move in. You will feel your stomach go down, like the air is going out of a balloon. Let's try it a few times together.</i></p>
		<p>Explain to the child that this kind of slow, deep breathing is what he or she will do during Quick Calming. He or she probably won't have a hand on their stomach, but everything else should be the same during Quick Calming.</p>
<input type="checkbox"/>	<b>Introduce Guided Imagery</b>	<p>Tell the child that the third part of Quick Calming is picturing a peaceful place. Explain that just thinking about or imagining a peaceful, relaxing place can help us feel calm.</p>
<input type="checkbox"/>	<b>ACTIVITY</b> <b><i>My Relaxing Place</i></b>	<p>Complete the <b><i>My Relaxing Place</i></b> worksheet together. Have the child describe his or her favourite relaxing place (e.g., the beach, bedroom) in detail. Focus on how that place looks, smells, feels, tastes, and sounds. Tell the child that he or she should make a <i>good mental picture</i> of this special peaceful place and how it looks, smells, feels, sounds, and tastes – because this is the picture the child will hold in mind during Quick Calming.</p>

<input type="checkbox"/>	<b>ACTIVITY</b> <i>Quick Calming Practice</i>	<p>Lead the child through three rounds of Quick Calming practice. First, have the child imagine being in one of the stressful situations you discussed earlier (e.g., just before a maths test or before shooting a penalty). See if – with a few tries – the child can imagine the stressful situation strongly enough to report a low ("Bad" or "Very Bad") rating on the <b><i>Feelings Thermometer</i></b>. If imagining a situation doesn't generate a low rating, try rehearsing a stressful situation together. For example, you might ask the child to get ready to take a football shot (imagining it is during a big game), or prepare to read a difficult tongue-twister aloud three times fast. Or you might play a quick game that is stress-inducing.</p> <p>Once you have got to a relatively low <b><i>Feelings Thermometer</i></b> rating, write it down. Then have the child do Quick Calming for two minutes. Before starting, remind the child that the three steps of Quick Calming spell <b>ReST</b>. See if the child can remember the three steps.</p> <p>Once the child begins the practise, you should periodically remind the child of the three steps (in bold, below), using a soft voice:</p> <ul style="list-style-type: none"> <li>• <b><u>Relax your muscles</u></b> (sit in a relaxed posture, with hands resting loose on the lap or thighs; notice tension in any specific muscle groups and try to relax those muscles)</li> <li>• <b><u>Slow your breathing</u></b> (take slow, deep breaths and exhale slowly each time)</li> <li>• <b><u>Think of a peaceful place</u></b> (bring to mind the mental picture of that peaceful place you identified previously)</li> </ul> <p>After the two-minute practice has ended, ask the child for another <b><i>Feelings Thermometer</i></b> rating and write it down. Then repeat the Quick Calming exercise a second and a third time, obtaining <b><i>Feelings Thermometer</i></b> ratings after each time.</p>
--------------------------	--	--

<input type="checkbox"/>	<b>Discuss Activity</b>	<p>After the three rounds of practice, discuss the effect of Quick Calming on the child's feelings, and <b><i>Feelings Thermometer</i></b> ratings. If the child's ratings showed improvement after successive Quick Calming practices, note how well Quick Calming worked; if the child's rating remained the same or got worse after the activity, discuss possible reasons for this (e.g., the exercise was too brief to do the trick, or Quick Calming is a skill that needs practice before it can work really well).</p>
--------------------------	-------------------------	--

<input type="checkbox"/> <b>ACTIVITY</b> <i>Quick Calming in Public</i>	If time remains, arrange for one in-session practice of Quick Calming in a public place. You might have the child go to the clinic waiting room and practise Quick Calming; afterward, you can debrief, noting how the child did the calming privately, so that no one else in the room knew he or she was doing it (just like kids in school would not know if the child were using Quick Calming). Remember to take <b>Feelings Thermometer</b> ratings before and after this 'public' practice of Quick Calming.
<input type="checkbox"/> <b>Review Quick Calming Steps</b>	Praise the child for doing a good job on the activities, and explore how he or she can use this technique in real-life situations. Explore options for making it easier to do well. Some basic concepts to communicate in this discussion: <ul style="list-style-type: none"> <li>• Recognising tense muscles in the body and relaxing them helps calm us down</li> <li>• Taking slow, deep breaths and exhaling slowly can help us get even calmer</li> <li>• Picturing a favourite peaceful place can add a lot to the calming experience</li> </ul>
<input type="checkbox"/> <b>Anticipate Difficulties</b>	Briefly review some common difficulties that people experience when using Quick Calming techniques: <ul style="list-style-type: none"> <li>• <b>Distracting thoughts:</b> Everyone has these. When these thoughts come up, the child should just gently refocus attention on his or her breathing and picture his or her relaxing place.</li> <li>• <b>Physical reactions and sensations:</b> Most people have little muscle twitches and tingling sensations when they do Quick Calming. It's not a problem, and there may be fewer twitches and tingles the more the child practises Quick Calming.</li> </ul>
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>Quick Calming at Home</i>	Ask the child to find a time during the coming week to practise Quick Calming in a public place. Go over the <b>Quick Calming Practice</b> worksheet with the family. Briefly review the Quick Calming steps, and remind the child to make a rating on the <b>Feelings Thermometer</b> both before and after practising. Also remind the child that Quick Calming is a skill that will improve with practice.

- Send the materials for the next session** Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they do not need to be completed for next session as you will go through them together in the session. Tell the family you will also send the **Weekly questionnaires, Monitoring sheet and Feelings Thermometer** which need to be completed for the next session.

Confirm date and time of the next call.

- 
- Summarising** Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.
- 

### Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

### Helpful Tips

- If the child is having difficulty describing a relaxing place, have him or her draw a picture of the place.
- Check in on goals: Does the child feel that he or she is making progress? How does the material you covered today relate to the goals you set together?

### Special Cases

<i>Depression</i>	If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a mood booster: take a brief mood rating using the <b>Feelings Thermometer</b> , spend a few minutes engaging in a pleasant activity, and then take another mood rating. If the activity was successful, highlight to the child that what we do changes how we feel.
<i>Conduct Problems</i>	If you are using this technique with a child with conduct problems and he or she has not been introduced to the <b>Feelings Thermometer</b> , you will need to introduce it at the start of this session.

### How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Presenting a Positive Self**

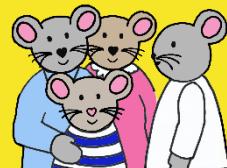
---

MICE

## Presenting a Positive Self

### Use This:

To address self-presentations that can negatively impact mood and interpersonal relationships.



### Goals

- The family will learn that being positive and optimistic can improve mood and have a positive effect on relationships with others.
- The child will practice positive-self skills in session.

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma) (pp. 314, 316)
- **Feelings Thermometer** (p. 342)
- **My Negative Self and My Positive Self** worksheet (p. 369)
- **Practising My Positive Self** worksheet (2 copies) (p. 370)
- **Presenting a Positive Self** parent handout (p. 371)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**If time is tight:** Discuss how the way we present ourselves impacts us and others. Use role plays to help the child experience the benefit of positive self skills. Compile a list of things the child can do to show a positive self.

### Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.

- Introduce Positive Self** Tell a story (ideally about yourself) that illustrates the value of showing a positive self.

**Example script**

*I remember one time when I woke up feeling gloomy and grouchy, and I went through my whole day acting negative. When I did this, I noticed that I started feeling worse, and also that other people seemed not to be enjoying being with me very much. So, the next time I woke up feeling gloomy and grouchy, I decided to make myself go through my day with a positive attitude. I tried things like dressing in my favourite outfit and showing other people how much I was enjoying being with them. As the day went on, I noticed that making myself present a positive self actually made me start feeling better; and other people seemed to enjoy being with me, too.*

- Review Main Ideas** In telling the story and discussing its meaning, convey three main ideas:
- Presenting a negative, gloomy exterior to the world can make us feel bad, and can also make other people uncomfortable and less likely to spend time with us.
  - Showing a positive self to the world can make us feel better, and can also make other people more comfortable and more likely to spend time with us.
  - Showing a positive self is a skill, like sports, dancing, or maths. It involves specific kinds of behaviour that people can practise and improve when they do practice.

- Model Negative vs. Positive Self** Begin the discussion by noting the things YOU do to convey a negative and positive self. For example, you might say – **and demonstrate for the child** – that when you show a **Negative Self**, you have...
- Poor eye contact and posture
  - Negative facial expression
  - Sad or irritable tone of voice
  - Say negative things about your experiences, others, and the world.

In contrast, to illustrate your **Positive Self**, you might **say-and demonstrate for the child**-that when you are being positive, you show...

- Direct eye contact and upright posture
- Pleasant facial expressions
- Clear, pleasant tone of voice
- Say positive things about your experiences, others, and the world

<input type="checkbox"/> <b>ACTIVITY</b> <b>Demonstrate Negative vs. Positive Self</b>	Have <b>two</b> role-play conversations with the child in which you first display your negative self, then your positive self. Make the experience funny by exaggerating your negative self. Ask the child: which of these people was more pleasant to interact with? What differences did he or she notice in your behaviour, expressions, etc.?
<input type="checkbox"/> <b>Develop Description of Child's "Positive" and "Negative" Selves</b>	Use the Presenting <b><i>My Negative Self and My Positive Self</i></b> worksheet to generate a list of specific behaviours the child uses to show a negative and a positive self.
<input type="checkbox"/> <b>ACTIVITY</b> <b>Role Play Negative vs. Positive Self</b>	<p>Have the child do two role plays, acting out the behaviours listed on the worksheet (<b>adapt for telephone delivery</b>). (If you have access to video-recording equipment, you can use it to record the two role plays and play each back for the child, to prompt a discussion about negative and positive self; this makes these particular role plays especially effective). The first role play is <b>Negative Self</b>. First practise with the child, coaching him or her to show the behaviours listed in the Negative Self column of the worksheet, as you read items from the interview below. Have the child provide a <b><i>Feelings Thermometer</i></b> rating before and after the role-play. Then do the role play by conducting the following interview:</p> <ul style="list-style-type: none"> <li>• <i>Please tell me your name, age, where you live, and where you go to school.</i></li> <li>• <i>Now just talk about yourself. Tell what you are like, what your interests or hobbies are, anything else people should know about you.</i></li> <li>• <i>Now tell me how you feel about your school, and what some of your classes are like.</i></li> <li>• <i>Tell me about some of the children you know, and what they are like.</i></li> <li>• <i>Tell me about some of the things you do with other children, outside of school.</i></li> <li>• <i>Now please tell me about your family or who you live with, what they are like, and what kinds of things you do with them.</i></li> <li>• <i>Finally, please tell me what you would do if you had a million pounds?</i></li> </ul> <p>Use the same interview script to guide the child through a <b>Positive Self</b> role-play. First, coach the child in a practice session, prompting and encouraging him or her to display the positive self items written on the worksheet. Have the child provide <b><i>Feelings Thermometer</i></b> ratings before and after this role-play.</p>

<input type="checkbox"/> <b>Discuss Experience of Positive vs Negative Self</b>	Discuss the child's experience of the role-plays, including how the child felt after acting so negative/positive, how he or she might feel after acting that way all day, and how other people would react to these two styles of self-presentation. Review the child's <b>Feelings Thermometer</b> ratings for evidence of how self-presentation affects mood.
<input type="checkbox"/> <b>ACTIVITY "Real World" Positive and Negative Self</b>	If time permits, arrange for the child to go outside the therapy room and try his or her positive self out on a third person. For example, after practising once or twice with you, the child might choose to walk to the clinic receptionist, flash a big smile, and say something like "May I have the key to the bathroom?" or "How late is the clinic open today?" or "I like that pin you are wearing." When the child comes back into the office, you can discuss how it felt to try this positive self, how the person responded, and how it feels now that the experience is over. Alternatively, the third person could be the child's parent. (It is wise to prepare the receptionist or parent before the session, so that he or she will be sure to respond to the child in a positive way.) <b>When working over the telephone</b> , it may be helpful to role play a time when the child can show his or her positive self in the real world, such as when he or she comes home from school after a difficult day, or when talking with an authority figure.
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT Positive Self at Home</b>	The child will practise using his or her positive self two times, and will complete the <b>Practising My Positive Self</b> worksheet as part of this practice. Decide with whom the child will practise presenting his or her positive self each time, and write this on the worksheets. Work with the child to pick a person who is likely to give a positive response. The child is to record <b>Feelings Thermometer</b> ratings before and after each Positive Self practice during the week.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the family you will also send the <b>Weekly questionnaires, Monitoring sheet</b> and <b>Feelings Thermometer</b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

## Helpful Tips

- If the child has not already been trained in the use of the ***Feelings Thermometer***, it will be important to introduce that skill before going through the activities in this session.
- When helping the child identify behaviours that convey a negative-self and positive-self, be sensitive to cultural, familial, and developmental differences in the interpretation of body language and verbal behaviour.
- Be careful to avoid any impression that you are criticising any child's "depressed" self. Instead, the exercises should be presented in the context of exploration and curiosity. That is, you really do want to know what the child thinks about these two different role plays, and what he or she thinks the consequences of positive and negative behaviour may be for how we feel and how others feel about us.
- Try not to imply that "showing a positive self" is the same thing as "faking it." Instead, the key idea is that we all have the capacity inside us to behave in lots of different ways; the positive ways seem to make us feel better, and to make other people feel better about being with us.
- It is important that the child's positive-self be likely to elicit a positive response both from peers and from adults. You want to avoid creating a positive-self profile that might seem arrogant or obnoxious to adults, even if it is likely to evoke a positive reaction from peers. Instead of "I'm great at football!" the child might say "I love football" – i.e., positive, but not arrogant. Likewise, avoid coaching the child to behave in a way that adults might like but that his or her peers may find "nerdy" or socially undesirable.
- If you intend to use a third person, either a parent or co-worker, it is wise to prepare this person ahead of time, to ensure that the child receives a favourable response to showing his or her "positive self."
- If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a **mood booster**: take a brief mood rating, spend a few minutes engaging in a pleasant activity, then re-rate the mood. If it is successful, be sure to highlight to the child that *what we do changes how we feel*.
- Check in on goals: Does the child feel that he or she is making progress? How does the material you covered today relate to the goals you set together?

## How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Cognitive Coping - BLUE**

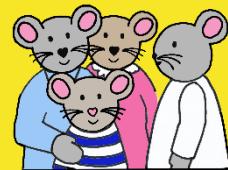
---

MICE

## Cognitive Coping - BLUE

### Use This:

To identify and revise unrealistic negative thoughts in order to improve mood.



### Goals

- The child will understand the relationship between thinking and feeling
- The child will be able to identify unrealistic negative thoughts
- The child will learn to evaluate the evidence that supports or does not support the negative thoughts
- The child will learn to generate more realistic thoughts

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma) (p. 318, 320)
- **Feelings Thermometer** (p. 342)
- **Changing B-L-U-E Thoughts** worksheet (p. 373)
- **Double Bubbles on My Own** worksheet (2 copies) (p. 375)
- **Changing B-L-U-E Thoughts** parent handout (p. 376)
- Pencils, pens, markers
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Make the connection between what we think and how we feel and help the child identify and change unrealistic negative thoughts.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.

<input type="checkbox"/> <b>Introduce Connection Between Thoughts and Feelings</b>	<p>Explain to the child that today's session will focus on how our thinking can change our feelings, and on learning how to examine and change thoughts in order to feel better.</p>
	<p><b>Example script</b></p> <p><i>Imagine that you get a bad mark on a test. How you think about this situation can affect how you will feel about it. One way of thinking about this might be "Oh no, I've failed. I'm always going to fail. This means I'll never get anywhere in life. I'm probably the biggest idiot in the whole school." Another way to view the situation is, "I'm sorry I got a bad mark, but I know I can study more next time and do better." How would you feel after having these thoughts? What would you do?</i></p>
<input type="checkbox"/> <b>ACTIVITY "B-L-U-E" Glasses</b>	<p>Ask the child to imagine he or she is wearing dark sunglasses (better yet, ask the family if they have any sunglasses they can wear for this part of the session), and to describe how things appear to him or her. Are things clear or blurry? Are colours accurate? Do things appear as they really are?</p> <p>Having negative thoughts can be like seeing the world through dark glasses. It makes it harder to see the world the way it really is (the colours, etc.), and it affects our mood (makes us feel more down/sad). Discuss what it is like to take off the dark glasses, and talk about the similarity between seeing more clearly and thinking more realistically.</p>
<input type="checkbox"/> <b>Introduce B-L-U-E</b>	<p>Introduce the child to the acronym B-L-U-E, looking at the <b>Changing B-L-U-E Thoughts</b> worksheet, and provide some examples of each type of thought, asking the child for suggestions.</p> <p><b>B      Blaming myself:</b> Taking too much personal responsibility for negative events such as a seizure.</p> <p><b>L      Looking for the bad news:</b> Paying attention only to the negative information and ignoring the positive information.</p> <p><b>U      Unhappy guessing:</b> Expecting bad outcomes when we don't really know how things will turn out.</p> <p><b>E      Exaggerating:</b> Making things seem worse than they really are.</p>
<input type="checkbox"/> <b>Relate B-L-U-E to the Child's Life</b>	<p>Ask the child to give examples of some unrealistic negative thoughts he or she has had, these may or may not be related to the epilepsy, and apply the correct B-L-U-E label to those thoughts. Be sure to come up with your own examples of BLUE thoughts, in case the child can't think of any. (If the child does offer negative thoughts, but they don't fit one of the BLUE categories, don't worry about fitting them into BLUE; instead, just say something like, "Yes, that does sound like a pretty unrealistic thought").</p>

<input type="checkbox"/> <b>Make a Connection between Thoughts and Feelings</b>	Explain that when thoughts are overly negative and unrealistic, they can result in bad moods or actions (like giving up or arguing). Discuss with the child the way that different thoughts can lead to different feelings and actions, using one of the examples on page 1 of the <b>Changing B-L-U-E Thoughts</b> worksheet.
<input type="checkbox"/> <b>Explain That Thoughts Can Be Untrue</b>	Ask the child if he or she has ever had thoughts that later turned out to be incorrect. Gather some examples, or offer some of your own. Point out that when we are in a bad mood, we are more likely to have negative thoughts, <i>but just because we think it doesn't mean it's true.</i>
<input type="checkbox"/> <b>Illustrate "Just Because I think it Doesn't Mean It's True"</b>	Go back to the example on page 1, and choose one of the B-L-U-E thoughts you and the child wrote there. How can we know whether that thought is accurate or not? One way is to evaluate the evidence. Are there any other ways to think about the situation – ways of thinking that are more realistic and might improve feelings?
<b>Example script</b>	
	<p><i>So in this example, how does the child know that [negative thought] is true? Is there any other way of looking at the situation? What would you tell someone in this situation who had this B-L-U-E thought?</i></p> <p><i>And by the way, what if some negative thoughts actually are true? How bad would that be? For example, maybe I won't ever be as good a skater as my sister. Is that a big deal? Not really!</i></p>
<input type="checkbox"/> <b>Introduce and Practice Double Bubbles</b>	Use the <b>Changing B-L-U-E Thoughts</b> worksheet to practise evaluating B-L-U-E thoughts and generating more realistic <b>TRUE</b> thoughts (e.g., "If I practise hard I will improve," "The whole team made mistakes today, not just me."). Ask the child why the negative thought may be unrealistic, and to come up with more realistic <b>TRUE</b> thoughts.
<input type="checkbox"/> <b>Counter Your Own Thoughts</b>	Complete one copy of the <b>Double Bubbles on My Own</b> worksheet with examples from the child's own life, discussing with the child the evidence that supports or does not support the B-L-U-E thought, as well as alternative interpretations of events (i.e., <b>TRUE</b> thoughts).
<input type="checkbox"/> <b>Praise and Repeat</b>	Praise the child for his or her efforts in this exercise. If time allows, ask the child to work through another situation in which he or she might have negative B-L-U-E thoughts, and examine the evidence in order to come up with more realistic <b>TRUE</b> thoughts. Provide praise again.

<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>Changing Thoughts at Home</i>	<p>The child's practice assignment for the week is to fill in a second <b><i>Double Bubbles on My Own</i></b> worksheet, for a B-L-U-E thought he or she has during the upcoming week. Tell the child to write the B-L-U-E thought he or she had in the B-L-U-E bubble, and write a more realistic TRUE thought in the TRUE bubble, and to mark on the <b><i>Feelings Thermometer</i></b> how each thought made the child feel.</p> <p>Tell the child that you will review the worksheet together the next time you speak.</p>
<input type="checkbox"/> <b>Send the materials for the next session</b>	<p>Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Ask the family to make sure they have a small rock and a treat to prepare for an activity next session.</p> <p>Tell the family you will also send the <b><i>Weekly questionnaires</i></b>, <b><i>Monitoring sheet</i></b> and <b><i>Feelings Thermometer</i></b> which need to be completed for the next session.</p>
<p>Confirm date and time of the next call.</p>	
<input type="checkbox"/> <b>Summarising</b>	<p>Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.</p>

### Leave 'Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

### Helpful Tips

- If the child has not already been trained in the use of the ***Feelings Thermometer***, it will be important to introduce that skill before going through the activities in this session.
- To make your discussion of thoughts less abstract and more concrete for the child, examples are very helpful. Such examples can involve thought bubbles attached to drawings or cartoons, stories of people thinking very negative thoughts or illustrations that come to mind from television programmes, films or books.
- If the child is reluctant to discuss his or her negative thoughts, or can't think of any, you can choose to discuss "another kid I know," or give appropriate examples from your own life.
- Make sure the child understands that these 4 types of cognitive errors are only examples, and that there are other forms of negative, unrealistic thinking beyond those in the B-L-U-E list.
- A variety of interactive games can be played to increase engagement in this session – indeed, to make it genuinely fun for the child. Some ideas include: asking

the child to ring a bell (or say “beep” every time the therapist voices a B-L-U-E thought, and asking the child for a more realistic TRUE thought each time; if you do this, you will want to slip B-L-U-E thoughts into the conversation for the child to catch – e.g., “Oh, forgot to tell you something – I’m a terrible therapist!”). Or you might come up with hypothetical situations and ask the child to come up with as many realistic TRUE thoughts as possible in response to the therapist’s negative B-L-U-E thoughts.

- If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a **mood booster**: take a brief mood rating, spend a few minutes engaging in a pleasant activity, then re-rate the mood. If it is successful, be sure to highlight to the child that *what we do changes how we feel*.
- Check in on goals: Does the child feel that he or she is making progress? How does the material you covered today relate to the goals you set together?

### How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Cognitive Coping - TLC**

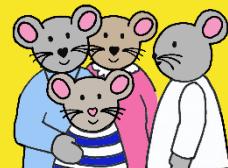
---

MICE

## Cognitive Coping - TLC

### Use This:

To learn how to get perspectives from friends, identify silver linings, and use distraction to improve mood.



### Goals

- The child will **think of friends** that he or she can talk problems over with
- The child will **look for the “silver lining”** in order to identify good things that are made possible because of bad situations
- The child will learn how to **change channels** to get his or her mind off bad things that have happened, by thinking of something else

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma) (pp. 318, 320)
- **Feelings Thermometer** (p. 342)
- **A small rock and treat**
- **Coping Through TLC** worksheet (p. 378)
- **Using TLC When Bad Things Happen** parent handout (p. 384)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Illustrate that talking things over with friends, looking for silver linings, and distracting ourselves are ways we can make ourselves feel better even if we can't change what is making us feel bad directly.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.

<input type="checkbox"/> <b>Introduce TLC</b>	Explain that the focus of today's session will be good things to do when bad things happen. Indicate to the child that you will discuss three good things to do to help him or her feel better: <b>T Talk to a friend:</b> Think things over with someone I trust. <b>L Look for the silver lining:</b> Figure out a good thing that comes out of my bad situation. <b>C Change channels:</b> Stop thinking about things that make me feel bad. Get my mind on something else.
<input type="checkbox"/> <b>ACTIVITY Tell a Story</b>	Begin your discussion of these three strategies with a story of a child having a bad experience that leaves him or her feeling down. You should feel free to select any illustration that you think would fit the child well and capture his or her interest. The idea is to present the scenario (the protagonist has had a difficult or upsetting experience) and then note that we all have bad things happen to us, things that bring us down – and that there are at least three things that almost everyone can do to feel better, when such bad things happen. Tell the child that today we are going to talk about those three things.
<input type="checkbox"/> <b>Introduce "Think of a Friend"</b>	Explain that the "T" in TLC stands for <b>Think of a Friend</b> . Discuss with the child that seeking support from a friend or family member can be helpful even when the situation cannot be changed, because simply having someone to listen, understand, and provide additional suggestions/perspectives can help you feel better.
<input type="checkbox"/> <b>Brainstorm a List of Friends</b>	Identify a list of people the child can talk to when something bad happens and write this list down on page 1 of the <b>Coping Through TLC</b> worksheet. The list should include several people, and at least two adults.
<input type="checkbox"/> <b>Introduce "Look for the Silver Lining"</b>	Discuss with the child what it means to look for a silver lining. Ask if the child has ever looked at a dark cloud and seen a bright light around the edges. Note that this is called the "silver lining," and that the saying is "Every dark cloud has a silver lining." Note that the same kind of thing is often true in everyday life.
<b>Example script</b>	
<i>Sometimes we come across bad situations we can't change or control, like regular hospital appointments, seizures. What are some examples from your life? In these cases, we have a situation we don't like – a kind of "dark cloud" – but often the bad situation has a good side, too – something good that is made possible by the bad situation. And figuring out what that good thing is can make us feel better. Let's try some examples...</i>	
<input type="checkbox"/> <b>Continue Worksheet</b>	Work on completing page 2 of the <b>Coping Through TLC</b> worksheet with the child in session.
<input type="checkbox"/> <b>Introduce "Change Channels"</b>	Introduce the third TLC skill: <b>Changing Channels</b> . Illustrate this skill by using the <b>Rock and Treat Activity</b> , below.

<input type="checkbox"/> <b>ACTIVITY</b> <i>Rock and Treat</i>	Illustrate the concept of <b>changing channels</b> by giving the child a small rock. Tell the child to put the rock in his or her shoe. Have the child stand up, then ask what the experience is like for him or her. Ask about both feelings and thoughts (e.g., irritation, thoughts about discomfort, thoughts about how mean the therapist is, etc.) and get a <b>Feelings Thermometer</b> rating from the child. Then give the child a treat and tell the child to put the treat in his or her mouth and describe that experience. Ask the child how he or she feels and what she or he thinks when focusing on the taste of the treat. Note that it's hard to just stop thinking about a bad experience – the rock; it's much easier to distract yourself by focusing on a good experience – in this case, the treat.
<input type="checkbox"/> <b>Relate Distraction to Mood</b>	Make explicit that it is very difficult to simply "stop thinking" about something that is bothering you – but thinking about bad things again and again can make us feel bad. Sometimes you need to do something completely different in order to get your mind off your bad mood for a little while. Elicit examples of times where the child "replayed" negative thoughts.
<b>Example script</b>	
	<i>When I asked you to suck a treat, you stopped thinking about the rock in your shoe! Can you think of a time when you could not get your mind off of something bad or upsetting? What do you think you could have done to distract yourself?</i>
<input type="checkbox"/> <b>Continue Worksheet</b>	Work with the child to identify distracting activities the child can use to stop ruminative-depressive thoughts. The activities should be realistic and rewarding for the child, acceptable to parents, and likely to work well in disrupting the child's ruminative thoughts.
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>TLC Worksheet</i>	For the practice assignment, the child should use page 4 of the <b>Coping Through TLC</b> worksheet to write down something that happened that made him or her feel bad, and complete a <b>Feelings Thermometer</b> to show how he or she felt when the bad thing happened. Next, the child should write down one of the three <b>TLC</b> skills he or she can use to feel better, and try that skill out, then re-rate his or her mood.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the family you will also send the <b>Weekly questionnaires</b> , <b>Monitoring sheet</b> and <b>Feelings Thermometer</b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## **Leave 'Em Laughing**

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you've done today. The end of each session should be used to praise the family's efforts and to convey support and encouragement.

## **Helpful Tips**

- The take-home message for the child in discussing the **TLC** skills is that he or she can cope with situations that can't be changed, not only by changing his or her thoughts but also by using the three skills taught in this session: seeking social support, identifying something good caused by a bad situation, and ending rumination by using distraction.
- When helping the child identify people on the first page of the worksheet, try to make sure that at least two of the people on the child's list are adults. A close relationship with a caring adult is a predictor of positive outcomes for youth facing a variety of risk conditions; thus, your effort to help the child identify such persons may be of lasting value.
- If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a **mood booster**: take a brief mood rating, spend a few minutes engaging in a pleasant activity, then re-rate the mood. If it is successful, be sure to highlight to the child that *what we do changes how we feel*.
- Check in on goals: Does the child feel that he or she is making progress? How does the material you covered today relate to the goals you set together?

## **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Plans for Coping**

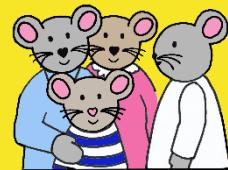
---

MICE

## Plans for Coping

### Use This:

To identify the child's three favourite skills and teach perseverance.



### Goals

- The child will review all the skills he or she has learned with you
- The child will identify the specific coping skills that are more effective for him or her
- The child will learn not to give up when trying to cope with problems or feel better
- The child will learn that when one skill isn't working, he or she can try another

### Materials

- **Feelings Thermometer** (p. 342)
- **My Favourite Skills for Feeling Good** worksheet (p. 384)
- **Following My Plans** worksheet (p. 385)
- **Practising My New Skills** worksheet (2 copies) (p. 386)
- **Plans for Coping** parent handout (p. 387)
- **Relapse Prevention** worksheet (p. 332)
- Pens, pencils, markers
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**If time is tight:** Ask the child to identify his or her three favourite coping skills and emphasise that if one skill doesn't work, it is important to try another.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.

<input type="checkbox"/> <b>ACTIVITY</b> <b><i>My Favourite Skills for Feeling Good</i></b>	<p>Have the child identify some situations where he or she feels sad, gloomy, upset, stressed, or tired. Then encourage the child to identify as many as possible of the coping skills you have covered in previous sessions (or key phrases used to name the skills). Encourage the child and provide hints when necessary. Praise the child for remembering the skills and for all of his or her hard work in previous sessions.</p> <p>Ask the child what his or her three favourite skills are. You can help by encouraging the child and providing hints and reminders of the skills he or she liked best or used most. Complete the <b><i>My Favourite Skills for Feeling Good</i></b> worksheet while discussing the child's three favourite skills and how he or she has used these skills and can use them in the future.</p>
<input type="checkbox"/> <b>Review Toolbox Concept</b>	<p>Emphasise that, for each person, some of the coping strategies will work better than others. Emphasise the importance of perseverance and making plans, so that if one coping approach doesn't do the trick, the child is ready to try another approach. Explain that the parent is in a unique position to help the child apply the coping skills to real-life situations as they arise because the parent (a) knows many of the new skills his or her child has learned, (b) knows the child well, and (c) is in close touch with the child's daily life.</p> <p>Review the toolbox metaphor with the child, explaining that each coping skill the child has learned is a tool, and different problems require different tools. Describe the child's three favourite skills as the child's best "tools" for solving problems and for coping with bad feelings.</p>
<input type="checkbox"/> <b>Introduce Idea of Perseverance</b>	<p>Discuss with the child the importance of not giving up when dealing with a challenging situation. Stress that it is important for the child to keep trying new solutions until he or she has succeeded.</p>
<b><u>Example script</u></b>	<p><i>When trying to solve problems, it is important to not give up if one skill doesn't solve the entire problem. Today, I want to talk about why it is important to keep trying your coping skills. Sometimes you may need to use 2 or 3 of the tools in your toolbox to solve a problem, or to feel better.</i></p>
<input type="checkbox"/> <b>Explain Following My Plans Worksheet</b>	<p>Review and help the child fill in the <b><i>Following My Plans</i></b> worksheet. The child's favourite skill should be written in the first box under "Try Plan A," the second favourite skill goes under "Try Plan B," and the third favourite skill under "Try Plan C." Emphasise that when the child encounters difficult or challenging situations, it is important to use Plans A, B, <u>and</u> C, and keep trying, rather than giving up.</p>

<input type="checkbox"/> <b>ACTIVITY</b> <b>Practising My New Skills</b>	<p>Ask the child to rehearse a situation with you in which the child acts as a therapist and you are a person with a problem. The goal is to have the child coach you through a Plan A, Plan B, and Plan C sequence.</p>
	<p>Procedures:</p> <ol style="list-style-type: none"> <li>1. Write the following problem under "what's making me feel bad" on one copy of the <b>Practising My New Skills</b> worksheet: "<i>I got into a fight with my best friend, and I know that we won't be friends ever again. I feel terrible and don't feel like doing anything.</i>" Say the problem aloud to the child.</li> <li>2. Write your <b>Feelings Thermometer</b> rating in the appropriate space on the worksheet.</li> <li>3. The child should have you come up with a goal rating for the <b>Feelings Thermometer</b> rating you would <i>like to have</i>. Write that on the worksheet.</li> <li>4. Copy the child's top three skills from the <b>Following My Plans</b> worksheet onto the <b>Practising My New Skills</b> worksheet. These should be written under "Plan A," "Plan B," and "Plan C."</li> <li>5. The child should name the first skill, explain how the skill will help you, and explain to you how to do it. If the child does not explain the skill to you, ask, "What does that mean?" or "How do I do that?"</li> <li>6. You should then act out the skill (e.g., slow your breathing, do S-T-E-P-S, try a fun activity).</li> <li>7. The child should ask you what your rating is after each step in the plans. Your ratings should improve but not reach the goal.</li> </ol> <p>These procedures should continue until the last plan has been demonstrated. Your final rating should equal or surpass your goal rating, and you should praise the child for helping you solve your problem and improve your mood.</p>
<input type="checkbox"/> <b>Review Relapse Prevention worksheet</b>	<p>Review and complete the <b>Relapse Prevention</b> worksheet with the family.</p>

<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b>	Refer to the second copy of the <b><i>Practising My New Skills Worksheet</i></b> . Have the child identify a situation in session, write that situation at the top of the sheet, write down a rating of his or her feelings when thinking about the situation, and write down a goal rating. Then have the child write in his or her three favourite skills as Plan A, B, and C on the sheet. Provide help as needed, using the <b><i>My Favourite Skills for Feeling Good</i></b> worksheet if needed. The child should also fill in the second column "How this will help" for each plan.  At home, the child should try out each plan – A, B, and C – and complete the column on the right side of the sheet. Walk the child through the steps to be sure that he or she understands how to do the assignment.
<input type="checkbox"/> <b>Self-review</b>	Encourage weekly self-review of strategies: As the first booster session will not be for 1 month, encourage the parent to review what has been working well that week and what has not been working so well. This is to ensure strategies are sustained (before the first booster in 1 months' time); try to instigate this weekly for around 10-20 minutes each week.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b><i>Weekly questionnaires</i></b> , and <b><i>Monitoring sheet</i></b> which need to be completed for the next session.
	Confirm date and time of the next call.
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### Leave ‘Em Laughing

Close with some really funny, or enjoyable activity – something that will leave the child either laughing or feeling great. Possibilities: Funniest Home Video, tell some funny jokes, or play a board game that the child really loves.

### Helpful Tips

- Be creative! Use your imagination to find ways to help the child understand relaxation.
- Have fun with the role-play! As appropriate, challenge the child by saying “I don’t think that this is going to work!” or “Nothing can help me!” to really test the child’s knowledge of the skills, and the child’s willingness to be persistent. Also, exaggerate when acting out the skills – the child will love it and you’ll have lots of fun.
- Remember to emphasise the concept of “Plan A, Plan B, Plan C” in any sessions you do with the child after this one and in any practice assignments after this one.

- If the child enters the session in a bad mood, or seems tired, lethargic, or uninterested, this is an opportunity to introduce a **mood booster**: take a brief mood rating, spend a few minutes engaging in a pleasant activity, then re-rate the mood. If it is successful, be sure to highlight to the child that *what we do changes how we feel*.
- Check in on goals: Does the child feel that he or she is making progress? How does the material you covered today relate to the goals you set together?

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Wrap Up (Depression)**

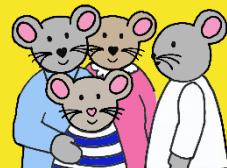
---

MICE

## Wrap Up (Depression)

### Use This:

To conclude a course of treatment for depression.



### Goals

- The child will review skills learned and discuss how to apply them to anticipated future challenges
- The child will prepare a TV advertisement for the child's treatment programme
- The child will engage in a fun activity that leaves the child feeling positive and successful about the progress that he or she has made
- The parent will make plans to help the child maintain and generalise his or her newly acquired skills
- The family will ensure that practice will continue after meetings with you are over and plan for using specific skills in the future

### Materials

- **Fear Thermometer and Fear Ladder** (2 unrated copies, for anxiety/trauma) (p. 318, 320)
- Any useful worksheets from previous sessions
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Review the skills and tools that the child has acquired during treatment and celebrate the gains that have been made together.

### Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.

<input type="checkbox"/> <b>Assess the Child's Feelings About Termination</b>	In a positive way, check in to get a sense of how the child is thinking and feeling about termination.
	<b>Example script</b>
	<i>Well, here we are at our last meeting. I am really impressed with the good work you've done in our meetings and in the practice assignments. And I have really enjoyed getting to know you in these meetings. How about you – how are you feeling about finishing up?</i>
<input type="checkbox"/> <b>Address Any Concerns</b>	Explore any issues that the child brings up about termination, answer any questions, and make sure that you devote sufficient time to address concerns that the child may have. Be sure to frame the discussion in a positive manner, pointing out the gains that have been made and that are expected to continue.
<input type="checkbox"/> <b>Review Main Points and How They Apply</b>	See if the child can review the main points of treatment, highlighting specific skills or tools that he or she has learned during the course of treatment. Get examples of how these skills or tools fit the child's real-life everyday problems and concerns.
<input type="checkbox"/> <b>Predict Challenges</b>	At this time, you should point out that there will probably be some failed attempts to apply new skills and tools in the future, and there may even be an occasional return of sad feelings, worries, or fears. This information is not intended to frighten or worry the child, but rather to establish realistic expectations and to avoid feelings of panic, failure, or disappointment when challenges inevitably arise. Experience and research tell us that occasional lapses are likely among individuals who have experienced anxiety or depression.
	<b>Example script</b>
	<i>Kids who go through this programme and get better find that it doesn't solve all their problems, and sometimes they feel bad again. But what's different now is that you have new skills to use if any problems come back. Let's think more about what skills you might want to use in the future.</i>
	The message to the youth should be that lapses are normal and common, that almost no one can expect to have no bad feelings ever. But one needn't worry when one has good skills and strategies to use when sad feelings or worries arise. Reassure the child that by using the strategies and skills that he or she has acquired in treatment, he or she can have more control over those bad feelings than before, and make them go away faster than before.

<input type="checkbox"/> <b>Plan Solutions</b>	If you have not done so in previous sessions, plan how the child will use the tools and skills he or she has learned during treatment to deal with possible difficult situations and events in the future (i.e., those events or situations most likely to elicit symptoms of anxiety or depression). This part of the session should be highly interactive with lots of input from the child as to which specific ways of applying the skills will be likely to really work.
<input type="checkbox"/> <b>ACTIVITY <i>Advert</i></b>	<p>This exercise involves working together with the child to record an "advert" for the child's treatment programme. This activity is useful both for improving the child's memory of the skills that he or she has learned during treatment and for personalising the programme. Encourage the child to star in his or her own videotaped or audio-taped advertisement for the programme. Examples of what can be included are:</p> <ul style="list-style-type: none"> <li>• A review of the main concepts that the child has learned during treatment. Have the child summarise the main ideas of the treatment programme as he or she remembers them.</li> <li>• What is good about the treatment programme – e.g., why other kids would benefit from learning and being able to use the skills that the child has learned.</li> <li>• "Greatest hits of practice." Have the child discuss one or two of the most effective practice assignments that he or she has completed. Be sure that the child talks about the effect of the practice assignment on his or her mood.</li> </ul> <p>First, have the child rehearse the advert while you serve as an "audience member," offering support and encouragement. Next, if possible, video or audio record the advert for the child. If possible, view or listen to the advert with the child and parent during the final portion of the session. The tape can be sent home with the child and parent, or a copy can be made and sent to them.</p>
<input type="checkbox"/> <b>ACTIVITY <i>Celebration</i></b>	During the very last session, engage in a fun activity with the child (typically planned during the previous session), such as having a "party" with snacks and drinks, playing a game, making a goodbye card, going for a walk (these interests and activities will differ widely by child and by age). This opportunity can focus on upcoming positive events for the child (e.g., an approaching birthday, an upcoming social event with peers, a summer holiday, a special trip, a promotion to a new grade with the chance to make new friends). The general idea is to make this a celebration with a "positive future" orientation.

<input type="checkbox"/> <b>Say Your Goodbyes and Thank the Family</b>	Thank the family for their help and support during treatment. Let the parent know that you have enjoyed getting to know them, and that you are now passing the baton along, as formal treatment is ending. Point out that the progress was due primarily to the child and family's efforts, not to your own. It is important that the family takes responsibility for the success that was experienced and attributes gains to their own effort.
<input type="checkbox"/> <b>Summarising</b>	Confirm date and time of the first booster session (approx. 1 months' time).

## Helpful Tips

- For many children, the review of concepts and the planning of the celebration activity may have been going on for several sessions already. In those cases, it might be possible to move more quickly through the first steps of this module and spend more time on the advert or celebration. Even when moving quickly, it is usually hard to perform the advert and the celebration in the same session.
- Another way to commemorate the child's success is to write a letter or card to the child, detailing all of his or her progress and your happiness at his or her success in treatment. It does not need to be long or elaborate, but it should be genuine. The letter should be something that the child will keep and can look at to remember what treatment was like and what he or she learned from treatment. You may choose to present the letter in the final session or to send it soon afterwards as a transitional experience for the child.
- Another idea is to provide the child with a few stamped envelopes, addressed to you at your workplace. You can invite the child to send a note every now and then to let you know how things are going for him or her. This gesture allows the child to leave the last session knowing that contact with you and the clinic has not ended completely, and provides him or her with an opportunity to stay in touch.
- In order to assist the child in his or her continued application of newly acquired skills to everyday situations, you might wish to make extra copies of any worksheets they would like to use regularly. The child and parent can then use these worksheets to resume formal practices if challenges arise after treatment has ended. This is particularly important if you feel that the child has made good use of the practice assignments throughout treatment.
- Although video or audio taping equipment may not always be available, the exercise of creating and presenting an advert for the treatment programme is a valuable component of the final session with the child. By making a clear statement in favour of the program, the child is more likely not only to remember his or her statement, but also more likely to believe in it. If it is not possible to record an advert, consider having the child develop an advertisement or brochure that the child can present and explain to you, and possibly his or her parents, in order to help the child remember and understand the main points of his or her treatment programme.

- In addition to engaging in fun activities with the child during the last session, you might also consider awarding a certificate of completion for his or her participation in the programme.
- If the child or parent is particularly concerned about ending treatment, you can plan to check in over the phone at a schedule that seems appropriate.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Booster (Depression)**

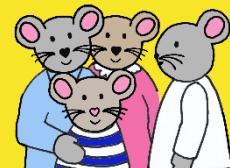
---

MICE

## Booster (Depression)

### Use This:

To follow up with the family after treatment for the young person's depression (1 and 3 months' post treatment).



### Goals

- The parent/young person will review successes and challenges encountered with previously taught skills
- The parent/young person will review skills learned and discuss how to apply them to anticipated future challenges.
- Complete ***Feelings Thermometer*** again if necessary
- Make adjustments or additional recommendations as needed

### Materials

- ***Feelings Thermometer*** (if required) (p. 342)
- ***Weekly questionnaires*** and ***Monitoring sheet*** (see pages 277-293)
- ***Therapist Note Taking Sheet*** (p. 276)

**♂ If time is tight:** Review the child's status with the parent to determine whether additional adjustments or interventions are warranted.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together.
<input type="checkbox"/> <b>Obtain Rating</b>	Review <b><i>Weekly questionnaires</i></b> and <b><i>Monitoring sheet</i></b> in detail, and review the strategies, what strategies are working well/what aren't working as well.
<input type="checkbox"/> <b>Discuss &amp; Review</b>	Discuss with the parent the child's progress and review the measures including any daily feelings records that may have been completed. Discuss any concerns the child may have at this point and reassure that continued practice after treatment has ended will lead to further improvement over time and/or prevent relapse.  Praise the young person and the parent for continued commitment and encourage further practice.
<input type="checkbox"/> <b>Complete Feelings Thermometer</b>	Ask the young person or parent to complete the <b><i>Feelings Thermometer</i></b> and, if necessary, re-visit relevant sections of the manual and revise the plan for the future.

<input type="checkbox"/> <b>Provide Feedback and Support</b>	Discuss with the parent and child the continued use of other strategies learned, the idea of having a regular ‘session’ at home to reflect on progress and provide praise for the continued use of strategies. Some continued feedback might be needed and can be offered at this point as well.
<input type="checkbox"/> <b>Review Progress</b>	Finally, discuss with the parent his or her satisfaction with the child’s progress and whether it appears that goals have been met, or whether additional treatment or other supports are still needed. Work with the parent to review and evaluate progress, define long-term goals, and outline plans for additional supports or services needed.
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### **Helpful Tips**

- When discussing how to apply the skills and tools that the parent has acquired during treatment to future problems, emphasise only those skills that you believe are highly likely to work well.
- If the family remains concerned about having ended treatment, you can emphasise that they can contact you if necessary anytime during working hours following this session.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Safety Planning**

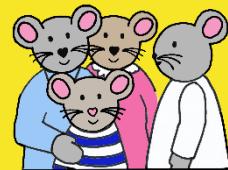
---

MICE

## Safety Planning

### Use This:

To increase the child's ability to maintain personal safety when there are known risks in the environment.



### Goals

- The child will understand how to maintain his or her personal safety
- The child, parent, and therapist will develop a plan to ensure safety in the present and future
- The child and parent will understand and follow the safety plan

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies, for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 341)
- Educative materials as needed (pamphlets, dolls, videos)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**⌚ If time is tight:** Your main objective is to develop a plan for the child's present and future safety.

### Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> . Discuss any difficulties with monitoring, usefulness of monitoring, what is being monitored etc.
<input type="checkbox"/> <b>Minimise Self-Blame</b>	There is a risk that children will interpret your plan to teach safety skills as evidence of their having failed to respond appropriately to the traumatic event (e.g., "I did not do the proper things to keep myself safe; this was my fault"). To minimise this risk, start out by normalising and validating the child's previous responses to trauma, and praise him or her for doing what he or she knew to do at the time.

<input type="checkbox"/> <b>Review Basic Facts and Vocabulary</b>	Review basic facts related to the type of trauma the child experienced (for example, statistics related to sexual abuse, natural disasters, etc.). Ensure the child has the appropriate vocabulary to discuss the trauma (for example, children who have been sexually abused may need to review anatomical names for body parts). This may require some outside research on your part to prepare to cover this material.
<input type="checkbox"/> <b>Teach Child to Detect Danger</b>	Discuss with the child how to detect actual danger cues (“true alarms”) in his or her environment. Because not all danger has external cues (e.g., smelling smoke), you should also discuss what sorts of feelings we have when we are in danger. These could include physiological cues (sweating, heart racing) or affective cues (guilt, anger, worry). This may include rehearsal or role plays in which the child acts out a scenario he or she might face.
<b>Example script</b>	
<i>Let's say you believe someone in your family is angry and about to start a fight. Let's talk about how you would know that is about to happen? What clues are there, and how would you feel?</i>	
<input type="checkbox"/> <b>Discuss Body Ownership</b>	If the trauma involves sexual abuse, discuss body ownership with the child, noting that some parts of the body are private. Clarify the difference between “good touch” and “bad touch,” and note that any touching that makes the child feel uncomfortable can be a sign to use the safety plan.
<input type="checkbox"/> <b>Develop Safety Plan</b>	Working together, write down steps the child can take in the future to ensure safety. For situations in which steps can be taken to minimise or appropriately confront the danger, the plan should incorporate such steps (for example, not leaving candles lit to prevent fires, learning how to operate a fire extinguisher). For situations in which the danger cannot always be addressed directly, such as those involving abuse or domestic violence, the emphasis should be placed on identifying safe places and people to whom the child can turn in order to report these events. The written safety plan can include: (a) identifying safe people to talk with about dangerous or uncomfortable things, (b) identifying safe places to go when something dangerous is happening, (c) calling 999, or (d) planning how to ask for help (which can even involve writing a script together). The plan should involve sequential steps, such that if the first step does not work, the child has a “back up plan.”

<input type="checkbox"/> <b>Address Secrets</b>	If the nature of the trauma could involve the child being asked to keep it a secret, review the difference between “safe” and “unsafe” secrets.
	<p><b>Example script</b></p> <p><i>Safe secrets are secrets that we don't keep forever, and that are fun – like planning a party of a present that you know someone will really like. Unsafe secrets are secrets that kids are asked to keep from parents and never tell anyone about. These are secrets that kids don't want to keep, and don't feel comfortable keeping. Unsafe secrets include things like someone asking you to keep “bad” touches a secret.</i></p>
<input type="checkbox"/> <b>ACTIVITY Rehearse Plan</b>	Practise the plan together by imagining an unsafe scenario. Ask the child first to identify the signs of danger and then to name the safety plan steps that would be taken. Be sure to ask lots of questions (“What would you try next?” “What if that person didn’t answer the phone?” etc.) to ensure that the child has a firm understanding of the plan and when to use it. Provide plenty of praise.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires</b> , and <b>Monitoring sheet</b> which need to be completed for the next session.
	Confirm date and time of the next call.
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## **Leave ‘Em Laughing**

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you’ve done today. The end of each session should be used to praise the family’s efforts and to convey support and encouragement.

## **Helpful Tips**

- Depending on the family situation, a parent may be involved in the entire session, including rehearsing their responses to the child’s safety plan.
- There are many excellent books and videos/DVDs available for education about personal safety. However, since children learn best via interactive discussion and role plays, make sure that these materials are integrated into more active presentation of safety skills and planning.

## **How’s Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Trauma Narrative**

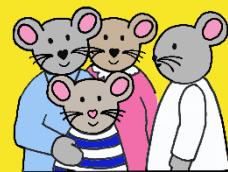
---

MICE

## Trauma Narrative

### Use This:

To develop a diary pertaining to traumatic events in order to reduce anxious responding to memories and related events.



### Goals

- The child will understand the reason for creating a story about the traumatic event
- The child will initiate or add to a written narrative about the traumatic event
- Through relaxation and repeated exposure to the narrative, the child will learn to control anxious responding to traumatic cues
- The child can find ways to challenge blaming or catastrophic thoughts related to the event
- The parent will understand the progress being made using these strategies

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies, for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Start-and-Stop Practice Record** (p. 325)
- Writing materials (e.g., pen and paper, computer)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**⌚ If time is tight:** Make sure the child understands the rationale and adds some new content to the trauma narrative

### Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.

<input type="checkbox"/> <b>Introduce Rationale</b>	If this is the first time performing this module, explain the general rationale of creating a trauma narrative. Many people find it difficult to think about or discuss their bad experiences. However, when one tries to avoid thinking or talking about them, the memories may come back unexpectedly, and in a way that is especially vivid and upsetting. In order to develop control over these memories, it is important to discuss them, a little at a time, in order to become used to the feelings those memories generate.
<b>Example script</b>	
	<i>Have you ever fallen down and scraped your knee? When you scrape your knee, sometimes dirt and germs get caught in the wound and it can get infected. That's why it is so important to clean out a cut when it happens, even though doing so can hurt a bit at first. Over time, cleaning it allows the scrape to heal, even though it might leave a little scar. If you ignore the scrape, it gets worse and doesn't heal properly. By talking about the scary thing that happened to you, a little bit each week, we can make sure that you are able to heal from this event, and over time the feelings will fade so that it doesn't feel as fresh and scary as it does right now.</i>
<input type="checkbox"/> <b>Create Feeling of Safety</b>	Reassure the child that although you plan to write about or discuss some of the events that happened, you are there to assure their safety and comfort, and to provide support if he or she begins to feel too uncomfortable.
<input type="checkbox"/> <b>Introduce Fear Thermometer (if necessary)</b>	If the child has not yet been introduced to the <b>Fear Thermometer</b> , introduce it here, pointing out how it will be used to monitor the degree of fear and to help you know if things are getting too uncomfortable. If the child is already familiar with the fear thermometer, you may skip the <b>Fear Thermometer</b> activity immediately below.
<input type="checkbox"/> <b>ACTIVITY Fear Thermometer</b>	Have the child give a rating for his or her current level of fearfulness. You may need to practise once or twice with sample anchors to make sure the child is giving accurate ratings. Ask the child what the number he/she chose means, in order to be sure he or she understands the concept. Ask the child to indicate, using the <b>Fear Thermometer</b> , how afraid he or she would be of several other situations (i.e., eating his/her favourite dessert, riding on a roller coaster, being in a strange place by him or herself) in order to make sure that the child feels comfortable using this scale. It is particularly important that the child be able to use the full range of the scale, not just the ends.

<input type="checkbox"/> <b>ACTIVITY</b> <i>Relaxation</i>	Review and practise the skills learned in Learning to Relax [Depression module] (if the child has already covered Quick Calming [Depression module] and finds that relaxation approach preferable, then review and practise that approach instead). This should take approximately 10 minutes. Use the <b>Fear Thermometer</b> or <b>Feelings Thermometer</b> to rate the child's emotional state before and after relaxing.
<input type="checkbox"/> <b>Develop Narrative</b>	<p>Once the child is in a relaxed state, begin writing or adding to the narrative.</p> <p>If the child is just starting the narrative, it is often useful to begin with a non-traumatic chapter (e.g., some content about him- or herself, where he or she lives and with whom). Over the course of multiple sessions, the writing will involve the traumatic event itself. As this happens, encourage the child to describe the context surrounding the event, for example their relationship with the perpetrator, or the day before the event occurred, etc. Provide praise to the child throughout this process.</p> <p>Until the narrative is complete, do not challenge any negative or catastrophic thoughts reported by the child; simply record them and note that these may be areas to revise at a later time.</p>
<b>Example script</b>	
	<p><i>Let's go back to the day you woke up because you smelled smoke in your house. Where were you when you woke up?</i></p> <p><i>What did you see around you? What did you hear/smell/feel?</i></p> <p><i>What did you think inside your head? What happened next?</i></p> <p><i>What was the worst moment?</i></p>
<input type="checkbox"/> <b>Encourage Thoroughness</b>	While the child is writing, encourage him or her to write all the memories, as well as the thoughts and the physical sensations that accompany them.
<input type="checkbox"/> <b>Provide Reassurance and Elicit Coping Skills</b>	If the child seems overwhelmed, remind him or her that these are only feelings. They are not related to something that is happening right now, but something that happened to him or her in the past. If the anxiety becomes too elevated, you may also prompt the child to use relaxation to establish control over these feelings.
<input type="checkbox"/> <b>Develop the Final Chapter</b>	Once the traumatic event has been described in its entirety (usually after several sessions of writing), it is useful to have an additional final section of the narrative in which the child describes the ways in which he or she has changed, or how his or her life is different now, as well as advice he or she would give to other children.

<input type="checkbox"/> <b>Practise Reading</b>	When the child is finished writing for the day, ask the child to read everything that he or she has written so far, from the very beginning of the narrative. If the child is hesitant, you can offer to read it aloud. If there is time, ask the child to repeat reading the narrative.  Typically, the child will experience less emotional and physiological activity after each repetition, but if not, you can also ask the child to use his or her relaxation skills.
<input type="checkbox"/> <b>Take Ratings</b>	Use the <b>Fear Thermometer</b> or <b>Feelings Thermometer</b> before and after each reading to quantify the degree of anxiety within each session. If the child experiences a decrease in ratings, point this out to him or her as evidence that he or she is making progress. If using the <b>Fear Thermometer</b> , you may record ratings on the <b>Start-and-Stop Practice Record</b> .
<input type="checkbox"/> <b>Address Cognitions</b>	Once the narrative is complete (no more content being added) and has been read aloud over several sessions, determine whether the child has any lingering blaming thoughts ("it was my fault") or overestimations of recurrence ("I know it will happen again"). If so, you may introduce (or review, if covered already) the appropriate Cognitive module [Depression module] to address these beliefs (e.g., BLUE or STOP). Review specific examples of problematic thoughts in the narrative with the child, and determine whether they are accurate and helpful. Ask the child to identify the types of thoughts present (e.g., "blaming") and to provide alternatives. At this point, the narrative can also be edited to reflect the child's more accurate beliefs.
<b>Example script</b>	
	<p><i>Can you see any thoughts in this paragraph that are not accurate or helpful? What about here, where you thought, "If I had woken up earlier I would have been able to save my cat from a fire?"</i></p> <p><i>Please help me understand a little better. Was there a way you could control when you woke up?</i></p>
<input type="checkbox"/> <b>ACTIVITY Relaxation</b>	Once again, practise the skills learned in the Learning to Relax or Quick Calming module [Depression module]. Use the <b>Fear Thermometer</b> or <b>Feelings Thermometer</b> to rate the child's emotional state before and after relaxing.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires</b> , and <b>Monitoring sheet</b> which need to be completed for the next session.
Confirm date and time of the next call.	

---

<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.
---	---

---

### **Leave ‘Em Laughing**

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you’ve done today. The end of each session should be used to praise the family’s efforts and to convey support and encouragement.

### **Helpful Tips**

- It is best if you keep the trauma narrative with the child’s records in your office rather than send it home with the child each week. Among other things, doing so will safeguard the privacy of the narrative and prevent it from being lost or misplaced.
- When writing the narrative, some children may easily recall information, while other children may require gentle prompting from you.
- Some children may also want you to do the writing, which is allowable.
- Younger children may provide drawings to accompany the narrative, and all children should be given the opportunity to decorate or personalise their narrative if they wish.
- For children who have experienced multiple or repeated traumas, it may be more helpful to create a “timeline” or “life story” rather than focusing on specific isolated events.

### **How’s Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

## **One-on-One or ‘Special’ Time**

---

MICE

## One-on-One or 'Special' Time

### Use This:

To increase positive interaction between the parent and child.



### Goals

- The parent will understand how the style of his or her interactions with the child greatly affects the child's motivation to work for him or her
- The parent will establish a more positive interaction pattern with the child through regular One-on-One or 'Special' time

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies, for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **One-on-One or 'Special' Time** parent handout (p. 389)
- **Checklist of Strategies**
- Pens and pencils
- MINDED video
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Go over the handout on how to attend to and monitor the child's behaviour.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail. Discuss any difficulties with monitoring, usefulness of monitoring, what is being monitored etc.
<input type="checkbox"/> <b>Discuss Attention</b>	Ask the parent whether he or she believes receiving attention from others can have an impact on someone's behaviour. Continue this line of discussion by asking the parent to think about how the quality of the attention we receive from others, even as adults, affects our desire to work with them.

<input type="checkbox"/> <b>ACTIVITY</b> <b>Best Supervisor/Worst Supervisor</b>	<p>Ask the parent to put aside thoughts about his or her child for a moment and instead concentrate on someone really awful for whom he or she has worked in the past. This person could be a supervisor, a team leader, a coach, or a teacher. Ask the parent to describe the characteristics or behaviour of that person that led to the parent's negative feelings about him or her. Draw a line down the centre of a blank page. At the top of the left-hand column, ask the parent to write "Worst Supervisor" (or teacher, coach, etc.) and to then list at least five characteristics of the worst person for whom he or she has worked. Ask the parent to be specific about the feelings he or she had toward this person. Then ask the parent to write "Best Supervisor" (or teacher, coach, etc.) at the top of the right-hand column and list at least five things about that person.</p>
<input type="checkbox"/> <b>Debrief after Activity</b>	<p>At the conclusion of the activity, ask the parent which one of these two people he or she would be more likely to work hard for and why. Discuss how our motivation to work hard for someone can be affected by how we feel about that person. Ask the parent which of the two columns is more relevant to the types of interactions that are going on now with his or her child. Ask if the parent can see how increasing the "best supervisor" qualities might help to motivate the child to be more cooperative and to meet parental expectations.</p>
<input type="checkbox"/> <b>State Goal One: Improving Attention</b>	<p>Begin by letting the parent know that parental attention is the most rewarding thing for a child. Explain that the first goal for this week is to find ways to use attention in a really specific way to help improve their child's behaviour. The parent will learn ways to make attention much more powerful and rewarding by following just a few special rules. Therefore you will be starting with one of the most powerful, flexible (and free!) tools that a parent has.</p> <p>Acknowledge that they are likely to be spending a great deal of time with their child anyway but that quite often that time is focused on getting things done (e.g., medication, hospital visits, getting them dressed). It can be helpful to spend time with them in a slightly different way and some people call this 'special time' and we will go on to discuss it and how it might be different to other time you spend together. Acknowledge that simply providing this special time and positive attention may not be sufficient to change the behavioural difficulties the parent currently has with his or her child, but indicate that this skill can make some of the other parenting skills work better.</p>

<input type="checkbox"/> <b>State Goal Two: Build a Positive History</b>	Explain that the second goal of this module is to improve the interactions occurring between the parent and the child through the use of regular periods of this One-on-One/Special time. Building (or rebuilding) a history of these positive interactions is important for several reasons. First, it's good to have some positive time together to remind each other what the child is really like (refer to child's strengths) when you are not arguing. Second, we sometimes find that by focusing attention in this positive way, then demands for attention through negative behaviour can decrease. The parent can think about "banking" these positive exchanges now to help with the challenging times that may arise later (i.e., "cashing in" on the positive relationship). Building a positive history with the child is like building up a bank account, but instead of money it is a strong parent-child relationship that is building up.
<input type="checkbox"/> <b>Review <i>One-on-one or 'Special' Time</i> Handout</b>	Review the <b><i>One-on-One or 'Special' Time</i></b> handout, explain that the handout reviews the new methods of paying attention to child behaviours that you will be going over together today. Go over each of the points in detail, and make sure you answer questions along the way. If you haven't already sent the video, tell the parent/s that you will send a video after the session which helps to explain one-on-one/special time.
<input type="checkbox"/> <b>Check In</b>	Check in with the parent to see what they think about One-on-One/Special time. This will be helpful to ensure that the parent/s does not feel blamed or as though you are telling them that they are not spending enough time with their child.
<input type="checkbox"/> <b>Discuss How to Start</b>	If the One-on-One/Special time is set for a standard time each day (e.g., after school, after dinner), the parent should say to the child at that time "This is our One-on-One/Special time. What would you like to do together?" Indicate to the parent that the child should be able to choose the activity, within reason. Suggest that almost any activity is fine, so long as it does not involve watching television or playing video games. If the One-on-One/Special time is not scheduled for a particular time each day, the parent should simply approach the child while he or she is playing alone and ask to join in. Some children with epilepsy (and particularly those with Autism Spectrum Disorder symptoms) like to have routine. Parents usually have a good idea about whether it is best for their child to know that the one to one time will happen at a particular time each day or if that will cause the child anxiety. It can be helpful to set a timer if children like predictability or may have difficulty finishing the special time after ten minutes.

<input type="checkbox"/> <b>Emphasise How to Narrate</b>	<p>Point out to the parent that the main way to interact involves narrating what he or she sees the child doing, to demonstrate to the child that the parent finds his or her play interesting. With younger children (under age 10), the parent's commentary should be especially exciting and action-oriented. For example:</p> <ul style="list-style-type: none"> <li>• Describe what the child is doing e.g. "you are drawing with the purple pen"</li> <li>• Describe how the child is looking e.g. "I can see that you are having fun with that game"</li> <li>• Describe where the child is e.g. "you are sitting on the floor playing with your toys"</li> <li>• Describe how the child is engaging in a desirable behaviour e.g. "you played really nicely all by yourself when mummy had to make a phone call"</li> </ul>
<b>Example script</b>	
	<p><i>One way to understand how this works is to imagine that you are a sports commentator describing a game. Your description of the child's behaviour should be interesting, detailed, and generally a running, uncritical commentary on what you are watching happen. Use a tone of voice that is interested and excited, as this style of speaking can be highly rewarding to children</i></p> <p>Tell the parent that the video helps to explain the narration aspect of One-on-One/Special time.</p> <p>Warn the parent that although this technique sounds easy, it usually requires quite a bit of practice. Assure the parent that people often make mistakes during One-on-One/Special time by giving too many instructions, asking too many questions, or not providing enough positive feedback or attention. Some parents find they don't know what to say during One-on-One/Special time. Remind the parent that this is a skill that will improve with practice, and they should not expect instant success.</p> <p>Also acknowledge that One-on-One/Special time will not miraculously cure all of the child's problems. However, the parent can expect the child to come to view the parent as a more rewarding person to be around. Many families report at least a slight improvement in their relationship with their child after only one week. Suggest to the parent that the One-on-One/Special time should become a part of their normal household routine for an indefinite period of time.</p>

---

<input type="checkbox"/> <b>Deal with Concerns</b>	<p>Provide the parent with time to discuss any of their concerns about or reactions to One-on-One/Special time.</p> <p>If the parent expresses concern that One-on-One/Special time will set up the expectation that the parent will always be unconditionally positive, there are several ways that such concerns can be addressed:</p> <ul style="list-style-type: none"> <li>• You can point out that many thousands of families have used these same techniques with their children, and you have not yet heard of this becoming a problem.</li> <li>• Also remind the parent that most people expect a certain amount of appreciation from their employers, spouse, and children. Explain that the child desires attention in much the same way the parent does.</li> </ul>
<b>Example script</b>	
<input type="checkbox"/> <b>Address Time Management</b>	<p><i>Few people like to continue making an effort at something if they feel like their work isn't being appreciated. Think of how many relationships break up because one partner thinks he or she is being "taken for granted." When people provide this reason for the break up of a relationship, they usually mean that they felt their contributions to the relationship were unappreciated.</i></p>

---

<input type="checkbox"/> <b>ACTIVITY</b> <i>Practise One-on-one or 'Special' Time</i>	After reviewing the steps involved in One-on-One/Special time, engage the parent in a role-play in which you act as the child ( <b>adapt for telephone delivery</b> ). Set up a situation in which you are involved in a play activity and the parent joins in for One-on-One/Special time together. Pay close attention to the parent's use of narration, his or her use of comments rather than questions, instructions, or criticism, and his or her use of encouragement and praise. The role-play should last at least 5 minutes to give the parent a sufficient amount of experience with attending to the child in a nondirective manner.
<input type="checkbox"/> <b>Debrief after Activity</b>	After the role-play has been concluded, discuss the parent's thoughts about his or her performance. Provide the parent with specific feedback about his or her use of narration, avoidance of questions and instructions, and use of praise and encouragement. Make specific suggestions with respect to how the parent can improve his or her attending skills, and remind the parent that most parents find the attending skills much more difficult to use in practice than they thought they would. Practise again until the parent feels comfortable.
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>One-on-One or 'Special' Time</i>	Explain to the parent that during the coming week he or she is to practise One-on-One/Special time on a daily basis. Discuss with the parent how he or she plans to implement daily One-on-One/Special time at home during the coming week.  Pick an activity that is likely to go well. You want the parent and child to experience success with this practice, so start with something the child can already do without difficulty or redirection if possible.  Ask the parent to use the <b><i>Monitoring sheet</i></b> to indicate what he or she did during each day's One-on-One/Special time and how well it worked. The parent might also wish to note specific problems encountered with One-on-One/Special time so that these concerns can be addressed with you later.
<input type="checkbox"/> <b>Checklist of Strategies</b>	Remind the parent that throughout treatment you will be introducing, practising and reviewing different strategies. The <b><i>Checklist of Strategies</i></b> can be helpful to keep track of what the strategies were used each week. In later sessions, when there are additional strategies, this checklist can also be helpful to understand how the strategies fit together and what should be used for what type of behaviour.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the <b><i>Weekly questionnaires</i></b> , <b><i>Monitoring sheet</i></b> and <b><i>Checklist of Strategies</i></b> which need to be completed for the next session.

Confirm date and time of the next call.

---

<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.
---	---

---

### **Leave ‘Em Laughing**

End the session on a positive note with the parent by perhaps talking about things that are unrelated to his or her child, or discussing an area of interest you have in common with the parent. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent’s efforts and to convey support and encouragement.

### **Share with Child (if possible)**

At the end of the session, if the child is available, it can be helpful to brief him or her on the materials covered.

---

<input type="checkbox"/> <b>Review Concepts</b>	Explain to the child that this week his or her parent is going to be spending more time playing or spending time with the child on an activity that the child chooses. Ask the child if he or she has any questions about the new way that his or her parent will be interacting with him or her at home.
<input type="checkbox"/> <b>ACTIVITY</b> <i>One-on-One or ‘Special’ Time with Child</i>	<p>Provide the child with an activity or some toys that he or she finds enjoyable and ask him or her to play so that the parent can observe his or her activities. Ask the parent to announce to the child that he or she will play with the child for a while. While the parent and child are playing, pay close attention to the parent’s use of narration, use of comments rather than questions or instructions, and use of encouragement and praise. The role-play should last at least 5 minutes to give the parent a sufficient amount of experience with attending to the child in a nondirective manner.</p> <p>After the role-play has been concluded, excuse the child from the room, and discuss the parent’s thoughts about his or her performance. Give lots of praise for any success! Provide the parent with specific feedback about his or her use of the narration, avoidance of questions and instructions, and use of praise and encouragement. Make specific suggestions about how the parent can improve his or her attending skills, and provide support and reassurance.</p>

---

### **Helpful Tips**

- Some parents will indicate that One-on-One/Special time does not seem directed towards any of the problems they originally came to treatment to address. Remind the parent about the job supervisor example at the beginning of the session and reiterate the need for the parent to teach his or her children to

respond to and enjoy their attention, which will later be used as a major strategy for behaviour change. This is really training for the child that helps him or her begin to enjoy and thus respond more to parental attention.

- When discussing choosing a time to play with the child each day be sure to adapt your instructions to the developmental age of the child. For example, if the child is 9 or older, the parent need not select a standard time each day to spend with the child, but may instead find a convenient time each day to join the child in whatever activity he or she is already enjoying.
- When teaching the parent to narrate his or her child's play, suggest that this running commentary works best with younger children, and the frequency of comments should be reduced for older children. The parent should exercise his or her judgement as to how much narration to employ with the child. The important point to convey to the parent is that he or she should be spending time with his or her child without criticising, directing, or controlling the child's behaviour. The parent should instead watch and appreciate what the child does.
- Remind the parent that during One-on-One/Special time there is virtually nothing that must be taught to the child that cannot be postponed for another time. Even if the child is not playing up to the standards expected by the parent, the parent should avoid taking charge of the child's play and trying to teach the child alternative ways of playing. It might seem like the child is not learning, but if the parent is attending properly, there is lots of really important learning going on.
- If two parents are working on this skill with their child, they can take turns playing with the child. If there are other siblings present in the home, one parent can take the siblings to another room for activities while the second has One-on-One/Special time with the child. After 5 to 10 minutes, the parents can switch roles, giving each partner a chance to practise with the child.
- If the child chooses a competitive game to play during One-on-One/Special time, the parent should allow the child to invent new rules to the game or even "cheat" without reprimanding the child during the playtime. The goal of the playtime is not to learn how to play games properly, but to practise giving attention to the child.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# Praise

---

MICE

## Praise

### Use This:

To teach the parent how to give effective praise to his or her child.



### Goals

- The parent will understand how to provide appropriate praise for his or her child's positive behaviour
- The parent will understand how to reward independent play with appropriate attention

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Praise** parent handout (p. 392)
- **Checklist of Strategies**
- MINDED video
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**If time is tight:** Teach the parent to "catch his or her child being good" and to respond with attention, appreciation, and labelled praise.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, in particular examples of effectiveness of One-on-One/Special time. Discuss any difficulties with monitoring, usefulness etc.
<input type="checkbox"/> <b>Introduce Praise</b>	Introduce the idea that a child's rate of positive behaviour can be increased by the type of parental attention that follows that behaviour. Point out how praise can be used as a tool to increase behaviours that are most desired by the parent. Understand how the parent currently praises their child's good behaviour (e.g., verbal, non-verbal, high fives, etc.)

<input type="checkbox"/> <b>Discuss Attention as a Motivator</b>	Discuss the specific kinds of disruptive behaviour often seen in the child, asking the parent specifically about his or her beliefs about why this type of behaviour persists. Many parents will indicate, correctly, that their child engages in these disruptive behaviours in an effort to gain attention from the parent. Highlight that, although the disruptive behaviour is a problem, the fact that the child is motivated by parental attention is a very good sign. That means attention can be used as a powerful tool to promote positive behaviours as well.
<input type="checkbox"/> <b>Discuss Praise for Follow-Through</b>	Point out that one type of behaviour to praise involves the child's following through on a request or instruction. For children who do not engage in many positive behaviours and do not spontaneously do chores or pitch in, this type of praise will be more common, at least at first. The point is to increase the rate of follow through in such children by providing positive attention when it happens.
<input type="checkbox"/> <b>Cover What Makes Praise Better</b>	<p>There are several aspects of praise that make it more effective. Review these with the parent.</p> <ul style="list-style-type: none"> <li>• Follow through has to be noticed. Thus, when a parent makes a request, he or she should stay in the area and pay close attention to whether or not the follow through occurs. Parents should not issue instructions and then go on to do something else.</li> <li>• Praise works best when it comes quickly. Thus, the parent should praise at the first sign of follow through.</li> <li>• Praise works better if it is "labelled", meaning that it names the specific behaviour being rewarded.</li> <li>• Praise works better if it is focused and concise (short and sweet). Children with epilepsy and learning difficulties do well with very focused, concise praise that doesn't have a 'sting in the tail' at the end and without a lot of additional explanation as to why you are praising it.</li> </ul>

#### **Example script**

*I really like it when you pick up your clothes so neatly.*

*I really appreciate your coming inside so quickly when I called you.*

#### **Rather than**

*I really like it when you pick up your clothes so neatly. I don't know why you don't do it more often. See, you can do it! I've told you that before.*

<input type="checkbox"/> <b>ACTIVITY</b> <i>Praising Follow-Through</i>	Engage the parent in a role-play in which you act as the child ( <b>adapt for telephone delivery</b> ). Have the parent think of a simple instruction to issue (e.g., “Please pick up your clothes now”) and then praise you for obeying. Observe the parent’s behaviour during this exercise to make sure he or she watches you perform the behaviour, narrates what you are doing, and praises your follow-through. Make sure that the praise is “labelled”, or specific to your actions. Provide the parent with feedback on his or her use of praise after the role-play is over. Make sure the praise is short and sweet.
<input type="checkbox"/> <b>Discuss Praise for Good Behaviour That Happens by Itself</b>	Point out that another time to praise is when a child does something positive (e.g., performs a chore, helps a sibling) <i>without having been told or asked to do so</i> . This type of praise is especially important if this is a new behaviour for the child. Point out that the same aspects of praise are important here: the behaviour must be noticed, it must be praised quickly, and the praise should be “labelled.”

---

<input type="checkbox"/> <b>Highlight Natural Patterns of Attention</b>	Ask the parent whether the child gets more attention when he or she is behaving well or behaving poorly. The parent should realise that bad behaviours naturally attract more attention. The idea is to reverse this pattern and to try to start noticing good behaviours when they happen. When children are behaving appropriately (playing nicely with a sibling, colouring quietly) parents take the opportunity to get on with chores/making calls etc. Parents do not positively reinforce behaviour that they would like to see more of – instead they ignore the behaviour. A parent may be more likely to drop what they are doing to attend to bickering than peaceful play. This inadvertently teaches children that inappropriate behaviour is a good way of gaining attention and children quickly learn that an effective way of gaining their parent's attention is to misbehave, cry or fight with a sibling.
---	---

#### **Example script**

*Have you ever had to interrupt your phone conversation to correct, reprimand, or discipline your child for being disruptive? Of course! Most parents have. But have you ever interrupted your phone conversation to praise or attend to your child for not disrupting the call but instead playing quietly nearby?*

Few parents will indicate that they have actively taken time out of an activity to praise their child for good behaviour. The point is that if children want to receive parental attention, they are often more successful in getting it by being disruptive, particularly if the parent is paying attention to someone else. Suggest to the parent that if the situation were reversed, such that parental attention were given for positive behaviour, the child would increase his or her independent play.

---

<input type="checkbox"/> <b>Focus on Independent Play</b>	<p>Point out how, like follow-through, independent play is an especially important behaviour. Suggest to the parent that in order to decrease the extent to which the child disrupts him or her to get attention the parent first needs to start attending to the child's independent play very frequently. Tell the parent that the frequency of this attention can be gradually reduced as the child spends longer periods of time without disrupting the parent when the parent is engaged in other activities.</p> <p>Praise for independent play has several steps:</p> <ul style="list-style-type: none"> <li>• The parent should assign the child some desirable activity to perform while the parent is occupied.</li> <li>• Praise should be issued about once every minute at first. Over time, these intervals can be lengthened. The instruction to stay in the desirable activity can be repeated as well.</li> <li>• The parent should think of these as "training periods" during which the main purpose is not for the parent to cook a meal or read a magazine, but to teach the child how to play independently.</li> </ul>
<input type="checkbox"/> <b>ACTIVITY Praising Independent Play</b>	<p>Engage in a role-play exercise with the parent (<b>adapt for telephone delivery</b>). Instruct the parent to issue an instruction to you (the child) to play independently while he or she (the parent) reads a magazine. When role-playing this technique with the parent, pay close attention to the frequency with which the parent provides praise and the type of praise given. Provide the parent with feedback on his or her use of the technique following the role-play.</p>
<input type="checkbox"/> <b>Debrief after Activity</b>	<p>Discuss the parent's reaction to using this technique in the role-play situation. Suggest to the parent that many parents abide by the philosophy of "let sleeping dogs lie." Essentially, many parents think that it is best to not pay attention to their child when he or she is behaving quietly and appropriately, for fear that the parent's attention will only spark new occurrences of undesirable behaviour. In fact, the opposite is true: paying attention to, and encouraging the child's independent play from time to time will make independent play more rewarding to the child and more likely to continue.</p>

<input type="checkbox"/> <b>Discuss Concerns</b>	<p>Review common concerns that parents may have. These include:</p> <ul style="list-style-type: none"> <li>• Some parents feel that their attention will trigger new episodes of negative behaviour. For one thing, the child likely knows that if he or she continues to play appropriately, he or she will lose the parent's attention because that's what's happened in the past. If the parent can commit to regular praise using the steps above, over time this should no longer be a problem.</li> <li>• Some parents also complain that they are not able to finish their own activities if they must stop frequently to attend to the child's independent play. Assure the parent that these interruptions will only be a problem at the beginning of the process. Over time, it is quite possible for a child to learn to play independently for increasingly longer periods of time between praise. Eventually, the child will be able to play alone for the entire time that the parent is involved in his or her own task and will no longer require such frequent reinforcement for playing quietly and independently.</li> <li>• If the child doesn't respond to verbal praise, you may suggest non-verbal praise such as thumbs up, high fives.</li> </ul>
<input type="checkbox"/> <b>Praising Yourself</b>	<p>Many parents find it difficult to praise themselves. It is important to praise yourself when you do something well both for your own sake and also because it models the principles of praise for good behaviour. If appropriate, you can ask parents to monitor examples of them praising themselves or accepting praise from others. This praise could be related to their parenting but does not have to be related.</p>
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>Praise at Home</i>	<p>Review the practice assignment for the coming week with the parent. Explain to the parent that before you speak again he or she is to choose one or two occasions when the child often disrupts his or her activities and to practise his or her attending to and praising skills at those times. Suggest to the parent that it is often useful to concentrate initially on situations at home. Parents may also wish to use talking on the telephone for practising this method. If the parent chooses this activity for practising giving praise, suggest that he or she arrange for another caregiver or friend to call daily for the sole purpose of practising this procedure. This allows the parent to interrupt the call frequently to appropriately attend to and praise the child's independent play without being too disruptive to the other caller. Ask the parent to record what happened on the <b><i>Monitoring sheet</i></b>.</p>

<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the <b>Weekly questionnaires, Monitoring sheet</b> and <b>Checklist of Strategies</b> which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### **Leave ‘Em Laughing**

End the session on a positive note with the parent by perhaps talking about things that are unrelated to his or her child, or discussing an area of interest you have in common with the parent. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent’s efforts and to convey support and encouragement.

### **Share with Child (if possible)**

At the end of the session, if the child is available, it can be helpful to brief him or her on the materials covered.

<input type="checkbox"/> <b>Review Concepts</b>	If the child joined the session with the parent, bring the child into the session and explain to the child that there will be some changes in communication in the family that are meant to be helpful for everyone. You can tell the child that for the next week, his or her parent will be paying more attention to the child when he or she is playing quietly and independently and not disrupting the parent. Ask the child if he or she has any questions about the new way that his or her parent will be responding to his or her behaviour at home.
<input type="checkbox"/> <b>ACTIVITY</b> <i>Praising</i> <i>Independent Play</i>	Provide the parent with a book or magazine to read. Make sure that there is an activity available in which the child can engage independently and that he or she finds enjoyable (e.g., drawing, reading, playing with a game or puzzle). Instruct the parent to issue an instruction to the child to play independently while he or she reads a magazine or book. Pay close attention to the frequency with which the parent provides praise and the type of praise given. Make sure that the parent expresses appreciation of the child’s play activities and that the praise provided is specific to the child’s actions. After the activity, excuse the child briefly, and provide the parent with feedback on his or her use of the technique.

## **Helpful Tips:**

- For children who are doing well with independent play, this module can be presented in brief form and combined with another skill (e.g., Active Ignoring) in the same session.
- For parents who may be reluctant to praise children just for doing “normal things,” it can be helpful to use the analogy of work for the parents: *Imagine if you received a payslip only during a workweek in which you did something extraordinary. People receive a payslip for doing the basic requirements of their job. For children, praise is the currency, so it is important to praise them just for having regular, appropriate behaviour (like buckling their seatbelts, or sitting straight at the dinner table) as well as for exceptional behaviour.*

## **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Active Ignoring**

---

MICE

## Active Ignoring

### Use This:

To teach caregivers skills to reduce the occurrence of mild negative behaviours.



### Goals

- The parent will be aware of the ways in which unwanted behaviours are sometimes rewarded through attention
- The parent will learn how to remove attention for mild inappropriate behaviours (e.g., complaining, whining, reassurance seeking), while increasing attention for more appropriate alternatives
- The parent will feel comfortable about using the new skill
- The parent will understand the concept of an extinction burst and will know how to look for it

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies, for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Active Ignoring** parent handout (p. 394)
- **Checklist of Strategies**
- MINDED video
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**If time is tight:** Illustrate the link between parental attention and child behaviour and demonstrate how to decrease the child's display of negative behaviours by removing attention and rewarding alternative behaviours.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, in particular examples of praise and how it worked/didn't work.

<input type="checkbox"/> <b>Review the Importance of Consequences</b>	If you have not already done so, introduce to the parent the idea that behaviour is strengthened or weakened by its consequences (that is, what comes after the behaviour). Explain that regardless of what a child is learning to do, his or her skills will be strengthened or weakened by the events that follow them.
<input type="checkbox"/> <b>Review the Importance of Reinforcement</b>	If you have not already done so, briefly discuss the idea of <i>reinforcement</i> . In order for a behaviour to increase in strength, that behaviour must be reinforced, or rewarded, after it occurs. Also, the reinforcement cannot come at other times, only when the behaviour occurs. Explain that if a child is reinforced regardless of whether he or she has performed the behaviour, the reinforcement will have no effect on the future performance of the behaviour. However, if a child is reinforced if and only if the behaviour is performed, the behaviour will be more likely to occur again. Discuss the ways in which behaviours are increased in frequency and intensity by reinforcing them, either with tangible rewards or with attention from others.
<input type="checkbox"/> <b>Discuss Removal of Reinforcement</b>	<p><b>Example script</b></p> <p><i>If you cook a new recipe and you like how it tastes, you are likely to cook that meal again, because it is rewarding.</i></p> <p><i>If you do a favour for someone and she thanks you or gives you a gift, you are more likely to do another favour for her later.</i></p>

<input type="checkbox"/> <b>Review Example Problems</b>	<p>Discuss some examples of what usually happens when whining or complaining occurs. Be sure to point out how such behaviours are often rewarding for the child. Make clear how the behaviour is related to the consequences.</p>
<b>Example script</b> <p><b>You:</b> What happens when your child complains about cleaning his room?</p> <p><b>Parent:</b> We argue. I try to tell him why he has to do it anyway, but he just argues.</p> <p><b>You:</b> So does your child end up cleaning his room?</p> <p><b>Parent:</b> Not usually. Usually I just get too fed up and I do it myself and then punish him – you know, take away a toy or something.</p> <p><b>You:</b> So in a way, your child kind of gets his way – he does not have to clean up? And on top of that, he gets to see you feeling upset, gets you to come into his room, and even to clean up.</p> <p><b>Parent:</b> Uh huh. I guess he's pretty smart that way.</p> <p><b>You:</b> So there is kind of a reward in it for him if he keeps arguing.</p> <p><b>Parent:</b> There sure is.</p>	
<input type="checkbox"/> <b>Review Example Solutions</b>	<p>Point out that the way to change this situation is not to respond. Responding can provide attention in a way that ends up being a reward.</p> <p><b>Example script</b></p> <p><b>You:</b> What would happen if you just didn't argue? If you just set rules for morning chores and enforced them?</p> <p><b>Parent:</b> I guess my child would probably just give up complaining about brushing his teeth eventually. Probably lose some rewards or privileges if he didn't brush his teeth in time for school.</p> <p><b>You:</b> But do you think the complaining would stop, if you didn't respond to it?</p> <p><b>Parent:</b> Probably after a while.</p>
<input type="checkbox"/> <b>Review Important Steps</b>	<p>Introduce the important features of "successful ignoring". Remind the parent of the following:</p> <ul style="list-style-type: none"> <li>• Do not get drawn into arguing, scolding, or even talking. Many parents feel that they have to continually re-explain to their child why they are ignoring their child during the behaviour. The time to explain was before the behaviour started.</li> <li>• Do not express anger or interest, either verbally or in your facial expression or movements.</li> <li>• Do not make eye contact with your child, and do not even glance at him or her more than briefly.</li> <li>• It will help to get absorbed in some other activity (e.g., going into another room, reading a book).</li> </ul>

<input type="checkbox"/> <b>Emphasise Attending to Good Behaviour</b>	<p>Emphasise that paying attention to good behaviour is at least as important as ignoring bad behaviour. Attending and ignoring are meant to work together.</p>
<b>Example script</b>	<p><b>You:</b> <i>The “active” part is the most important part of this skill. So tell me, when do we usually notice children, when they are good, or when they are bad?</i></p> <p><b>Parent:</b> <i>It sure is easy to notice when they’re bad.</i></p> <p><b>You:</b> <i>Right, what we are going to try to do now is to notice when your child is good. As soon as you notice, you can tell him things like, “that’s really nice,” or you can answer his question, or smile at him. That’s how you can reward the right behaviours. For kids, it can be helpful if the difference in your attention and ignoring is really striking – almost like the difference in turning on and off the light.</i></p>
<input type="checkbox"/> <b>Deal with Concerns: Guilt</b>	<p>If the parent expresses uncomfortable or guilty feelings about the idea of ignoring, clarify again that he or she is not being asked to ignore the <i>child</i>, but simply to ignore the unwanted <i>behaviour</i>. The parent should provide plenty of praise and attention when the child is doing well and not performing the unwanted behaviour. So the child is not really getting less attention, he or she is just getting it at different times and for different reasons.</p> <p>Remind the parent that this skill can feel very unnatural at first, because it feels natural to respond to whining and complaining, for example. Assure the parent that this skill is not harmful for his or her child. In fact, failure to use active ignoring could lead to bigger problems later.</p>
<input type="checkbox"/> <b>Deal with Concerns: True Distress</b>	<p>Point out that sometimes the child’s behaviour will be honest – even though it is reinforced by attention. For example, a complaining child may actually have a mild stomach ache on the way to school. Thus, this skill is not about proving the child is “faking.” Rather, the purpose is to get the child to develop a better way of coping when feeling bad. The parent will usually know whether the distress is serious enough to warrant real action, or if it is more of a routine concern that could go away on its own.</p>
<input type="checkbox"/> <b>Select a Behaviour</b>	<p>Pick a behaviour that the parent would like to work on. Make sure the behaviour is something mild or attention-seeking and that it is safe to ignore the behaviour in the context of epilepsy. Good examples are whining, complaining, asking too many questions, pouting, or acting grumpy or upset.</p>

<input type="checkbox"/> <b>ACTIVITY</b> <i>Practise Active Ignoring</i>	<p>Engage in a role-play activity in which you act as the child (<b>adapt for telephone delivery</b>). Instruct the parent to read a book or magazine and to use the techniques that you just discussed. Remind the parent that when you are misbehaving he or she should try to ignore you, and when you are good, he or she should praise or pay attention. Alternate (about every minute) between engaging in appropriate (e.g., sitting quietly) versus inappropriate behaviour (e.g., complaining or reassurance seeking). If you can pick the behaviour identified by the parent in the previous step, that is ideal.</p>
<input type="checkbox"/> <b>Explain Extinction Burst</b>	<p>Inform the parent about the idea of an “extinction burst.” Use examples to express the idea that when we are used to getting rewarded and the rewards suddenly stop, we often try harder and feel frustrated before quitting. The parent needs to be aware that active ignoring may be frustrating for his or her child at first, and may cause a temporary increase in the unwanted behaviour. Emphasise that a temporary increase <i>does not mean that the parent should give in</i>. On the contrary, it is usually a sign that the parent is effective at ignoring – in other words, the strategy is working. It is important to stick firmly to ignoring during extinction bursts and remind oneself that they are always time limited.</p>
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>Active Ignoring</i>	<p><b>Example script</b></p> <p><b>You:</b> <i>Have you ever pushed a button for the lift, and it didn’t come? What do you usually do then?</i></p> <p><b>Parent:</b> <i>Oh I always push it again!</i></p> <p><b>You:</b> <i>Right. In fact, sometimes people push it many times, or jiggle it, or even hit the button or the lift door. That’s because they are expecting a reward (the door to open) and when they don’t get it, there is an “extinction burst.”</i></p> <p>Explain to the parent that during the coming week he or she is to practise active ignoring. Remind the parent to respond to the chosen undesirable behaviour with active ignoring each time it occurs, and to praise the opposite or lack of the behaviour. Pick something that is likely to go well. You want the parent and child to experience success with this practice, so start with something the child can already do without difficulty or redirection if possible.</p> <p>Ask the parent to use the <b>Monitoring sheet</b> to indicate what happened during active ignoring and how the child reacted. The parent might also wish to note specific problems encountered with active ignoring so that these concerns can be addressed with you later.</p>

---

<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires, Monitoring sheet</b> and <b>Checklist of Strategies</b> which need to be completed for the next session.
<input type="checkbox"/> <b>Summarising</b>	Confirm date and time of the next call. Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

---

### Leave 'Em Laughing

End the session on a positive note with the parent by perhaps talking about things that are unrelated to his or her child, or discussing an area of interest you have in common with the parent. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent's efforts and to convey support and encouragement.

### Share with Child (if possible)

At the end of the session, if the child is available, it can be helpful to brief him or her on the materials covered.

---

<input type="checkbox"/> <b>Review Concepts</b>	If the child is available, speak with the child and parent together and explain to the child that there will be some changes in communication in the family that are meant to be helpful for everyone. For the time being, his or her parent is not allowed to respond to certain behaviours anymore (use the behaviour that the parent has already identified with you). Ask questions to make sure the child understands.
<b>Example script</b>	

*Remember, if you complain and whine about going to school in the morning, Mum is not allowed to talk to you about it.*

*Sometimes you might forget and bring it up or try to talk with her, but she is not supposed to pay attention. These rules are going to help everybody handle things better in the morning.*

<input type="checkbox"/> <b>ACTIVITY</b> <b><i>Practise Active Ignoring with Child</i></b>	<p>Repeat the role play that you performed earlier with the parent, now with the child instead of you (<b>adapt for telephone delivery</b>). Make sure that the child has an activity that he or she can engage in, such as reading, drawing, or playing with a puzzle or game. Ask the child to switch between appropriate play and mildly inappropriate behaviour (i.e., whining, complaining). Remind the parent about when to pay attention and when not to pay attention. After the role-play has been concluded, excuse the child from the room, and discuss with the parent his or her thoughts about his or her performance. Give lots of praise for any success! Provide the parent with specific feedback about his or her ability to alternate between ignoring and attending. Make specific suggestions with respect to how the parent can improve his or her active ignoring skills, and provide support and reassurance.</p>
---	--

### **Helpful Tips**

- If working with a child with anxiety, active ignoring is best for such behaviours as whining, crying, excessive reassurance seeking, or complaining (especially somatic complaints), coupled with praise for independent or brave behaviours.
- If you have previously covered material related to rewards, you can shorten your review of reinforcement in the beginning of this module.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Giving Effective Instructions**

---

MICE

## Giving Effective Instructions

### Use This:

To teach the parent how to give instructions in a way that will improve the child's follow-through.



### Goals

- The parent will understand *when* to give instructions so that they will be more effective
- The parent will understand *how* to give instructions in terms of both their verbal and nonverbal aspects so that they will be more effective
- The parent will rehearse a "follow-through training" and agree to practise more at home

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies, for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Giving Effective Instructions** parent handout (p. 399)
- **Checklist of Strategies** (p. 391)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Teach the parent the basic steps for giving instructions more effectively and introduce "follow-through training" periods.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, in particular, examples of active ignoring and how it worked/didn't work.

<input type="checkbox"/> <b>Discuss Effective Instructions</b>	Explain the importance of giving effective instructions. Build the parent's enthusiasm for this module by letting them know that this is one of the simplest, most efficient, and most effective things a parent can do to improve a child's behaviour. Following instructions is one of the most important things a child can learn, and doing well at this generally means a child will improve in lots of other areas.
<input type="checkbox"/> <b>Discuss When to Give Instructions</b>	Explain that one problem common among children who do not follow instructions is that they end up getting more instructions than the average child and this is particularly true of young people with epilepsy and developmental delay. They may go around all day with parents and teachers making and repeating all kinds of requests (e.g., stop this, do that). For instructions to be more effective, the parent needs to use them more sparingly and be prepared to enforce those that are given. The parent must first make sure that: <ul style="list-style-type: none"> <li>• The instruction is for something that is really important. Not all instructions are equally important. For example, take your medication is more important than clean your bedroom.</li> <li>• The parent is willing to see the request to completion</li> </ul>
<input type="checkbox"/> <b>Discuss How to Give Instructions</b>	Explain that once the above conditions are met, it is important to pay attention to <i>how</i> an instruction is given. Two things can make instructions more effective: (1) the words we say, and (2) the way we say them.
<input type="checkbox"/> <b>Discuss Less Effective "Words We Say"</b>	Introduce the <b><i>Giving Effective Instructions</i></b> handout. Review for the parent several kinds of instructions that are less effective. It might help to write these down. They are: <ol style="list-style-type: none"> <li>1. "Let's" instructions: those that start with the word "let's"</li> <li>2. "Vague" instructions, which don't spell out a clear behaviour for the child to perform</li> <li>3. "Question" instructions, which involve parents asking the child instead of telling</li> <li>4. "List" instructions, in which parents string together a long list of instructions all at once</li> </ol> Review the examples on page 1 of the handout, and see if the parent can come up with another example in each of the four categories.

<input type="checkbox"/> <b>Discuss More Effective “Words We Say”</b>	<p>Then review with the parents how these instructions could be said more effectively. First review the examples on the right side of page 1 of the handout, then come up with more examples together. These could include:</p>
	<ul style="list-style-type: none"> <li>• Less effective: Would you please stop teasing your brother?</li> <li>[question] More effective: Stop teasing your brother.</li> <li>• Less effective: Let's clean up some of your toys now.</li> <li>[let's] More effective: Please clean up your toys now.</li> <li>• Less effective: Behave yourself on the way to school.</li> <li>[vague] More effective: Stay in your seat and face forward when you are on the bus this morning.</li> <li>• Less effective: Get ready for dinner. [vague] Less effective: Come on! Get ready for dinner and get in the kitchen right now – it's your turn to set the table. [list]</li> <li>More effective: Please wash your hands (wait for task to be done). Now please put the cutlery on the table.</li> </ul>
<input type="checkbox"/> <b>ACTIVITY <i>Labelling Ineffective Instructions</i></b>	<p>Once the parent understands the difference between ineffective and effective instructions, engage in a brief game. Issue several ineffective instructions to the parent, and have him or her identify what kind of mistakes they are. For example, call out things to them like, “Why don't you clean your room?” to which they should reply, “a question.” Once the parent is doing well at this game, ask him or her to restate your instructions in a more effective way. For example, when you say, “Let's get dressed for school,” a parent should say, “That's a ‘let's’ instruction. The better way to say it is “Please get dressed for school.” For a parent doing really well, you can increase the challenge with some doubly ineffective instructions. For example, you can say, “Why won't you behave?” [question AND vague] or “Let's pick up these toys, get dressed for school, brush your teeth, and get your lunch ready.” [Let's AND too many]. Remember to have the parent restate these instructions in a more effective way.</p>
<input type="checkbox"/> <b>Discuss “How We Say Them”</b>	<p>Explain to the parent that having now covered the <i>words we say</i>, it is time to cover <i>how we say them</i>. Review common problems with how instructions are said. Turn to the second page of the handout.</p>
<input type="checkbox"/> <b>Discuss Eye Contact</b>	<p>Point out how making eye contact when issuing instructions can increase the child's follow-through. The parent should be aware that he or she needs to look directly at the child when giving instructions to ensure the child's undivided attention, particularly when children have difficulties with attention. It may also help to kneel or sit, to get down to the child's level. Calling out an instruction from across the room – or from another room – is less likely to be successful.</p>

<input type="checkbox"/> <b>Discuss Distractions</b>	When issuing instructions, the parent should also make every effort to reduce significant distractions. For example, if there is music playing or the TV is on, the first instructions should involve getting the TV or music off before giving instructions for something else.
<input type="checkbox"/> <b>Discuss Prompts for Transitions</b>	Point out that if a request involves stopping one activity to start another, it will work better if the parent first gives a prompt. For example, rather than saying, "Please brush your teeth now" when a child is watching TV, it is more helpful to say, "In 5 minutes, you will need to turn off the TV." The parent should return in 5 minutes, make sure the TV gets turned off, and then issue the next instruction: "Please brush your teeth."
<input type="checkbox"/> <b>Discuss Tone</b>	Point out that instructions are more likely to be met with resistance or a struggle if the child is aware that the parent is angry. The more calmly something is said, the better.
<input type="checkbox"/> <b>Discuss Check-Ins</b>	Let the parent know that when issuing instructions, it is also helpful to have the child repeat the instruction back to the parent to ensure that the child has understood the request. <b>Example script</b> <b>Parent:</b> (in calm tone) Brian, please wash your hands. (making eye contact) What do I want you to do right now? <b>Child:</b> Wash my hands. <b>Parent:</b> Yes, that's right. Please wash your hands.
<input type="checkbox"/> <b>Avoid Explanations</b>	Explain that it is not necessary to 'teach' your child at every opportunity by explaining the reasons behind your instruction. You can discuss the reasons another time. In the moment, just issue a simple, clear effective instruction and don't go on too much.
<input type="checkbox"/> <b>ACTIVITY Practise Giving Instructions</b>	Role-play with the parent how to give simple instructions, followed by praise ( <b>adapt for telephone delivery</b> ). First play the role of parent, so that you can model effective instructions for about 2 minutes. Then, inform the parent that you will play the role of his or her child, and he or she will act as the parent, issuing simple instructions. Pay close attention both to what is said and to how it is said. Provide lots of praise when the parent gets it right, and support the parent with feedback when needed.

<input type="checkbox"/> <b>Introduce Follow-Through Training</b>	<p>Discuss the importance of a child's being able to comply with an instruction – what we will call "follow-through." For the child to become more successful at following through with parental instructions, it will help to create extra learning opportunities for the child. Thus, it will be useful to have the parent actually increase the rate at which they give instructions to their child during a brief follow-through training period, thereby providing the child with more opportunities for learning. These should:</p>
	<ul style="list-style-type: none"> <li>• Last 3 to 5 minutes</li> <li>• Occur 2 or 3 times each day</li> <li>• Include a series of very simple tasks (e.g., pass the salt)</li> <li>• Be followed with praise</li> </ul>
	<p>Remind the parent that the increased instructions are to occur only during the training periods for now. The parent should continue to choose carefully when issuing instructions outside of these training periods.</p>
<input type="checkbox"/> <b>Pick a Time for Training Periods</b>	<p>Suggest to the parent that these training periods be tried during times of the day when the child is not already engaged in some really fun activity, but instead when the child appears to be between play activities. Waiting to conduct the training periods during such "down times" is likely to increase the chances of success.</p>
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>Follow-Through Training at Home</i>	<p>Explain to the parent that before the next session you would like him or her to practise these follow-through training periods described above, as often as twice a day. The parent should be reminded to provide praise to the child when instructions are followed successfully.</p>
<input type="checkbox"/> <b>Send the materials for the next session</b>	<p>Tell the parent/s you will send a written summary and the <b>Weekly questionnaires, Monitoring sheet and Checklist of Strategies</b> which need to be completed for the next session.</p>
<input type="checkbox"/> <b>Summarising</b>	<p>Confirm date and time of the next call. Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.</p>

### Leave 'Em Laughing

End the session on a positive note with the parent by perhaps talking about things that are unrelated to his or her child, or discussing an area of interest you have in common with the parent. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent's efforts and to convey support and encouragement.

### Share with Child (if possible)

At the end of the session, if the child is available, it can be helpful to brief him or her on the materials covered.

<input type="checkbox"/> <b>Review Concepts</b>	If the child is available, tell the child that for the next week, his or her parent will be asking the child to do things, such as chores and other small tasks. Indicate to the child that his or her parent will also be providing him or her with praise when he or she follows through on these instructions. Ask the child if he or she has any questions about the new way that requests will be handled at home.
<input type="checkbox"/> <b>ACTIVITY</b> <i>Practise Instructions with Child</i>	<p>Ask the parent to try a follow-through training with his or her child, similar to what was assigned for practice at home. Ask the parent to give instructions to engage in an easy task, such as bringing an object to the parent or performing a small job for the parent. Make sure that the parent issues one instruction at a time, waits for follow-through before issuing another instruction. This exercise should last approximately 2 minutes.</p> <p>Pay close attention to both what is said and how it is said. Also note whether the parent persists with the instruction he or she issues (e.g., does the parent repeat the instruction if it was not followed the first time?) and note the strategies the parent uses to address poor follow through (e.g., does the parent attempt to make eye contact with the child, ask the child to repeat back the instruction?). Finally, note the parent's use of praise following the child's follow-through.</p> <p>After the role-play has been concluded, excuse the child from the room, and discuss what the parent thinks about his or her performance. Give lots of praise for any success as well as for the parent's efforts! Provide the parent with specific feedback about his or her ability to issue commands and to follow them with praise. Make specific suggestions about how the parent can improve his or her ability to give instructions, and provide support and reassurance.</p>

## Helpful Tips

- The parent can create “chore cards” for extended tasks, such as when asking the child to clean his or her room or do his or her homework. When the parent has created “chore cards” for extended tasks, he or she can write down the steps involved so that the child can carry the card with him or her while performing the job. Using “chore cards” can help to ensure that there is no debate from the child over the exact steps of the task assigned. For example, a Chore Card for “Cleaning Up Room” might say, “1. Put toys in closet. 2. Make bed. 3. Put books on the shelf. 4. Pick up dirty clothes and put in basket.”
- The parent may also wish to assign time limits for certain instructions. When assigning time limits for completion of tasks (e.g., cleaning up room), the parent should set a specified time on a kitchen timer to let the child know the time limit as well as the consequences that will occur if the time limit is not met.

- Parents should be reminded that even instructions delivered in the most effective way possible may not work when they first try this at home. If that happens, parents should be encouraged to handle the child's noncompliance as they typically have done in the past. Discuss with the parent that in subsequent sessions, you will be discussing alternative ways to handle the child's lack of follow-through.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# Rewards

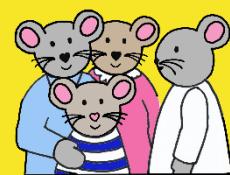
---

MICE

## Rewards

### Use This:

To establish a programme of rewards to increase desired behaviours.



## Goals

- The family will understand the concept of reinforcement
- The family will establish a reward programme for the home that encourages positive behaviour and follow-through with instructions and requests
- The child will understand and agree to the reward programme
- The child will demonstrate increased motivation to participate in positive behaviours and in practice exercises that are part of the therapy programme

## Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies, for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Rewards** parent handout (p. 403)
- Blank **Behaviour Reward Chart** (if necessary) (p. 407)
- Example **Behaviour Reward Charts** (if necessary) (p. 408)
- Blank paper and a pen
- **Checklist of Strategies** (p. 391)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**8 If time is tight:** Teach the family how tangible rewards can be used to increase desired behaviours, and work with the family to set up an organised system of rewards.

## Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, in particular, examples of effective instructions and how it worked/didn't work.

---

<input type="checkbox"/> <b>Introduce Rewards to the Family</b>	Discuss with the family that some children require additional incentives, or rewards, to display the behaviours that we would like them to display. Let the parent/s know that he or she might already employ an informal reward programme with the child. Many parents provide positives when their child complies with rules and directives by promising special privileges, activities, allowances, or tangible rewards. In other cases, the parent may have less of a system in place in which case you are going to go through all the steps of creating a reward programme. Let the parent know that using a formal reward system will allow him or her to have greater influence over the child's behaviour. Explain to the family that you will be spending some time talking about the different kinds of activities the child enjoys doing. Discuss the idea of rewards with the child, and elicit several items or activities that the child would find rewarding. Be sure to ask the child for smaller and larger items that would be rewarding, while reminding the child that rewards do not have to be large to make us feel good. Getting the child's input is particularly important given that items or activities that are not valued by the child will not work well as rewards.
<input type="checkbox"/> <b>Make a List of Rewards</b>	Work with the family to add to the list of items and activities that the child finds rewarding. Try to have 10 to 15 items in total. Be careful to ensure that the parent contributes only those things that are truly enjoyable to the child. Encourage rewards that are small, can be given quickly, and do not cost much (if anything at all). For example, it is best to work with such things as praise, playing a game with a parent, going for a drive together, going shopping together, watching a TV programme, getting to stay up an extra half hour, picking a favourite meal for that night's dinner, or renting a film. Things like getting a bicycle or a new pet should be discouraged, or else saved for the completion of the treatment programme altogether. It is much more important to work on a list of things that can be given out day to day. Including some rewards on the list that the child is already receiving will help make sure the programme will be sustainable.

---

<input type="checkbox"/> <b>Make a List of Desired Behaviours</b>	Work with the family to create a list of specific desired behaviours. Try to make sure you phrase it positively. For example, the target behaviour would be doing as you are told rather than not being disobedient OR talking nicely rather than not swearing. Choose no more than three, and try to include one behaviour the child already does pretty well, to set the stage for success. More behaviours can be added later, after these the programme is going well. Some of the behaviours on the list might be directly related to elements of the therapy programme (e.g., completing practice assignments), whereas others might be related to general conduct, such as following a house rule or obeying a parental request.
<input type="checkbox"/> <b>Link Rewards to Behaviours</b>	Establish the connection between rewards and behaviour (sometimes called the “reinforcement schedule”). Select each behaviour and decide on a reward (or choice among several rewards) that can be paired with it. For younger children, the rewards will need to be especially frequent, so that every time the behaviour occurs, a small reward is given. You may wish to make a sticker or star chart since visual charts can work particularly well. Refer to the example <b>Behaviour Reward Charts</b> . Work with the parent to identify what type of chart might be best for the child.
<input type="checkbox"/> <b>Discuss Amount of Rewards</b>	Explain the importance of the amount of reward given (sometimes called the “richness” of the reward programme). Point out that if too few rewards are given, the child will lose interest, and if rewards are too large or are given too often, the child will not work as hard to improve. The idea is to find that point in the middle that keeps the child interested and working. The “richness” of the programme will also change over time. The child should be rewarded more often in the beginning, to provide the opportunity to experience success. As time progresses, the programme should become more challenging, so that more good behaviour is expected to obtain the same level of rewards.
<input type="checkbox"/> <b>Discuss Timing of Delivering Rewards</b>	Warn the parent that he or she is to provide the reward only <i>after</i> the desired behaviour has occurred, never before. Also, rewards not only follow the desired behaviours, but they are “connected”, meaning they do not occur at any other times. Inform the parent that he or she should not negotiate with the child or agree to an “advance” in rewards, particularly if the child wishes to participate in some desired activity now that he or she has not yet earned. Remind the parent to follow the rule that if the child has not completed the desired behaviour, he or she is not allowed to have access to the reward.

<input type="checkbox"/> <b>Discuss Close Approximations</b>	Tell the parent that children are much more likely to display desired behaviour to get rewards if the parents go out of their way to notice and reward the desired behaviour very frequently during the first week. Suggest to the parent that he or she should, for now, reward the child even for close approximations to the desired behaviour just to show the child how easy it is to earn rewards and to increase the child's desire to work with the parent to earn more rewards. Excessive strictness during the first week can be counterproductive, such that the child will not maintain a high level of motivation for cooperating with the programme.
<input type="checkbox"/> <b>Discuss Praise</b>	Remind the parent that the best reward is still going to be praise. Thus, when administering the rewards, the parent should use a pleasant tone of voice, taking care to label for the child exactly what behaviour is being rewarded and providing enthusiastic praise and appreciation to the child along with the reward. With enough praise, most children will learn over time to self-praise and to take pride in their own accomplishments. Thus, in the long run, they won't need rewards to keep the new behaviours going.
<input type="checkbox"/> <b>Emphasise Patience</b>	Emphasise to the parent the importance of being patient with this programme. Advise the parent that some children might show changes in compliance during the first day of the programme, whereas others might take several weeks to show significant gains. Some children might even refuse to engage in the desired behaviours, thinking that if they resist, the parents will give up and provide them with rewards anyway. Tell the parent that in such instances the programme should stay in effect and that you will problem-solve together how to get the programme working over time.
	Tell the parent that rewards, points and tokens should never be removed as a punishment for misbehaviour.
<input type="checkbox"/> <b>Manage Concerns: Bribery</b>	If the parent expresses concern that the reward system seems like bribing his or her child, discuss with the parent how this programme differs in two ways. First, bribes are often given before an expected behaviour (e.g., I give you a sum of money and then you let me join the team). Second, "bribery" generally means to offer an incentive for an illicit, immoral, or illegal act by another person. Indicate that this reward system is clearly not for those purposes but rather is similar to parents being paid for working. In a sense, it is simply a fair wage for a fair day's work by the child.

<input type="checkbox"/> <b>Manage Concerns: Special Treatment</b>	Many parents are also concerned that their child is being rewarded for doing things for which other children are not given rewards; in this case, the parent should be reminded that all children are rewarded for behaving well, they are just not rewarded so systematically (i.e., most children are provided with privileges, treats, or other rewards, but the fact that such things are provided for good behaviour is often not made explicit and sometimes not even connected to good behaviour).
<input type="checkbox"/> <b>Manage Concerns: Making Time</b>	If the parent expresses concern about how time-consuming the reward programme might be, assure him or her that although the programme will take more time during the initial few weeks, it will eventually become a habit for the parent and should help the parent get back more time in the long run as the child's problems improve.
<input type="checkbox"/> <b>Review Programme with Child and Parent</b>	<p>Discuss the list and schedule of rewards with the family. Work to resolve in advance any disagreements or misunderstandings between the child and parent about how the system of rewards will work. The child should be told that, after meeting a particular task (e.g., doing his or her chores when requested to do so), he or she will get to pick something from the rewards chart. Discuss with the child and parent that these rewards are to be an ongoing part of working together. Suggest that the parent post the reward chart somewhere in the house (e.g., child's bedroom).</p> <p>If the child is not available to participate in this part of the module, encourage the parent to schedule a time to sit down with the child and go over these issues before starting the programme.</p>
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>Rewards at Home</i>	The practice assignment requires the parent to review the <b>Rewards</b> handout, complete the blank <b>Behaviour Reward Chart</b> (if necessary), or create their own reward chart and to record on the <b>Monitoring sheet</b> each time the desired behaviour occurred and what he or she did when the behaviour occurred. The record will be reviewed to see if the rewards are being given quickly and consistently, and to track whether the desired behaviours are occurring with the desired frequency.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly Questionnaires</b> , <b>Monitoring sheet</b> and <b>Checklist of Strategies</b> (if necessary) which need to be completed for the next session.
	Confirm date and time of the next call.
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## **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 starting a game or some other activity that will leave the child feeling really good about the work you have done together today.

## **Special Cases**

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

## **Helpful Tips**

- The key to a successful reward programme is to keep the schedule from being too easy or too hard. Each meeting after the programme is first established may require consideration of whether to adjust the reward or the points given for each behaviour. If the child has not earned any rewards, the programme should be made easier (e.g., can the goal be approximated or done halfway at first? Can a simpler task be chosen for now?). If the child is getting rewards very often, it is time to make the programme slightly more challenging. When discussing such changes with a child, it is helpful to emphasise the similarity with someone “getting in shape.” As you get better and stronger, you lift more weight or you run further each day. This is a sign that you are really making progress.
- With frequent behaviours (for example, saying “please” or “thank you”), it is not always possible to give out rewards each time the behaviour occurs. In such cases it can be helpful to provide the child with a point system or sticker chart. Older children can simply earn points that are recorded on a score sheet. Younger children can get tokens (e.g., plastic game chips) or stickers to put up on a calendar or chart. In the latter case, it can be helpful to make this calendar or chart together in the session. Each time the child performs the desired behaviour, a point or token or sticker is given. These points can later be cashed in for items on the chart.

- An important consideration with this module is sensitivity to class or economic background of the family. With all families, it is important to emphasise that the best rewards do not cost money, but with economically disadvantaged families, it is especially important to be explicit about this issue. Be sure that at least 10 items on the rewards menu do not cost any money, and be especially reassuring that consistency, frequency, and immediacy of reward delivery are *always* more important than the material value of the reward.
- If both parents live at home with the child, both should be strongly encouraged to be active in administering rewards to their child. Having both parents participate in the reward programme increases the consistency of child management procedures between the parents.
- Parents should review the list of rewards with the child every few weeks to see if new rewards should be added, or if others should be removed from the list because they are no longer of value to the child.
- If the parent is worried that he or she might have difficulty remembering to reward the child consistently, it is often helpful for parents to place small reminders to themselves in conspicuous places. For example, the parent might place small stickers or reminder notes in places that they see often, such as on a clock, mirror, telephone, or television.
- If the parent asks how long the reward programme will be kept in place, explain that such a programme often lasts about 2 months. Most commonly, families will find that the programme gradually becomes phased-out without any systematic efforts to do so. If the parent wishes to remove the programme formally, suggest that he or she do so for 1 to 2 days to see how well the child behaves without formal rewards. If the child is able to maintain the expected positive behaviours during this time, the parent can continue to extend this trial period indefinitely, and if problems arise, the programme can be resumed as needed.
- Once the reward system is well established, a list of behaviours associated with loss of privileges (separate from those given as a reward) can be drawn up with the parents.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Time Out**

---

MICE

## Time Out

### Use This:

To introduce a skill to reduce the occurrence of unwanted behaviour through time away from rewards and attention.



### Goals

- The parent will understand how to use time out as a means of dealing with moderately disruptive behaviours (throwing tantrums, hitting, being mean or disrespectful)
- The parent will implement a time out programme at home or adapt an existing one

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Time out** parent handout (p. 413)
- **Checklist of Strategies** (if necessary) (p. 391)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277-293)
- **Therapist Note Taking Sheet** (p. 276)

**8 If time is tight:** Teach the parent how to stop moderately bad behaviour by quickly placing the child in a boring place and removing all rewards and attention from the child's behaviour for a set period of time.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, in particular, examples of rewards and how it worked/didn't work.

<input type="checkbox"/> <b>Introduce Time Out</b>	<p>Review with the parent that time out is a method of mild discipline that involves a brief interruption of pleasant activities for the child. Time out may not be suitable for older teenagers, instead, positive reinforcement such as praise and rewards may be sufficient.</p> <p>Review the parent's views of time out and previous experiences. Some parents are actively opposed to time out or have had a negative prior experience of it. Decide together if time out is something the parent wants to try or whether they prefer to focus on the praise, effective instructions etc. Only do this module if the parent thinks it will be of value.</p> <p>Describe time out. The child is quickly removed from the situation in which his or her misbehaviour occurs and placed in a quiet, boring place. Children do not like being in time out because they lose attention, temporary freedom, and more importantly, the power to upset and manipulate their parents. Thus, putting a child in time out when a particularly undesirable behaviour occurs will decrease the chance that the same behaviour will occur again in the future.</p>
<input type="checkbox"/> <b>Discuss Benefits</b>	<p>Inform parent of the short- and long-term benefits that can result from employing time out:</p> <ul style="list-style-type: none"> <li>• The problem behaviour will occur less often</li> <li>• The parent will have a chance to “cool off”</li> <li>• It is milder and safer than other types of discipline sometimes used by families (e.g., screaming, spanking)</li> <li>• Children will learn to consider the consequences of their actions because the consequences are predictable</li> </ul>
<input type="checkbox"/> <b>Discuss When to Use Time Out</b>	<p>Refer to page 1 of the <b>Time Out</b> handout. Explain that time out should be used for stopping moderate misbehaviour (i.e., rude, aggressive, destructive, or nasty acts; behaviour that might be dangerous to self or others even if it wasn't intended to be). Advise the parent that <i>time out is not the preferred technique for dealing with passive or mild misbehaviour</i> (e.g., sulking, whining). Examples of behaviours appropriate for time out appear on the handout.</p>
<input type="checkbox"/> <b>Pick Behaviours</b>	<p>Move to page 2 of the <b>Time Out</b> handout. Instruct the parent to select 1 to 3 target behaviours for time out. Explain that other behaviours can be added once the family has had the chance to practise time out for a while. When starting out, try to pick behaviours that occur at least once a day, that are easily defined, and that can be observed at home. The parent should write these on the handout.</p>

<input type="checkbox"/> <b>Emphasise Use of Positive Skills</b>	Point out that time out will work best in the context of frequent use of attention, praise, and rewards. Time out only teaches a child what not to do; it does not teach a child what to do. Thus, the parent must also use incentives like attention, praise, and rewards to teach the child positive behaviours to do instead. These behaviours should be the opposite of the time out behaviours (e.g., being kind instead of being mean to a sibling). The parent should write examples on the handout.
<input type="checkbox"/> <b>Pick a Location</b>	Work together to select a place for time out, and write it on the handout. The location should be: <ul style="list-style-type: none"> <li>• Dull (i.e., no other people available, away from toys, games, TV, books, pets, windows).</li> <li>• Not be scary or humiliating (e.g., a dark room or facing the corner).</li> <li>• Centrally located (the child should be able to get to the time out place within 10 seconds).</li> <li>• Out of the way so that other family members are not tempted to talk to or interact with the child in time out.</li> </ul>
<input type="checkbox"/> <b>Review the Steps</b>	Move to page 3 of the <b>Time Out</b> handout. Review the specific steps, using one of the behaviours you picked on page 2 of the handout. Don't forget to point out that if the child has not followed through on an instruction, it must be repeated after the time out is over.
<input type="checkbox"/> <b>Discuss Immediate Time Outs</b>	Point out to the parent that some behaviours will be serious enough that they do not require a warning (e.g., aggressive or dangerous behaviour). These can also include violations of house rules (e.g., use of foul language, if there is a known rule in the house against it). Ask the parent to list some behaviours that would warrant a time out without warning for his or her child.
<input type="checkbox"/> <b>Discuss Follow-Up</b>	Inform the parent that in all but the rarest cases, the incident should be dropped once the child has served a time out. The parent should resist the temptation to scold or humiliate the child. When the time out is completed, the child should be told that he or she may go play. If the child remains annoyed after the time out, the parent should be encouraged to ignore this behaviour. The child has a right to these feelings as long as the misbehaviour does not continue.

<input type="checkbox"/> <b>Review Common Problems</b>	Review with the parent the common problems associated with implementing time out, including: <ul style="list-style-type: none"> <li>Arguing: Arguing can be ignored. If it escalates to shouting and yelling, the parent can reset the timer.</li> <li>Refusing to go to or leaving time out: When the child refuses to go to time out or leaves, the parent can guide him or her gently to the time out area. Another option is for the child to lose a privilege or toy until the time out is performed (e.g., video games). If this loss of privilege does not work, the parent can take away all privileges available to the child.</li> <li>Being out of the house: The parent should plan with you how to implement time out if the child misbehaves in a public place, such as a grocery store. Encourage the parent to bring the timer and to look for an appropriate time out place upon arrival, if behaviour problems are expected. Examples include the family car or a nearby park bench.</li> </ul>
<input type="checkbox"/> <b>Encourage Frequent and Calm Use</b>	Advise the parent not to wait for problems to become extreme before issuing a time out. If the parent uses time out only when he or she is angry and frustrated, time out is probably being used too infrequently or is not occurring immediately after the target behaviour. In such cases, mistakes can happen, like the parent shouting or choosing an excessively long time out period due to his or her feelings of anger.
<input type="checkbox"/> <b>ACTIVITY Practising Time Out</b>	Engage in a role-play with the parent in which you play his or her child ( <b>adapt for telephone delivery</b> ). In your role, begin to engage in one of the target behaviours that the parent has agreed to address with his or her child at home. When you begin displaying the target behaviour, the parent should then put you (as the child) into time out. Provide praise and supportive feedback when the role-play is over. It is often helpful to the parent if you role-play again, this time exhibiting some of the challenging behaviours (i.e., refusing to go, arguing, leaving time out) discussed earlier. This added challenge gives the parent an opportunity to practise using time out under more realistic conditions.

<input type="checkbox"/> <b>Discuss Introducing Time Out</b>	If the child is not available today to speak with you, discuss with the parent how he or she will explain time out to the child. The parent should choose a time when everyone is relaxed and not upset. Both parents should be present for this discussion with the child if possible; this will help the child understand that both parents have the same expectations for the child's behaviour. The parents should tell the child that they love him or her, and that they want to help the child remember good ways to behave (using whatever language fits best for the child). As part of this, the parents want to help the child remember not to do [identify target behaviours], because these behaviours are causing some problems for the family. The parent should not ask for the child's agreement with this statement or argue with the child about this. The parents should note that the child will be required to have a time out (spend a certain amount of time in the time out place) when these behaviours happen.
<input type="checkbox"/> <b>ACTIVITY Practise Introducing Time Out</b>	If the child is not available today, role-play a discussion with the parent in which you act as the "child" while he or she explains to you the behaviours that will be targeted with time out, how the time out procedure will work, and what this new strategy will mean for the family.  As the parent explains time out during the role-play, try to ask the parent questions that you imagine his or her child might ask. This activity should help the parent learn how to talk to the child about time out, and it will also help you size up the parent's level of understanding of this strategy. This is a good time to review any misperceptions or misunderstandings, and to work with the parent on the most effective way to explain time out to the child.
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <b><i>Time Out at Home</i></b>	The parent should be instructed to begin introducing time out in his or her home, focusing for now on one or two behaviours. Using the <b><i>Monitoring sheet</i></b> , the parent should record every instance in which time out was used, the child's behaviour that prompted time out, and how well the parent felt he or she was able to implement the time out procedure. The parent should also record the length of each time out.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b><i>Weekly questionnaires</i></b> , <b><i>Monitoring sheet</i></b> and <b><i>Checklist of Strategies</i></b> (if necessary) which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## **Leave ‘Em Laughing**

End the session on a positive note with the parent by perhaps talking about things that are unrelated to his or her child, or discussing an area of interest you have in common with the parent. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent’s efforts and to convey support and encouragement.

## **Share with Child (if possible)**

At the end of the session, if the child is available, it can be helpful to brief him or her on the materials covered.

<input type="checkbox"/> <b>Review Concepts</b>	Explain to the child that there will be some changes in the way the parent will handle the child’s behaviour when the child engages in certain behaviours (inform the child of specific behaviours that you and the parent have agreed to target in the coming week). Explain that these changes are meant to be helpful for everyone. You can tell the child that for the time being, the parent will respond to these behaviours by having the child go quickly to a quiet place for a set amount of time (indicate the duration that has been chosen). You and the parent should emphasise to the child that he or she is still loved by the parent, but that some of the child’s behaviour has been causing problems, and the parent will be changing how he or she has been responding to that behaviour. Use questions to make sure the child understands how time out will work at home, and invite the child to ask the parent any questions he or she might have.
<input type="checkbox"/> <b>ACTIVITY</b> <i>Practise Time Out with Child</i>	Ask the child and parent to engage in a role-play involving time out. Prior to beginning this exercise, you and the parent should agree upon the behaviour to be used (you may refer to the handout for examples). Part of the treatment room or area should also be designated in advance as the time out area. After explaining how time out will work to the child, ask the child to perform the behaviour (in a “pretend” or “make-believe” manner), with the understanding that the parent will then direct the child to time out. For this practice, the time out should last only about a minute, so as to demonstrate the point of how time out works. Pay close attention to the way in which the parent directs the child to time out, making sure that he or she uses fewer than 10 words in 10 seconds, labels the child’s misbehaviour, and issues clear instructions for the child to go to time out. If the child exhibits oppositional behaviours in response to the instruction to go to time out (i.e., talking back, arguing, refusing to go), note how the parent handles these

behaviours. Note the parent's response to the child when time out has ended.

After the role-play has been concluded, thank the child and excuse him or her from the room. Ask for the parent's thoughts about his or her performance. Give lots of praise for any success! Provide the parent with specific feedback about his or her ability to use time out. Make specific suggestions with respect to how the parent can improve his or her time out skills, and provide support and reassurance.

## Helpful Tips

- Some parents might say "Oh – I've tried time out, and it doesn't work." You should acknowledge that time out takes a lot of patience and effort, but assure the parent that much of the success of time out is in the fine tuning. There are dozens of different ways to do time out, and that what you are going to practise today is a procedure that really does work. If it is not successful right away, encourage the parent not to give up. Troubleshooting can often reveal simple changes that will improve the success of using time out.
- If a parent is new to time out, prepare him or her for the possibility that time out will be challenging at first. For example, the child might throw temper tantrums, which can be distressing to the parent. Let the parent know that during such tantrums, he or she may feel like giving in to the child so that the tantrum will stop. Advise the parent that giving in to the child in such situations might stop the tantrum, but it will increase the chances of the time out behaviour happening again in the future. Reassure the parent that a high rate of negative behaviour in response to the time out procedures initially can mean that the child is really concerned and hence the technique is actually working as planned.
- Advise the parent that using time out inconsistently greatly weakens the effectiveness of this strategy and makes it much more difficult to implement in the future.
- If the child is unavailable for the session, the parent will need to be prepared to explain time out to the child and answer questions before using it at home.

## How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Making a Plan**

---

MICE

## Making a Plan

### Use This:

To teach the parent skills for anticipating and minimising behaviour problems before they happen.



### Goals

- The parent will identify high-risk situations for his or her child's misbehaviour
- The parent will learn steps to prevent misbehaviour in high-risk situations
- The parent will practise these steps at home with his or her child

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Making a Plan** parent handout (p. 418)
- **Checklist of Strategies** (p. 391)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277 – 293)
- **Therapist Note Taking Sheet** (p. 276)

**8 If time is tight:** Review the handout on how to anticipate behaviour problems and manage behaviour before it becomes disruptive.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, in particular, examples of time out (if this module was covered) and how it worked/didn't work.
<input type="checkbox"/> <b>Identify Routine Challenges</b>	Ask the parent to identify times or events that make his or her child's behaviour especially challenging. Give examples such as grocery shopping together, going to a neighbour's house, or taking a long drive somewhere.

<input type="checkbox"/> <b>Discuss Being Caught off Guard</b>	Point out that most parents are too busy to think ahead about these kind of situations, or if they do think ahead, they are too busy or tired to get fully prepared for them. For example, some parents will enter public places, such as shops, without fully thinking through how they will manage their child's behaviour should it become disruptive. Then they are forced to respond to their child's behaviour in the moment, without an advance plan. Under these circumstances, the parent might be frustrated with the child, worried about the reactions of others who are watching the scene, and upset or angry. Note that all of these factors can work together to make it very challenging for a parent to develop a reasonable and effective method of dealing with the problem once it has started.
<input type="checkbox"/> <b>Discuss Making a Plan</b>	Point out how anticipating behavioural problems is a key concept in learning to manage a child's behaviour effectively, whether in public situations, across transitions in major daily activities, or in many other more routine situations. "Making a plan" means that a lot of misbehaviour can be avoided by thinking ahead about the child's potential misbehaviour and by making a plan clear to the child before entering the situation. Even if misbehaviour is not avoided completely in such situations, the parent will at least have established a quick and thoughtful reaction to the misbehaviour before it goes too far.
<input type="checkbox"/> <b>Review Making a Plan Handout</b>	Review the five steps on the <b><i>Making a Plan</i></b> handout with the parent.

<input type="checkbox"/> <b>ACTIVITY</b> <b><i>Making a Plan</i></b>	<p>After reviewing the steps involved in making a plan, engage the parent in a role-play in which you act as the child (<b>adapt for telephone delivery</b>). If possible, work with the parent's example on page 3 of the handout, and rehearse the time leading up to the situation (you do not need to rehearse the entire situation). For example, if the task involves going out to a public place, you could ask the parent to walk with you as if you were the child and he or she was preparing to enter a public area (perhaps walking up to the door to the treatment room or the outside door to your building).</p> <p>Prior to entering the door, the parent should go through steps 1 through 4 from the handout with you. Pay close attention to the way in which the parent sets up the situation (perhaps assigning you a planned activity, or pointing out that you just had a snack), explains the rules to you, offers incentives, and explains the consequences.</p> <p>After the role-play, discuss what the parent thinks about his or her performance. Provide the parent with specific feedback about his or her preparation, the rule he or she chose to use, the types of incentives offered, and the manner in which the consequences were explained. Make sure the parent's language and tone corresponded appropriately to his or her child's age. Praise the parent for his or her performance and repeat the role-play, if necessary.</p>
<input type="checkbox"/> <b>Manage Concerns:</b> <b><i>Parenting in Public</i></b>	<p>Check in to see if the parent feels that setting rules and administering rewards and consequences would be comfortable in public. If the parent thinks he or she might be embarrassed or uncomfortable, these concerns can often be addressed by explaining that behaviour problems are less likely to develop in the first place if the parent follows the steps of prevention you have just reviewed. Suggest that the odds of a problem developing are further reduced by the parent's use of ongoing attention, praise, and rewards for his or her child's good behaviour in the public place. Explain that even when misbehaviour does develop, it will often be at a much-reduced level of disruption because the parent will respond to it swiftly and with a clear plan before the behaviour gets out of hand. Reassure the parent that such steps are more likely to reduce opportunities for the parent to experience embarrassment in public.</p>

<input type="checkbox"/> <b>PRACTICE ASSIGNMENT</b> <i>Practice Runs</i>	Review the practice assignment for the coming week with the parent. Explain to the parent that during the coming week he or she is to plan at least two “practice runs” of the situation chosen on the last page of the handout. The practice run should look as much like the actual situation as possible – for example, if the activity is shopping, the parent should plan two “fake” shopping trips solely for the purpose of making and practising the plan (no real shopping needs to get done). Ask the parent to record information about these practices on the <b>Monitoring sheet</b> for review at the next session.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires</b> , <b>Monitoring sheet</b> and <b>Checklist of Strategies</b> (if necessary) which need to be completed for the next session.
<u>Confirm date and time of the next call.</u>	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

### Leave ‘Em Laughing

End the session on a positive note with the parent by perhaps talking about things that are unrelated to his or her child, or discussing an area of interest you have in common with the parent. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent’s efforts and to convey support and encouragement.

### Share with Child (if possible)

At the end of the session, if the child is available, it can be helpful to brief him or her on the materials covered.

<input type="checkbox"/> <b>Review Concepts</b>	Explain to the child that this week his or her parent is going to practise a special task with him or her, such as going to the shop or getting on the bus together (the situation should be the same one the parent role-played with you). Indicate to the child that there will be certain rules that he or she is expected to follow, and his or her parent will discuss these rules with the child beforehand. Ask the child if he or she has any questions about the new rules that he or she will be asked to follow when practising together with his or her parent.
---	---

<input type="checkbox"/> <b>ACTIVITY</b> <b><i>Making a Plan</i></b>	<p>If possible, repeat the role-play you performed earlier with the parent, now with the child taking your place (<b>adapt for telephone delivery</b>). The parent should focus on going through steps 1 through 4 from the handout with the child. Pay close attention to the way in which the parent sets up the situation (perhaps assigning the child a planned activity or occupying him or her with a toy or book), explains the rules, offer incentives, and explains the consequences. After the role-play, thank and excuse the child and discuss with the parent his or her thoughts about his or her performance. Provide the parent with specific feedback about his or her preparation, the rules he or she chose to use, the type of incentives offered, and the manner in which the consequences were explained. Make sure the parent's language and tone corresponded appropriately to his or her child's age.</p>
---	--

## Helpful Tips

- When discussing incentives for the plan, consider items from the child's formal reward system, if one is already in place.
- Remember that incentives do not have to be large or costly. Examples of small incentives might include stickers, stamps, pencils, choosing the dessert at home that evening, or extra time to play a game with the parent.
- If the consequences in the plan involve removal of the child from a public place, explain to the parent that short intervals of time out (e.g., 2 to 3 minutes), generally work well in public, given that the child is missing out on many interesting activities and is most likely embarrassed about having to spend time in a boring location.

## How's Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Daily Report Card**

---

MICE

## Daily Report Card

### Use This:

To establish a way to monitor behaviour at school so it can be linked to an existing home programme.



### Goals

- The parent will understand how to link behaviours at school to a home reward programme
- The parent will make a list of school behaviours to prioritise for the programme
- You and the parent will establish communication with the school
- The parent will implement a tool for daily monitoring school behaviour

### Materials

- **Fear Thermometer** and **Fear Ladder** (2 unrated copies for anxiety/trauma), **Feelings Thermometer** (for depression) (pp. 318, 320, 342)
- **Using a Daily School Behaviour Report Card** parent handout (p. 422)
- Blank **Daily Report Cards** (pp. 426-427)
- **Checklist of Strategies**
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277 – 293)
- **Therapist Note Taking Sheet** (p. 276)

**8 If time is tight:** Teach the parent how to use a system for learning about the child's behaviour at school and how to connect that behaviour to the home reward programme.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	If the main focus is traumatic stress or anxiety, use the 0 to 10 scale of the <b>Fear Thermometer</b> to obtain <b>Fear Ladder</b> ratings from both the child and his or her parent. If the main focus is depressed mood, use the <b>Feelings Thermometer</b> to take a rating. Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, and review the strategies, what strategies are working well/what aren't working as well.
<input type="checkbox"/> <b>Establish Targets</b>	Review with the parent any behaviour problems at school that are occurring with any regularity and that should be the target of this programme. Work to develop a list of concerns that the parent feels would be important to address.
<input type="checkbox"/> <b>Establish Communication with School</b>	If you are not already in contact with the child's school, obtain permission from the parent and plan to contact school personnel about possible behavioural goals.

<input type="checkbox"/> <b>Encourage Relationship with School Staff</b>	Encourage the parents to identify at least one teacher or other adult at the school with whom they can communicate and develop trust. Collaboration between parents and school is key. Sometimes this will require some facilitation on your part.
<input type="checkbox"/> <b>Introduce Daily Report Card</b>	Review with the parent the concept of the daily report card. It is a way for school personnel to report to the parent daily on the child's behaviour, which can then be tied into the reward programme at home. Essentially, good behaviour at school can earn rewards at home, whereas poor behaviour at school will result in a few or no rewards.
<input type="checkbox"/> <b>Review Handout</b>	Review the <b><i>Using a Daily School Behaviour Report Card</i></b> handout and the blank <b><i>Daily Report Cards</i></b> , pointing out the advantages of using this system. At this time, answer any questions about how the report card might work.
<input type="checkbox"/> <b>Develop List</b>	Develop the initial list of ideas about four or five priorities that are consistent across parent and school staff reports.
<input type="checkbox"/> <b>Design a Daily Report Card</b>	Finally, go over some examples of <b><i>Daily Report Cards</i></b> , and work with the parents to design a programme that seems workable for his or her child. Fill out a blank <b><i>Daily Report Card</i></b> together.
<input type="checkbox"/> <b>Exercise Mock Report Card</b>	Once you have devised a report card programme with the parent, run through an example of how it will work once the report card comes home. Present the parent with examples of completed report cards and ask him or her to describe how he or she would use that information to provide rewards or consequences. The parent should have a clear understanding of what rewards to give depending on what the card looks like. If you decide to role play, play the part of the child bringing home a daily report card and look for the parent to praise good behaviour when giving rewards.
<input type="checkbox"/> <b>Encourage Easy Start</b>	Explain that the <b><i>Daily Report Card</i></b> should produce rewards for the child initially. This will be important in building the child's motivation to participate. Thus, it should initially be easy enough for the child to earn rewards and perhaps only certain classes or a portion of the day should be covered at first. As the child gets the hang of it, the report card programme can be adjusted to include more challenging classes and behaviours.
<input type="checkbox"/> <b>Encourage Consistency</b>	Remind the parents that the <b><i>Daily Report Card</i></b> will only be successful if the parents request to see it each day and act on the results consistently.
<input type="checkbox"/> <b>PRACTICE ASSIGNMENT Daily Report Card</b>	The practice assignment for this week involves the parent working with one or more people at school (this can be coordinated by you if needed) to begin using the <b><i>Daily Report Card</i></b> in conjunction with a home reward programme.

---

<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires, Monitoring sheet and Checklist of Strategies</b> (if necessary) which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

---

### **Leave ‘Em Laughing**

End the session on a positive note with the parent by perhaps talking about things that are unrelated to his or her child, or discussing an area of interest you have in common with the parent. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent’s efforts and to convey support and encouragement.

### **Share with Child (if possible)**

At the end of the session, if the child is available, it can be helpful to brief him or her on the materials covered.

---

<input type="checkbox"/> <b>Review Concepts</b>	Speak to the child and parent together to discuss the list and schedule of rewards. Work to resolve any discrepancies between child and parent about how the daily report card will work. The child should know that after meeting goals at school, he or she will get points or get to pick something off the menu of rewards. Remind the child and parent of the importance of consistent use of the daily report card. If the child does not bring it home, no rewards will be given that day.
---	---

---

### **Helpful Tips**

- If the school already has a similar programme, tool, or behaviour checklist as part of a classroom behaviour programme, do not reinvent the wheel. Work with the school and family to integrate the existing programme in with the rewards programme at home. The idea is to get the school and home programmes working consistently and together.

### **How’s Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Looking Ahead**

---

MICE

## Looking Ahead

### Use This:

At the conclusion of treatment for conduct problems to review and prepare for termination.



### Goals

- The parent will think about behaviour problems that might arise in the future and how his or her existing skills can be used to address them
- The parent will plan how to adjust, maintain, and generalise his or her newly acquired skills
- The parent will consider whether or not to continue a reward system if one is in effect
- The parent will feel prepared for the termination of treatment

### Materials

- **Relapse Prevention** worksheet (p. 332)
- Paper and pencils for written exercises
- **Checklist of Strategies** (p. 391)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277 – 293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Review with the parent the new skills he or she has learned during treatment, and assist in thinking of ways to generalise these new skills to other behavioural concerns that might arise in the future.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, and review the strategies, what strategies are working well/what aren't working as well.

---

<input type="checkbox"/> <b>Review Programme</b>	<p>Review with the parent the following items:</p> <ul style="list-style-type: none"> <li>• Which specific skills and strategies covered in treatment the parent is likely to find most useful for handling the child's misbehaviour at home</li> <li>• Some of the most challenging behaviours to which the parent will need to apply those skills</li> <li>• The "high risk" situations that the parent will need to watch out for in order to continue to apply these new tools consistently and effectively (e.g., family stressors, the child's move to a new school, the parent's own personal characteristics that influence the way he or she addresses the child's behaviour).</li> </ul>
<input type="checkbox"/> <b>Manage Expectations</b>	<p>Tell the parent that it is normal to expect some challenges ahead, both in terms of the parent's attempts to apply these new skills consistently and effectively and also in terms of possible re-emergence of the child's challenging behaviours. Remind the parent that it is easy for both child and parent to slip into old habits, especially after things have been good for a while.</p> <p>Reassure the parent that this is all very common, and that almost no one can expect to handle his or her child's behaviour perfectly all of the time. Instead what are needed are good skills and strategies to use when the parent begins to recognise either misbehaviour on the part of the child, or reliance on prior strategies for parenting (i.e., yelling at the child instead of using time out). Remind the parent that by using the tools and skills learned in treatment, he or she can have more control over the child's misbehaviour than before, and fix problems more quickly when they arise.</p>

---

<input type="checkbox"/> <b>Discuss Lapse and Relapse</b>	<p>It might also be helpful to discuss with the parent the distinction between a “lapse” and a “relapse” (<i>if you do not think this terminology is appropriate to use with the family, you can use the alternate wording below, i.e. ‘small setbacks’ vs ‘going back to square one’</i>). Explain that lapses are natural and involve minor steps backward, for either parent or child, whereas a “relapse” is having everything go back to square one. Remind the parent that if lapses occur, these can be tackled by reviewing the handouts given by the therapist and practising the skills again. Children’s lapses may be more common during stressful times, and it is perfectly normal for stressful situations to make it difficult to address the child’s behaviour in a consistent and effective fashion. Emphasise to the parent that “lapses” are perfectly natural, and if handled carefully are unlikely to become “relapses.”</p>
	<p><b>Example script</b></p> <p><i>If you start to find that some of your child’s disruptive behaviours have returned, it’s important that you do not jump to the conclusion that you are back at square one. At these times you need to remember that all of the skills you learned during treatment will always be there for you to call on. All you need to do is use them when you start to notice problem behaviours.</i></p>
<input type="checkbox"/> <b>Review Relapse Prevention worksheet</b>	Review and complete the <b>Relapse Prevention</b> worksheet with the parent/s.
<input type="checkbox"/> <b>Highlight What Helps</b>	Remind the parent that if formal use of rewards and consequences is required, then administering them <i>immediately and consistently</i> is the key to gaining control over any new problem behaviour. Suggest that the parent continue to keep a record of the problem behaviour throughout this time. If the misbehaviour persists, suggest that he or she schedule another appointment with you, being sure to bring any notes along for you to review.

<input type="checkbox"/> <b>ACTIVITY</b>	Remind the parent that he or she now has all of the skills necessary to cope with the vast majority of behaviour problems displayed by most children. The goal now is to begin thinking about how to use these skills in managing any future problem behaviours that might arise.  Suggest to the parent a game in which you will pose hypothetical behaviour problems to the parent and request that he or she think about how to manage these problems using the skills and methods learned during the treatment programme. Prompt the parent when necessary, but the parent should do the majority of this problem-solving on his or her own. If the parent does need some guidance, use questions to help lead the parent to suggest the correct use of procedure.  During this exercise, be sure to watch out for and correct many parents' natural tendency to drift toward punishment methods as the first means of dealing with new behaviour problems that you pose. Continue to stress to the parent the principle of positives before negatives (rewards before consequences) when designing a behaviour change strategy to address their child's behaviour.
<input type="checkbox"/> <b>Schedule Booster</b>	During this session it is also often helpful to schedule a booster session approximately 1 month in the future for further monitoring of the family's progress with these new techniques. Suggest to the parent that a booster session can be a time for him or her to check in with you about his or her success in applying the tools he or she has learned, ask about any new difficulties that may have arisen, and discuss ways to continue to maintain the gains he or she has made in the long term.
<input type="checkbox"/> <b>Self-review</b>	Encourage weekly self-review of strategies: As the first booster session will not be for 1 month, encourage the parent to review what has been working well that week and what has not been working so well. This is to ensure strategies are sustained (before the first booster in 1 months' time); try to instigate this weekly for around 10-20 minutes each week.
<input type="checkbox"/> <b>Say Your Goodbyes and Thank the Family</b>	Thank the parent for his or her help and support during treatment. Let the parent know that you have enjoyed getting to know him or her, and that you are now passing the baton along, as formal treatment is ending. Point out that the progress was due primarily to the child and family's efforts, not to your own. It is important that the child takes responsibility for the success that was experienced and attributes gains to his or her own effort.  Confirm date and time of the first booster session (approx. 1 months' time).
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.

## **Leave 'Em Laughing**

End the session on a positive note with the parent by perhaps talking about things that are unrelated to his or her child, or discussing an area of interest you have in common with the parent. Also, the parent might be feeling overwhelmed by the challenging tasks he or she is undertaking; it can sometimes be helpful to leave a few minutes at the end of the session for the parent to share concerns or the challenges he or she has faced with the child since the previous session. The end of each session should be used to praise the parent's efforts and to convey support and encouragement.

## **Share with Child (if possible)**

At the end of the session, if the child is available, it can be helpful to brief him or her on the materials covered.

<input type="checkbox"/> <b>Review Concepts</b>	Briefly review the successes of the child in the programme. Be sure to emphasise that the child's effort in adapting to the new rules and earning rewards was a major part of that success. Point out that some of the positive things that are happening in the family now that could not have happened previously (e.g., better grades at school, a new friend, a happier family with fewer arguments, or other accomplishments).
<input type="checkbox"/> <b>Say Thanks and Goodbyes</b>	Thank the parent and child for their help and support during the programme. Let the parent and child know that you have enjoyed getting to know them, and that you are now having them take over all the rules and rewards at home, as formal treatment is ending. Point out that the progress was primarily due to the child and family's efforts, not to your own. It is important that the parent and child take responsibility for their success and attribute gains to their own efforts.

## **Helpful Tips**

- The overall tone of this session should be warm and upbeat. The parent should leave feeling pleased with his or her accomplishments and the gains that he or she has made with the child.
- When discussing how to apply the skills and tools that the parent has acquired during treatment to future behaviour problems, emphasise only those skills that you believe are highly likely to work well.
- If this module lasts for more than one session, it is often helpful to assure the parent that he or she can contact you between sessions if problems arise.
- If the family is particularly concerned about ending treatment, you can check in with the parent over the phone approximately once per month following the termination of treatment.

## **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?

- Did your pace match that of the child or family?
- Did you stay on track?

# **Booster (Conduct)**

---

MICE

## Booster (Conduct)

### Use This:

To follow up with parent after treatment for his or her child's conduct problems (1 and 3 months' post treatment).



### Goals

- The parent decides whether or not to continue the reward system, if one is still in effect
- You and the parent will review the **Daily Report Card** (if appropriate) and consider whether or not to continue it
- The parent will review successes and challenges encountered with previously taught skills
- You will make adjustments or additional recommendations as needed

### Materials

- Child's **Daily Report Card** (if available)
- **Weekly questionnaires** and **Monitoring sheet** (see pages 277 – 293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Review the child's status with the parent to determine whether additional adjustments or interventions are warranted.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Rating</b>	Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail, and review the strategies, what strategies are working well/what aren't working as well.

<input type="checkbox"/> <b>Discuss Reward Programme</b>	If the child is on a reward programme, discuss the parent's thoughts on the continuation or termination of the programme. Suggest to the parent that he or she might want to try suspending the record-keeping part of the reward system for a few days, allowing the child to continue to earn privileges based on how he or she behaves. If the child continues to behave well without the formal reward programme in place, the parent can permit the child to have access to daily privileges. If the child misbehaves during this time, some privileges will be lost that day depending on the nature of the problem behaviour. The parent should remind the child that privileges will continue to be linked to good behaviour and the performance of chores or tasks at home. Assure the parent that if the child's misbehaviour increases without the formal reward system, the full system can be reinstated.
<input type="checkbox"/> <b>Review Daily Report Card</b>	If the daily report card was used and is still in place, the parent should be instructed to reduce the frequency of its use over time. Suggest the following guidelines: <ul style="list-style-type: none"> <li>• After the child has 2 good weeks, the card can be used on Friday only to refer to the entire week</li> <li>• After another good week, the card can be discontinued altogether</li> </ul> Just as with the reward programme, the child should understand that if problems resurface the report card can be reinstated.
<input type="checkbox"/> <b>Provide Feedback and Support</b>	Discuss with the parent his or her continued use of other parenting strategies learned, and provide praise for their effective use. Some continued feedback might be needed and can be offered at this point as well.
<input type="checkbox"/> <b>Review Progress</b>	Finally, discuss with the parent his or her satisfaction with the child's progress and whether it appears that goals have been met, or whether additional treatment or other supports are still needed. Work with the parent to review and evaluate progress, define long-term goals, and outline plans for additional supports or services needed.
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together. Also ask them if they want you to send the session summary over.

### **Helpful Tips**

- During this phase of treatment, some parents ask about their child's need for adjunctive treatment with psychopharmacology. Children with symptoms of attention-deficit/hyperactivity disorder, in particular, may continue to manifest symptoms of inattention and hyperactivity following this treatment programme. If the child has not previously been placed on medication for attentional concerns, and the level of symptoms continues to cause significant impairment at home, in school, or in social functioning, you can suggest that the parent consult a physician

to discuss medication options.

- When discussing how to apply the skills and tools that the parent has acquired during treatment to future behaviour problems, emphasise only those skills that you believe are highly likely to work well.
- If the family remains concerned about having ended treatment, you can arrange to check in with the parent over the phone periodically following this session.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Interference Modules**

---

MICE

# **Review Session (Interference Module)**

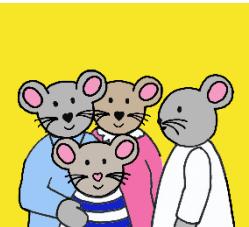
---

MICE

## Review session

### Use This:

When progress is slow and/or parents want to consolidate strategies learnt to date rather than introducing new



### Goals

- You and the parent will discuss their views on treatment so far and the progress towards their goals.
- You and the parent will review each of the strategies in detail to ensure you have a shared understanding of how the family is utilising them.
- You will ensure the parent/family feels confident to continue implementing the strategies they have learnt.

### Materials

- **Weekly questionnaires** and **Monitoring sheet** (see pages 277 – 293)
- **Therapist Note Taking Sheet** (p. 276)

**⌚ If time is tight:** Review progress – if progress is slow, ensure that strategies are being practiced (where appropriate) and directed towards addressing the specific goals.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together.
<input type="checkbox"/> <b>Obtain Rating</b>	Review <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.
<input type="checkbox"/> <b>Review of Goal Progress</b>	Ask the parent how they think treatment is going so far and discuss their satisfaction with their progress towards the goals for treatment. Try to explore what they think are the reasons behind the progress with each goal.
<input type="checkbox"/> <b>Review Monitoring and Weekly Questionnaires</b>	Ask the parent/s their thoughts on completing the weekly questionnaires and monitoring sheet. If the parent completes and returns both each week, use this opportunity to praise the parent for doing so. If the parent has difficulty returning the questionnaires and monitoring sheet, reiterate the importance of both in treatment and work together with the parent to find ways to overcome these difficulties (for example, alternative recording such as written prose or voice notes).

<input type="checkbox"/> <b>Discuss and Review Strategies</b>	<p>Spend some time reviewing each of the strategies covered so far. Taking each strategy individually, encourage discussion and ask questions to explore:</p> <ul style="list-style-type: none"> <li>• How they are currently implementing the strategy</li> <li>• Whether the strategy is helpful/not helpful</li> <li>• Any difficulties/concerns implementing the strategy</li> </ul> <p>Provide praise for effective use of the strategies. If needed, provide feedback and work with the parent to ensure you share the same understanding of the strategies and their use. Ensure that the parent is focussing their use of the strategies on their goals for treatment and if necessary, together with the parent, discuss ways in which they can do this.</p>
<input type="checkbox"/> <b>Praise and Validate</b>	<p>Acknowledge that practising the strategies takes a lot of work, time and effort. Praise the parent for their commitment and hard work implementing the strategies. Show understanding that there can be a lot of information to take in and remember. It may be helpful to remind the parent that they have the session summaries and handouts to refer back to throughout treatment.</p>
<input type="checkbox"/> <b>Send the materials for the next session</b>	<p>Tell the parent/s you will send a written summary and the materials for next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the family you will also send the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> which need to be completed for the next session.</p>
	<p>Confirm date and time of next call.</p>
<input type="checkbox"/> <b>Summarising</b>	<p>Ask if they would like you to summarise the session, if they want to summarise or if you should do it together.</p>

### Leave ‘Em Laughing

End the session on a positive note with the family by perhaps talking about things that are unrelated to treatment or a game or activity that will leave them feeling good about the work you’ve done today. The end of each session should be used to praise the family’s efforts and to convey support and encouragement.

### Helpful Tips

- It is easy to focus on what has not gone well; make sure you also focus on what has gone well - you can include no deterioration in symptoms if there was a downward trajectory at the start of treatment.
- Be reassuring that there are many sessions and it is a learning experience

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Parental Mental Health (Interference Module)**

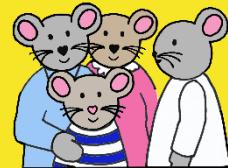
---

MICE

## Parental Mental Health

### Use This:

For parents who themselves are anxious and/or depressed and whose mental health problems may be contributing to the maintenance of the young person's difficulties.



If parental mental health difficulties have been identified in session 1, then this module should be used. However, it is unlikely that parental health difficulties will be the main focus of many sessions of treatment. Rather, it will be an agenda item added to other MATCH modules throughout treatment. The amount of time allocated to this module will vary according to parental need but the therapist should ensure it is not taking up so much time that it is interfering with implementing the other modules. Only do one strategy at a time.

### Goals

- To identify mental health difficulties in the parent
- To discuss the impact of parental mental health difficulties on the parent and young person
- Use strategies to improve the mental health of the parent

### Materials

- GAD-7 and PHQ-9 (p. 430)
- **Progressive Muscle Relaxation** handout (p. 429)
- Link to NHS Choices for local services: [https://www.nhs.uk/Service-Search/Psychological-therapies-\(IAPT\)/LocationSearch/10008](https://www.nhs.uk/Service-Search/Psychological-therapies-(IAPT)/LocationSearch/10008)
- Epilepsy Support Groups [see **Roadmap of Resources**, p. 300]
- See pdf from Young Epilepsy 'Support and help for parents and carers': <https://www.youngepilepsy.org.uk/for-parents-and-carers/help-and-support-for-parents-and-carers/>
- **Weekly Questionnaires** and **Monitoring Sheet** (see pages 277 – 293)
- **Therapist Note Taking Sheet** (p. 276)

**♂ If time is tight:** Give the parent one strategy to practise to help to handle their own stress.

### Main steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Ratings</b>	Obtain the ratings of anxiety and depression from the parent/adult using the GAD-7/PHQ-9. If there is any indication of risk from item 9 of the PHQ-9, leave the module and assess risk using the risk assessment protocol.

<input type="checkbox"/> <b>Impact of Parental Mental Health on Young Person</b>	Many parents are so busy caring for their child that they neglect themselves; they are exhausted and often feel guilty for doing anything for themselves. They are also often very pressured for time. It is necessary to have a discussion about the benefits of taking care of your own mental health to the young person and family more generally. The Oxygen Mask analogy may be helpful.
<b>Example script</b>	
<input type="checkbox"/> <b>Choosing a Strategy</b>	Based on the scores of the GAD-7 and PHQ-9 and what the parent is saying to you about how they are coping with their child's epilepsy, choose one or more strategy from those below to help address parental mental health needs. Only choose one strategy at a time.
<input type="checkbox"/> <b>Strategy 1: Progressive Muscle Relaxation</b>	<p>When people are stressed or anxious, they may feel so tense throughout the day that they don't even recognise what being relaxed feels like.</p> <p>Progressive Muscle Relaxation teaches you to relax through tensing or tightening a muscle group and then relaxing it with release of the tension.</p> <p>Through practice you can learn to distinguish between the tense muscle feeling and a completely relaxed muscle. Then, you can begin to cue this relaxed state at the first sign of the muscle tension when you feel stressed or anxious. By tensing and releasing, you learn not only what relaxation feels like, but also to recognise when you are starting to get tense during the day.</p>
<input type="checkbox"/> <b>ACTIVITY Practise Progressive Muscle Relaxation</b>	<p>Practise the progressive muscle relaxation exercise with the parent by reading through the <b>Progressive Muscle Relaxation</b> handout.</p> <p>Tell the parent you will send the <b>Progressive Muscle Relaxation</b> handout after the session. Suggest to the parent that they find a YouTube video/recording of Progressive Muscle Relaxation to play at home.</p>

- 
- Strategy 2: Pleasurable activity/exercise** One of the best ways to improve mood is to do something pleasurable such as having a cup of tea and reading the paper for a few minutes, or doing something that is beneficial, such as exercise. Discuss with the parent whether there is something that they used to do but no longer do and would enjoy doing and that is practical. Emphasise it does not need to be time-consuming.

#### **Example script**

*It seems as though you are hugely busy doing things that need to be done all the time so it is no wonder you feel stressed. I wonder if we can think of some practical things you feel able to do for yourself – not big things – that might help. They can be simple things – like painting your nails, having a shower for longer than 5 minutes – or maybe just going for a walk around the block.*

*What do you think?*

*Would you record what you do and let me know next time?*

Rather than sending a record sheet, just ask the parent to make a note about what they did on the back or bottom of the existing monitoring sheet they are using and report its impact.

- 
- Strategy 3: Positive Data Log** Sometimes parents focus on the negative and feel like a failure as a parent and person for not being able to do more to help. Sometimes they know what the right thing might be to do with their child but are simply too tired to do it and so ‘give in’. Helping the parents notice what they are doing well can be very helpful.

#### **Example script**

*It sounds as though it was very stressful and demoralising when [x] happened (e.g., your child said they hated you, wouldn’t listen, became withdrawn) and you feel as though you ‘gave in’. But I am wondering if we think together if there are other examples, perhaps from this week and perhaps from other times, when you were really tempted to give in but you stood your ground? Can you tell me some of those? [Ensure positive praise and encouragement for identifying the positive occasions]. When we are stressed and low, we tend to only remember the negative so I wonder if you think it would be worthwhile to make a note this week of all the positive things that you do in relation to [your child/family/other things]?*

Rather than sending a record sheet/positive data log, just ask the parent to make a note about what they did on the back or bottom of the existing monitoring sheet they are using and report its impact.

---

- 
- Strategy 4: Self-criticism** Discuss how some parents are highly self-critical and more self-critical of themselves than they would be of other people. Introduce the idea that they might have a ‘double standard’ of different rules for themselves and others. Discuss what they think about the idea that next time they catch themselves being self-critical, they ask themselves ‘what would you say to someone else in the position you’re in now?’ Then try to adjust their own standard so it is in line with what is reasonable and what they would expect from others.

#### **Example script**

*It sounds as though you are quite self-critical but that you set yourself higher standards than you expect from others. Is that the case? Let’s take a recent example of when you might have been self-critical [elicit example]. What did you say to yourself after the incident? What would you say to someone else in that position? I wonder what you think about trying this week to catch yourself when you are being self-critical and instead say ‘what would I say to someone else in my position?’ and see if you can perhaps have the same rules for yourself as for others?*

Rather than sending a record sheet, just ask the parent to make a note about when they were able to catch themselves being self-critical and ask themselves about double standards. You may wish to introduce the parent to problem-solving to help them in situations where they are self-critical. Potential helpful solutions include getting support from others in the same situation, focusing on their child’s positive characteristics elicited in the first session and organising childcare/respite to enable the parent to have a break. Refer to Problem Solving [Depression module].

- 
- Strategy 5: Local services and support groups** If the parent appears isolated and does not know about local resources, then explore the different local resources available. This is also helpful if the parent appears to be struggling to accept some aspects of their child’s difficulties such as intellectual performance or if there is a difference between parental expectations of their child and their child’s abilities.

#### **Example script**

*At the start of treatment we should have sent you the roadmap of resources. That roadmap had links to support groups such as Epilepsy Action and Young Epilepsy. Are you part of that network? Some people find it very helpful. There are also other support groups for mental health problems and also you are able to get some treatment for yourself. It might be given over the phone or in a group. It’s worth finding out more. After this session, I will send you a link to where you can find out more about mental health services that could support you more fully.*

<input type="checkbox"/> <b>ASSIGNMENT Practising Strategy</b>	Ask the parent to implement the strategy you have discussed and to send back a completed sheet prior to the next session so you can evaluate its impact.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b><i>Weekly questionnaires, Monitoring sheet and Checklist of Strategies</i></b> (if necessary) which need to be completed for the next session.
Confirm date and time of the next call.	
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together. When you are summarising from the module you are implementing (e.g., One-on-One or 'Special' time) ensure you also add in the summary from this module.

### **Leave 'Em Laughing**

End the session on a positive note.

### **How's Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Stigma (Interference Module)**

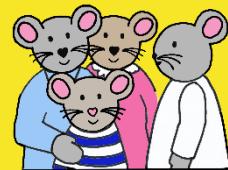
---

MICE

## Stigma

### Use This:

For young people/parents for whom stigma is a relevant issue leaving them feeling isolated and unable to access the support they need so that the stigma is contributing to the maintenance of the difficulties.



If stigma has been identified as an issue in session 1, then this module should be used. However, it is unlikely that issues about stigma will be the main focus of many sessions of treatment. Rather, it will be an agenda item added to other MATCH modules throughout treatment. The amount of time allocated to this module will vary according to need but the therapist should ensure it is not taking up so much time that it is interfering with implementing the other modules. Only do one strategy at a time.

### Goals

- To help the young person/parents understand the different forms of stigma relating to epilepsy, mental health and related issues (such as intellectual disabilities)
- To identify stigma issues that may be impacting on the mental health of the young person
- To use strategies to reduce stigma

### Materials

- *The Child Stigma Scale* (p. 433), *The Parent Stigma Scale* (p. 434)
- *Sheet with video links* p. 435)
- *Weekly questionnaires* and *Monitoring Sheet* (see pages 277 – 293)
- *Therapist Note Taking Sheet* (p. 276)

**⌚ If time is tight:** Identify any stigma that may be affecting progress with mental health treatment and consider at least one strategy to support the family in managing this.

### Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Review the <i>Weekly questionnaires</i> and <i>Monitoring sheet</i> . Complete the <i>Child Stigma Scale</i> , and <i>Parent Stigma Scale</i> (if applicable). Complete the questionnaire together over the phone or else send it prior to beginning this session.

---

<input type="checkbox"/> <b>The different forms of Stigma</b>	<p>Different types of stigma:</p> <ul style="list-style-type: none"> <li>(i) Experiences of discrimination i.e. others' behaviour towards them because of having a mental health problem or epilepsy. These experiences vary – for young people a major problem is the response of peers, which may include social distancing and bullying. Young people and their families may also experience enacted stigma from family members, peers, teachers and health professionals.</li> <li>(ii) Anticipated discrimination: this is very common even in the absence of experiences of discrimination. Due to worry about being treated differently/negatively by others, people may avoid other people or avoid telling other people. While this allows people to reduce the risk of bullying, this may result in failure to access mental health or epilepsy treatment and loss of social support.</li> <li>(iii) Self-stigma: awareness of mental illness or epilepsy stereotypes may lead people to think negatively about themselves e.g. 'I am weak'; this may compound feelings about the self due to the epilepsy and feelings of incompetence, defectiveness.</li> </ul>
---	--

Stigma can be described as:

- Stereotypes = **ideas**
- That can lead to prejudice = **beliefs**
- That can play out in discrimination = **behaviours**

#### **Example script**

*There are different forms of stigma with different meanings. One is where you/your child have actually experienced discrimination because of the epilepsy or emotional/behavioural or related problems. For example, not being invited to parties when the rest of the class has been invited. Another is where you are worried that you/your child might experience discrimination if you told people about the epilepsy, so you keep it a secret. A third is where you/your child thinks negatively about themselves because of their difficulties e.g., they might think 'I won't ever achieve anything as an epileptic person'. Can you tell me about your/your child's experiences with any of these types of stigma?*

---

<input type="checkbox"/> <b>The Impact of Stigma</b>	Discuss the impact of stigma on how the epilepsy is managed and/or on emotional/behavioural problems. For example, the child/parent may not access support that they need, may not go on sleepovers or to nightclubs etc.
	<b>Example script</b>
	<i>Can you tell me about how these issues affect how you/your child manage the epilepsy or emotional/behavioural aspect of epilepsy?</i>
<input type="checkbox"/> <b>Choosing a strategy</b>	Based on the experience of stigma so far and the family's circumstances, choose a strategy.
<input type="checkbox"/> <b>Strategy 1: Social Contact</b>	A recent review found that social contact is an effective type of intervention to improve stigma-related knowledge and attitudes in the short term. Therefore discuss with the young person/parent their current social contact and consider together ways in which it might be increased/changed to help reduce the stigma. Refer back to the 'Roadmap of resources' for practical suggestions of local groups/networks. If the family want education about epilepsy in schools, refer them to Young Epilepsy's information about what they can offer.
	<b>Example script</b>
	<i>It sounds as though you are incredibly busy managing things but that you are also quite isolated. I was wondering if there might be some ways to increase your contact with other people, perhaps starting with those that are in the same situation as you? Are there things that stop you from having that contact? Might an internet based group be an easier starting point?</i>
<input type="checkbox"/> <b>Strategy 2: Videos</b>	Some education can help reduce stigma and change attitudes. Discuss this with the young person/parent and ask them to watch the videos below as an assignment. You will talk about them next week. Discuss with the young person/parent if they think sharing the videos with other people might help them better understand epilepsy/mental health issues.
	<b>Example script</b>
	<i>There are a couple of videos that might be interesting to you and you might be able to use to help other people understand what it is like to have epilepsy and/or mental health problems. Would you watch them between now and next session and we can discuss what you think and if they might be helpful?</i>
	Tell the parent you will send the <b><i>Sheet with video links</i></b> after the session.

<input type="checkbox"/> <b>ACTIVITY</b> <b>Strategy 3: Role-Play</b>	<p>Sometimes it can be very difficult to raise the issue of epilepsy and related problems with people. Practising with the young person/family may help.</p>
<p><b>Example script</b></p> <p><i>Some people find it helpful to practise what they would say to someone. Would it be worth a role-play? Shall we take the situation where you/your child is having what looks like a tantrum in the middle of a supermarket? A shopper says quite loudly to her friend 'Goodness me, that child isn't TWO! She's at least 10! Dear oh dear, what an awful brat'. How about you are that horrible, uneducated shopper and I will be you/your parent?</i></p>	
<p>Role play situation in which you calmly impart information about epilepsy, mental health and behaviour. End with the shopper apologising and saying she didn't realise.</p>	
<input type="checkbox"/> <b>Strategy 4:</b> <b>Communicating with people in authority</b>	<p>It can be difficult to communicate with people in authority about epilepsy and mental health. This may be partly due to felt stigma (shame and expectation of stigma from others) or enacted stigma (the experience of unfair treatment by others). Examples of people in authority include teachers, head teachers, plus a whole range of health professionals. Practising assertive communication can help.</p>
<p><b>Example script</b></p> <p><i>Communicating assertively, which means that you express your own feelings and needs at the same time as respecting the feelings and needs of the person you are communicating with, is a skill that gets better with practice. Have a go at writing down what you might want to say to e.g. a doctor or teacher and practise expressing it clearly, try to start the sentence with 'I' rather than 'You'. We can then practise role-playing it (like strategy 3). If it is hard/ too difficult to communicate with a person in authority then can we talk about who might be able to represent you on your behalf?</i></p>	

<input type="checkbox"/> <b>Strategy 5: Self-stigma reduction/Disclosure tips</b>	If the child feels they are unable to talk to a friend or doesn't know who to speak to about their issues, it could be useful to utilise some of the content within the existing MATCH modules.
	<ul style="list-style-type: none"> <li>• If self-stigma is an issue, and in order to reduce hurtful self-talk, a Thought Challenging exercise could be useful. E.g. "No one wants to be friends with me due to my epilepsy/ mental health conditions". Refer to <b>Changing B-L-U-E Thoughts worksheet</b> [Cognitive Blue, Depression module].</li> <li>• Applied Problem Solving could help the child decide whether now is the right time to disclose to others about their epilepsy/ mental health issues or not. Refer to <b>Five S-T-E-P-S to Problem Solving worksheet</b> [Problem Solving, Depression module].</li> </ul>

#### Example script

*Some people can find it helpful to talk to others about their epilepsy and mental health issues. Let's try a game where we list the pros and cons of revealing your condition(s).*

- Help the child think of a friend who s/he can talk about issues with. Refer to **Coping through TLC worksheet** [Cognitive Coping TLC, Depression module].

<input type="checkbox"/> <b>ASSIGNMENT Practising Strategy</b>	Ask the parent to implement the strategy you have discussed and to send back any notes on how the strategy has gone prior to the next session so you can evaluate its impact.
<input type="checkbox"/> <b>Send the materials for next session</b>	Tell the parent/s you will send a written summary and the materials for the next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires, Monitoring sheet</b> and <b>Checklist of Strategies</b> (if necessary) which need to be completed for the next session.
<input type="checkbox"/> <b>Summarising</b>	Confirm date and time of the next call. Ask if they would like you to summarise the session, if they want to summarise or if you should do it together. When you are summarising from the module you are implementing (e.g., One-on-One or 'Special' time) ensure you also add in the summary from this module.

## **Leave ‘Em Laughing**

End the session on a positive note.

### **How’s Your Style?**

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Transition (Interference Module)**

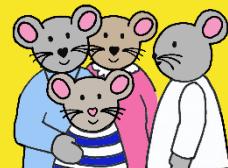
---

MICE

## Transition

### Use This:

For young people/parents for whom transition to independence, adulthood and adult services is a relevant issue.



If transition has been identified as an issue in session 1, then this module should be used. However, it is unlikely that issues about transition alone will be the main focus of many sessions of treatment. Rather, it will be an agenda item added to other MATCH modules throughout treatment, for example if parents are anxious about allowing young people more independence for fear of seizures and safety, or young people are struggling to navigate the need for independence whilst having restrictions placed on their activities, then this may be addressed within the anxiety or depression modules. More general parental anxiety may be addressed within the parental mental health module. In this module, the focus of transition is the relation to mental health. If there are difficulties specifically relating to the process of transition to adult services, access to adult services or knowing what services are available for young people of different ages then it may be more appropriate to direct families to the Roadmap of Resources under General Information for Transitioning to Adulthood.

The amount of time allocated to this module will vary according to need but the therapist should ensure it is not taking up so much time that it is interfering with implementing the other modules. Only do one strategy at a time.

### Goals

- To identify any issues with transition to adulthood
- To understand how issues with transition may impact upon the mental health of the young person
- To use strategies to support with transition to adulthood

### Materials

- Materials for Problem Solving [Depression module] – if necessary
- Materials from relevant Anxiety module – if necessary
- Materials from relevant Depression module – if necessary
- Materials from Parental Mental Health [Interference module] – if necessary
- **Weekly questionnaires** and **Monitoring Sheet** (p. 277 – 293)
- **Therapist Note Taking Sheet** (p. 276)

**⌚If time is tight:** Identify any areas of transition to adulthood (including worries about the future or concerns about transition to adult services) that are affecting progress with mental health treatment and identify one possible strategy to support with this or people in the care team that the family can discuss the issues with.

## Main Steps

<input type="checkbox"/> <b>Set an Agenda</b>	Remember to start by setting an agenda together and by reviewing any practice assignments.
<input type="checkbox"/> <b>Obtain Weekly Ratings</b>	Review the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> in detail.
<input type="checkbox"/> <b>Challenges in Transition to Adulthood</b>	<p>Transition to adulthood can be a difficult time for all young people, but there may be additional challenges for young people with epilepsy and their families. This may be for several reasons:</p> <ul style="list-style-type: none"><li>i. It may be difficult to differentiate between being an adolescent and an adult</li><li>ii. Parents and young people may need to find a compromise between developing independence and ensuring safety (e.g. do they need to be monitored in the shower or at other times?)</li><li>iii. Considering options for the future (e.g. living arrangements, work, family) may lead to anxiety</li><li>iv. Young people may feel increasingly different to their peers if they are not able to take part in the same activities as them (e.g. if staying out late may lead to a greater risk of seizures)</li><li>v. Young people's physical (and mental) health care may need to move to adult services</li></ul>

### **Example script**

*Entering into adulthood is a very significant time for all young people and their parents but it can be a particularly stressful time for young people who have epilepsy and their families. Young people may want increasing independence and to be like their peers, but this may not always be possible due to safety concerns. Sometimes, this can cause conflicts between the young person and their family.*

*They may begin thinking about their hopes for the future, including living arrangements, education or work and this can be associated with low mood or worries if the probable or possible arrangements are not those they may have hoped for if the young person did not have epilepsy.*

*Finally, they will need to move from services and supports that focus on children and families to those addressing the needs of adults. This process, known as ‘transition’, may be difficult due to a range of factors such as the numbers of agencies and professionals involved (for example education, social care and health) and the different approaches between those working in services for children and those working in adult services. It may be difficult to move from professionals with whom they have established a good relationship, to new professionals whom they do not know. Young people with complex disabilities and/or serious health conditions and their families may be concerned that this transition period will lead to major changes such as moving from one form of residential accommodation to another.*

*Can you tell me about your/your child’s experiences with any of these challenges with moving to adulthood?*

**The Impact of Difficulties with Transition**

Discuss the impact of transition on how the epilepsy is managed and/or on emotional/behavioural problems. For example, the young person may not be allowed to be out late, drink alcohol etc.

### **Example script**

*Can you tell me about how these issues about the future affect your child’s/your emotions or behaviours? For example, do they make you worried, or feel down, or do they cause arguments? Are there any activities that your child would like to do but is not allowed to do because of safety, or vice versa?*

**Choosing a strategy**

Based on the type of transition difficulty and family’s circumstances, choose a strategy.

- 
- Strategy 1:**  
**Discuss issues of independence with the physical health care team**
- It is important to have full and accurate information about safe limits of activity, so that you and the family can plan activities safely in future modules if necessary. The young person and their family should be encouraged to discuss this with their paediatrician, neurologist or epilepsy nurse specialist. This may be particularly helpful if there are disagreements within the family about what should be allowed. There may be pieces of equipment, or apps that the team can recommend to enable the young person to take part in certain activities. The family should be encouraged to write down their questions for the neurologist and to make a plan for getting this information. If parent/ young person feels unsure about how to ask these questions then perhaps a practice role-play might be helpful.

#### **Example script**

*It sounds as though you all have different ideas about what X should be allowed to do, and what may not be safe for him/her to do. I wonder if it might be helpful to get some advice from your epilepsy team about what they think are safe limits for X: whatever activities they are unsure about/what they think should be okay or not okay to do, and whether they have any ideas about safe ways to do X? What questions would you like to find out the answers to? Might it be helpful to write them down so that you remember them? Who will find this information out and how?*

- 
- Strategy 2:**  
**Problem Solving**
- After ensuring that there is consensus between the family (and you) about safe goals, it may be helpful to use problem solving to find solutions to any disagreements about what should be allowed/not allowed. For example, one solution to a young person who wants more independence may be to ensure they are always with a friend who knows about their epilepsy – this may first require them to tell the friend that they have epilepsy. If stigma related issues make this difficult then you may want to move to the stigma module.

*Move to the Problem Solving session of the Depression module.*

- 
- Strategy 3:**  
**Seeking advice about service transition**
- Sometimes, parents and young people may not be aware of the process of transition to adult services and this may be anxiety provoking. They should be advised to speak with their epilepsy team about the plan for transition (particularly as this may differ dependent on geographical area) and be directed to appropriate sources of support.

*Refer back to the **Roadmap of Resources** for practical suggestions of local groups/networks.*

<input type="checkbox"/> <b>Strategy 4: Worries about the future</b>	If the issues about transition are primarily worries about the future, then you can move to either the <i>parental mental health module</i> (if it is primarily parental anxiety), or <i>anxiety or depression modules</i> (if the worries are those of the young person).
<input type="checkbox"/> <b>ASSIGNMENT Practising Strategy</b>	Ask the young person/parent to implement the strategy you have discussed and to send back any notes on how the strategy has gone prior to the next session so you can evaluate its impact.
<input type="checkbox"/> <b>Send the materials for the next session</b>	Tell the parent/s you will send a written summary and the materials for next session. Remind them that they <u>do not</u> need to be completed for next session as you will go through them together in the session. Tell the parent/s you will also send the <b>Weekly questionnaires</b> and <b>Monitoring sheet</b> .
<input type="checkbox"/> <b>Summarising</b>	Ask if they would like you to summarise the session, if they want to summarise or if you should do it together. When you are summarising from the module you are implementing (e.g., building an anxiety hierarchy) ensure you also add in the summary from this module.

### Leave ‘Em Laughing

End the session on a positive note.

### How’s Your Style?

- Did you praise often?
- Did you review often, by asking questions?
- Did you simplify the steps as needed?
- Did your pace match that of the child or family?
- Did you stay on track?

# **Worksheets, Handouts, and Measures/Records**

---

MICE

# **Assessment and Engagement**

---

MICE

# Understanding What's Going On

## Use This:

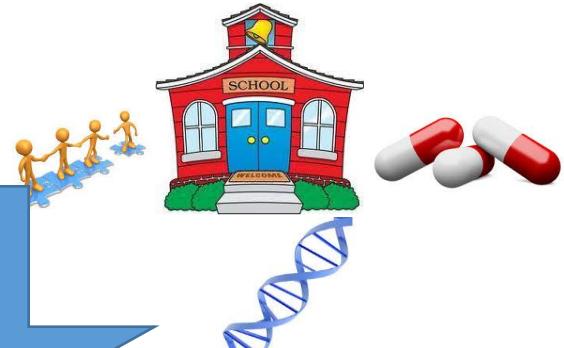
During the assessment session to help you understand how the epilepsy, thoughts, feelings and behaviour all influence each other.



### EPILEPSY



### OTHER FACTORS

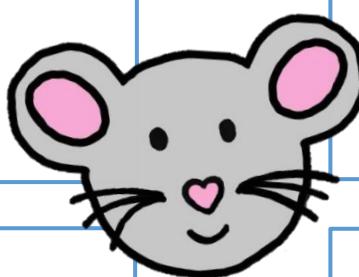


### BEHAVIOUR

- Tantrums
- Not listening
- Withdrawal
- Avoidance
- Rigidity

### THOUGHTS

- I'm different
- It's hopeless
- It's unfair
- Hurtful self-talk
- Nobody understands
- What's going to happen in the future?
- I have no control



### PHYSICAL

- Tired
- Ability to learn
- Poor concentration
- Poor memory
- Poor sleep
- Breathe quickly
- Heart racing

### FEELINGS

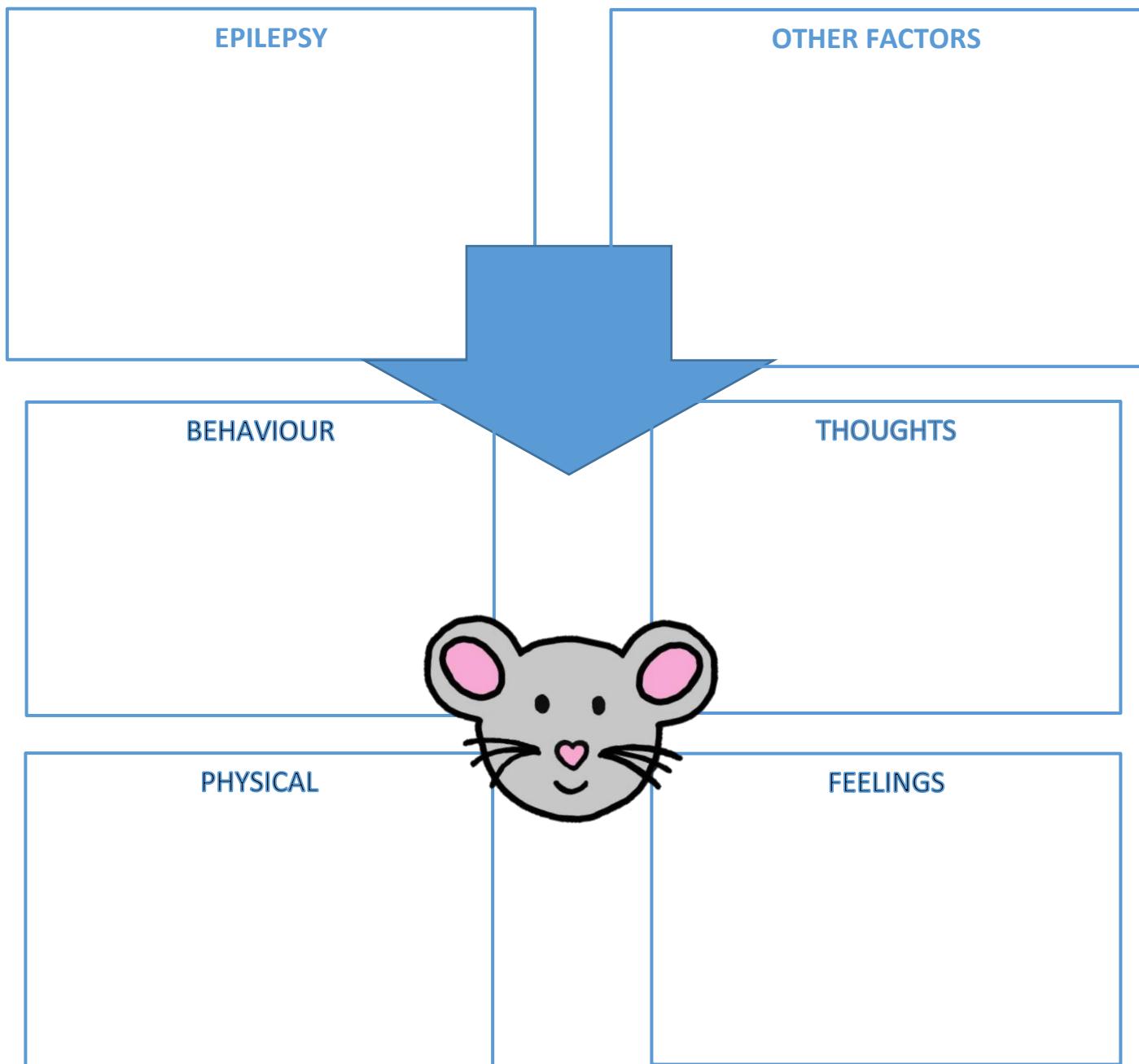
- Angry
- Frustrated
- Worried
- Anxious
- Sad
- Embarrassed
- Guilty

Tolerance      Understanding  
Humility      Perseverance  
Creativity      Integrity      Compassion  
**sense-of-humour**      adventurousness      Loyalty  
Courage      determination      open-mindedness  
patient      Reliable      adaptability      optimism  
Determination      curiosity  
Sensitivity

## Understanding What's Going On (Blank)

### Use This:

During the assessment session to help you understand how the epilepsy, thoughts, feelings and behaviour all influence each other.



Humility Creativity sense-of-humour Courage patience  
Tolerance Integrity adventurousness determination Reliable adaptability Determination  
Perseverance Loyalty bravery open-mindedness Optimism  
Understanding  
adventure  
optimism  
curiosity  
Sensitivity

Date:

Name:



## What I would like the therapist to know...

Please use this document to indicate any information you think would be useful for your therapist to know, for example any information may help how to get the best out of treatment.

How would you prefer to be addressed?

*E.g. First name/Mum/Mrs Smith*

Is there any terminology/language that you would prefer your therapist to not use?

*E.g. Worries vs. Generalised anxiety disorder; seizures vs. fits, mental illness*

Is there anything about **yourself** (parent/carer) that you would like your therapist to be aware of?

*E.g. Disabilities, difficult circumstances*

Is there anything else about **your family** that you would like your therapist to be aware of?

*E.g. newly diagnosed, recently moved house/school*

*We understand that circumstances change so if you would like this to be reviewed or updated during treatment please let the therapist know.*



# Setting Goals for Treatment

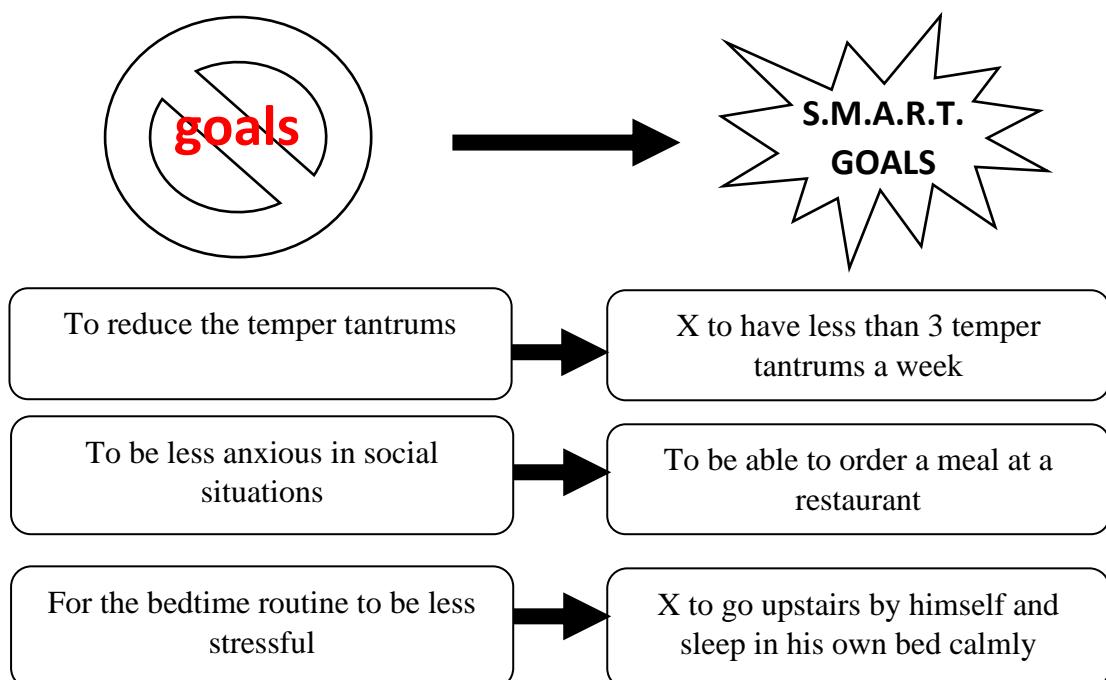
At the beginning of treatment, it is important to think about what you want to achieve at the end of treatment.

Goals should have a positive impact on your life. When trying to identify goals, it may be helpful to imagine having a magic wand which gives you the ability to change anything you like. What would be different and what would this look like? What is the minimum extent to which the goal needs to be achieved to have a positive impact on your life?

Creating S.M.A.R.T goals has been shown to improve the results at the end of treatment.

**S.M.A.R.T.** goals are:

- **Specific:** Set a specific goal with an exact description. Focusing on one thing at a time is less difficult.
- **Measurable:** A goal that you can measure will help you to track how much progress you are making.
- **Achievable:** Is the goal something you could achieve? Have you thought about the things that might make it more difficult to achieve? For example, the amount of effort, resources and other costs you would need.
- **Relevant:** Set goals that are relevant to you.. Think about the things that would make a difference to your life.
- **Time bound:** Think about what you could achieve in 12-16 weeks. Ensure your plan and deadline is realistic.





MICE  
Mental health Interventions for Children with  
Epilepsy

# Challenges and Goals Interview

Thank you for taking the time to meet with me today. In order to be as helpful as I can, I'd like to start off by getting some information about what's going on with your child from your point of view. This will help me better understand the problem and help us set goals together.

1. **Challenges:** Can you tell me what you see as the three biggest challenges going on with your child right now? How are things for your child at school? With friends? At home with family?
  
2. **Goals:** What would you like to see change with your child? What would let you know that your child is doing better? Are there smaller steps along the way that would be signs of success that we could look for? What would those look like?



## What Can Help

**Practise at home.** Many parents are surprised to learn that what happens at home and school is actually more important than what happens with the therapist. Therapy is similar to music lessons. If someone takes piano lessons, his or her teacher reviews progress and assigns new things to practise. But if that person doesn't practise at home, he or she will never learn to play the piano. Similarly, a parent who is unable to practise new techniques and activities assigned by the therapist is unlikely to get the best results with his or her child.

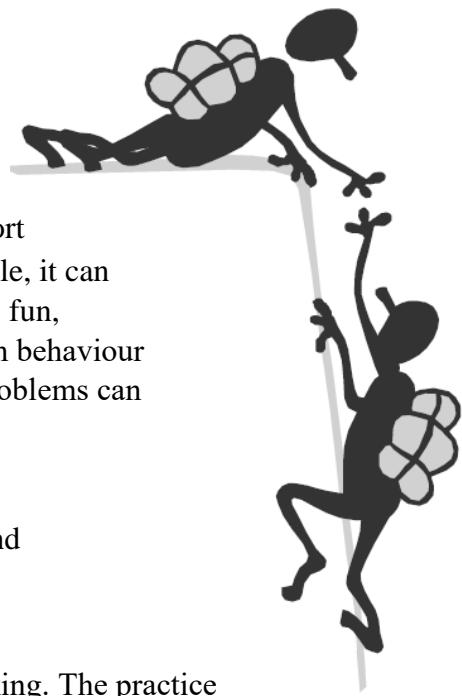
**Rely on your coach.** Therapists can act as coaches to help you develop new skills to handle challenges at home. Ask for help when learning new skills, practise them together and make sure you feel ready to try them on your own.

**Make the programme a high priority.** The more energy and enthusiasm your family can commit to the programme, the higher your child's chance of success. For now, the programme may need to come before other things, like school plays, sports events, or family travel.

**Be willing to work hard.** If you are willing to work hard in the short term, you and your child will have better long-term results. For example, it can be tempting just to drop your child off somewhere after school to have fun, leaving him or her in a good mood afterwards, but that won't help with behaviour problems in the long run. Working hard now can mean your child's problems can be much better for months or even years.

**Attend therapy sessions faithfully.** You should do everything possible to make sure you and your child attend all therapy sessions and that you are available to speak with the therapist by telephone as necessary.

**Speak up.** Don't be afraid to let your therapist know what isn't working. The practice assignments aren't always easy, especially in the beginning. Parents who communicate about how the programme is working for them and their family help their children succeed. The therapist can help you solve some of the problems you might face, even with things like lack of time or doubts about your child's progress.





MICE  
Mental health Interventions for Children with  
Epilepsy

# Thinking Ahead

**What could get in the way of your goals? What could you do about it?**

## Making a quiet space

Is there a room for me to have an uninterrupted call?

Do I have a note of the number to call?

What shall I do if I need to reschedule?

Is my internet working to complete and send the measures?

Do I know who is calling who?

## Solutions

## Schedule - Is This a Good Time?

Is this time too early or too late?

Will I need child care?

Is this too close to something else?

Is this the best day?

Will we be too tired/hungry?

Do I have a backup plan?

## Solutions

## Support - Who Is Helping Me?

Do I have a partner or other adult at home?

Are there others?

Will my family make time for me to practise?

Is that person “on board?”

How do they feel?

Do I have a backup plan?

Are my other kids OK?

## Solutions

## **My Routine - How Will This Fit in?**

Does this work with my day to day life?

Is my family prepared?

What might get in the way at home?

Who shares the parenting?

Is that person involved enough?

Do I have a backup plan?

### **Solutions**

## **Finding Time - Can I Make Time for This?**

What else needs to get done?

What might come up?

What are the best and worst times for me to practise at home?

What might have to get dropped for now?

Do I have a backup plan?

### **Solutions**

## **Other Issues - Did I Miss Anything?**

### **Solutions**

# **Measures/Records**

---

MICE



MICE  
Mental health interventions for Children with  
Epilepsy

# Therapist Note Taking Sheet

Initials/Patient ID: \_\_\_\_\_ Session no: \_\_\_\_\_ Therapist Initials/ID: \_\_\_\_\_ Day/Date: \_\_\_\_\_

## Agenda

- Review weekly measures
- Review assignments
- Items added by young person/parent
  
- Protocol topic:
  
- Other topics:

## Content of Session

- Summary
- Send materials
- Items to add to the agenda for the next session
- Session uploaded to hospital system



MICE  
Mental health Interventions for Children with  
Epilepsy

# Weekly Questionnaires

Date:

Session number:

## Goal progress chart

Goal 1:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 2:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 3:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## How are things

**Please mark (e.g. bold or highlight) the appropriate answers below with reference to the past week**

		0	1	2
1	<i>My child is angry and resentful</i>	Not true	Somewhat true	Certainly true
2	<i>My child loses his/her temper</i>	Not true	Somewhat true	Certainly true
3	<i>My child blames others for his/her mistakes and misbehaviour</i>	Not true	Somewhat true	Certainly true
4	<i>My child argues with adults</i>	Not true	Somewhat true	Certainly true
5	<i>My child actively defies or refuses to comply with adults' requests or rules</i>	Not true	Somewhat true	Certainly true
6	<i>My child deliberately annoys people</i>	Not true	Somewhat true	Certainly true
7	<i>My child is spiteful or vindictive</i>	Not true	Somewhat true	Certainly true
8	<i>My child is touchy or easily annoyed by others</i>	Not true	Somewhat true	Certainly true

## **Brief Parental Self Efficacy Scales**

**The following are a number of statements about you and your child. Please mark how much you agree or disagree with each one.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>
1. Even though I may not always manage it, I know what I need to do with my child					
2. I am able to do the things that will improve my child's behaviour					
3. I can make an important difference to my child					
4. In most situations, I know what I should do to ensure that my child behaves					
5. The things I do make a difference to my child's behaviour					

# **How is your child doing?**

## **Thinking about the past week:**

How much of an impact have my child's **seizures** had on my child's life?

No impact	Significant negative impact								
1	2	3	4	5	6	7	8	9	10

Comments if any:

## **Thinking about the recent past:**

Since the last phone call, are my child's mental health difficulties:

Much worse	A bit worse	About the same	A bit better	Much better

How much have my child's mental health difficulties been upsetting or distressing him/her?

Not at all	A little	A medium amount	A great deal

How much have my child's mental health difficulties been interfering with his/her everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
Home life				
Friendships				
Ability to learn or work				
Leisure activities				

## **Thinking about the future:**

How much better do you think he/she will be in one month's time?

No better, maybe worse	Only a little better	Quite a lot better	A great deal better



MICE  
Mental health Interventions for Children with  
Epilepsy

# Weekly Questionnaires

Date:

Session number:

## Goal progress chart

Goal 1:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 2:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 3:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## How are things

**Please mark (e.g. bold or highlight) the appropriate answers below with reference to the past week**

		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
1	<i>My child feels sad or empty</i>	Never	Sometimes	Often	Always
2	<i>Nothing is much fun for my child anymore</i>	Never	Sometimes	Often	Always
3	<i>My child has trouble sleeping</i>	Never	Sometimes	Often	Always
4	<i>My child has problems with his/her appetite</i>	Never	Sometimes	Often	Always
5	<i>My child has no energy for things</i>	Never	Sometimes	Often	Always
6	<i>My child is tired a lot</i>	Never	Sometimes	Often	Always
7	<i>My child cannot think clearly</i>	Never	Sometimes	Often	Always
8	<i>My child feels worthless</i>	Never	Sometimes	Often	Always
9	<i>My child feels like he/she doesn't want to move</i>	Never	Sometimes	Often	Always
10	<i>My child feels restless</i>	Never	Sometimes	Often	Always

## **Brief Parental Self Efficacy Scales**

**The following are a number of statements about you and your child. Please mark how much you agree or disagree with each one.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>
1. Even though I may not always manage it, I know what I need to do with my child					
2. I am able to do the things that will improve my child's behaviour					
3. I can make an important difference to my child					
4. In most situations, I know what I should do to ensure that my child behaves					
5. The things I do make a difference to my child's behaviour					

# **How is your child doing?**

## **Thinking about the past week:**

How much of an impact have my child's **seizures** had on my child's life?

										<b>Significant negative impact</b>
										<b>No impact</b>
1	2	3	4	5	6	7	8	9	10	

Comments if any:

## **Thinking about the recent past:**

Since the last phone call, are my child's mental health difficulties:

<b>Much worse</b>	<b>A bit worse</b>	<b>About the same</b>	<b>A bit better</b>	<b>Much better</b>

How much have my child's mental health difficulties been upsetting or distressing him/her?

<b>Not at all</b>	<b>A little</b>	<b>A medium amount</b>	<b>A great deal</b>

How much have my child's mental health difficulties been interfering with his/her everyday life in the following areas?

	<b>Not at all</b>	<b>A little</b>	<b>A medium amount</b>	<b>A great deal</b>
<i>Home life</i>				
<i>Friendships</i>				
<i>Ability to learn or work</i>				
<i>Leisure activities</i>				

## **Thinking about the future:**

How much better do you think he/she will be in one month's time?

<b>No better, maybe worse</b>	<b>Only a little better</b>	<b>Quite a lot better</b>	<b>A great deal better</b>



MICE  
Mental health Interventions for Children with  
Epilepsy

# Weekly Questionnaires

Date:

Session number:

## Goal progress chart

Goal 1:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 2:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 3:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## How are things

**Please mark (e.g. bold or highlight) the appropriate answers below with reference to the past week**

		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
1	<i>My child worries about things</i>	Never	Sometimes	Often	Always
2	<i>My child worries that something awful will happen to someone in the family</i>	Never	Sometimes	Often	Always
3	<i>My child worries that bad things will happen to him/her</i>	Never	Sometimes	Often	Always
4	<i>My child worries that something bad will happen to him/her</i>	Never	Sometimes	Often	Always
5	<i>My child worries about what is going to happen</i>	Never	Sometimes	Often	Always
6	<i>My child thinks about death</i>	Never	Sometimes	Often	Always

## **Brief Parental Self Efficacy Scales**

**The following are a number of statements about you and your child. Please mark how much you agree or disagree with each one.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>
1. Even though I may not always manage it, I know what I need to do with my child					
2. I am able to do the things that will improve my child's behaviour					
3. I can make an important difference to my child					
4. In most situations, I know what I should do to ensure that my child behaves					
5. The things I do make a difference to my child's behaviour					

# **How is your child doing?**

## **Thinking about the past week:**

How much of an impact have my child's **seizures** had on my child's life?

										<b>No impact</b>	<b>Significant negative impact</b>
1	2	3	4	5	6	7	8	9	10		

Comments if any:

## **Thinking about the recent past:**

Since the last phone call, are my child's mental health difficulties:

<b>Much worse</b>	<b>A bit worse</b>	<b>About the same</b>	<b>A bit better</b>	<b>Much better</b>

How much have my child's mental health difficulties been upsetting or distressing him/her?

<b>Not at all</b>	<b>A little</b>	<b>A medium amount</b>	<b>A great deal</b>

How much have my child's mental health difficulties been interfering with his/her everyday life in the following areas?

	<b>Not at all</b>	<b>A little</b>	<b>A medium amount</b>	<b>A great deal</b>
<i>Home life</i>				
<i>Friendships</i>				
<i>Ability to learn or work</i>				
<i>Leisure activities</i>				

## **Thinking about the future:**

How much better do you think he/she will be in one month's time?

<b>No better, maybe worse</b>	<b>Only a little better</b>	<b>Quite a lot better</b>	<b>A great deal better</b>



MICE  
Mental health Interventions for Children with  
Epilepsy

# Weekly Questionnaires

Date:

Session number:

## Goal progress chart

Goal 1:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 2:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 3:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## How are things

**Please mark (e.g. bold or highlight) the appropriate answers below with reference to the past week**

		0	1	2	3
1	<i>My child worries when he/she thinks he/she has done poorly at something</i>	Never	Sometimes	Often	Always
2	<i>My child feels scared when taking a test</i>	Never	Sometimes	Often	Always
3	<i>My child worries when he/she thinks someone is angry with him/her</i>	Never	Sometimes	Often	Always
4	<i>My child worries about doing badly at school work</i>	Never	Sometimes	Often	Always
5	<i>My child worries about looking foolish</i>	Never	Sometimes	Often	Always
6	<i>My child worries about making mistakes</i>	Never	Sometimes	Often	Always
7	<i>My child worries about what other people think of him/her</i>	Never	Sometimes	Often	Always
8	<i>My child feels afraid if he/she has to talk in front of the class</i>	Never	Sometimes	Often	Always
9	<i>My child feels afraid that he/she will make a fool of him/herself in front of people</i>	Never	Sometimes	Often	Always

## **Brief Parental Self Efficacy Scales**

**The following are a number of statements about you and your child. Please mark how much you agree or disagree with each one.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>
1. Even though I may not always manage it, I know what I need to do with my child					
2. I am able to do the things that will improve my child's behaviour					
3. I can make an important difference to my child					
4. In most situations, I know what I should do to ensure that my child behaves					
5. The things I do make a difference to my child's behaviour					

# **How is your child doing?**

## **Thinking about the past week:**

How much of an impact have my child's **seizures** had on my child's life?

										<b>Significant negative impact</b>
										<b>No impact</b>
1	2	3	4	5	6	7	8	9	10	

Comments if any:

## **Thinking about the recent past:**

Since the last phone call, are my child's mental health difficulties:

<b>Much worse</b>	<b>A bit worse</b>	<b>About the same</b>	<b>A bit better</b>	<b>Much better</b>

How much have my child's mental health difficulties been upsetting or distressing him/her?

<b>Not at all</b>	<b>A little</b>	<b>A medium amount</b>	<b>A great deal</b>

How much have my child's mental health difficulties been interfering with his/her everyday life in the following areas?

	<b>Not at all</b>	<b>A little</b>	<b>A medium amount</b>	<b>A great deal</b>
<i>Home life</i>				
<i>Friendships</i>				
<i>Ability to learn or work</i>				
<i>Leisure activities</i>				

## **Thinking about the future:**

How much better do you think he/she will be in one month's time?

<b>No better, maybe worse</b>	<b>Only a little better</b>	<b>Quite a lot better</b>	<b>A great deal better</b>



MICE  
Mental health interventions for Children with  
Epilepsy

# Weekly Questionnaires

Date:

Session number:

## Goal progress chart

Goal 1:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 2:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Goal 3:

**Today I would rate my progress to this goal?**

Please mark (e.g. bold or highlight) the appropriate number below

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

## How are things

**Please mark (e.g. bold or highlight) the appropriate answers below with reference to the past week**

		0	1	2
1	<i>My child feels afraid of being alone at home</i>	Not true	Somewhat true	Certainly true
2	<i>My child worries about being away from me</i>	Not true	Somewhat true	Certainly true
3	<i>My child feels scared to sleep on his/her own</i>	Not true	Somewhat true	Certainly true
4	<i>My child has trouble going to school in the mornings because of feeling nervous or afraid</i>	Not true	Somewhat true	Certainly true
5	<i>My child is afraid of being in crowded places (like shopping centres, cinema, buses, busy playgrounds)</i>	Not true	Somewhat true	Certainly true
6	<i>My child worries when in bed at night</i>	Not true	Somewhat true	Certainly true
7	<i>My child would feel scared if he/she had to stay away from home overnight</i>	Not true	Somewhat true	Certainly true

## **Brief Parental Self Efficacy Scales**

**The following are a number of statements about you and your child. Please mark how much you agree or disagree with each one.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly agree</b>
1. Even though I may not always manage it, I know what I need to do with my child					
2. I am able to do the things that will improve my child's behaviour					
3. I can make an important difference to my child					
4. In most situations, I know what I should do to ensure that my child behaves					
5. The things I do make a difference to my child's behaviour					

# **How is your child doing?**

## **Thinking about the past week:**

How much of an impact have my child's **seizures** had on my child's life?

No impact										Significant negative impact
1	2	3	4	5	6	7	8	9	10	

Comments if any:

## **Thinking about the recent past:**

Since the last phone call, are my child's mental health difficulties:

Much worse	A bit worse	About the same	A bit better	Much better

How much have my child's mental health difficulties been upsetting or distressing him/her?

Not at all	A little	A medium amount	A great deal

How much have my child's mental health difficulties been interfering with his/her everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
Home life				
Friendships				
Ability to learn or work				
Leisure activities				

## **Thinking about the future:**

How much better do you think he/she will be in one month's time?

No better, maybe worse	Only a little better	Quite a lot better	A great deal better



MICE  
Mental health Interventions for Children with  
Epilepsy

# Monitoring Sheet: Date

Date/Time of day	Situation	Anxiety Level/Mood Level/Behaviour	Thoughts/Response to Behaviour	Seizure Activity	Comments



MICE  
Mental health Interventions for Children with  
Epilepsy

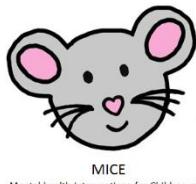
# Monitoring Sheet (example): Date

Date/Time of day	Situation	Anxiety Level/Mood Level/Behaviour	Thoughts/Response to Behaviour	Seizure Activity	Comments
12/11	<i>Getting ready to go out</i>	<i>High. Very stressed. Refusing to go out. Shouting and screaming.</i>	<i>Mum shouted that I was ungrateful and hysterical and we were going to be late again</i>	<i>Felt that there was a seizure brewing as there hadn't been one for a few days but nothing noticeable</i>	<i>Eventually she went out. We were late and grumpy all the way.</i>
12/11	<i>Getting ready to go out</i>	<i>High. Very stressed. I didn't want to go.</i>	<i>I can't face this. Nobody will talk to me.</i>	<i>I haven't had a seizure for a couple of days but feel very tired.</i>	<i>I did go but it was awful and mum and I didn't speak all the way there. She doesn't understand what it's like for me.</i>

# **Epilepsy Specific Module for Youth**

---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# Roadmap of Resources

There is a lot of information to read when you/your child first gets diagnosed with epilepsy (and throughout childhood). In order to help with this, we have tried to break down the main bits of information and have provided some resources which you may find useful. We have grouped these by subject to make it easier for you to navigate through this roadmap.

For **general information** about epilepsy, here are websites that you may find helpful:

- <http://www.youngepilepsy.org.uk>
- <https://www.epilepsy.org.uk>
- <https://www.epilepsysociety.org.uk>

For more **specific information**, see below:



Area/Topic	Possible resource
<b>Clinical</b>	
Attention Deficit Hyperactivity Disorder	<a href="https://www.adhdfoundation.org.uk">https://www.adhdfoundation.org.uk</a>
Autism Spectrum Disorder	<a href="https://www.epilepsy.com/article/2017/3/epilepsy-and-autism-there-relationship">https://www.epilepsy.com/article/2017/3/epilepsy-and-autism-there-relationship</a>
Disabilities	<a href="https://contact.org.uk/">https://contact.org.uk/</a>
Learning Difficulties	<b>Link between epilepsy and LD:</b> <a href="https://www.epilepsysociety.org.uk/learning-disabilities#.WyuKT02Wy73">https://www.epilepsysociety.org.uk/learning-disabilities#.WyuKT02Wy73</a> <b>Explaining epilepsy:</b> <a href="https://www.epilepsy.org.uk/info/carers/people-with-learning-disability">https://www.epilepsy.org.uk/info/carers/people-with-learning-disability</a>
<b>Epilepsy</b>	
Epilepsy treatment	<a href="https://www.youngepilepsy.org.uk/about-epilepsy/epilepsy-treatment/">https://www.youngepilepsy.org.uk/about-epilepsy/epilepsy-treatment/</a> <b>Medication:</b> <a href="https://www.youngepilepsy.org.uk/about-epilepsy/treatment-for-epilepsy/antiepileptic-medication.html">https://www.youngepilepsy.org.uk/about-epilepsy/treatment-for-epilepsy/antiepileptic-medication.html</a> <b>All medication:</b> <a href="https://www.medicinesforchildren.org.uk/search-for-a-leaflet">https://www.medicinesforchildren.org.uk/search-for-a-leaflet</a> <b>Diet:</b> <a href="https://www.youngepilepsy.org.uk/about-epilepsy/treatment-for-epilepsy/dietary-treatments.html">https://www.youngepilepsy.org.uk/about-epilepsy/treatment-for-epilepsy/dietary-treatments.html</a>
First Aid Quick Guide	<a href="https://www.epilepsysociety.org.uk/seizure-first-aid#.WyuKzn8na72">https://www.epilepsysociety.org.uk/seizure-first-aid#.WyuKzn8na72</a>
For the young person	<a href="https://www.youngepilepsy.org.uk/for-young-people/">https://www.youngepilepsy.org.uk/for-young-people/</a>
Safety at home	<a href="https://www.youngepilepsy.org.uk/for-parents-and-carers/epilepsy-and-your-child/epilepsy-and-child-safety.html">https://www.youngepilepsy.org.uk/for-parents-and-carers/epilepsy-and-your-child/epilepsy-and-child-safety.html</a>
Seizures	<b>General information:</b> <a href="https://www.youngepilepsy.org.uk/about-epilepsy/epilepsy-seizures/">https://www.youngepilepsy.org.uk/about-epilepsy/epilepsy-seizures/</a> <b>Management:</b> <a href="https://www.youngepilepsy.org.uk/about-epilepsy/seizures/managing-seizures.html">https://www.youngepilepsy.org.uk/about-epilepsy/seizures/managing-seizures.html</a> <b>Night time seizures:</b> <a href="https://www.epilepsy.org.uk/info/wellbeing/sleep">https://www.epilepsy.org.uk/info/wellbeing/sleep</a> <b>Seizure diary:</b> <a href="https://www.youngepilepsy.org.uk/for-young-people/help-and-advice/seizure-diaries.html">https://www.youngepilepsy.org.uk/for-young-people/help-and-advice/seizure-diaries.html</a>
Sleep	<a href="https://www.epilepsy.org.uk/info/wellbeing/sleep">https://www.epilepsy.org.uk/info/wellbeing/sleep</a>
Sudden unexpected death in epilepsy (SUDEP)	<a href="https://sudep.org/">https://sudep.org/</a>
Surgery	<a href="https://www.youngepilepsy.org.uk/dmdocuments/Neurosurgery-1303-2%20(1).pdf">https://www.youngepilepsy.org.uk/dmdocuments/Neurosurgery-1303-2%20(1).pdf</a>

<b>Family</b>	
Parental support	<a href="https://www.epilepsy.org.uk/involved/branches">https://www.epilepsy.org.uk/involved/branches</a>
Siblings	<a href="https://www.epilepsy.org.uk/info/children-young-adults/children/siblings/brother">https://www.epilepsy.org.uk/info/children-young-adults/children/siblings/brother</a>
Talking to your child about epilepsy	<a href="https://www.youngepilepsy.org.uk/for-parents-and-carers/epilepsy-and-your-child/talking-to-your-child.html">https://www.youngepilepsy.org.uk/for-parents-and-carers/epilepsy-and-your-child/talking-to-your-child.html</a>
<b>School/Leisure/Social</b>	
Friendships	<a href="http://www.healthtalk.org/young-peoples-experiences/epilepsy/friends-and-epilepsy">http://www.healthtalk.org/young-peoples-experiences/epilepsy/friends-and-epilepsy</a>
Leisure activities	<a href="https://www.youngepilepsy.org.uk/about-epilepsy/living-with-epilepsy/epilepsy-and-leisure/">https://www.youngepilepsy.org.uk/about-epilepsy/living-with-epilepsy/epilepsy-and-leisure/</a>
School	<b>Talking to school:</b> <a href="https://www.youngepilepsy.org.uk/for-parents-and-carers/epilepsy-and-your-child/talking-to-your-child-s-school.html">https://www.youngepilepsy.org.uk/for-parents-and-carers/epilepsy-and-your-child/talking-to-your-child-s-school.html</a> <b>Resources for schools:</b> <a href="https://www.youngepilepsy.org.uk/for-professionals/education-professionals/resources-for-schools/">https://www.youngepilepsy.org.uk/for-professionals/education-professionals/resources-for-schools/</a>

### General mental health resources

Youth in mind	<a href="http://youthinmind.info/py/yiminfo/">http://youthinmind.info/py/yiminfo/</a>
MindEd	<a href="https://mindedforfamilies.org.uk/young-people/">https://mindedforfamilies.org.uk/young-people/</a>

### Transitioning to adulthood

General information	<a href="https://www.youngepilepsy.org.uk/for-parents-and-carers/epilepsy-and-your-child/transition-from-child-to-adult-health-services.html">https://www.youngepilepsy.org.uk/for-parents-and-carers/epilepsy-and-your-child/transition-from-child-to-adult-health-services.html</a>
Higher education	<a href="https://www.youngepilepsy.org.uk/for-young-people/support-at-university-and-further-education/managing-your-epilepsy/">https://www.youngepilepsy.org.uk/for-young-people/support-at-university-and-further-education/managing-your-epilepsy/</a>
Contraception	<a href="https://www.youngepilepsy.org.uk/about-epilepsy/living-with-epilepsy/epilepsy-and-contraception.html">https://www.youngepilepsy.org.uk/about-epilepsy/living-with-epilepsy/epilepsy-and-contraception.html</a>
Alcohol	<a href="https://www.epilepsy.org.uk/info/daily-life/alcohol">https://www.epilepsy.org.uk/info/daily-life/alcohol</a>
Driving	<a href="https://www.epilepsy.org.uk/info/driving">https://www.epilepsy.org.uk/info/driving</a>

Keep up-to-date with the **latest research** here:

<https://www.youngepilepsy.org.uk/for-professionals/research/>  
<https://www.epilepsysociety.org.uk/research-centre#.WyuMNX8na70>



**Epilepsy Action Helpline – 0808 800 5050** (free to call from UK landlines and mobiles). 8.30am to 5.30pm, Monday to Friday. Helpline advice in 150 languages

**Epilepsy Action text service – 0753 741 0044** (aim to reply within 24 hours)

**Young Epilepsy – 01342 831342.** 9am – 1pm, Monday – Friday.

**Epilepsy Society – 01494 601 400.** Monday & Tuesday 9am-4pm, Wednesday 9am-7.30pm

#### In the case of an emergency:

- Dial **999** or go to your nearest **Accident and Emergency** department
- Call your **GP**

#### For emergencies related to mental health

*For children/young people*

**Confidential counselling service for children and young people:**

Call **Childline – 0800 1111** or visit their website <https://www.childline.org.uk/>

*For adults*

**Service that provides emotional support for anyone:**

Call **Samaritans – 116 123** or email them [jo@samaritans.org](mailto:jo@samaritans.org)



MICE  
Mental health interventions for Children with  
Epilepsy

# Frequently Asked Questions



## **Is the medicine that my child is taking responsible for their low mood, challenging behaviour or worries?**

*It is important to discuss this with your child's epilepsy nurse/team. Some epilepsy medicines might have an effect on mood and behaviour, especially when the medicine, or the dosage, is changed.*

*It does not matter what the cause of the challenging behaviour or low mood is, we still have the strategies to help. In the same way, it does not matter whether your headache was caused by a noisy room or because you banged your head, Paracetamol works just as well.*

## **If epilepsy and mental health difficulties are related, how will it get better? Will anything make a difference?**

*Epilepsy and mental health problems have different treatments, which can be used at the same time. Mental health problems can get better, even if the epilepsy doesn't.*

## **My child's epilepsy is just one of many problems e.g. ADHD, Autism, learning difficulties, physical disability, a genetic condition. Will this programme still work?**

*Yes! Most children who have used this programme have many additional difficulties. Research has shown that these strategies work for children with many problems. Your therapist will work with you to make sure the programme suits your child's individual needs.*

## **My child's seizures are better but behaviour and emotions are troublesome. I thought the seizures were the cause of problems?**

*Children with epilepsy have a brain that is programmed differently to that of other children's and it is these differences that may cause the behavioural and emotional problems as well as the seizures. Brain scans have shown that psychological treatment can change brain structure and function.*

## **How common are mental health problems and epilepsy?**

*Mental health problems in young people with epilepsy are very common. Research has shown that the rates of common mental health problems (e.g. anxiety, depression, behavioural problems) in young people with epilepsy range from 55% to 77%. It is also common for these young people to have more than one of these problems.*

## **Is it my fault my child acts like this?**

*No, it is not your fault, but you can become part of the solution.*

*No one really knows why children with epilepsy are more likely to have emotional or behavioural difficulties. There are probably lots of different reasons and the reasons will be different for every child. We do know that children with brain disorders, like epilepsy, are more likely to have emotional or behavioural difficulties than children who have other types of illness, like diabetes. Sometimes this is due to their brain being programmed differently. What we do know is what can help with the difficulties once they are happening. Sometimes this may involve working with parents or carers.*

**My child does not have a good relationship with his peers at school and is being bullied. What should I do?**

*It can be helpful for the parents and clinical team to liaise with the school and explain what epilepsy is to the staff and children. Epilepsy Action can help with this.*

**How can I get my child's school to understand what we are doing in the treatment?**

*Feel free to give the handouts to the school and the school can contact the research team if they have any queries (gos-tr.mice@nhs.net)*

**How do I manage typical teenage behaviour with epilepsy?**

*All teenagers can have some difficult behaviour when they are learning to be more independent and it can be very difficult to determine what behaviour is typical for a teenager and what might be a problem. When a teenager also has epilepsy, this can be even more difficult. Teenagers learn to drive, to go out alone, stay out late or drink alcohol. Some young people with epilepsy may not be able to do some of the things their friends are doing and this can be understandably challenging. Your epilepsy nurse may be able to discuss safety and epilepsy with you and your child.*

**Where can I find help when my child exhibits dangerous behaviour?**

*Many children and young people with epilepsy can exhibit challenging behaviours and sometimes this may include violence. Let your therapist know if this is happening – they can help you to find strategies to reduce it and will prioritise the safety of your child and others. If you are concerned that anyone is at immediate risk, then contact the emergency services (999 or A&E)*

**If I think my child is self-harming or has suicidal thoughts, is it okay to talk about it?**

*Yes it is and it is important that you bring it to the attention of your GP and the other health professionals you meet with, as soon as possible.*

**If I address and manage the behaviour of my child will this trigger a seizure?**

*Addressing the behaviour will not trigger seizures (for example, you can ignore a temper tantrum).*

**How do I not get confused and overwhelmed with all the information I am given?**

*In the first sessions with us, you should have decided on some goals for treatment together with your therapist. You probably chose up to three. This might not seem like many. The reason we only work on three at once is that it can be confusing and overwhelming to consider more than this at any one time. We will give you lots of information during the sessions, but it is important to let your therapist know if it is too much and you need to slow down. Parents of children with epilepsy may also receive lots of information about the epilepsy, treatments and related problems such as learning needs.*

*Please do talk to your neurologist, paediatrician, or epilepsy nurse if you are confused by any of this information.*

**Where can parents receive help?**

*It can be very stressful and exhausting to have a child with epilepsy. It is important to let your GP know if you have any concerns about your own mental health. Talking to other parents that are in a similar situation has been shown to be helpful for some people. The roadmap provided to you as part of this treatment programme contains a link with more information about support groups in your area.*

**My child's epilepsy is having an impact on the family, what should I do?**

*Having a child with epilepsy can be very difficult for everyone in the family. Other families have found that working through the strategies in this treatment has had a positive impact on the rest of the family.*

# **Learning about Anxiety - Family**

---

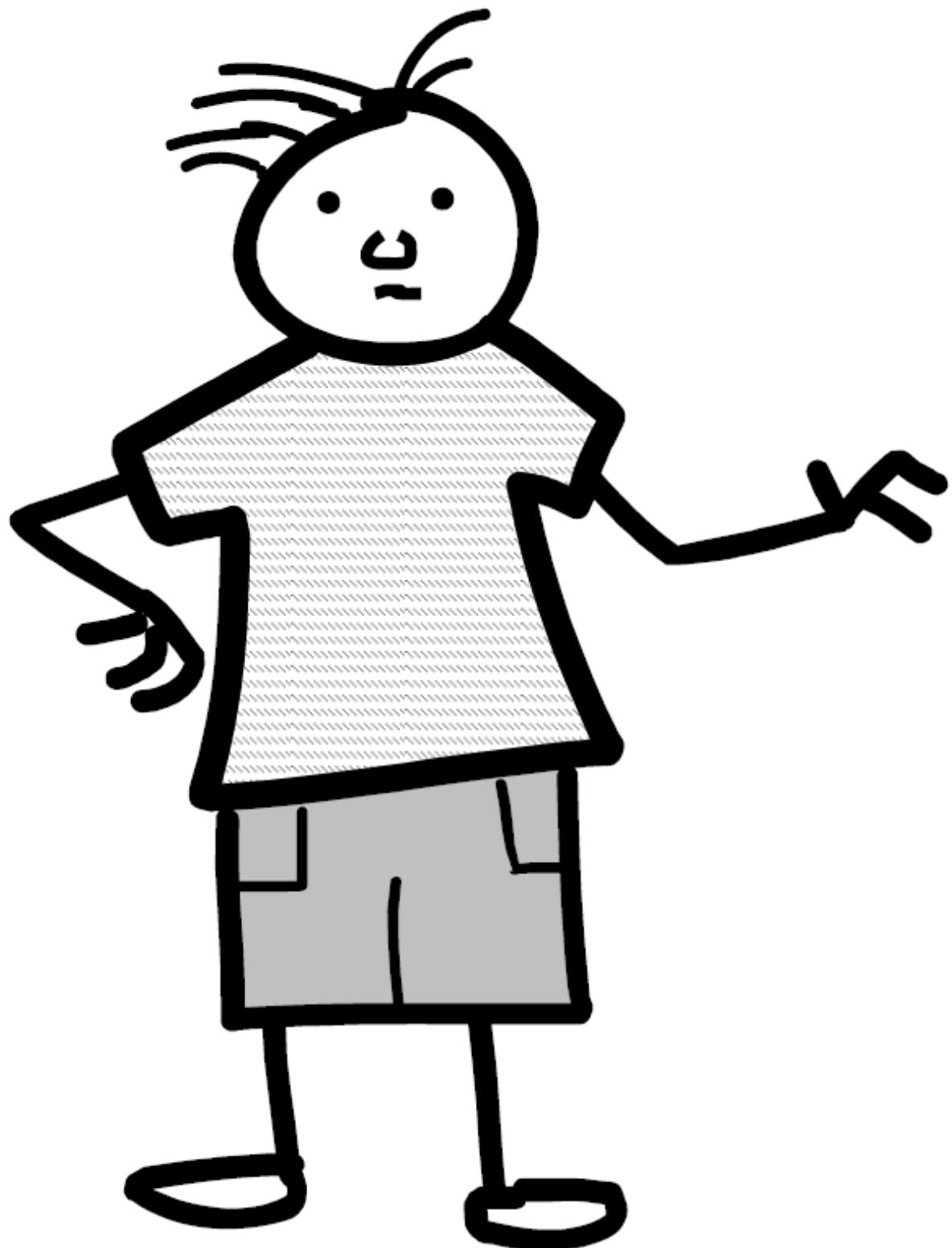
MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# Body Map

Where do you feel anxious feelings?

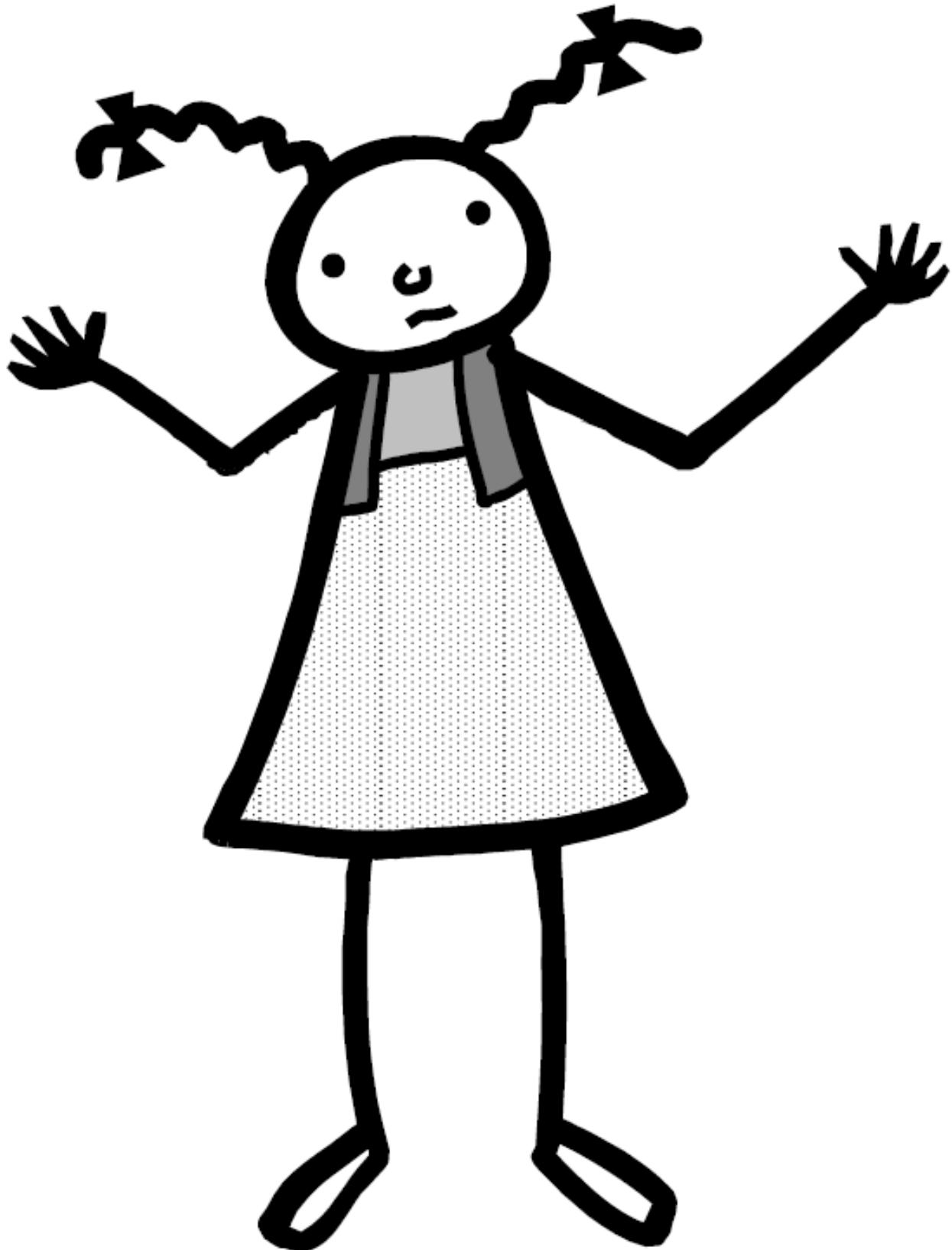




MICE  
Mental health Interventions for Children with  
Epilepsy

# Body Map

Where do you feel anxious feelings?

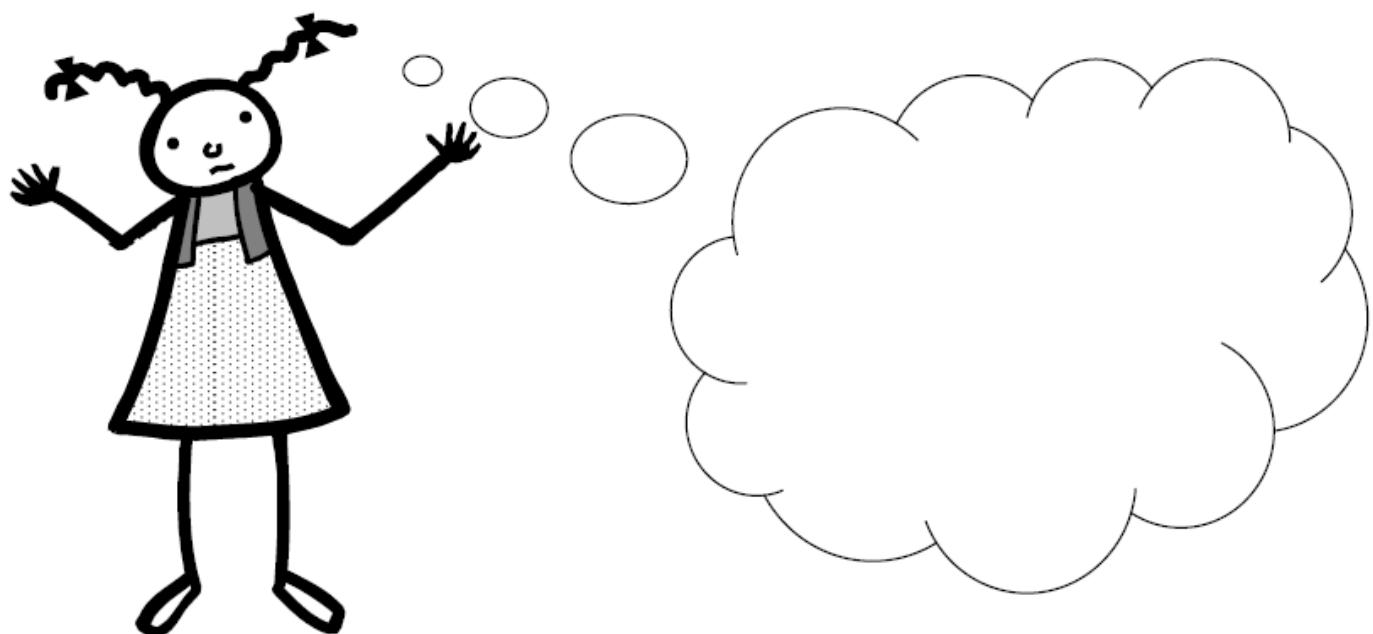
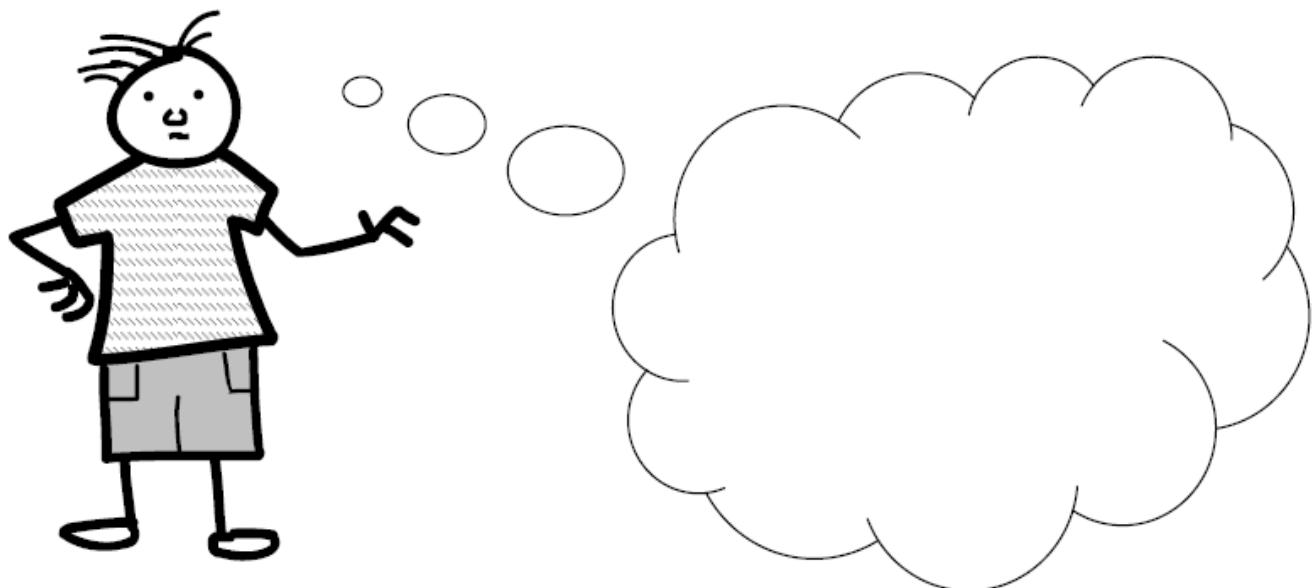




MICE  
Mental health Interventions for Children with  
Epilepsy

# Thought Bubbles

What are your anxious thoughts?





# Learning about Anxiety

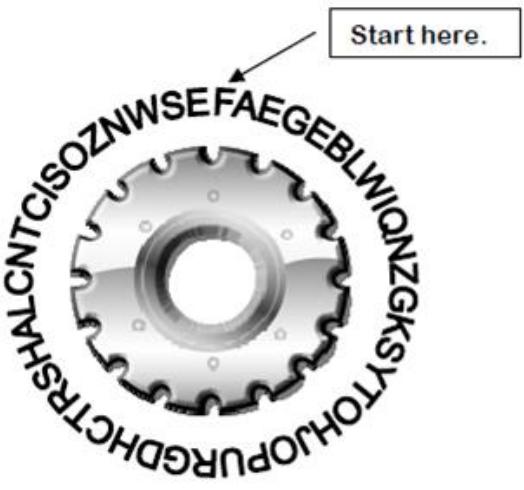
MICE  
Mental health Interventions for Children with  
Epilepsy

You've learned a lot about anxiety this week. The games and activities on this worksheet will help you remember some of the most important things you've learned.

# Anxiety Wheel

Use the wheel to find the three parts of anxiety. Starting with the letter F, write down every other letter in the spaces below (that means write a letter, er, write a letter, skip a letter).

1. F \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_



# Find Your Feelings

People get all sorts of feelings when they get scared. Circle all the ways *you* feel when you get scared.

FAST HEARTBEAT    TINGLY HANDS    BREATHLESS    BLUSHING    HOT  
SHORT OF BREATH    BUTTERFLIES    DRY MOUTH    FIDGETY    DIZZY  
STOMACH ACHE    UPSET TUMMY    HEADACHE    SWEaty    SHAKy

Look at the words you circled above. Can you find them in the word search below?

R	S	H	O	R	T	O	F	B	R	E	A	T	H	F	A	G	T	E	A	J	
L	T	W	P	S	N	S	U	B	H	Z	W	I	H	K	O	F	T	H	W	I	J
H	O	T	K	W	W	J	V	T	D	H	B	G	H	P	D	V	I	Z	Z	Y	P
Q	M	L	X	E	Q	T	I	T	D	H	L	E	S	S	G	L	D	N	B	M	S
Y	A	O	E	A	T	B	R	E	A	T	H	L	E	S	S	G	L	D	I	C	E
X	C	G	V	T	R	E	D	R	X	C	C	Y	V	J	R	E	X	L	C	T	T
S	H	A	K	Y	A	N	E	F	A	S	T	H	E	A	R	T	B	E	A	M	T
H	A	M	Z	F	P	O	D	L	R	P	Q	A	U	S	K	Y	D	T	M	E	U
Z	C	K	B	L	U	S	H	I	N	G	L	N	C	Q	A	Y	B	K	E	M	M
F	H	G	F	S	N	F	Y	E	M	M	G	D	R	Y	M	O	U	T	H	M	Y
H	E	A	D	A	C	H	E	S	I	B	J	S	C	A	Z	B	O	J	N	Y	Y

## Thoughts Bubble

When people feel nervous or scared, they often have certain thoughts. List a thought that *you* have when you feel nervous or scared.

Example: When I hear a dog bark, I think it's going to bite me.



Example: I worry that people will laugh at me if I have a seizure.



## Actions Scramble

When people feel nervous or scared, they act in certain ways.

Unscramble the letters to name what these people are doing because they're nervous or scared.



YNRCIG



UNNNIGR



NILLEGY

# Circle the Right Answer

**1**, What do you do when you feel nervous or scared?

RUN AWAY

YELL

WORRY

STAY BY MUM

GET MAD

CAN'T MOVE

CRY

STAY AWAY

Anything else? \_\_\_\_\_

**2** Anxiety is meant to be ... (circle one)      **GOOD**

**BAD**

**3** Anxiety is ... (circle the right answer)



... the body's washing machine



... the body's helicopter



... the body's alarm

# Stoplights

Give an example of a “red light”:

---

Give an example of a “yellow light”:

---



## False Alarms & True Alarms

Anxiety can cause problems when we feel nervous or afraid even when there is no real danger around us.

Match the pictures with the correct words.



**False alarm**



**False alarm**



**True alarm**



**False alarm**

# Fixing False Alarms

What's the best way to fix false alarms? Fill in the letters below to find out! (Hint: This is the best way to get over feeling nervous or scared, and it's also the best way to get better at other things, like playing an instrument or playing a sport).

P \_\_\_\_\_

By practising things that make you nervous or scared, you can get rid of your false alarms and become braver. When you practise, you should start with smaller, less scary things and work up to bigger things.

**Example: Pretend you have a friend who is afraid to talk to other children in the playground. Here are some things your friend could do to practise. If your friend keeps practising, eventually he or she will be able to talk to other children in the playground.**

#1

Smile at another child

#2

Say "hi" to another child

#3

Ask the other child's name

Now you try! Imagine you have a friend who is afraid of riding the bus. Make up some things your friend could practise to help him or her become brave enough to ride the bus. Remember to start with smaller things and work up to bigger things.

#1

#2

#3

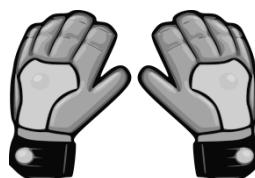
# Anxiety Detectives

What do detectives look for? (circle the right answer)

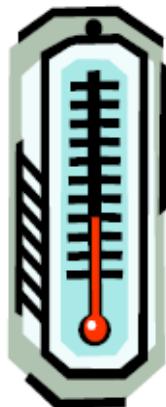
Cupcakes



Football gloves



Clues



By using the fear thermometer and filling out the clues and track your nervous or scared feelings to

fear ladders, we will collect help you become braver!



Well done! Now we're ready to get started and collect some clues for you!



# Helping Your Child Succeed

**Encourage at-home practice.** Many parents are surprised to learn what happens at home and school is actually more important than what happens with the therapist. Therapy is similar to music lessons. If a child is taking piano lessons, his or her teacher reviews progress and assigns new things to practise. But if the child doesn't practise at home, he or she will never learn to play the piano. Similarly, a child who does not practise the techniques and activities assigned by the therapist is unlikely to make progress.

**Coach your child.** Therapists and parents act as coaches to help a child develop new skills. Your child will be most successful if you take on an increasingly larger coaching role as therapy progresses.

**Make the programme a high priority.** The more energy and enthusiasm your family can commit to the programme, the higher your child's chance of success. For now, the programme may need to come before other things, like school plays, sports events, or family travel.

**Be willing to work hard.** If you are willing to work hard in the short term, you and your child will have better long-term results. For example, it can be tempting just to let your child have fun and relax by watching TV or hanging out with friends instead of practising the week's assignments. In the short-term, this may put your child in a good mood, but the long-term anxiety problems won't go away. Working hard now can mean the anxiety problems can be much better for months or years.

**Remember that practice is safe.** Sometimes

your child might feel uncomfortable during practice, complaining or even crying. No parent likes to see his or her child feeling distressed, and you might be tempted to stop the practice. However, try to remind yourself that the practice is safe. Your child is not in danger. The best thing you can do for your child is to be supportive and help him or her face the challenge. With practice, what is difficult for your child now will become easier over time. Some children and young people with epilepsy need to take extra precautions during certain activities, such as swimming. Your therapist will work with you to ensure that the tasks you/your child are practising are safe. You can always discuss with your neurologist or epilepsy team if you are not sure whether something is safe or not.

**Stay relaxed.** When parents are anxious, treatment can become more difficult. Anxious parents have a particularly hard time watching their children practise things that are difficult for them. This is why the therapist takes on the primary coaching role in the beginning of treatment, deciding what pace is best for your child.

**Attend therapy sessions faithfully.** You should do everything possible to make sure you and your child attend all therapy sessions and that you are available to speak with the therapist – in person or by telephone – as necessary.

**Speak up.** Don't be afraid to let your therapist know what isn't working. The practice assignments aren't always easy, especially in the beginning. Parents who communicate about how the programme is working for them and their family help their children succeed. The therapist can help you solve some of the problems you might face, even with things like lack of time or doubts about your child's progress.

	<b>Lowest chance of success</b>	<b>Possible success</b>
	<b>Possible success</b>	<b>Highest chance of success</b>



# Understanding Anxiety

## Is Anxiety Good or Bad?

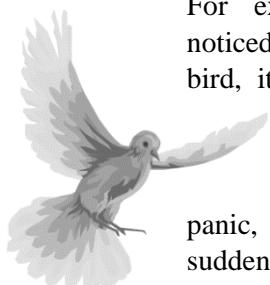
A little anxiety can be a good thing. It can help an athlete get ready for the big game or a business person get ready for a big presentation. It helps all of us get out of the door to be on time for work or school. It is only when people become anxious at

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.”

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

## How Does Anxiety Work?

The main purpose of anxiety is to help us 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 cuts back 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 genuinely 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. Animals often demonstrate these behaviours. For example, you may have noticed that if you approach a bird, it will freeze and stare at you – stop, look, and listen. If you continue to walk toward it, it will panic, either flying away in a sudden flutter of energy or, if necessary, trying to defend itself. In this case, increased alertness and speed help the bird protect itself. Similarly, if a child who is walking to school suddenly hears a dog bark, she might pause and

think about what to do next – stop, look, and listen. If the dog becomes aggressive and starts running toward her, she will move on to stage two, experiencing increased heartbeat, 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. This natural response will help her respond to a real threat by fleeing from the dog or, if necessary, even fighting it.

## Why Is My Child Anxious?

Anxiety in children and adolescents has many different causes, including biological (things in your body, including seizures), 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” with other things that add up over time, particularly early feelings of

being out of control and specific negative experiences.

### Sensitive Personality

“Sensitive personality” means that some children tend to be more easily worried, frightened, upset, or sad than others. 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. Anxiety is more common in children with epilepsy than in children without epilepsy and this is probably due to differences in their brains.

## Sense of Control

Children who have a sensitive personality and who feel they cannot control the things that happen in their lives are more likely to have a negative response to bad experiences. Some children with epilepsy may feel a loss of control around their seizures, which can happen unpredictably. This sense of things being out of the child's control can be aggravated by situations that limit a child's opportunities to experience the world, to master challenges, and to get help when necessary. Some parents may feel a need to protect their child, but a child needs to develop a sense that he or she has had some control over bad situations, either by making them

## Anxious Thoughts

Children with anxiety problems tend to see the world more negatively than other children do. They are very good at imagining what can go wrong. This tendency shows up in three important ways: (1) the things they pay attention to, (2) the way they interpret situations. And (3) the "self-talk" they engage in.

### Attention

Anxious children focus more on negative things. For example, when researchers show children pairs of words on a computer

go away or by learning skills to cope with them. We might not be able to take bad experiences like seizures away through therapy but there are strategies that we can use to help children learn to cope with them.

### Bad Experiences

In a child with a sensitive personality, bad experiences can shape the child's anxiety in particular ways. For example, a sensitive child who is stung by a bee might develop a phobia of bees. If the child is teased by classmates, social anxiety might develop. If the child is treated harshly by a stranger, separation anxiety may result.

## How other people respond

If people around a child are showing signs of fear and responding to these with avoidance, then a child (particularly a sensitive child who may be more likely to be on the look for a threat) is likely to learn that the particular object or situation presents a threat and that the best way to respond is by avoiding it. Equally, if carers are responding to a child's attempts at facing fear with particular concern and instead try to encourage the child to keep away from their fears, this will also give the child the message that there is something to fear or that they will be unable to cope.

screen, anxious children are more likely to look at words that seem threatening, such as "storm" or "crash." So anxious children tend to look for danger signals.

### Interpretation

When presented with an unclear situation, anxious children are more likely to interpret it as dangerous. For example, when an anxious child is asked to imagine possible explanations for an unfamiliar noise, the child is more likely to offer negative answers such as "a burglar."

### Self-talk

Anxious children also generate more negative "self-talk" than non-anxious children. That is, they are more likely to tell themselves things like, "I'll 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.**

## How Cognitive Behaviour Therapy Can Help

Cognitive Behaviour Therapy is the most successful treatment approach for anxiety. It teaches children to tell the difference between real danger and a false alarm. When anxious children learn to identify which situations are safe, they can reduce or eliminate unnecessary tension, worry, fear and panic. Children develop these skills primarily through practice exercises that

teach them to use reasoning and experience to realise that many situations that may seem dangerous and scary are actually safe. Because anxious children tend to avoid the things they are afraid of, they tend to limit their opportunities for these practice experiences. A therapist or parent can act as a guide who encourages and supports the child to engage in these

difficult experiences and to learn to recognise safe situations. Most of Cognitive Behaviour Therapy is about practice that will help your child view the world in a new way.



# **Using the Fear Thermometer - Anxiety**

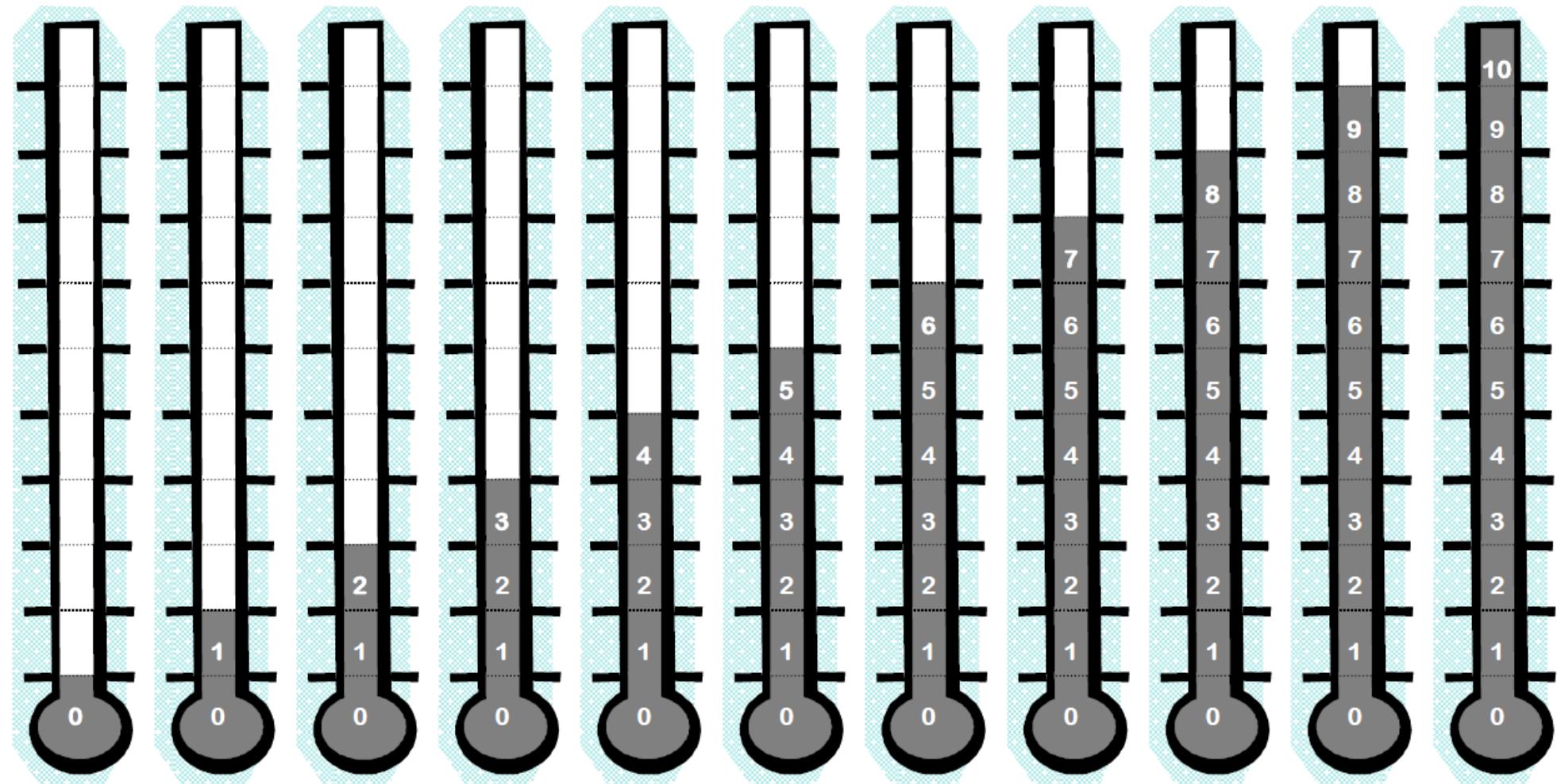
---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# Fear Thermometer



# **Fear Ladder**

---

MICE



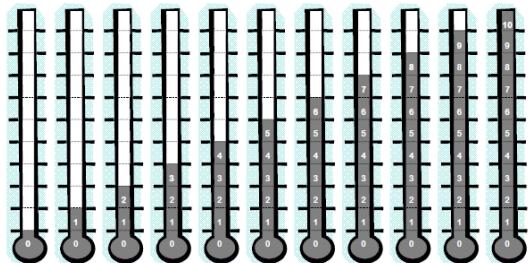
MICE  
Mental health Interventions for Children with  
Epilepsy

# Fear Ladder

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

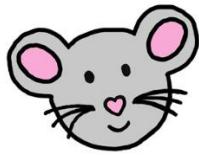
Filled out by:

- Child
  - Mother
  - Father
  - Other \_\_\_\_\_



How scary is this item today? Please give a rating from 0-10.

## **ITEM**



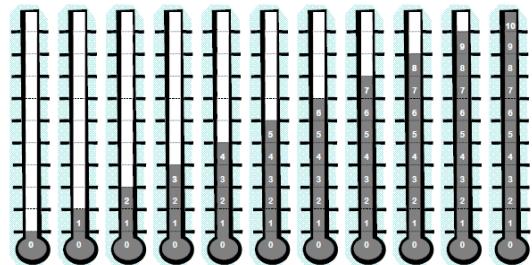
MICE  
Mental health interventions for Children with  
Epilepsy

# Fear Ladder (example)

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

Filled out by:

- Child
- Mother
- Father
- Other \_\_\_\_\_



How scary is this item today? Please give a rating from 0-10.

## ITEM

Pet a stranger's dog	10
Pet the friend's dog	10
Go to a friend's house with a dog and look at dog while being held in same room	9
Go to the park where dogs are off leads and can see dogs from a long way away	8
Go to the park where dogs are on leads and can see dogs from a long way away	6
Talk about dogs while looking at a picture	4
Talk about dogs	3
Look at a picture of a large dog	2
Look at a picture of a small dog	2
Look at a picture of a puppy	1



MICE  
Mental health Interventions for Children with  
Epilepsy

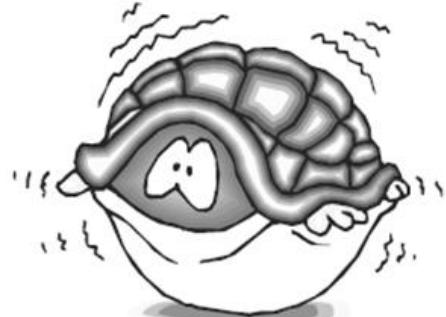
# Learning Your Anxious Feelings

## What does YOUR anxiety feel like?

We want you to practise 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 practise together to make these 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 Fear Thermometer:

- (1) How **strong** the feelings are
- (2) How **anxious** the feelings make you feel
- (3) 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)			

# **Practising**

---

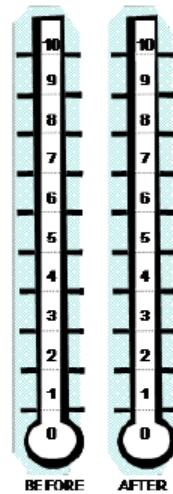
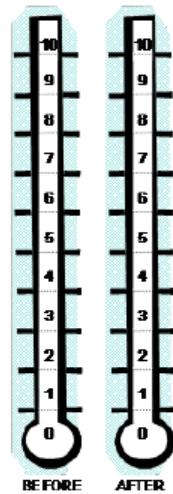
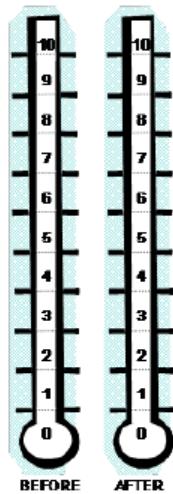
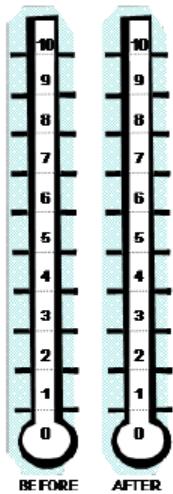
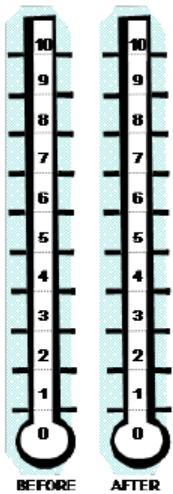
MICE



MICE  
Mental health interventions for Children with  
Epilepsy

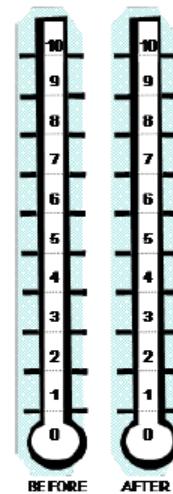
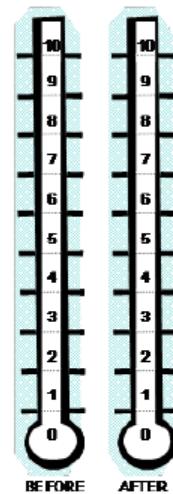
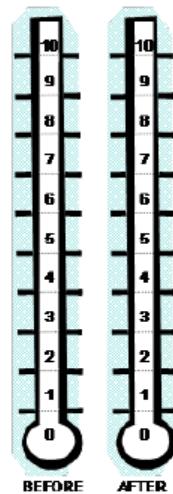
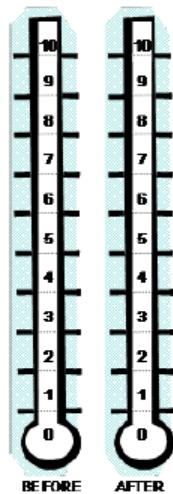
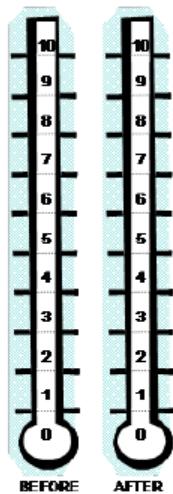
# Practice Record (Before-and-After)

Take ratings before and after each practice. Remember, keep going \_\_\_\_\_ times, or until your ratings come down to a \_\_\_\_\_. Well done!



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

Item: \_\_\_\_\_



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

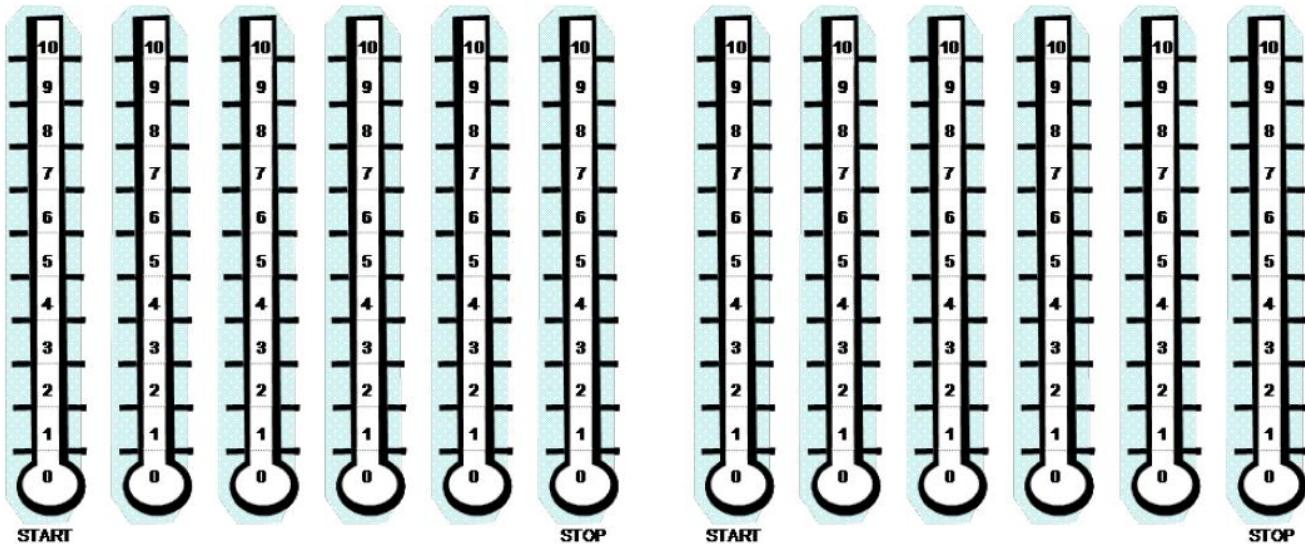
Item: \_\_\_\_\_



MICE  
Mental health interventions for Children with  
Epilepsy

# Practice Record (Start-and-Stop)

Take ratings as you practice. Remember, keep going \_\_\_\_\_ times, or until your ratings come down to a \_\_\_\_\_. Well done!

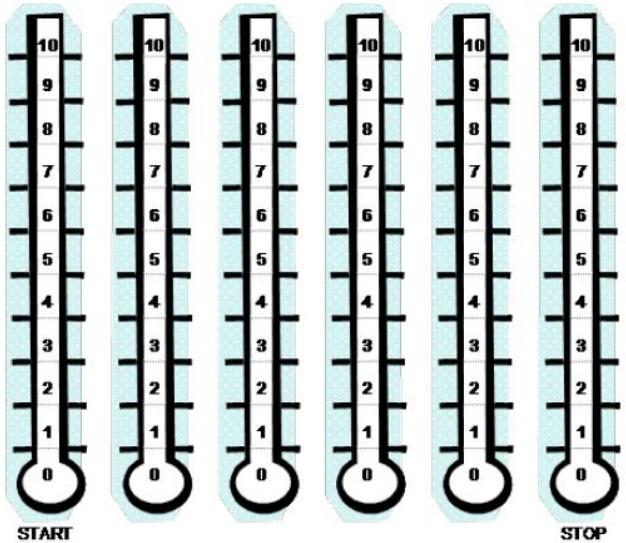


Date: \_\_\_\_\_

Item: \_\_\_\_\_

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

Item: \_\_\_\_\_



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

Item: \_\_\_\_\_

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

Item: \_\_\_\_\_



# Practising

## How Will Practising Help My Child?

Practice is the best possible way to overcome fear because it helps your child get used to doing things that are difficult at first. Through practice, your child will quickly learn to do things that were too hard before. Practising to reduce fear and anxiety is a lot like practising a musical instrument or a sport. A child who practises guitar will get better at playing guitar. A child who practises football will get better at playing football. And a



child who practises doing the things that make him or her nervous will get better – less nervous – at doing those things. For example, with practice, a child who is nervous around dogs can become more comfortable around them. Practising things that cause anxiety may not feel good at the time, just as music practice and exercise drills might not always seem fun. Practice is not always easy, but you can make things easier by

### Practice can decrease anxiety about:

Animals • High places • Riding the bus • Going to school • Being teased • Being embarrassed • Swimming • Being in the dark • Being away from parents • Talking to other people • Trying to be perfect • Feeling out of breath • Feeling out of control • Getting a shot • Being around adults • Being around other children • Many other things

offering help and support to your child.

## How Do We Practise?

Practice is similar to physical exercise. Your child will need to start slowly, with small tasks. Then, as your child gets in shape, he or she can take on bigger challenges and practise more often. We will work together with your child to make sure he or she is practising the right amount.

### 1 Choose a target fear

Pick a fear you'd like your child to work on (e.g., standing near a dog, sleeping over at a friend's house, or talking to other children). Try to start with something that is not too challenging. You might even want to break things down into steps so your child can work on one smaller, easier thing at a time. Your child can move on to more difficult things as he or she progresses.

A fear I would like to see go away is:

.....

### 2 Pick a time to practise

Choose a time when everything is calm and no one feels rushed. Sometimes practice can take a while, so remember to leave plenty of time.

An example of a good time to help my child practice is:

.....

### 3 Take ratings

Take ratings every few minutes. Remember, the ratings range from 0 to 10, and higher numbers mean higher amounts of fear or anxiety. Over time, our goal is for the numbers to go down. Use the Practice Record to keep track of the ratings. This is the best way to see how well the practice is working and to figure out what to practise next.

<b>4 Be Patient</b>	Sometimes it will take a while for your child to get used to something. Small children might even cry or protest during practice. Wait as long as you need to, stick with the practice, and keep telling your child how well he or she is doing. It may seem to take a long time, but soon your child will get used to whatever he or she is practising.
<b>5 Practise, practise, practise</b>	Once you and your child get the hang of things, you can repeat a practice as much as you want. It's a lot like exercise: the more your child does, the better your child will feel. This is the best way to help your child with anxiety or fears. But don't forget to leave some time for fun things, too!
<b>6 Move on to something harder</b>	Once your child gets comfortable with a certain practice, you can try something a little tougher. Again, this is just like exercise. If your child can lift 5 pounds easily, he or she can try moving 6 or 7. Just be careful not to make things too hard too fast. Otherwise, your child might become frustrated. We can help you figure out what to practice and how quickly to increase the difficulty of practice.
<b>7 Keep a regular routine</b>	It's important to help your child "stay in shape." Even after something gets easier, you'll want to have your child practise it again every once in a while, just to make sure it sticks.
<b>8 Praise &amp; Support</b>	Your child will need plenty of praise and support from as many people as possible. Practice can seem boring sometimes but it is the very best way to stop feeling nervous or afraid. It will be worth the effort, so try to encourage your child and help him or her stay interested.

## Help! Practice Isn't Working!

**PROBLEM:** My child's ratings won't go down.

**TRY THIS:** *The things you are practising might be too hard for right now. Try working on something else, or breaking things into smaller steps. Another possibility is that the practices may be too short, not giving your child enough time to get used to things. Eventually your child's fear or anxiety will decrease, and the ratings will come down.*

**PROBLEM:** My child's ratings go down, but the next time we practise, the ratings are right back up where they started.

**TRY THIS:** *Usually when this happens, it means there has been too much time between practising. If you've been practising once or twice a week, try increasing to four or five times a week. Sometimes, you might need to practise every single day to see the ratings go down.*

**PROBLEM:** My child is too scared to get started.

**TRY THIS:** *This means you may be trying to do too much at once. Try breaking things down into smaller steps. Try to think of ways to make the practice easier without making it shorter. There are other solutions we can try, too, so don't be afraid to ask us for help.*

**PROBLEM:** My child's ratings are going up, not down!

**TRY THIS:** *This can happen if you stop in the middle of practice or if the practices are too short. Be sure to allow plenty of time in each practice for the ratings to come down. For now, you might try going back to something easier.*

**PROBLEM:** My child says he or she doesn't need to practise anymore.

**TRY THIS:** *Explain that practice is about building a skill. If you don't use it, you may lose it. Even when things aren't hard anymore, it's important to check back to make sure you can still do them. This is how you can keep the fear or anxiety from coming back.*

# Maintenance

---

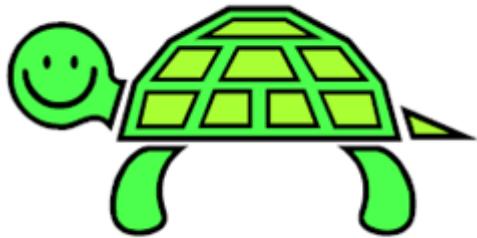
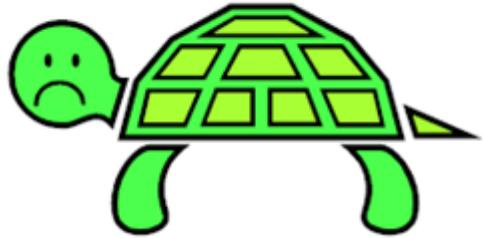
MICE



# What's New?

## MICE

Mental health Interventions for Children with Epilepsy



## What I couldn't do because of anxiety:

## What I can do now:



# Maintaining Success on Your Own

## Congratulations!

You and your child have probably put in many hours of practice and have worked hard to make progress. Learning the skills to overcome anxiety isn't easy. Your child and your family deserve a lot of credit.

## What Happens Now?

The number of meetings will now decrease. There will be some booster sessions scheduled in (at 1 and 3 months') as you and your family take over the work on your own. There may be a few things that still need to be worked on after the programme is over. This is

normal. In fact, it's part of the plan. Your child and your family will work together to use the new skills you have developed, and as you do so, your child's confidence will increase. With your support, your child will keep facing fears and practising on his or her own. Children often

continue to improve for six months or more after finishing the programme. If you have any questions about how to continue the programme on your own, be sure to ask them now. Use the last meeting as a time to celebrate and do something fun together.

## Staying in Shape

Like exercise, learning to cope with anxiety can be difficult and tiring at first. With time, it becomes easier and more natural, especially if you make it a part of your regular routine. But just as a person who stops exercising can get out of shape again, a person who stops practising bravery might start to have a hard time dealing with anxiety again. It's important to help your child

### Some ways I can help my child keep practising:

---

---

---

continue to practise. The practice doesn't need to be as difficult or intense as it was in the beginning, but doing a little bit now and then will help your child stay in shape. Try to help your child think of ways to

challenge him- or herself a few times a week. You might think of this as "mini practice" exercises. And don't forget to keep practising the new skills you've learned, as well.

## What Happens Now?

Praising your child will continue to be a great way to keep things on track. Be sure to tell your child how proud you are of all the work he or she did to get this far. Try to point out how well things are going – even little things - to

help nurture your child's

enthusiasm and courage.

### Things I can look for to praise:

---

---

---

## **What If the Anxiety Comes Back?**

There is a big difference between a “lapse” and a “relapse.” Lapses are minor and completely normal. A child with anxiety can expect to have lapses every now and then throughout life, especially during stressful times. It just means a few things need to be practised again. If your child has a lapse, remember what you learned at the beginning of the programme: a little anxiety

is normal and can sometimes even be helpful. Don’t immediately assume that your child is having a relapse, or a full return of the original problem. Relapses almost never happen, and if they do, it is usually because the child stopped practising or because someone panicked during a lapse. Stay calm, and remember that your child already has the skills he or she

needs to handle this. Encourage your child to use those skills. If things get to a point where even the new skills and techniques don’t seem to be working, you can always ask for assistance to get things back on track. Sometimes just a few simple suggestions can point you and your child in the right direction.





MICE  
Mental health Interventions for Children with  
Epilepsy

# Relapse Prevention

It is likely that there will be challenging situations in the future. By thinking about the strategies you have learnt and planning ahead for these times, it increases the chance of successfully managing these situations and reducing the negative impact they may have.

**What were your difficulties before treatment?**

**What skills have you learnt to deal with these difficulties?**

**What situations might lead to a setback?**

**What would you do in those situations?**

**How would you know if your progress was slipping?**

**How will you make sure you keep your strategies going?**

**My take home message is:**



# **Cognitive - STOP**

---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# STOP

STOP will be an important part of getting braver. When we talk about STOP, S stands for *scared*, T stands for *thoughts*, O stands for *other thoughts*, and P stands for *praise*. Let's learn more about STOP.



S is the first letter in the word *scared*. Let's learn more about feeling scared.

## Scared Scramble

Unscramble the letters below to find other words for feeling scared.

ERVOUNS



IERWROD



DAARIF



## Figuring out Feelings

See if you can figure out how the people below are feeling.



This person feels	This person feels	This person feels	This person feels
How do you know?			

# Feelings Match

Here are some of the feelings you might have when you are scared.  
Draw a line to match the word with the picture it describes.



**Fast heartbeat**



**Short of breath**



**Dizzy**

**Shaky**

**Blushing**

**Butterflies**



**Sweaty**



## When Do You Feel Scared?

It is important to know when you feel scared, nervous, or worried, so that you can practise feeling better. What are some times when you feel like this?

Example: When the teacher asks me a question.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



T is the first letter of the word *thoughts*. Let's learn more about the way thoughts work.

## Good Thoughts/Bad Thoughts

Write something good that will happen

I get to play  
with my friend  
this afternoon!



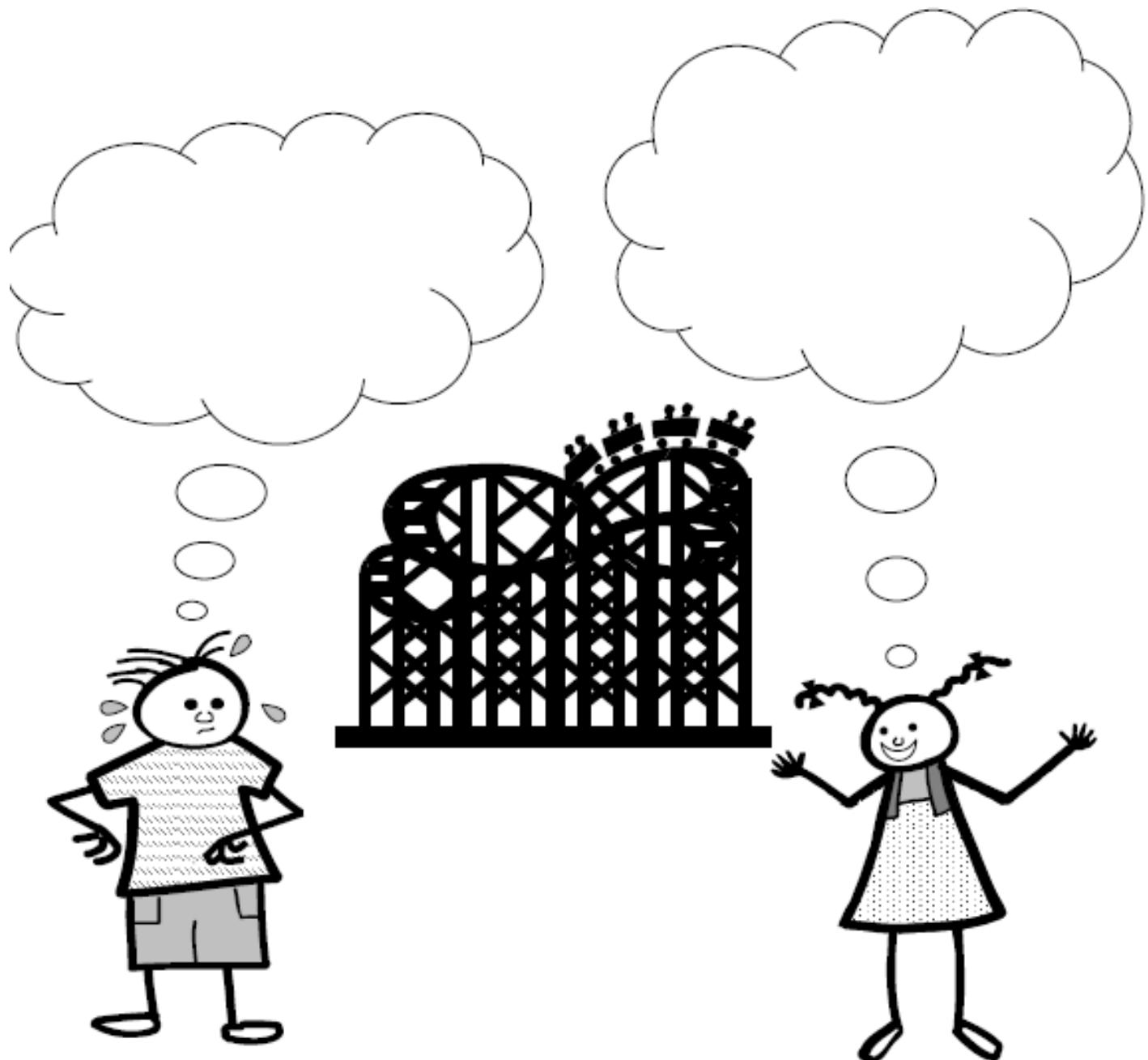
Write something bad that will happen

Everyone will  
laugh at me.



## Thoughts & Feelings

The thoughts you have can change how you feel. What thoughts do these people have about the rollercoaster? Who feels better? Write in the thoughts they are having.

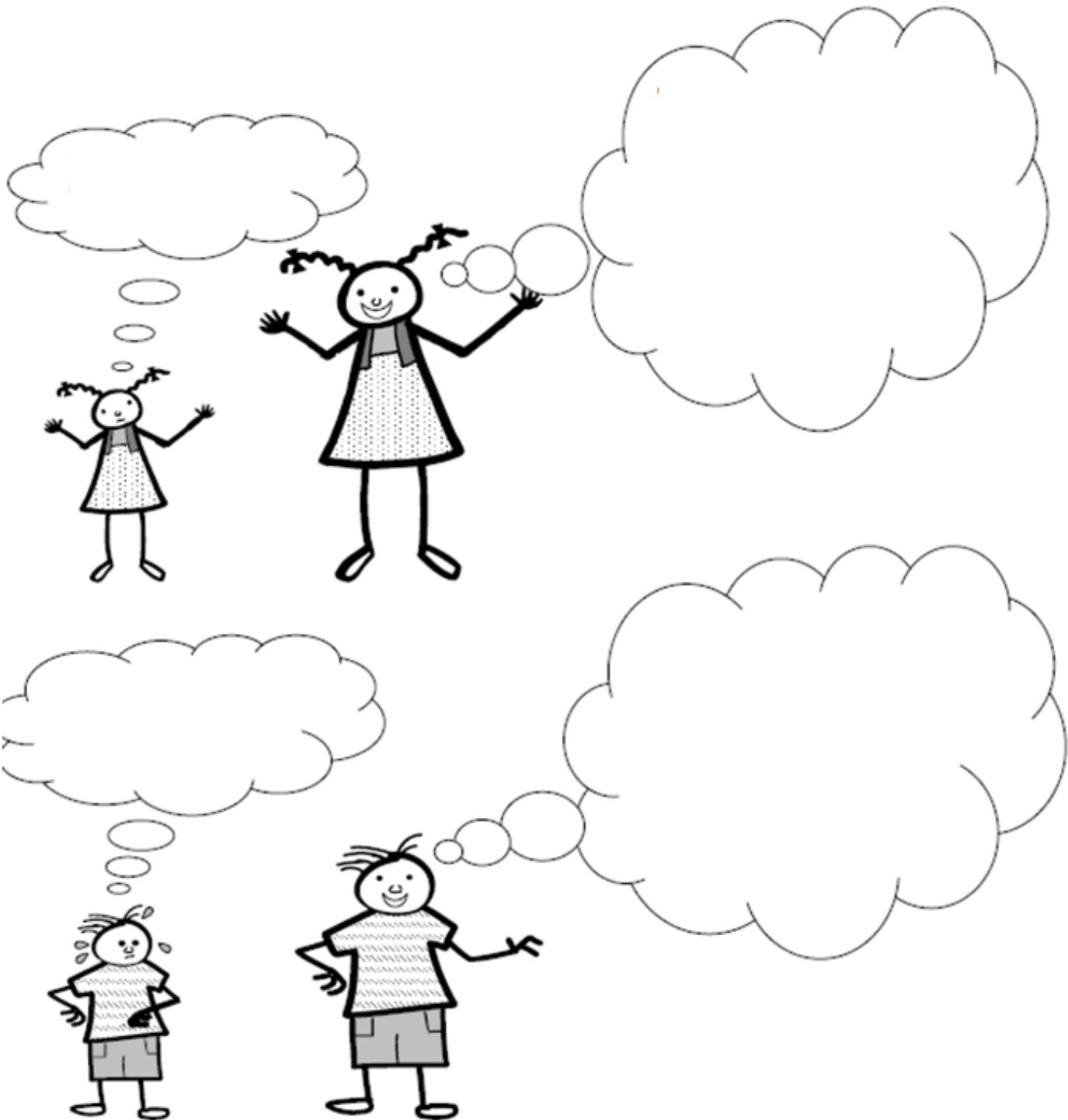




O stands for other thoughts. We can learn to have other thoughts about things so that we don't feel scared or nervous.

## Practising Other Thoughts

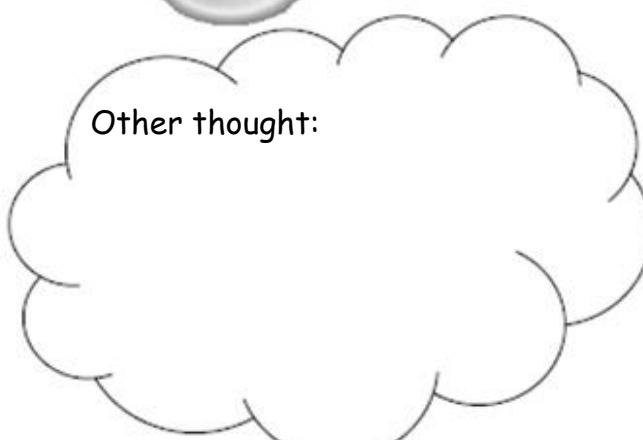
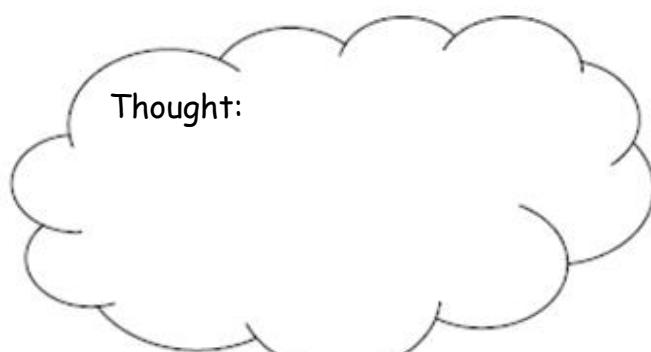
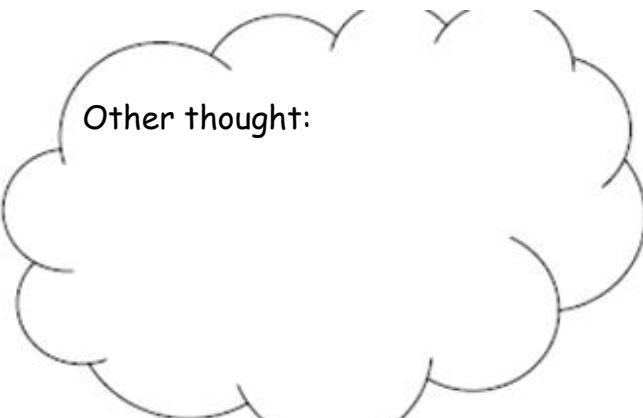
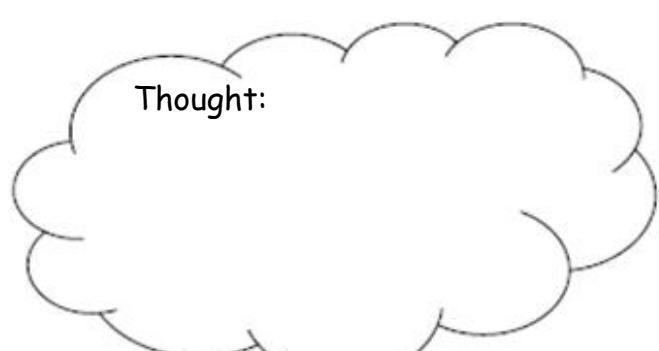
Try writing some other thoughts below.



# your Other Thoughts

Think of some scary or nervous thoughts you have sometimes.

Write some down, and see if you can think of OTHER thoughts that are not so scary.





P stands for *praise*. Don't forget to tell yourself that you are doing a terrific job when you use S-T-O-P to make yourself feel less nervous or scared!



**Stands for “Scared”**



**Stands for “Thoughts”**



**Stands for “Other Thoughts”**



**Stands for “Praise”**



# **Getting Acquainted - Depression**

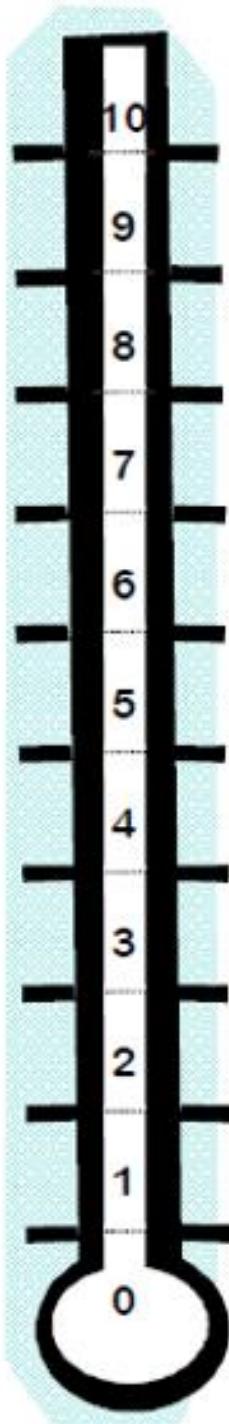
---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# Feelings Thermometer



very good

sort of good

so-so

sort of bad

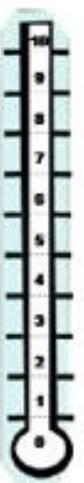
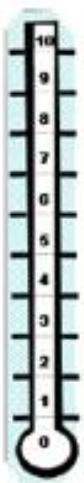
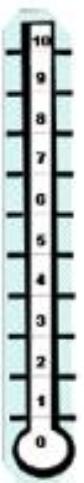
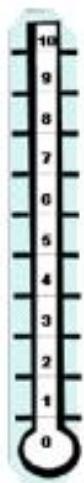
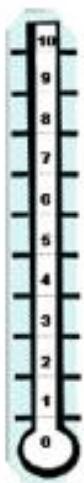
very bad



MICE  
Mental health Interventions for Children with  
Epilepsy

# Daily Feelings Record

Take a feelings rating every day by circling the number on the thermometer. Remember to write down what was happening to make you feel that way.



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

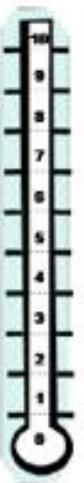
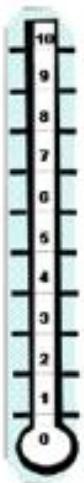
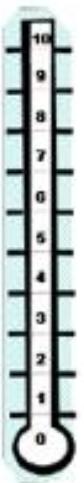
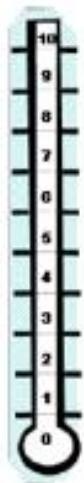
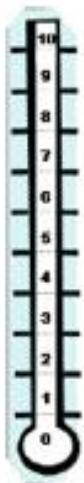
What was  
happening:

---

---

---

---



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

What was  
happening:

---

---

---

---

# **Learning About Depression - Family**

---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# How I Show My Feelings



## When I am in a bad mood ...

These are the things I usually do (activities, people I spend time with, etc.):

This is how I look and sound to other people (eye contact or not, slumping or standing up, sad or happy voice):

This is what I think about myself and my world:

This is how my body feels (antsy, sleepy, relaxed, etc.)

This is how I act around others:

## When I am in a good mood ...

These are the things I usually do (activities, people I spend time with, etc.):

This is how I look and sound to other people (eye contact or not, slumping or standing up, sad or happy voice):

This is what I think about myself and my world:

This is how my body feels (antsy, sleepy, relaxed, etc.)

This is how I act around others:



MICE  
Mental health interventions for Children with  
Epilepsy

# Thinking-Feeling-Doing

Everybody feels sad, down, grumpy, or upset sometimes, but getting stuck in these feelings can be a problem. To get unstuck, we can change how we THINK and what we DO, because thinking and doing have a big impact on how we FEEL.

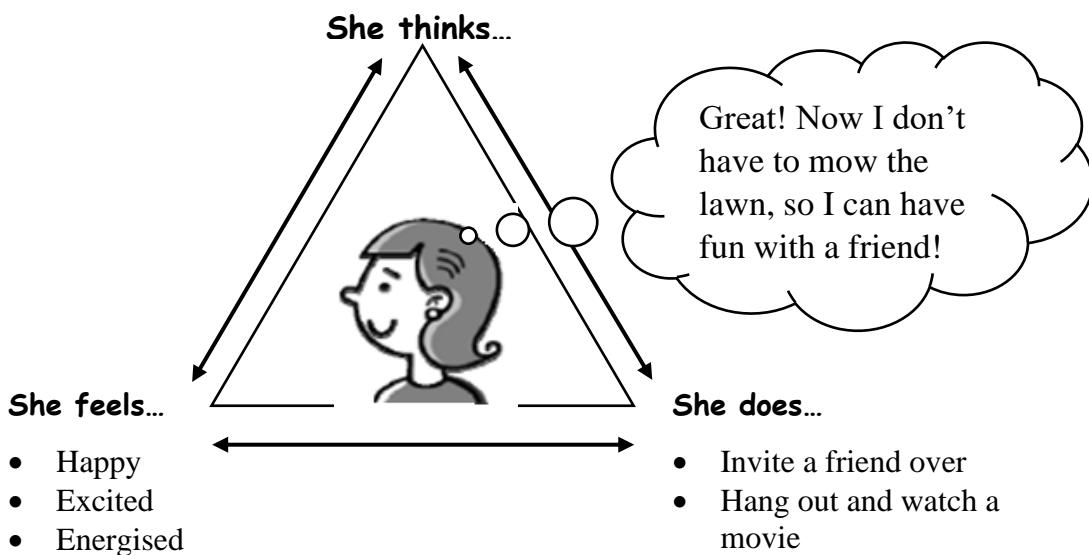
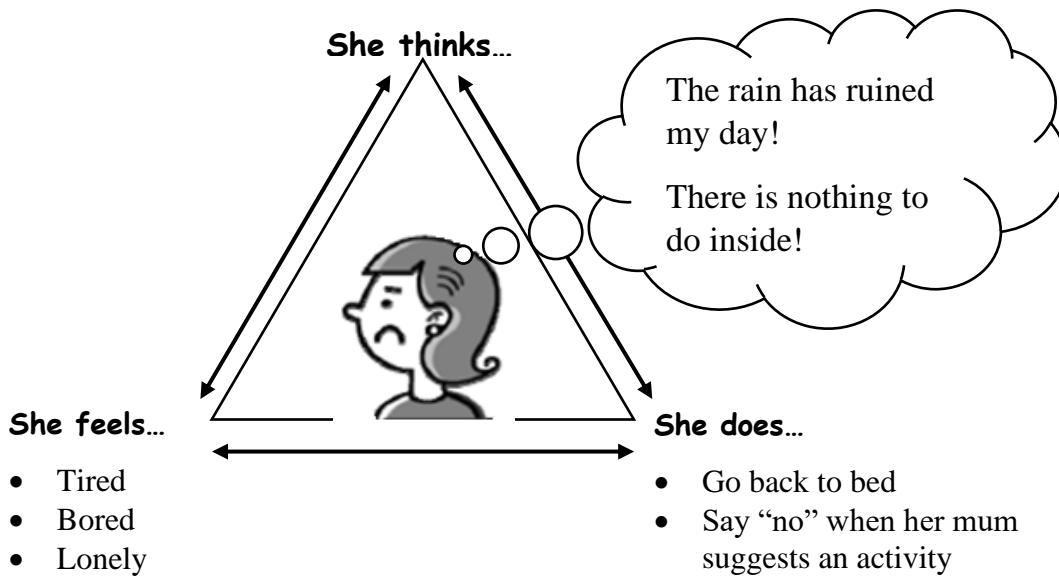
## Imagine a Rainy Day

Circle the person below who feels better. What makes that person feel better?

---

---

---



## What Do YOU Think, Feel, and Do?

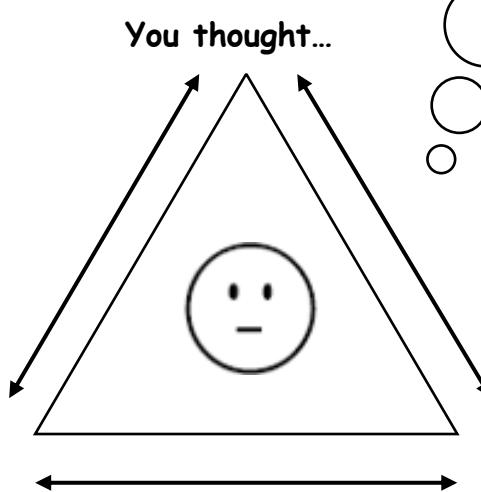
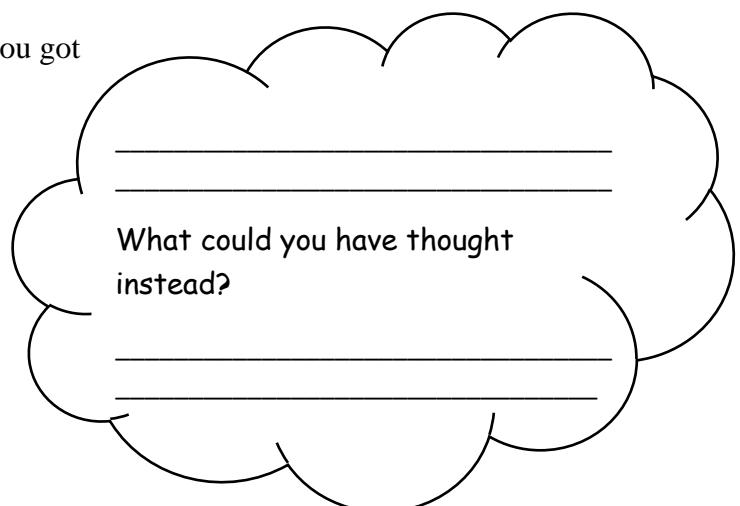
What about YOU? Think of a time recently when you got stuck in a bad mood. What did you THINK, FEEL, DO? If you had different thoughts or took different actions, would you have felt differently?

### What was happening?

---

---

---



How might you have felt instead?

---

---

---

What could you have done instead?

---

---

---



# Understanding Depression

## Depression in Children and Adolescents

Depression is relatively common in children and adolescents, and can look very different than it does in adults. For example, children who are depressed may seem cranky rather than sad, or lose interest in doing activities they once enjoyed. They may show changes in their sleeping or eating habits, say negative

things about themselves or others, or expect bad things to happen in the future. Some depressed children seem tired and unmotivated, while others may seem restless. Almost all children can feel bad in these ways sometimes – that's normal, but it's a problem when kids get "stuck" feeling

**Depression can make children irritable, or less interested in doing things they once enjoyed.**

sad, down, or upset. The good news is, there are some effective ways to help children feel better and manage their feelings – so that they don't get "stuck".

## What We Think and Do Changes How We Feel

We are all affected by the things we think to ourselves and by the things we do in response to our feelings. If it is raining and you think to yourself, "Oh, no! Now all my plans are ruined!" you might feel pretty bad, and in response you might just get back into bed and sleep all day. If you

did that, you might miss out on lots of chances to feel better. On the other hand, if you thought, "I'm glad it's raining; now I can stay inside and finish that great book I've been reading!" you would probably feel happy, and do something you enjoy. Children who have difficulties with sad or cranky

mood are more likely to have negative thoughts about events in their lives, and also less likely to choose activities that will help them feel better. In this programme, your child will learn ways to improve his or her mood by changing thoughts, changing behaviours, or changing both.

## Why Is My Child Depressed?

Depression in children and adolescents has many different causes, including biological factors, psychological factors (such as thoughts and feelings), and social factors (such as school and friends). Depression can often result when a child with a "sensitive personality" loses a sense of control and experiences multiple stressors.

### Sensitive Personality

"Sensitive personality" means that some children tend to be more easily irritated, upset, or sad than others. They react

more strongly to bad situations or to information that seem threatening. A child with a sensitive personality has an increased risk of negative emotions throughout life, which can lead to mood disorders.

### Sense of Control

Children who have a sensitive personality and who feel they cannot control the things that happen in their lives are more likely to have a negative response to bad experiences. Some children with epilepsy may feel a loss of control around their seizures, which

can happen unpredictably. This sense of things being out of control can be aggravated by situations that limit a child's opportunities to experience the world, to master challenges, and to get help when necessary. Some parents may feel a need to protect their child, but a child needs to develop a sense that he or she has had some control over bad situations, either by making them go away or by learning skills to cope with them. We might not be able to take bad experiences like seizures away through therapy but there are

strategies that we can use to help children learn to cope with them.

### **Stressful Experiences**

Among children who have a sensitive personality, stressful experiences can shape mood, too. For example, sensitive children who experience

### **Negative Thoughts**

Depressed children tend to see the world more negatively than other children do. They are very good at imagining what might go wrong. This tendency shows up in three important ways: (1) the things they pay attention to, (2) the way they interpret situations, and (3) the “self-talk” they engage in.

### **Attention**

Depressed children focus on the negative more than most children do. For example, they are more likely to pay attention to signs that things are not going well, and more likely to remember unhappy events than happy ones. They may focus

failure may come to believe they will never succeed, even if they have been quite successful in the past. This can happen if a young person with epilepsy has had to miss large amounts of school due to medical appointments, or surgery for example. A

on things that they find difficult (for example lots of young people with epilepsy may find certain subjects at school more difficult) and not on their strengths.

### **Interpretation**

Depressed children are more likely than others to think negative thoughts about themselves, others, and the world. For example, when depressed children are asked to think of reasons why they did

sensitive child who is rejected by peers may withdraw from social experiences. This same child may perceive things to be overwhelmingly negative even when they are not, or give up easily when the going gets tough.

poorly on an exam, they are more likely to think “because I am not smart” instead of “because the exam was hard.”

### **Self-talk**

Depressed children also generate more negative “self-talk” than non-anxious children. That is, they are more likely than other children to tell themselves things like, “I’ll never be able to do this” or “Things will never work out.”

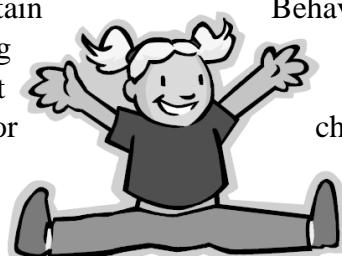
**Negative thoughts can lead to hopeless feelings; helpless feelings can lead to children to give up rather than try to solve problems in their lives.**

## **How Cognitive Behavioural Therapy Can Help**

Cognitive Behavioural Therapy is the treatment approach for children and adolescents that has been tested most and shown to work. It helps young people develop coping skills to address their specific difficulties. Several skills are taught to children. The therapist will work with your child to identify the skills that

will help him or her the most. Children develop these skills primarily through practice exercises. Because most depressed children have developed certain habits of thinking and behaviour, it can feel artificial or strange to them, at first, to try new ways of thinking

or behaving. A therapist or a parent can act as a guide who encourages and supports the child as the child tries these skills out. Cognitive Behavioural Therapy



involves practice - practice that helps children learn new coping skills and view the world in a new way.

# **Problem Solving**

---

MICE



# Helping Your Child Solve Problems

## Five S-T-E-P-S for Problem Solving

Some children have a hard time solving problems that arise in their lives, such as problems with friends, schoolwork, sleeping, how to manage a bad mood or taking medication. They may feel hopeless about solving these problems, or perhaps they will try one solution and then give up when it doesn't work. Because we all have to face problems from time to time, learning a step-by-step approach to solving them can be valuable. When your child has a problem, encourage him or her to try the S-T-E-P-S approach shown below. Offer support, but try to help your child come up with his or her own ideas as much as possible.



Say what the problem is.



Think of possible solutions. (Try to think of several here. Don't worry yet whether they are "good" or "bad" solutions.)



Examine each possible solution, looking at the good and bad aspects of each one.



Pick one solution to try out.



See if it worked. If it worked, great! If it did not work, then go back to your list of solutions and try another one.



## An example...



Say what the problem is.

My child refuses to take their medication as prescribed.



Think of possible solutions. (Try to think of several here. Don't worry yet whether they are "good" or "bad" solutions.)

1. Ensure my child takes the medication even if it causes a big argument
2. Let my child get their own way and not take their medication
3. Think of a game to make taking medication fun
4. Use a chart with reminders and rewards to encourage my child to take the medication
5. Set a reminder in their mobile phone or ask the teacher to remind them
6. Let my child take the medication when they choose
7. Let my child know that they can excuse themselves (e.g. go to the bathroom) in order to take their medication privately - so they do not need to take it in front of other people



Examine each possible solution, looking at the good and bad aspects of each one.

Solution	GOOD	BAD
1 Adhered to medication		Have an argument
2 Avoid an argument		Less control over seizures
3 It will be fun		I'm short of time
4 More likely to adhere		A lot of effort
5 Adhered to medication		Does not encourage independence
6 No arguments		Less control over seizures
7 Reduce feelings of embarrassment/stigma		Hard to ensure that it will be done



Pick one solution to try out.

I will try solution 4 "use a chart with reminders and rewards to encourage my child to take the medication"



See if it worked. If it worked, great! If it did not work, then go back to your list of solutions and try another one.

## An example...



Say what the problem is.

Tyrone won't go out to eat with us as he hates restaurants as deciding what to eat stresses him out so much.



Think of possible solutions. (Try to think of several here. Don't worry yet whether they are "good" or "bad" solutions.)

1. We could look at the menus before we go and decide what to eat
2. We could order for him
3. He could come with us and eat his own food (we could pretend he has some kind of allergy)



Examine each possible solution, looking at the good and bad aspects of each one.

Solution	GOOD	BAD
1	This would speed the process up at the restaurant so it would be less stressful for Tyrone.	Could be stressful and lead to an argument at home. He may still not want to go and forget what we have agreed or decide he doesn't want it.
2	We would get to go out as a family.	He won't eat it and will say we have ordered the wrong thing. There will be a scene in the restaurant.
3	Eating his own food would probably work best, there would be less chance of an argument.	I might be a bit embarrassed.



Pick one solution to try out.

We tried solution 3.



See if it worked. If it worked, great! If it did not work, then go back to your list of solutions and try another one.

We brought Tyrone his favourite Subway to eat at the restaurant. I called ahead of time to make sure that they knew he would be bringing his Subway and they said that was fine as long as we ordered food (which we did). I didn't even lie and say he had a food allergy - I just said he finds restaurants stressful. It was the best time in a restaurant we have ever had with him. It's not ideal but it's OK for now.



MICE  
Mental health Interventions for Children with  
Epilepsy

# Five S-T-E-P-S to Problem Solving



Say what the problem is.

---

---



Think of possible solutions. (Try to think of several here. Don't worry yet whether they are "good" or "bad" solutions.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



Examine each possible solution, looking at the good and bad aspects of each one.

Solution	GOOD	BAD
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____



Pick one solution to try out.

---



See if it worked. If it worked, great! If it did not work, then go back to your list of solutions and try another one.

# **Activity Selection**

---

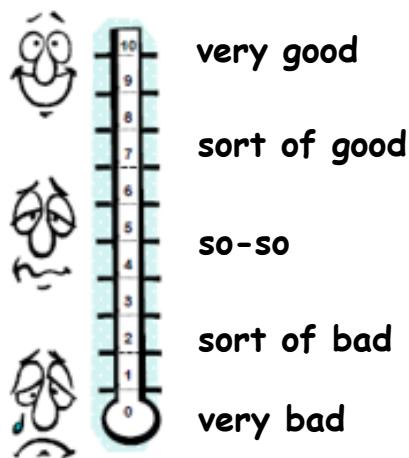
MICE



MICE  
Mental health interventions for Children with  
Epilepsy

# Doing Something Fun to Feel Better

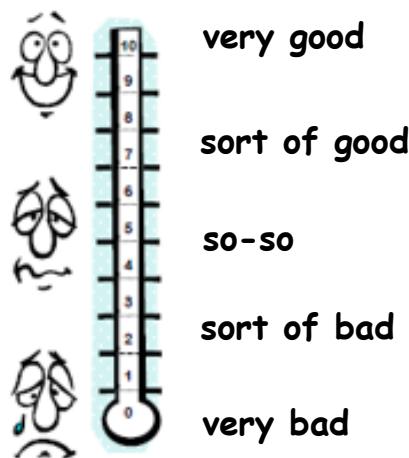
Mood rating after I imagine a bad day:

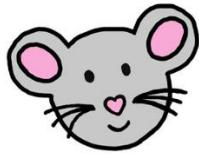


What my therapist and I did for fun:

---

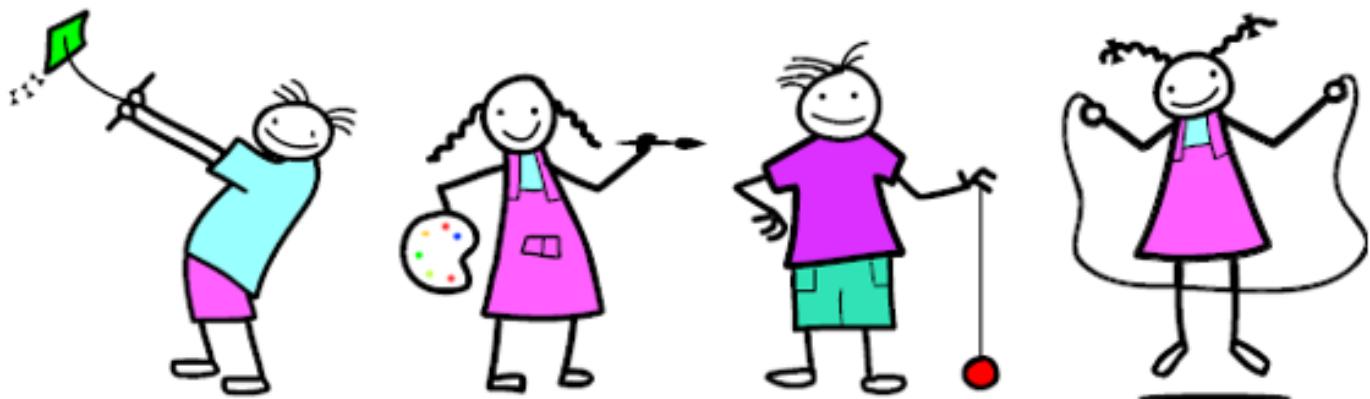
Mood rating after the fun activity:





MICE  
Mental health interventions for Children with  
Epilepsy

# Ten Things I Can Do to Feel Good!



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_



MICE  
Mental health interventions for Children with  
Epilepsy

# Scheduling Time for Fun

Write down one fun activity you can do each day. Write your *Feelings Thermometer* rating before and after each activity.

Day and Plan		How I Felt Before (0-10)	Activity I Did	How I Felt After (0-10)
		 very good sort of good so-so sort of bad very bad		 very good sort of good so-so sort of bad very bad
E X A M P L E	<b>SATURDAY:</b> Play football with my friend after lunch	5	Played football with my friend after lunch	8
	<b>SUNDAY:</b>			
	<b>MONDAY:</b>			
	<b>TUESDAY:</b>			
	<b>WEDNESDAY:</b>			
	<b>THURSDAY:</b>			
	<b>FRIDAY:</b>			
	<b>SATURDAY:</b>			



# Activity Selection

## Activities Can Help Your Child

When children feel sad, down, upset, or cranky, they may withdraw from activities that used to make them feel good. They may feel too tired to do the fun things they once enjoyed, or believe that these activities are now pointless or uninteresting. When this happens, they miss out on opportunities to feel better – just when they need these opportunities most! It will help your child prevent getting stuck in bad moods if he or she will deliberately schedule pleasant activities every single day – making sure that these are activities he or she really enjoys.

## What Kinds of Activities Will Help?

Here are four simple, inexpensive kinds of activities that can lead to good feelings:

1. **Doing activities that we have enjoyed in the past.** For nearly all of us, there are some activities that are almost guaranteed to make us feel better.
2. **Doing things with someone we like.** Activities we do with a friend can make us feel really good. Even something simple, like talking on the phone or eating lunch together at school, may help a lot.
3. **Staying busy by getting involved with a group or club.** Joining a group or a club can help us stay really busy. We may get so involved and so busy that we don't have time to worry about how we feel. Also, the activities we do with our group or club may be fun, too.
4. **Helping someone else.** Helping another person gets our minds on other people, and that can be good for all of us. Knowing that we are helping someone can also give us a good feeling inside.
5. **Meeting people who are in a similar situation.** It can sometimes help to speak to others who are going through a similar thing. 'Contact' ([www.contact.org.uk](http://www.contact.org.uk)) is a charity which connects and links families who have a child with the same condition.

## How You Can Help

When you see that your son or daughter is feeling bad, or sad, or grouchy, you can help him or her to get involved in new activities. Maybe your son or daughter could call up a friend and plan an activity together with that friend. Or maybe you can help think of a club or group (maybe at school or church/temple) that your child could join to stay really busy. And finally, maybe you can help think of something your son or daughter could do to help another person.

Your child has worked with a therapist to write down ten activities that he or she really likes to do – activities that help him or her feel good. Try posting the list in a prominent place in the house, like on the refrigerator door, so that you will easily have good ideas to suggest to your son or daughter.

# **Learning to Relax**

---

MICE

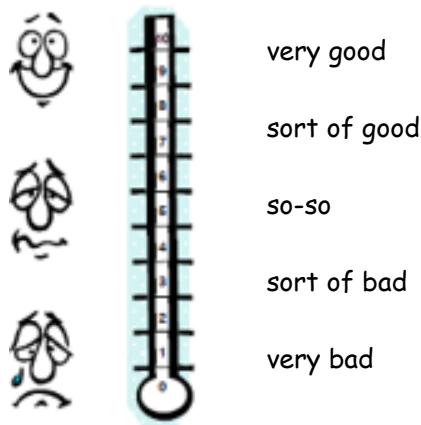


MICE  
Mental health interventions for Children with  
Epilepsy

# Learning to Relax

## How Do You Feel BEFORE Relaxing?

This is how I feel **BEFORE**  
relaxing (when I'm thinking about  
a stressful situation):



This is how I feel physically:

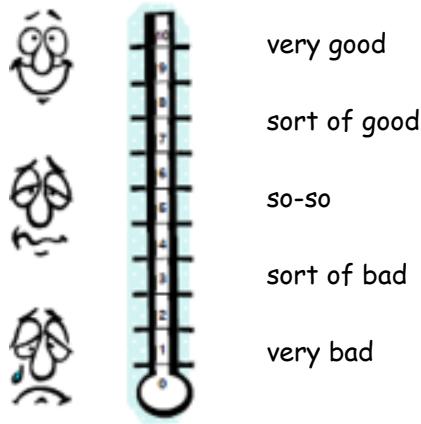
---

---

---

## How Do You Feel AFTER Relaxing?

This is how I feel **AFTER**  
relaxing (when I'm thinking about  
a stressful situation):



This is how I feel physically:

---

---

---

## What's Your Favourite Part of Relaxing?

Which part of relaxing do you like the best? Rank them: #1, #2 and #3!

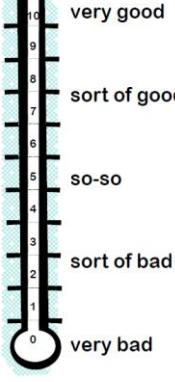
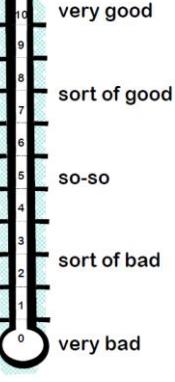
- Breathing out       Stress & Breathing in Calm
- Tensing & Relaxing Muscles
- Imagining a Calm, Relaxing Place



MICE  
Mental health interventions for Children with  
Epilepsy

# Relaxing at Home

Practise relaxing **twice** this week by using your relaxation audio file/YouTube link. Write down the situation that made you tense, your **Feelings Thermometer** rating when you were tense, and your **Feelings Thermometer** rating after you did the calming activity.

Situation that Made Me Feel Tense	How I Felt Before Relaxing (0-10)	How I Felt After Relaxing (0-10)
	<p>How I Felt Before Relaxing (0-10)</p>  <p>very good sort of good so-so sort of bad very bad</p>	<p>How I Felt After Relaxing (0-10)</p>  <p>very good sort of good so-so sort of bad very bad</p>
<b>Situation 1:</b>		
<b>Situation 2:</b>		



# Self-Calming Through Relaxation

## How Can Relaxation Help My Child?

When children feel sad, worried, or upset, they may feel tense or agitated in their bodies. One way to help children change the way they feel emotionally is to help them change the way they feel physically. Relaxation training can improve mood because children are more positive and calm when they feel physically relaxed.



## What Can My Child Do to Relax?

Alone or guided by instruction on the audio file provided by the therapist, your child can relax in three ways: 1) by taking deep, slow breaths, 2) by tensing and relaxing various muscles, and 3) by using his or her imagination to think about a peaceful scene. With practice, your child can learn to relax when he or she is feeling bad or after an upsetting event that has happened. This kind of self-calming through relaxation is a skill that can be used almost anywhere at any time!

1. **Deep, Slow Breathing.** Your child can take deep breaths – “breathing out stress, and breathing in calm.”
2. **Deep Muscle Relaxation.** Your child can tense and relax various muscle groups (hands, arms, shoulders, etc.) until most of the muscles in his or her body are relaxed.
3. **Picturing a Peaceful Scene.** Your child can imagine a calm, peaceful scene and hold that picture in mind while relaxing.

## How Can I Help?

Learning to relax requires lots of practice! The first thing you can do is try to help your son or daughter find a quiet time and place to practise relaxation at home. If there are siblings, your child might choose to have them

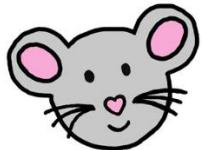
join in the practice, or he or she might need to find a private place and/or use headphones to practise relaxing alone with the recording. Second, when you see that your child is feeling bad, worried or tense, you can encourage him or her to practise using the relaxation skills – with or without the recording. Finally, if you use relaxation skills in your own life, you might talk with your son or daughter about how relaxation skills help you calm down and feel better in certain situations (as a simple example, maybe it helps you to just take 3 deep breaths when you have to wait in a long line at the supermarket or you are late for an appointment).



# **Quick Calming**

---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# My Relaxing Place

My relaxing place is \_\_\_\_\_

What I see:



What I smell:



What I feel/touch:

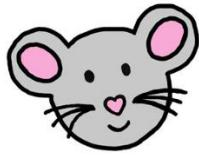


What I hear:



What I taste:





MICE  
Mental health interventions for Children with  
Epilepsy

# Quick Calming Practice

Learning to make our bodies relax is a good way to keep from feeling too nervous, upset, or tense. **Quick Calming** involves relaxing our tense muscles, taking deep breaths and exhaling slowly, and thinking of a peaceful place. Quick Calming can be used anywhere. It is especially good to use when other people are around, like before a test, or when you've been caught off-guard by a situation that makes you tense.



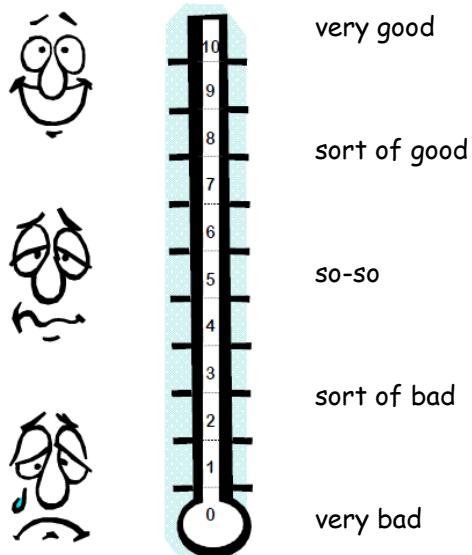
## Practice Instructions

One day this week, practise Quick Calming using the following steps:

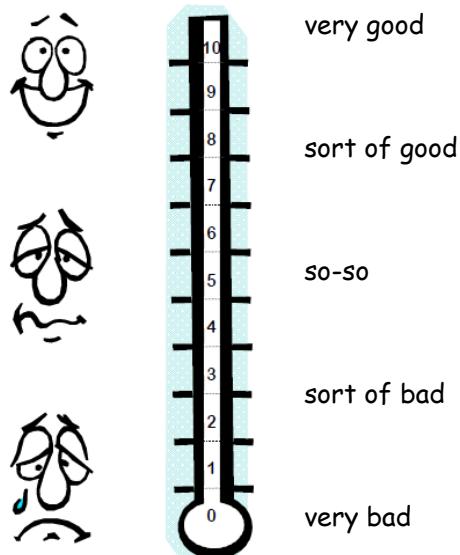
1. Find a time when you are in a public place, such as sitting on the bus, in your classroom at school, or in a waiting room.
2. Use the **Feelings Thermometer** to show how you feel before you start using Quick Calming.
3. Do the three steps of Quick Calming (they spell **ReST**):
  - **Relax** your muscles
    - Relax the muscles, especially those that feel most tense
  - **Slow** your breathing
    - Take slow, deep breaths and exhale slowly each time
  - **Think** of a peaceful place
    - Picture a peaceful place and imagine that you're relaxing there
4. Use the Feelings Thermometer to show how you feel after you used Quick Calming

Day of the week: \_\_\_\_\_

How I felt before Quick Calming



How I felt after Quick Calming





## Quick Calming

When children feel sad, worried, or upset, they may feel tense and agitated in their bodies. One way to help children change the way they feel emotionally is to help them change the way they feel physically. Relaxation training can improve mood because children are more positive and calm when they feel physically relaxed.

One kind of relaxation your child can use is called Quick Calming. This is a way to calm down in public when it's hard to find a private spot, when time is short, or when your child is caught off-guard by a stressful situation. With practice, your son or daughter can learn to use Quick Calming to feel more relaxed and calm in a variety of situations. There are three steps in Quick Calming (they spell **ReST**):



### **R**elex your muscles.

Focus especially on the muscles that feel most tense.



### **S**low your breathing.

Take slow, deep breaths and exhale slowly each time.



### **T**hink of a peaceful place.

Picture a peaceful place and imagine that you're relaxing there.

## How Can I Help?

When you see that your child is feeling bad, worried or upset in public or when time is short, encourage him or her to use the Quick Calming skill. Situations when Quick Calming may be useful include (1) waiting for a performance or test to begin, (2) after an argument with a friend at school, and (3) learning at the last minute that weekend plans have been cancelled. Your reminders will help your son or daughter remember that there is a good way to calm down quickly when something bad has happened or when feelings of stress and tension have come up quickly.

# **Presenting a Positive Self**

---

MICE



# My Negative Self and My Positive Self

What are the things you do to show the world that you are in a good or a bad mood? Make a list below of the ways you show your **Negative Self** and your **Positive Self**.

	<b>Negative Self</b>	<b>Positive Self</b>
<b>How I Look</b> (eye contact, posture, dress)	1.  2.	1.  2.
<b>How I Act</b> (how do I behave?)	1.  2.	1.  2.
<b>What I Say</b> (about myself, others, the world)	1.  2.	1.  2.



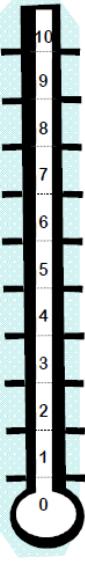
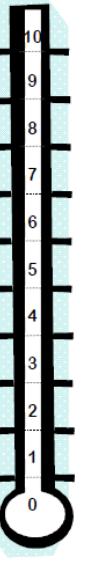
# Practising My Positive Self

Pick a person, place, and time to try out your positive self!

The person I picked is: \_\_\_\_\_

The place I picked is: \_\_\_\_\_

The time I picked is: \_\_\_\_\_

Before	After
     very good sort of good so-so sort of bad very bad	     very good sort of good so-so sort of bad very bad
My rating is: _____	My rating is: _____
How My Face and Body Will Look	Did I Do It?
1.	No      A Little      A Lot
2.	No      A Little      A Lot
How I Will Act and Talk	Did I Do It?
1.	No      A Little      A Lot
2.	No      A Little      A Lot
Things I Will Say	Did I Do It?
1.	No      A Little      A Lot
2.	No      A Little      A Lot



# Presenting a Positive Self

## How Can Presenting a Positive Self Help My Child?

Presenting ourselves in a positive, optimistic way can improve our mood and improve our social relationships. When children feel sad, down, or worried, they may have a hard time presenting themselves in a positive way. This can cause other people to feel uncomfortable and respond in a way that only makes things worse! Fortunately, presenting a **Positive Self** is a skill that can be learned – just like sports or maths.

There is an important connection between self-presentation, mood and relationships. Specifically:

- If we present a negative, gloomy self to the world it can make us feel bad, and it can also make other people uncomfortable around us and less likely to spend time with us.
- Showing a **Positive Self** to the world can make us feel better, and it can also make other people more comfortable with us, and more likely to spend time with us.



## How Can My Child Present a Positive Self?

Showing a **Positive Self** is a skill, like sports, dancing, or maths. It involves specific kinds of behaviour that people can **practise**, and **get better at when they do practice**.

Your son or daughter is working with the therapist to identify several specific behaviours he or she uses to show a negative self and to show a positive self. These behaviours generally fall into three categories:

- How your child looks (e.g., how his or her face looks, how his or her body looks)
- How your child acts (e.g., toward family, toward other kids)
- What your child says (e.g., about him- or herself and his or her activities, about other people, about the future).

## How Can I Help?

When you notice that your son or daughter is showing a **negative self** – being sad or grouchy or gloomy – you can remind him or her to try to show a **Positive Self**. Remind your child that **showing a Positive Self helps us feel good about ourselves, and it can make other people want to spend time with us**. You could also remind your son or daughter about some of the specific things he or she can do to show a **Positive Self**.

# **Cognitive Coping - BLUE**

---

MICE



# Changing B-L-U-E Thoughts

B-L-U-E thoughts are thoughts that are too negative to be true. B-L-U-E thoughts make us feel bad.

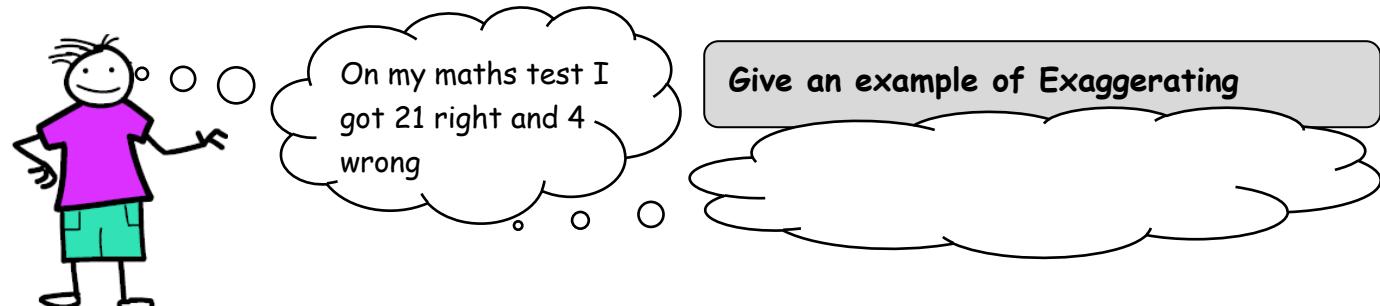
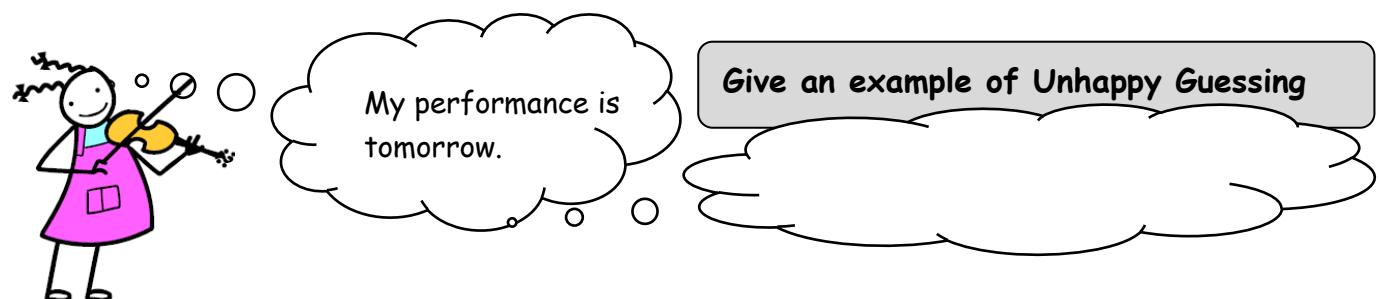
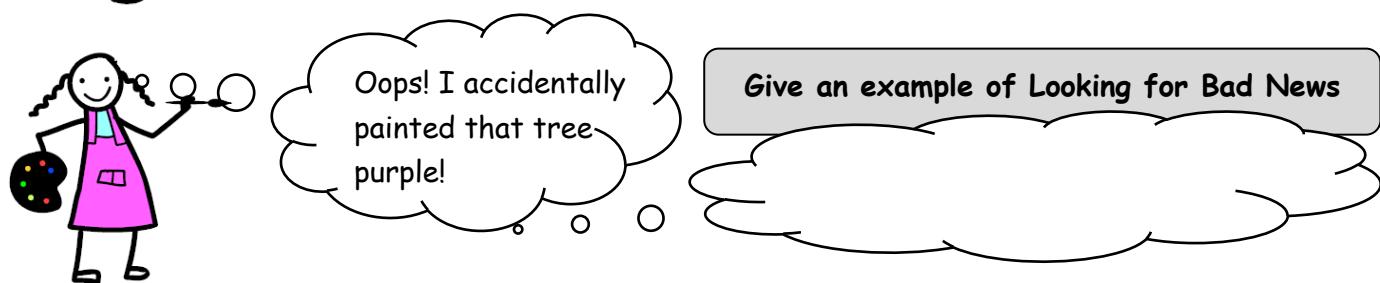
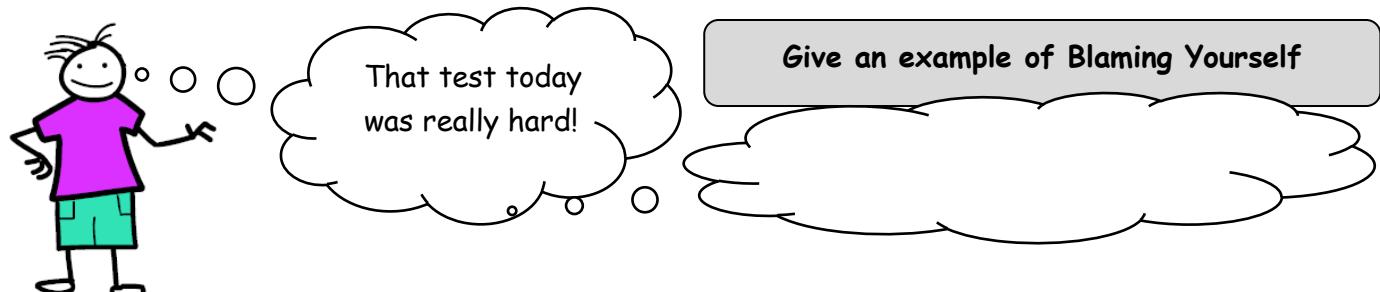
**B** laming myself

**L**ooking for bad news

**U**nhappy guessing

**E**xaggerating

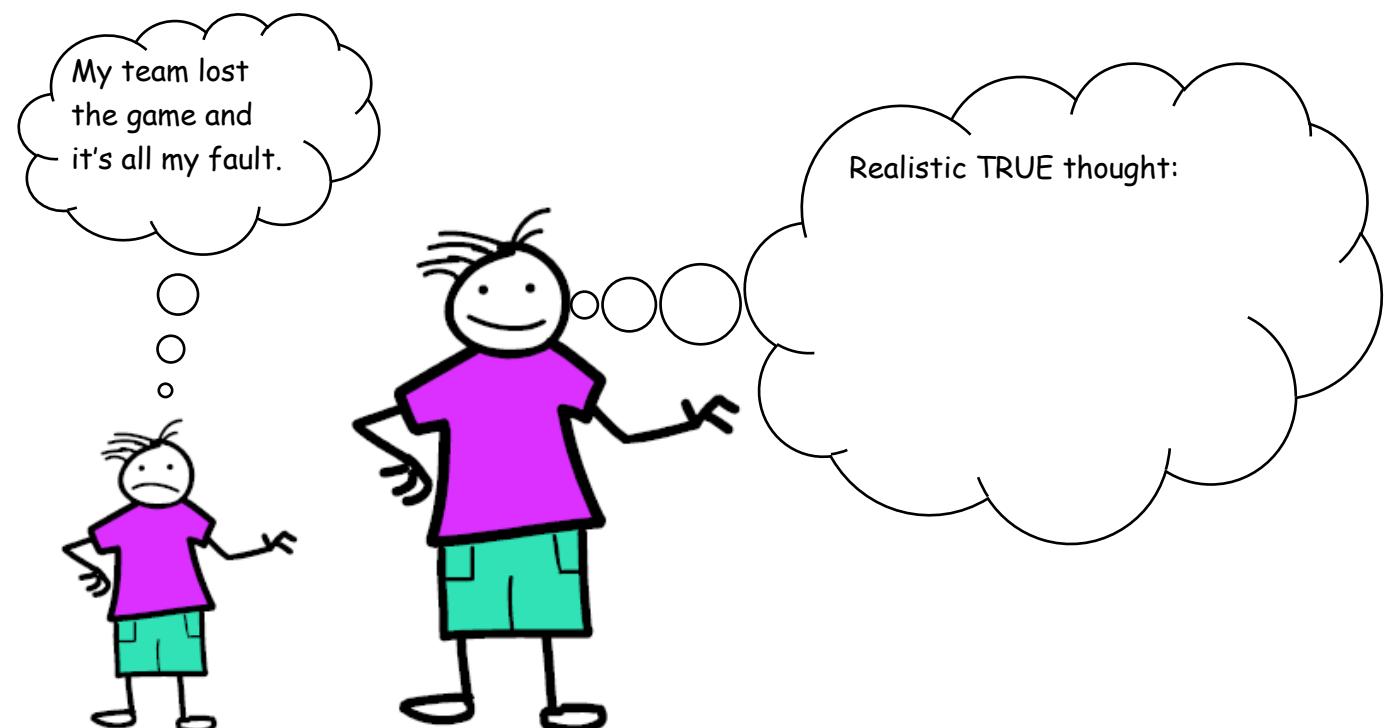
Come up with some B-L-U-E thoughts for the examples below.

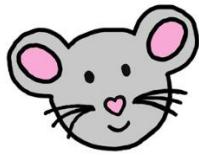


# Double Bubbles

What we think can change the way we feel. Practise changing unrealistic **B-L-U-E** thoughts to more realistic **TRUE** thoughts. Remember to ask yourself the following questions.

- **What's the evidence?**
- **Is there another way to look at the situation?**
- **What would you tell a friend who had this thought?**
- **What if it is true - would that really be so bad?**





MICE  
Mental health interventions for Children with  
Epilepsy

# Double Bubbles on My Own

Think of a situation from your own life when you had a **B-L-U-E** thought. Examine the evidence to see if the thought is realistic. Try to come up with a more realistic **TRUE** thought, and see whether it changes your feelings thermometer! Remember to ask yourself the following questions:

- **What's the evidence?**
- **Is there another way to look at the situation?**
- **What would you tell a friend who had this thought?**
- **What if it is true - would that really be so bad?**

What was the situation?

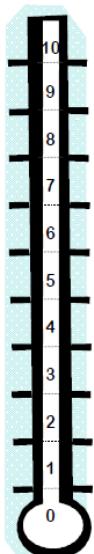
---

---

Your B-L-U-E thought:

A more realistic TRUE thought:

This thought made me feel....



very good

sort of good

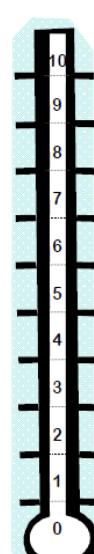
so-so

sort of bad

very bad



This thought made me feel....



very good

sort of good

so-so

sort of bad

very bad





# Changing B-L-U-E Thoughts

## Why Are Thoughts Important?

The things that we think about ourselves, others, and the world have a big impact on the way we feel. Some children have a tendency to think negative thoughts in response to situations that may be challenging. For example, these children might think, “I’m not good at maths” when they struggle with their homework, or “Nothing ever works out for me” when they don’t get invited to a party or make a sports team. These negative thoughts make children feel even worse, and sometimes feel like giving up. It is useful to consider the clues that support or don’t support these negative thoughts. Changing overly negative thoughts (BLUE thoughts) into thoughts that are more realistic (TRUE thoughts) can improve your child’s mood and help him or her view the world in a different way.

There are four kinds of negative thoughts to look out for, which spell out the word “B-L-U-E”:



### B laming myself

Assuming that bad things are all your fault

### L ooking for the bad news

Ignoring the good things about a situation

### U nhappy guessing

Telling yourself bad things will come true

### E xaggerating

Imagining a disaster or making something seem worse than it is

## How Can I Help My Child Change B-L-U-E Thoughts?

When you notice that he or she is having negative or B-L-U-E thoughts, encourage your child to be like a detective and answer the following questions:

- What’s the evidence that this thought is true?
- Is there another way to look at the situation?
- What would I tell a friend?
- What if it is true – would that really be so bad?

Then help your child come up with a more realistic, TRUE thought!



## **Cognitive Coping - TLC**

---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# Coping Through TLC

When something bad has happened, TLC strategies can help you cope. T is for “Talk to a friend.” It is important to think of friends you can talk to when something has gone wrong, or you are feeling down. That way, you’ll know you’re not alone. L is for “Look for the silver lining.” Sometimes good things can come from bad situations. C is for “Change the channel.” That means thinking about things that make you feel good instead of about things that make you feel bad.

**T alk to a friend**

**L ook for the silver lining**

**C hange the channel**

**Talk to a Friend**

List some people you can talk to when something bad has happened. It could be friends or family members.

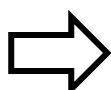


1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

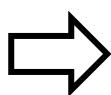
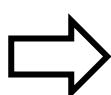
# **Look for the Silver Lining**

Every dark cloud has a silver lining. Even though it seems strange, a good thing can come from a bad situation. Try thinking of some silver linings for the situations below.

**Because of this bad situation:**



**I got this silver lining:**



# Change the Channel

When something bad happens, you'll feel bad if you just keep replaying it over and over again in your head. To stop thinking about things that make you feel bad, you need to get your mind on something else. In other words, you need to *change channels*. Below, list some ways that you can change channels.



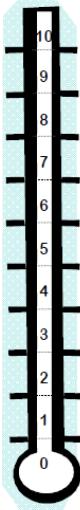
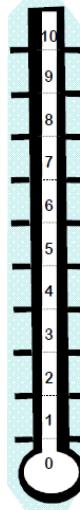
## Things I can do to change channels:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# Try TLC on Your Own

Next time something happens that puts you in a bad mood, USE TLC!

Situation that made me feel bad: \_\_\_\_\_

Before		After	
  	 My rating is: _____	 My rating is: _____	
What kind of skill I will try	What I did or thought		
<b>Talk to a friend.</b> Thinking things over with someone who could help me feel better.			
<b>Look for the silver lining.</b> Finding a good thing caused by a bad situation.			
<b>Change channels.</b> Doing something to take my mind off the bad stuff.			



# Using T-L-C When Bad Things Happen

## How Can My Child Cope When Something Bad Happens?

Sometimes children face bad situations that they can't change – like when a good friend moves away or their seizures getting worse. Even when a bad situation can't be changed, children may still be able to control how the situation affects them – especially how they feel in response to the situation. There are three good things your son or daughter can do to control his or her feelings when bad things happen. These three things spell out **T-L-C**.



### Talk to a Friend

One great approach is to talk to a friend about the situation. A friend may have a different perspective or good advice, or maybe it will help just to have the friend listen and understand.



### Look for the Silver Lining

It really is true that most dark clouds have a silver lining. When bad things happen, there is often a good thing that comes out of them. If a good friend moves away, this friend might become a great email pen pal – and someone to visit during holidays. Or maybe this frees up more time to spend with another kid who could become a new friend.



### Change the Channel

Finally, when unhappy thoughts keep replaying over and over in your child's mind, it can be useful for him or her to get really involved in doing something completely different. This can help distract your child from thinking about a situation that can't really be changed.

## How Can I Help?

When you know that something bad has happened, something that is making your son or daughter feel bad, take a look at the list of **TLC** skills, and encourage your son or daughter to try one of these three things. This may help him or her get better control over emotions and feel more upbeat. It might also be helpful to ask your child to give a *Feelings Thermometer* rating before the activity and after the activity.

# **Plans for Coping**

---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# My Favourite Skills for Feeling Good

You have learned several new skills to help you feel better when you feel mad, sad, upset or down. Because everyone is different, some skills may help you more than others. Which skills are the most reliable tools in your “toolbox”? When would you use these tools?



## My Favourite Skills Are:

1. \_\_\_\_\_

Example: \_\_\_\_\_

When I can use this skill \_\_\_\_\_



## My Favourite Skills Are:

2. \_\_\_\_\_

Example: \_\_\_\_\_

When I can use this skill \_\_\_\_\_



## My Favourite Skills Are:

3. \_\_\_\_\_

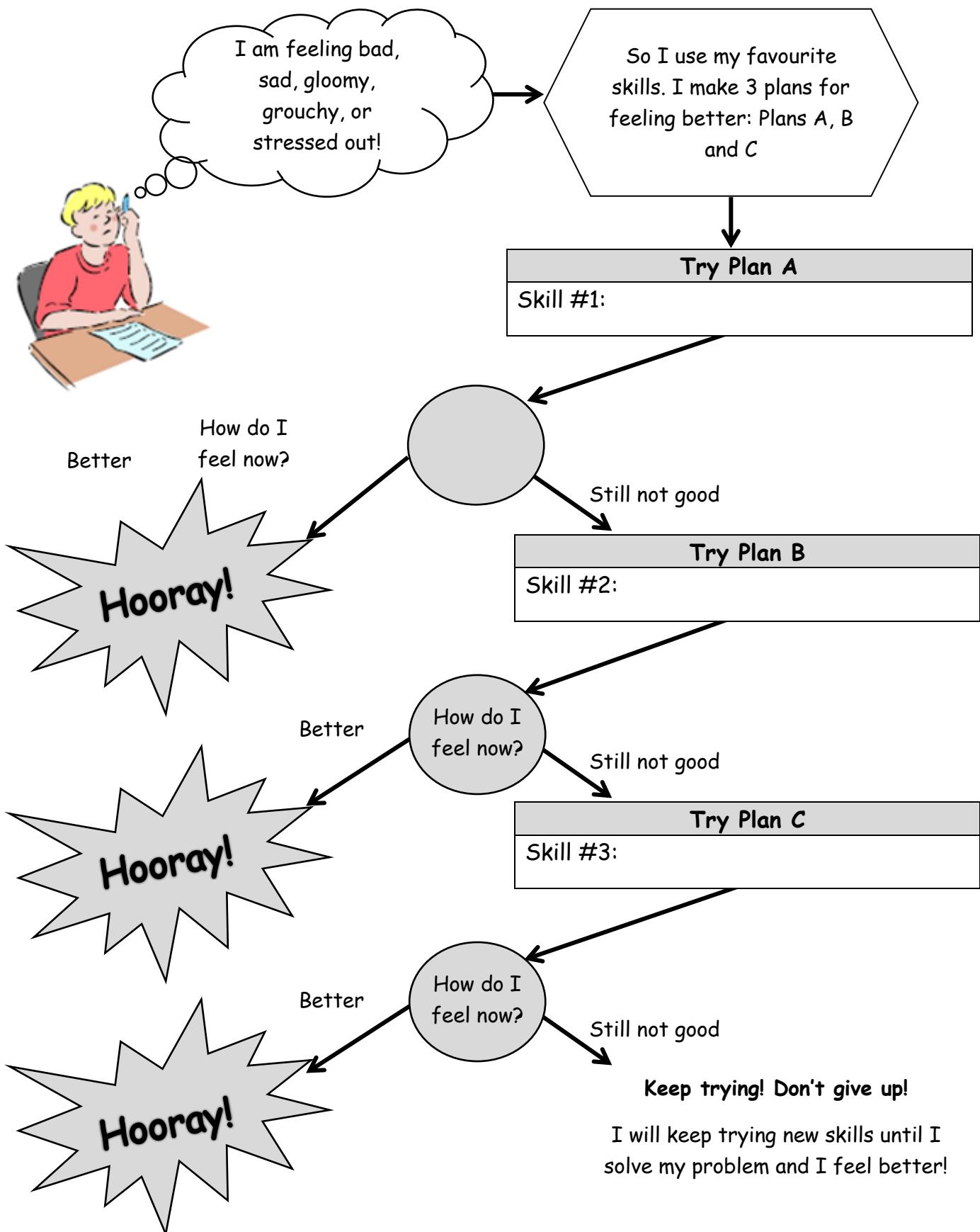
Example: \_\_\_\_\_

When I can use this skill \_\_\_\_\_



MICE  
Mental health Interventions for Children with  
Epilepsy

# Following My Plans





MICE  
Mental health Interventions for Children with  
Epilepsy

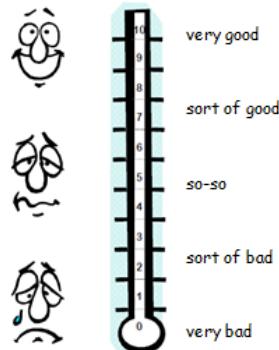
# Practising My New Skills

When you feel bad, try using the skills you have learned. Write a skill for Plan A, Plan B, and Plan C below. Then write how you think it will help. After you try each one, write down that you did it and give a **Feelings Thermometer** rating. Remember: don't give up – keep trying until you feel better!

What's making me feel bad: \_\_\_\_\_

My **Feelings Thermometer** rating right now: \_\_\_\_\_

What I would like my rating to be: \_\_\_\_\_



New Skill I Will Try	How It Will Help	How Did It Go?
Plan A:		Did I try <b>Plan A?</b> Yes No  My rating after <b>Plan A:</b> _____  Am I done trying? Yes No
Plan B:		Did I try <b>Plan B?</b> Yes No  My rating after <b>Plan B:</b> _____  Am I done trying? Yes No
Plan C:		Did I try <b>Plan C?</b> Yes No  My rating after <b>Plan C:</b> _____  Am I done trying? Yes No



## Plans for Coping

### Why Children Need a Backup Plan

When children feel bad or sad, it is easy for them to feel helpless and to believe that the situation is hopeless. Sometimes, when something happens that makes kids feel bad, they may have to try two or three coping strategies - and keep trying - before they feel better. Complicated situations can't be changed right away, and bad moods don't go away in an instant, so it is important for kids to keep trying different solutions until they find the right combination of coping skills to make them feel better.

Your child has been working to identify his or her three favourite coping skills to use when he or she feels bad. Using only one of these skills may not be enough to solve a challenging problem or to turn bad feelings into good feelings. So, it's important for your child to try all three of his or her favourite skills – Plan A, Plan B, and Plan C – whenever he or she is trying to solve a problem and feel better. Your child should keep trying these plans one at a time until the problem is solved and he or she feels better. In other words, if Plan A fails, your child will move to Plan B, and then to Plan C, and keep trying until he or she feels better!



### How Can I Help?

For some children who face problems and begin to feel bad, it can be hard to try even one coping plan, and it can be tempting just to give up if the first plan doesn't work. You can help your child by learning what his or her three favourite coping skills are and then making sure that he or she uses those skills, rather than giving up too soon. When your child is feeling bad, encourage him or her to try his or her favourite coping skill – that is, Plan A. Make sure that he or she has really given Plan A a good try. If Plan A doesn't solve the problem and your child still feels bad, then encourage your child to try Plan B, and then Plan C, if necessary. The basic idea is not to give up, but instead to keep trying until some progress has been made and your child feels at least somewhat better.



## **One-on-One or ‘Special’ Time**

---

MICE



# One-on-One or ‘Special’ Time

## Getting Started

1. You can either schedule a regular time together each day, or just try to find a time each day when your child seems to be enjoying a play activity alone. If scheduling one-on-one time, start by asking your child what he or she would like to do together. If one-on-one time is unscheduled, wait until you notice your child playing in a positive way.
2. Next, join in the child’s play. Do not try to do one-on-one time when you are upset, busy with someone else, or planning to leave the house soon for an errand or trip, as your mind will be preoccupied, and the quality of your attention to your child will be poor.
3. No other children should be involved in one-on-one time. If you have other children in your family, either have another caregiver look after these children while you play with your child or choose a time when the other children are not likely to disturb your one-on-one time with this child.
4. Relax! Casually watch what your child is doing for a few minutes, and then start some positive interactions (see **What to Do**, below) when your child seems to have noticed you and seems open to your attention. The main idea is to have fun with your child.



## What to Do

1. After watching your child’s play, begin to describe out loud what your child is doing. In other words, narrate your child’s play in a way that shows your child that you find his or her play interesting. You can think of yourself almost as a sports commentator describing a rugby or football game over the radio. Try to make your tone of voice exciting and action-oriented, not dull or flat.
2. Now and then, you can also provide your child with positive statements of praise, approval, or positive feedback about what you like about his or her play. Be accurate and honest, not excessively flattering. For instance, you might make comments like “I like it when we play quietly like this,” or “I really enjoy our one-on-one/special time together,” or “Look how nicely you’ve built that!” Try to be very specific about what you like.
3. Try to be as immediate as possible with your approval when you notice something good.
4. If your child begins to misbehave, simply turn away and look elsewhere for a few moments. If the misbehaviour continues, then calmly tell your child that one-on-one time is over and leave the room. Tell your child you will play with him or her later when he or she can behave nicely. If the child becomes extremely disruptive, destructive, or abusive during play, use the other skills that you would typically use at those times.

## What Not to Do

**Don't** ask questions. **Don't** give instructions. **Don't** criticise.

One-on-one time is not the time to teach your child anything new, like how to build something higher or draw something better. If you just pay attention and provide a lot of description or praise, your child will be learning a lot. It is never a good idea to give backhanded compliments like, “I see that you coloured inside the lines. Why can’t you do that more often?”

## Sticking with It

This skill is easy to read about, but it is not always easy to do, especially at first. Many parents make mistakes during the first few playtimes, usually by giving too many instructions, asking too many questions, or not making enough positive comments to the child. Don’t worry about making such mistakes. Just try again the next time.

If possible, each parent should spend 15 minutes with the child in one-on-one time. During the first week, try to do this every day or at least 5 times a week. This may sound like a lot, but it will get the best results and be the most rewarding in the long run. After the first week, try to have one-on-one time at least 3 to 4 times each week. You may want to spend one-on-one time with the other children in your family once you feel things are going well with this child. One-on-one time should become a part of your natural routine – you shouldn’t ever have to stop once you start doing this together, and over time, you probably won’t want to.

### Example activities

**Arts and crafts, drawing, Lego, Play-Doh, hoovering, painting nails, Frisbee, bat and ball, catch, video games (with careful consideration!), puzzles, Jigsaw, baking, cooking, hair/makeup, YouTube videos, dancing, dolls/action figures, Snapchat filters**

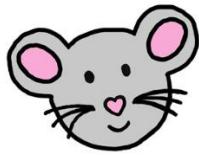
## Examples of Ways to Show Approval

### NONVERBAL

Hug  
Pat on the head or shoulder  
Affectionate rubbing of hair  
Placing arm around child  
Smiling  
Giving a “thumbs-up” sign  
A wink  
High five  
Text a smiley face/emoji

### VERBAL

“I like it when you...”  
“It’s nice when you...”  
“That was terrific the way you...”  
“Well done!”  
“Nice going!”  
“Terrific!”  
“Super!”  
“Fantastic!”  
“Wow, I never knew you could do that!”  
“Beautiful!”  
“Wow!”  
“What a nice thing to do.”  
“You did that all by yourself. Way to go!”  
“I am very proud of you when you...”  
“I always enjoy it when we... like this”



MICE  
Mental health interventions for Children with  
Epilepsy

# Checklist of Strategies

Strategy	Was it used?						
	MON	TUE	WED	THUR	FRI	SAT	SUN
1-1 time							
Praise							
Active Ignoring							
Effective Instructions							
Rewards							
Time out							
Making a Plan							

# Praise

---

MICE



# Praise

It is important to provide approval to your child as soon as he or she follows an instruction or request. If you consistently show approval for follow-through, your child will be more likely to follow instructions or requests in the future.



## What to Do

1. **Offer immediate praise.** As soon as you give an instruction or request and your child begins to comply, immediately praise the child, using phrases such as:

*"I like it when you do as I ask."*  
*"It's nice when you do as I say."*  
*"Thanks for doing what mum asked."*  
*"Look at how nicely (quickly, neatly, etc.) you are doing that."*  
*"Good boy/girl for doing..."*

Feel free to use any other statement that specifically says you appreciate that your child is doing what you asked.

2. **Offer consistent praise.** Begin to use positive attention for virtually every instruction you give your child that he or she follows.
3. **Be alert for especially good behaviour.** If you should find your child has done a job or a chore or just something nice without specifically being told to do so, this is the time to provide especially positive praise to your child. You may even wish to provide your child with a small privilege for having done this, which will help your child remember and follow household rules without always being told to do so.
4. **Identify instructions that need extra work.** This week you should choose two or three instructions your child follows inconsistently. You should make a special effort to praise and attend to your child whenever he or she begins to comply with these particular instructions.

### HINT

After you give an instruction, don't just walk away. Instead, stay and attend to what your child is doing, offering immediate and appropriate praise for follow-through. Once you have praised your child, if you must, you can leave for a few moments, but be sure to return frequently to praise your child's good work.

# **Active Ignoring**

---

MICE



# Active Ignoring

## What Is Active Ignoring?

Sometimes kids do things to get attention, to get out of doing things they don't like, or even just to get their parents upset. "Active ignoring" means purposely not paying attention to these kinds of behaviours in order to make them go away. Active ignoring can quickly stop many types of problem behaviours as children learn that they are ignored following the behaviour. Active ignoring is the consequence of problem behaviour. It does not cause any emotional harm to your child, and it also can help parents feel less angry and upset with their children. It is easy to learn, and with a little practice, it becomes easy to use.



### Use active ignoring for:

Fussiness  
Complaining  
Pouting  
Grumpiness  
Talking back  
Making noises  
Mild arguing  
Whining  
Asking the same question over and over  
Repeating things  
Doing things to get your attention

### Don't use active ignoring for:

Hitting, slapping, or pinching  
Throwing or breaking things  
Being mean to animals or people  
Disobeying an instruction  
Swearing  
Doing dangerous things  
Threatening others  
Getting a bad grade  
Forgetting to do chores or homework  
Being afraid or shy  
Wanting to be alone  
Situations where there is a risk of seizure or other danger



## Getting Ready



Pick a behaviour you'd like to get rid of. Check the lists above to make sure it is the right kind of behaviour for active ignoring.

**From now on, I will ignore my child when:**



Pick some behaviours you'd like to see instead of the problem behaviour. These could be things like asking politely, getting along with a sibling, sitting still at the dinner table, or accepting a decision.

**From now on, I will try to pay attention and use praise, when my child:**



Think of ways to praise your child for demonstrating the behaviours you want to see. There are a lot of things you can do or say to praise your child.

**Here is an example of something I could say or do to let my child know I like what he or she is doing:**



Pick a time to tell your child and family about active ignoring. Try to choose a time when everything is going well and everybody is calm. Make sure your child understands that you still care about him or her, but that some behaviours will get your attention and others simply will not. Explain that this will be a new rule for living in your family. It is not something the child can argue about, and it is meant to help everyone feel better and have more fun when you are together.

**Here is when I plan to explain active ignoring to my family:**

## What to Do

When the problem behaviour happens:

1

**Ignore it.** Look the other way or find some other way not to pay attention – such as reading a newspaper. You might find it helpful just to quietly leave the room.

2

**Don't explain.** Don't argue, scold, or even talk with your child while he or she is misbehaving. You already explained active ignoring before. Now is the time to put it into practice.

3

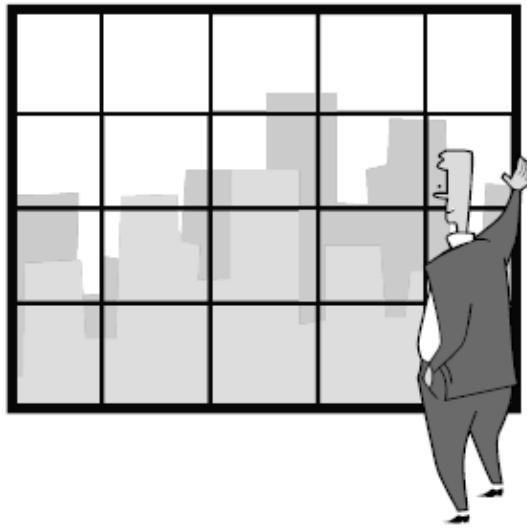
**Try not to look upset.** Instead, try to keep busy with something like TV, a book, or cooking to help hide your reaction.

4

**Catch your child being good.** This is the “active” part of active ignoring. As soon as the bad behaviour stops, pay attention right away. Show that you are interested by looking at your child, talking, and praising. If the problem behaviour starts again, go back to ignoring.

5

**Stick with it.** It's important to be consistent, even if things get worse at first. When your child can't get your attention, he or she might not give up right away, but instead might try even harder. This is normal, and it is a sign that active ignoring is working correctly. It means your child understands what you're doing and that it's starting to have an effect. Now is the time to stand your ground.



# Help! Active Ignoring Isn't Working!

**PROBLEM:** Things are getting worse instead of better.

**TRY THIS:** Make sure you're ignoring the behaviour the whole time. If you ignore a behaviour for a little while but eventually give in or get angry, you've accidentally taught your child that the only way to get your attention is to behave even worse than before. So, once you decide to ignore a behaviour, stick with it.

**PROBLEM:** Active ignoring is frustrating!

**TRY THIS:** Sometimes it can be very difficult to keep your cool when your child is whining, pouting, or engaging in other unpleasant behaviours. Try to stay focused on the long term goal. Remember that the more you dislike what your child is doing, the more it's worth getting rid of the behaviour. As long as you're sure your child is safe, it might be helpful to leave the room.

**PROBLEM:** My child screams and cries.

**TRY THIS:** Even though it's difficult, you can ignore this behaviour, too. Just make sure your child isn't harming himself/herself or others.

**PROBLEM:** My child is becoming aggressive.

**TRY THIS:** If your child hits, slaps, throws things, or is going to hurt him- or herself or someone else, it may be time to try other tools, such as "time out." If you don't use "time out" – or even if you just want to double-check that you're using it in the most effective way – be sure to ask for help.

**PROBLEM:** Now that I'm using active ignoring, my child is always angry with me.

**TRY THIS:** Make sure that you are only ignoring the unwanted behaviour. If your child is angry, it may be because you've started ignoring him or her all the time, not just when he or she misbehaves. Remember to give your child lots of praise and attention when he or she is good. Ignore only the problem behaviours, not the whole child!

**PROBLEM:** Other people in my household aren't helping me.

**TRY THIS:** Talk to your family about this at a time when things are calm. Explain that everyone has to work together and follow the same rules or the problem behaviours won't improve. In fact, they might even get worse.



# **Giving Effective Instructions**

---

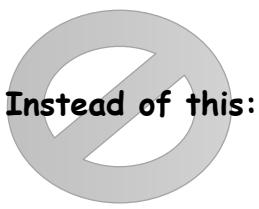
MICE



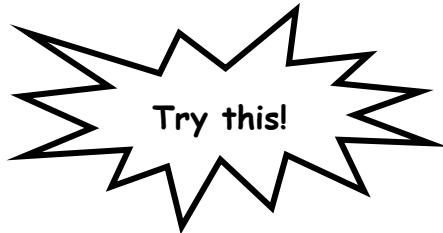
# Giving Effective Instructions

In our work with many children, we have noticed that if parents simply change the way they give instructions, they can often achieve significant improvements in the child's behaviour.

## What to say



Instead of this:



### Avoid "Let's" Instructions

"Let's clean up your room." → "Please clean up your room."

"Let's get out your homework." → "Please get out your homework."



### Don't Ask Questions

"Can you get dressed for school?" → "Please get dressed for school."

"Could you pick up your dishes?" → "Please put your dishes in the sink."



### Be Specific

"Behave when you're at the table." → "Please eat quietly at the table."

"Try to be good today." → "Please listen to your teacher at school today."

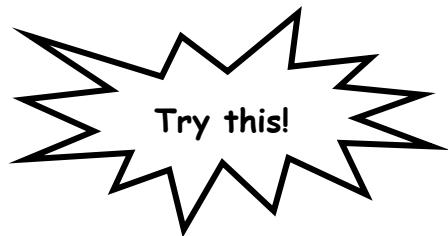
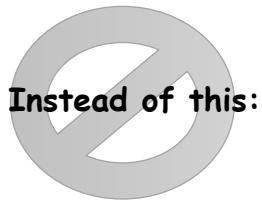


### Avoid Lists

"Get up and get dressed, brush your teeth, and get your things ready for school." → "Please get up out of bed now."  
*(then wait before giving other instructions)*

"Get your homework finished and get all your chores done tonight." → "Please get out your homework and a pencil."  
*(then wait before giving other instructions)*

## How to Say It



### Get Your Child's Attention First

Giving an instruction from across the room. → Going close and getting eye contact.



### Reduce Distractions

Having lots of people talking or things going on. → Making sure there are few distractions.



### Prepare Your Child for Transitions

Saying, "Turn off the TV and brush your teeth." → Saying, "In 5 minutes, you need to turn off the TV and brush your teeth."



### Use the Right Tone

Using an angry or demanding voice. → Using a calm and even voice.



### Be Clear

Giving a complicated instruction. → Giving the instruction, then asking for it to be repeated back to you.

Do not explain why you are giving the instruction - keep it short and sweet - give the instruction and praise the behaviour when your child responds positively.

# Rewards

---

MICE



# Rewards

## What Are Rewards?

A reward is something you give your child for doing something you want him or her to do. Rewards make your child more likely to show that same behaviour in the future. At the same time rewards increase good behaviours, they can also help to get rid of bad behaviours. A child who is busy trying to do things will have less time to do bad things. When things aren't going well, rewards can often quickly increase the good behaviour you see from your child. Rewards also help parents and children feel less angry and upset.

### Rewards can help your child learn to:

- Be on time
- Be polite
- Share
- Do homework
- Come home on time
- Remember important things
- Do chores
- Go to bed on time
- Do anything else you think is important

A reward doesn't have to cost money. It can be as simple as a smile, a hug, or a special treat like watching TV or playing a game with you. Rewards can be used with children as young as infants, but they can also be used with teenagers and even adults. The type of reward will depend on the age of the child. Choosing a reward that is important to your child will help motivate your child to work hard and earn it.

### Ideas for possible rewards

- Bike ride in the park
- Hot chocolate
- Nails painted
- Chocolate
- Extra 15 minutes on the iPad
- Movie night at home
- Choose what we have for dinner
- To stay up 10 minutes later
- Sleepover



## Getting Ready



Pick a behaviour you'd like to see more often. Make sure it's very specific, like "put these dirty clothes in the hamper."

**Here is a behaviour I'd like to see more often:**



Make a list of rewards. Think of as many as you can. They don't have to be big or expensive. Some of the best rewards don't cost anything. For example, maybe your child would like to play a special game with you or watch an extra TV programme.

**Here is an example of a small reward my child would like:**



Decide how to keep track of the rewards your child earns. In many cases, you will just give the reward when you see the behaviour. However, if the desired behaviours might occur often, you can start a chart with stickers for young children or a point system for older children. Then your child can build up points to be cashed in for a reward.

**Here is the way I would like to keep track of my contract with my child:**



Use an IF-THEN sentence to come up with a contract for what your child has to do to get the reward. For example, "If my child can clear his or her dishes from the table every night when dinner is over, then he or she can stay up for an extra 30 minutes on Saturday night" or "If my child brushes her teeth at night, then she gets..."

**Here is an example of an IF-THEN contract I can make with my child**

**IF:**

**THEN:**

## What to Do

When the problem behaviour happens:

1

**Make a list of rewards.** Pick rewards that are inexpensive or free, and can be given quickly and frequently if needed.

2

**Make a list of behaviours.** These should be simple behaviours at first, and remember to spell out how the behaviours will connect with the rewards (either directly or through points or tokens).

3

**Give the reward (or sticker or point) as soon as the good behaviour happens.** The more quickly you respond to good behaviour, the better the rewards will work. In the beginning, it is also OK to give rewards for behaviours that are only partly successful.

4

**Little by little, increase the difficulty.** As your child gets better at doing the behaviour you want, you can increase the demands. Something that used to earn 2 points might now earn 1 point. Just be careful not to raise the difficulty too quickly so your child doesn't become frustrated and lose interest.

5

**Praise.** It is always a good idea to offer your child praise along with the rewards. Over time, praise will help your child develop a sense of accomplishment and pride in his or her good behaviour. Make sure your praise is enthusiastic and labeled – that is, say what it is that you are praising the child for. For example, “Well done for putting your clothes away, Rachel!”



# Help! Rewards Aren't Working!

**PROBLEM:** I feel like I'm bribing my child.

**TRY THIS:** For now, rewards can provide a boost to help your child learn how to behave.

Eventually, your child will learn to behave well and work hard just because it makes him or her feel good. As this happens, the rewards can be made smaller.

**PROBLEM:** My child is begging me for the rewards.

**TRY THIS:** Don't give in – that just rewards the begging. Remind your child how to earn the reward and then give it if and only if you see the behaviour.

**PROBLEM:** There's nothing my child wants badly enough to work for.

**TRY THIS:** You may already be giving your child everything he or she wants, even when he or she doesn't earn it. Think about all the fun toys and privileges your child has, and choose some to use strictly as rewards that must be earned.

**PROBLEM:** My child doesn't follow through.

**TRY THIS:** Make sure you give rewards only after your child has actually done what you've asked. Don't reward your child for just promising to do something later. For example, if you say, "You can watch TV now as long as you promise to clean your room when the show is over," your child may not do what he or she promised. When you talk about rewards with your child, you will find it helpful to use IF-THEN sentences.

**PROBLEM:** My child is trying really hard, but rewards still aren't working.

**TRY THIS:** There are three possible solutions: (1) Make sure you're not asking your child to do something that is just too hard. If necessary, consider breaking things down into smaller steps to help your child succeed. Give a reward for each of the smaller steps. (2) Make sure to give the reward right away, as soon as your child demonstrates the behaviour you want. (3) Make sure you're using rewards that your child really likes.

**PROBLEM:** Other people in my household aren't helping me.

**TRY THIS:** Talk to your family about this at a time when things are calm. Explain that everyone has to work together and that your child will be more successful if all caregivers in the house use the reward programme consistently.





MICE  
Mental health Interventions for Children with  
Epilepsy

# Blank Behavioural Reward Chart

Behaviour	Stickers/Points

If I earn...

2 stickers = \_\_\_\_\_

3 stickers = \_\_\_\_\_

5 stickers = \_\_\_\_\_

7 stickers = \_\_\_\_\_

10 stickers = \_\_\_\_\_



# Behavioural Reward Chart (Example)

Behaviour	Stickers/Points
Following my mum and dad's instructions as soon as they ask me to do something	3
To play nicely and share with my brothers	2
Getting dressed for school with no arguments	5

## If I earn...

2 stickers = a hot chocolate or a treat of my choice

3 stickers = choose what to have for dinner that night or 10 minutes reading with mum

5 stickers = to stay up 15 minutes later, to have 15 minutes extra on the iPad

7 stickers = a trip to the park or a movie night

10 stickers = choose a takeaway dinner or a pamper night or have friends over for a sleepover

# REWARDS

- 2 = 5mins Mum reading a book  
 3 = funny dog video on youtube  
 3 = healthy snack for school (Tortilla chips or choc buttons)  
 4 = Back Message in bed  
 5 = Choosing a video to watch in the week  
 6 =



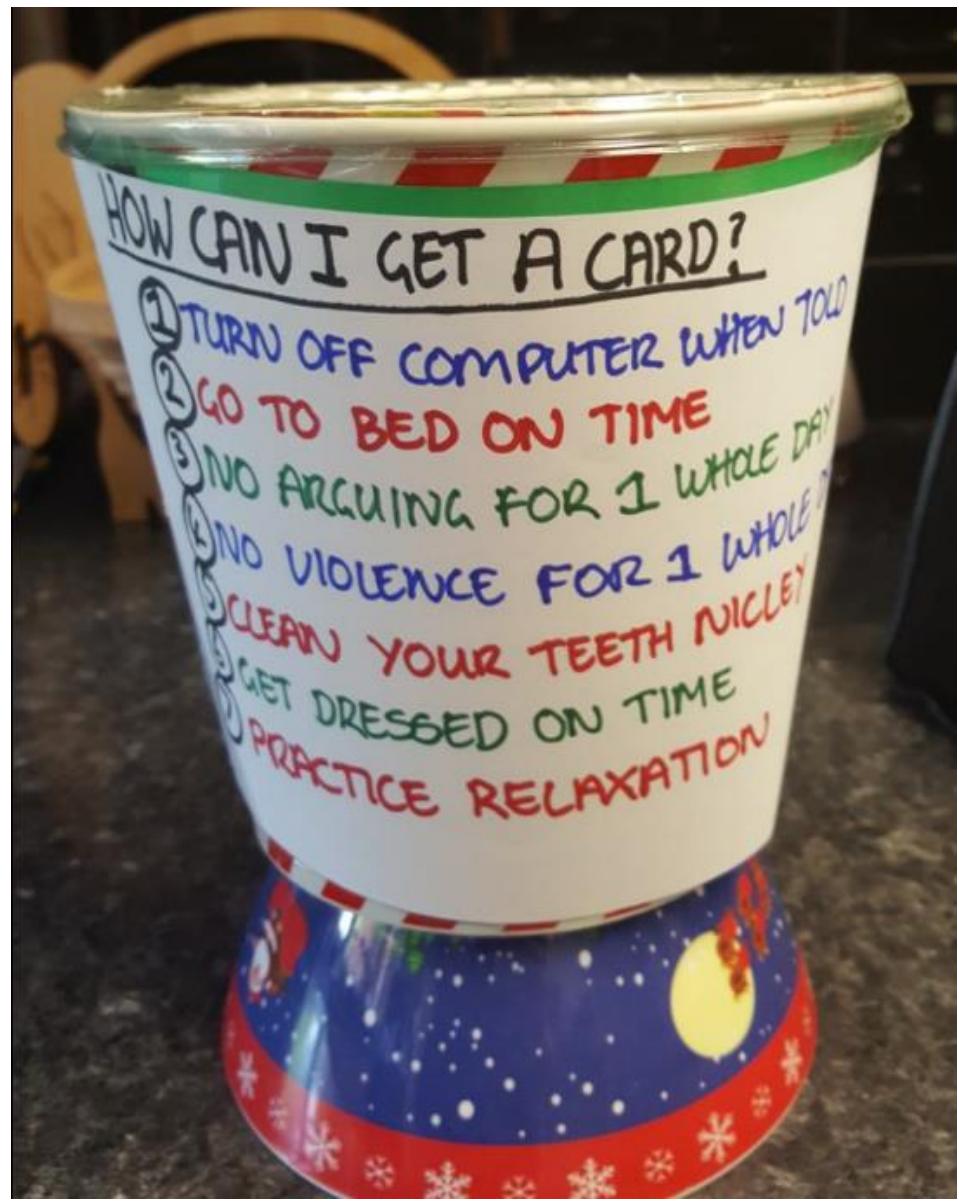
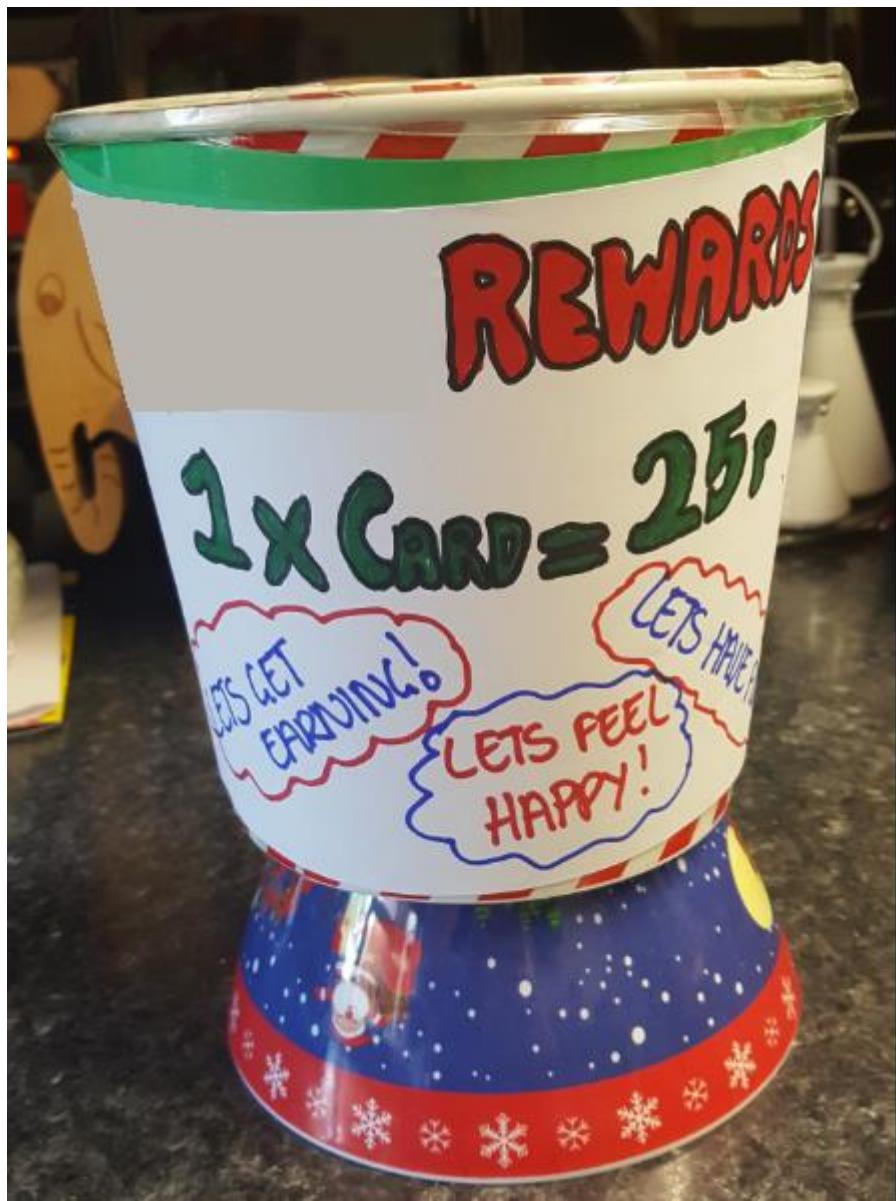
- 7 = Hot Chocolate  
 8 = Bike ride  
 9 =  
 10 = Going Shopping  
 10 = Going to the Cinema (Autism friendly?)  
 11 = Swimming (+ Carer?)  
 12 = Curry take-away

# REWARDS

- 2 = 5mins Mum reading a book  
 3 = funny dog video on youtube  
 3 = healthy snack for school (Tortilla chips or choc buttons)  
 4 = Back Message in bed  
 5 = Choosing a video to watch in the week  
 6 =  
 7 = Hot Chocolate  
 8 = Bike ride  
 9 =  
 10 = Going Shopping  
 10 = Going to the Cinema (Autism friendly?)  
 11 = Swimming (+ Carer?)  
 12 = Curry take-away







# **Time Out**

---

MICE



# Time Out

## What Is Time Out?

“Time out” is the removal of your child from activities, rewards, and attention. Time out is meant to help stop some of your child’s behaviours that you find upsetting or harmful, and it can provide quick and lasting results if used properly. It does not cause any harm to your child, and it also can help you feel less angry and upset with your child. It is easy to learn, and with a little practice it becomes easy to use.



### Use time out for these kinds of behaviours:

Hitting, slapping, or pinching  
Throwing or breaking things  
Being mean to animals or people  
Disobeying an instruction  
Breaking a house rule  
Swearing  
Doing dangerous things  
Threatening others  
Hostile arguing  
Damaging property

### Don't use time out for these kinds of behaviours:

Fussiness, complaining  
Talking back  
Mild arguing  
Legitimate accidents (e.g. spilling something, dropping something)  
Whining  
Asking the same question over and over  
Repeating things  
Doing things to get your attention  
Bad attitude



## Getting Ready



Pick two or three behaviours you'd like to get rid of. Check the lists above to make sure these are the right kinds of behaviour for time out.

**From now on, I will give a time out to my child when:**



Pick some behaviours you'd like to see instead of the problem behaviours. These could be things like playing safely and quietly, following through on a task, or being kind to a sibling. They should be the “opposite” of the behaviours chosen for time out.

**From now on, I will try to praise or reward my child for:**



Pick a dull and boring place for the time out. It should be easy to get to quickly, and it should not have anything interesting nearby.

**Our time out place will be:**



If you have not done so already, pick a time to tell your child about time out. Choose a time when everything is going well and everybody is calm. Make sure your child understands that you will care about him or her, but that some behaviours will mean that your child must stop what he or she is doing and go to time out. Explain that this will be a new rule for your family. It is not something the child can argue about, and it is meant to help everyone feel better and have more fun when you are together.

**Here is when I plan to explain time out to my family:**

## What to Do

1. **Give an instruction** (for example, “Please get out of your sister’s room,” or “Please do not tip back in your chair at the dinner table”).
2. **Count to 5** in your head. If your child does not follow through, then...
3. **Give your child a single warning.** Be clear and brief (for example, “If you don’t get out of your sister’s room, you will have a time out,” or “If you don’t put your chair flat on the floor, you will have a time out”).
4. **Count to 5** in your head. If your child does not follow through then...
5. **Instruct your child to go to time out.** Do this quickly and calmly. State the specific reason for the time out, but try to use no more than 10 words in 10 seconds.
6. **Don’t explain.** Don’t argue, scold, or even talk with your child once a time out has been issued. These rules have already been explained before. Now is the time to put time out into practice.
7. **Set a timer.** It can help to use a timer to keep track of how long the time out will be. For most children, 5 minutes is an appropriate length of time. It will help if your child can see the timer, but place it out of your child’s reach.
8. **Reset the timer if needed.** If your child is screaming or yelling in time out, you may reset the timer. The time out begins when your child is settled.
9. **Talk calmly afterwards.** After you let your child out of time out, check to see if he or she knows why you gave a time out. If your child says, “I don’t know” calmly explain the reason, but don’t lecture.
10. **Repeat the instruction** calmly, and go back to step 4.



### IMMEDIATE TIME OUTS:

Some behaviours are so serious that you can skip the warning. For example, behaviours that involve harm to others or breaking a known rule in your house do not need a warning. If you have questions about when to give a time out without a warning, talk to your therapist.

## Help! Time Out Isn't Working!

**PROBLEM:** My child argues and talks back.

**TRY THIS:** *Ignore backtalk and arguing. Do not get into a discussion. If the arguing escalates into yelling, simply reset the timer when your child settles down.*

**PROBLEM:** My child tantrums and makes a mess when I give a time out.

**TRY THIS:** *Have your child do the time out anyway, and then when it is over, issue an instruction for your child to clean up his or her mess.*

**PROBLEM:** My child does not believe me when I give a time out.

**TRY THIS:** *Never give a time out unless you mean it, and never give more than one warning. Once a time out is given, it must be followed through. Over time, your child will learn that you mean it.*

**PROBLEM:** My child will not go to time out or leaves time out before it is over.

**TRY THIS:** *You can restate that your child needs to go to time out and gently guide the child back to the time out area. Another option is to take away privileges or toys for failure to follow through on a time out.*

**PROBLEM:** We are out at the supermarket or a friend's house, so I can't give a time out.

**TRY THIS:** *When you go out shopping or visit neighbours, it can be helpful to pick a time out place as soon as you arrive and to let your child know about it. You can also bring the timer with you. If you can't find a good time out place, you can have your child sit in a boring place right where you are. Just make sure you can always see your child when giving a time out away from home. If you need help thinking of more ideas, don't be afraid to ask the therapist.*

**PROBLEM:** Other people in my household aren't helping me.

**TRY THIS:** *Talk to your family about this at a time when things are calm. Explain that everyone has to work together and follow the same rules or the problem behaviours won't improve. In fact, they might even get worse.*



# **Making a Plan**

---

MICE



# Making a Plan

One of the best ways to deal with behaviour problems is to prevent them before they even happen. If you already know what places or times might be especially challenging, it's a good idea to make a plan beforehand so that your child has a chance to do his or her best. Here are the steps:

## 1. Get ready

If you know ahead of time that a difficult situation is coming up, try to do whatever you can to be ready. Ask yourself the following:

**Will my child have something interesting to do?** It often helps to give your child something to do so that he or she does not get bored, because boredom can often lead to trouble. For example, bringing a bag of toys or a few books on a long car ride or shopping trip can help keep your child engaged. Another idea is to give your child a job to do, such as help you check items off of a grocery list – thus giving you the opportunity to interact with your child and provide lots of praise.

**Will my child be too tired?** If your child has a harder time when tired, part of the plan should be to allow for enough sleep the night before or even a nap during the day. Otherwise, an event may be moved to a better time. For example, a routinely challenging visit to the doctor's office or a neighbour's house might work better in the morning instead of in the late afternoon.

**Will my child be hungry?** If you know your child is more difficult when he or she is hungry, plan to bring snacks with you or try scheduling activities right after a meal instead of before. For example, going grocery shopping when your child is hungry might make him or her more likely to demand junk food, and could also make him or her less able to focus on your instructions and requests.



**Are there objects or people I can remove?** Sometimes you will know of certain things that make situations worse. For example, toys that lead your child to play roughly may need to be put away. Perhaps there is too much noise in the house for the child to hear your instructions. A sibling who does not want to share may cause a fight. Ask yourself what should and should not be in the situation, and who should and should not be there. For especially challenging situations, you should try to set the stage for success as much as you can.

## 2. Set Rules

If you know ahead of time what is likely to go wrong, make up to three rules for your child to follow. These should be rules that are often violated by your child in that particular place or situation. After you have told your child the rules, ask your child to repeat them back to you. You should avoid starting the event or situation if your child cannot repeat the rules to you.

### **3. Set up a Reward**

Before you go into the challenging situation, tell your child what he or she can earn for following the rules you have just made. For example, you might bring stickers for your young child who accompanies you on errands. Or you could prompt your child that if he or she can play nicely instead of being aggressive on the playground, he or she can stay an extra 15 minutes or have a treat when you get home.

### **4. Set up Consequences**

Before you go into the challenging situation, tell your child what the consequences will be for not following rules or for misbehaviour. This should normally be the active ignoring. It may sometimes be the loss of privileges for minor rule violations and a removal from the situation for more severe misbehaviour. Do not be afraid to remove your child from a situation in a public place, as it is the most effective method for teaching the child to follow rules in such places.

### **5. Practise if You Can**

Some situations are possible to practise beforehand, and if so, it's a good idea to try a "practice run." Situations like going to the dentist or doctor, getting dropped off at school, getting on the bus and quickly finding a seat, coming home and putting away a coat and backpack are all situations that can be easily practised ahead of time. Walk through some of the steps, and be sure to provide plenty of praise for a good performance.



## Getting Started



Pick a situation that is challenging for your child that occurs regularly (like shopping trips, visits to neighbours, school drop-off, or long drives).

**My child has extra trouble when:**



What are some things you could do to be ready for that situation next time?

**Before we try that again, I will make sure that:**



What rules does your child need to follow for that situation?

**I expect my child to:**



What are the rewards and consequences connected to those rules?

**If my child obeys the rules:**

**If my child does not follow the rules:**



Will you be able to practise this situation? If so, pick a time when you can practise it together.

**Here is when I plan to practise this situation:**

# **Daily Report Card**

---

MICE



Help for Parents

## Using a Daily School Behaviour Report Card

### What Is a Daily Support Behaviour Report Card?

A daily school behaviour report card (or “daily report card”) is a way for your child’s teacher to give you feedback about your child’s behaviour in school each day. Once you know how your child has behaved in school, you will be able to give appropriate rewards at home, which can encourage more good behaviour in school.

The daily report card is often one of the first interventions you should try if your child is having behaviour problems at school. The cards are convenient, they can improve parent-teacher communication by involving both teachers and parents, and they are effective with a wide range of problems.

### What Do the Report Cards Look Like?

The report card can be as simple as a note from the teacher each day, but we recommend using a more formal system if possible. Here is an example of a card that could be used for classroom behaviour. Note that the behaviours are all worded positively.

#### DAILY SCHOOL BEHAVIOUR REPORT CARD

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

**TEACHERS:** Please rate this child’s behaviour today in the areas listed below. Use a separate column for each subject or class period. Please make a check mark (✓) if the child demonstrated the behaviour or an ✗ if the child did not demonstrate the behaviour or demonstrated negative behaviour for the specified area. Then initial the box at the bottom of your column. Add any comments about the child’s behaviour today on the back of this card.

Behaviours to be rated	Lessons/subjects						
	1	2	3	4	5	6	7
Raises hand in class							
Works on assigned classwork							
Follows classroom rules							
Gets along well with other children							
Does well on homework, if any given							
<b>Teacher's initials</b>							

Place comments on back of card

*On the left-hand side of the card, list 1 to 5 behaviours to focus on. Be sure to word the behaviours positively on the card – for example, instead of “pushing and shoving” try “Keep hands to self – does not push or shove.” You can gradually add more behaviours as your child improves. Try including one or two positive behaviours that your child already does so that he or she will be able to earn some points at the beginning of the programme.*

Here is an example of a card that could be used for break time and free time behaviour:

### DAILY BREAK TIME & FREE TIME BEHAVIOUR REPORT CARD

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

**TEACHERS:** Please rate this child's behaviour today in break time or other free time periods in the areas listed below. Use a separate column for each subject or class period. Please make a check mark (✓) if the child demonstrated the behaviour or an ✗ if the child did not demonstrate the behaviour or demonstrated negative behaviour for the specified area. Then initial the box at the bottom of your column. Add any comments about the child's behaviour today on the back of this card.

Behaviours to be rated	Lessons/subjects				
	1	2	3	4	5
Keeps hands to self; does not push or shove					
Does not tease others; no taunting/put-downs					
Follows break time/free time rules					
Gets along well with other children					
Plays nicely; no kicking or punching					
<b>Teacher's initials</b>					

Place comments on back of card

*On the left-hand side of the card, list 1 to 5 behaviours to focus on for break time/free time. Remember to include one or two behaviours that your child already does well.*

## How to Use the Reports

At the beginning, the system works best if teachers send the reports home every day. As the child's behaviour improves, the reports can be reduced to twice weekly (for example, Wednesdays and Fridays), once weekly, or even monthly until they are phased out altogether.

The child can take a new card to school each day, or you can leave a stack of cards with the teacher. Either way will work, but it is best to choose one arrangement and stick with it.



The target behaviours include both social conduct (e.g., shares, plays well with peers, follows rules, stays in assigned seat) and academic performance (e.g., completes maths or reading assignments, stays focused on work, follows directions for each assignment, remembers to take homework home, completes homework, remembers to bring homework back to school). You may also choose to target negative behaviours (e.g., aggression, destruction, calling out) that you want to reduce; but remember to list the positive opposite of these behaviours on the card (e.g., instead of "hits others" put "keeps hands to self").

You can adapt the reports to meet your child's needs and to fit the structure of your child's day. For example, in a typical case, a child

would be monitored throughout the entire day. However, if a problem behaviour occurs very frequently, you may want to have the child initially rated for only a portion of the school day. As the child's behaviour improves, the report can be expanded gradually to include more periods/subjects until the child is being monitored for the whole day.

In cases where the child attends several different classes taught by different teachers, the programme may involve some or all of the teachers, depending on the need for help in each of the classes. When more than one teacher is included in the programme, a single report card may include space for all teachers to rate the child. (The example report cards shown in this handout can be helpful because they have columns that can be used by the same teacher at the end of each subject, or by different teachers.) Alternatively, different report cards may be used for each class and organised into a notebook for the child to carry between classes. For particularly problematic behaviour, we encourage teachers to provide a brief explanation to you on the back of the report.

**TIP:** If getting the correct homework assignment home is a problem for your child, the teacher can require the child to copy the homework for that class right on the back of the report. Then the teacher can check that the assignment was copied correctly before filling out the ratings on the front of the report.

The daily break time and free time behaviour report work essentially the same way as the classroom reports. They should be completed by whichever school staff member is supervising break time or free time.

To get started, you may use the blank report cards at the end of this handout or, with your therapist's assistance, adapt the blank cards to fit your child's situation.

## Working with Your Child's Teacher

As you start to decide which behaviours to target, we strongly recommend consulting with your child's teacher (or teachers). The report cards are intended to be as clear and easy to use as possible, and the best way to make this happen is to ask for the teacher's input. You can start by showing the teacher the blank reports at the end of this handout. It might also be helpful to explain that daily feedback is important because the reports will be tied to specific, predictable set of rewards and consequences at home each day. Frequent feedback will be most effective in shaping your child's behaviour.

## What Happens When the Reports Come Home?



As soon as your child returns home, you should immediately inspect the card, discuss the positive behaviours (✓) first with your child, and then proceed to a neutral, business-like (not angry!) discussion with your child about any negative marks (✗) and the reasons for them. Then ask your child to formulate a plan for avoiding negative marks tomorrow. After the child makes the plan, award your child the usual points or rewards for each check mark on the card. Be sure to remind your child of the plan the next morning before he or she departs for school.

The success of the programme depends on a clear, fair, consistent method for translating the teacher's reports into consequences at home. One advantage of daily school behaviour report cards is that a wide variety of consequences

can be used. At a minimum, you should provide praise and positive attention for your child when the report card shows good behaviour. In addition to praise, many children need tangible rewards or token programmes. For example, a positive report might lead to television time, a special snack, or a later bedtime. You might also use a token system in which your child earns points for positive behaviour reports and loses points for negative reports. Your child can then use the points for a special treat on the weekend (e.g., a film, dinner at a restaurant, special outing). It is fine to use a combination of daily and weekly rewards.

Occasionally, a child may attempt to undercut the system by failing to bring home a report, forging a teacher's signature, or failing to get a particular teacher's signature. To discourage these practices, treat missing reports or signatures as "bad" reports (that is, the child fails to earn rewards or is fined by losing points or privileges).

### SPECIAL TIP FOR BREAK TIME &

**FREE TIME:** Ask your child's classroom teacher to take a few moments to plan ahead with your child before break time or free time. During this planning time, the teacher (1) reviews the rules for proper break time behaviour with the child and notes that the rules are written on the card, (2) reminds the child that he or she is being monitored by the break time monitor on break time duty and (3) directs the child to give the card immediately to the break time monitor so the monitor can evaluate the child's behaviour.

**Daily school behaviour report cards help everyone - child, parents and teachers!**



# DAILY SCHOOL BEHAVIOUR REPORT CARD

Child's name: \_\_\_\_\_

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

**TEACHERS:** Please rate this child's behaviour today in the areas listed below. Use a separate column for each subject or class period. Please make a check mark (✓) if the child demonstrated the behaviour or an ✗ if the child did not demonstrate the behaviour or demonstrated negative behaviour for the specified area. Then initial the box at the bottom of your column. Add any comments about the child's behaviour today on the back of this card.

	Lessons/subjects						
Behaviours to be rated	1	2	3	4	5	6	7
Teacher's initials							

Place comments on back of card

**Cut here after photocopying**

# DAILY SCHOOL BEHAVIOUR REPORT CARD

Child's name: \_\_\_\_\_

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

**TEACHERS:** Please rate this child's behaviour today in the areas listed below. Use a separate column for each subject or class period. Please make a check mark (✓) if the child demonstrated the behaviour or an ✗ if the child did not demonstrate the behaviour or demonstrated negative behaviour for the specified area. Then initial the box at the bottom of your column. Add any comments about the child's behaviour today on the back of this card.

	Lessons/subjects						
Behaviours to be rated	1	2	3	4	5	6	7
Teacher's initials							

Place comments on back of card

## DAILY BREAK TIME AND FREE TIME BEHAVIOUR REPORT CARD

Child's name: \_\_\_\_\_

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

**TEACHERS:** Please rate this child's behaviour today in break time or other free time in the areas listed below. Use a separate column for each subject or class period. Please make a check mark (✓) if the child demonstrated the behaviour or an ✗ if the child did not demonstrate the behaviour or demonstrated negative behaviour for the specified area. Then initial the box at the bottom of your column. Add any comments about the child's behaviour today on the back of this card.

	Break time/free time						
Behaviours to be rated	1	2	3	4	5	6	7
Teacher's initials							

Place comments on back of card

-X-----Cut here after photocopying-----X

## DAILY BREAK TIME AND FREE TIME BEHAVIOUR REPORT CARD

Child's name: \_\_\_\_\_

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

**TEACHERS:** Please rate this child's behaviour today in break time or other free time in the areas listed below. Use a separate column for each subject or class period. Please make a check mark (✓) if the child demonstrated the behaviour or an ✗ if the child did not demonstrate the behaviour or demonstrated negative behaviour for the specified area. Then initial the box at the bottom of your column. Add any comments about the child's behaviour today on the back of this card.

	Break time/free time						
Behaviours to be rated	1	2	3	4	5	6	7
Teacher's initials							

Place comments on back of card

# **Parental Mental Health (Interference Module)**

---

MICE



MICE  
Mental health interventions for Children with  
Epilepsy

# Progressive Muscle Relaxation

- Sit in a comfortable chair (or lie on the floor, or on a bed).
- Ensure you will not be disturbed by other noises.
- If you become aware of sounds - just try to ignore them and let them leave your mind just as soon as they enter.
- Make sure the whole of your body is comfortably supported - including your arms, head and feet. (Rest your arms on the arms of the chair, with your feet flat on the floor).
- Close your eyes. Feel the bed or chair supporting your whole body - your legs, your arms, and your head.
- If you can feel any tension, begin to let it go.
- Take 2 slow and deep breaths, and let the tension begin to flow out.
- Become aware of your head - notice how your forehead feels.
- Let any tension go and feel your forehead become smooth and wide.
- Let any tension go from around your eyes, your mouth, your cheeks and your jaw. Let your teeth part slightly and feel the tension go.
- Now focus on your neck - let the chair take the weight of your head and feel your neck relax. Now your head is feeling heavy and floppy. Let your shoulders lower gently down. Your shoulders are wider, your neck is longer.
- Notice how your body feels as you begin to relax.
- Be aware of your arms and your hands. Let them sink down into the chair. Now they are feeling heavy and limp.
- Think about your back, from your neck to your hips. Let the tension go and feel yourself sinking down into the chair. Let your hips, your legs and your feet relax and roll outwards. Notice the feeling of relaxation taking over.
- Think about your breathing - your abdomen gently rising and falling as you breathe.
- Let your next breath be a little deeper, a little slower...
- Now, you are feeling completely relaxed and heavy.
- Lie still and concentrate on slow, rhythmic breathing.
- When you want to, count back from 5 to 1 and open your eyes.
- Wiggle your fingers and toes, breathe deeply and stretch.
- Pause before gently rising.





MICE  
Mental health Interventions for Children with  
Epilepsy

# GAD-7 and PHQ-9

Measure to be completed for adults.

<b>GAD-7 (Anxiety)</b>				
<b>Over the last 2 weeks, how often have you been bothered by the following problems? (Use “✓” to indicate your answer)</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Being so restless that it is hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				

Measure to be completed for adults.

<b>PHQ-9 (Depression)</b>				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? <i>(Use “✓” to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual				
9. Thoughts that you would be better off dead or of hurting yourself in some way				

# **Stigma (Interference Module)**

---

MICE



MICE  
Mental health Interventions for Children with  
Epilepsy

# Child Stigma Scale

*Use ‘mental health condition’ and ‘seizure condition’ interchangeably depending on what is more appropriate.*

**Please mark (e.g. bold or highlight) the answer that is most appropriate.**

		Never	Not often	Sometimes	Often	Very often
1	How often do you feel different from other kids because you have a seizure condition?					
2	How often do you feel people may not like you if they know you have a seizure condition?					
3	How often do you feel other children are uncomfortable with you because of your seizure condition?					
4	How often do you feel people may not want to be friends with you if they know you have a seizure condition?					
5	How often do you feel people would not want to go out with you or ask you to parties if they know you have seizures?					
6	How often do you feel embarrassed about your seizure condition?					
7	How often do you keep your seizure condition a secret from other kids?					
8	How often do you try to avoid talking to other people about your seizure condition?					



MICE  
Mental health Interventions for Children with  
Epilepsy

# Parent Stigma Scale

*Use ‘mental health condition’ and ‘seizure condition’ interchangeably depending on what is more appropriate.*

**Please mark (e.g. bold or highlight) how much you agree or disagree with each statement.**

		Strongly disagree	Disagree	Neither	Agree	Strongly agree
1	People who know that ____ has a seizure condition treat him/her differently.					
2	It really doesn't matter what I say to people about ____'s seizure condition, they usually have their minds made up.					
3	____ always has to prove him/herself because of the seizure condition.					
4	Because of the seizure condition, ____ will have problems in finding a husband or wife.					
5	In many people's minds, a seizure condition attaches a stigma or label to ____.					



# Sheet with video links

A selection of other young people's experiences:

<http://www.healthtalk.org/young-peoples-experiences/epilepsy/anxiety-and-depression-and-epilepsy>

<http://www.healthtalk.org/young-peoples-experiences/epilepsy/epilepsy-school-studying-and-bullying>

<http://www.healthtalk.org/young-peoples-experiences/epilepsy/friends-and-epilepsy>