

The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

With additional support from Florida International University and The Children's Trust.



Center for
Children and
Families

Workshop

ACTION: Cognitive Behavioral Treatment for Depressed Youth and their Parents

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Center for
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Part 1 of 10

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Goals for the Training

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- Participants will understand how to use affective education, coping skills training, problem solving training, cognitive restructuring, and building of more positive core beliefs to treat depression in children and adolescents

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- Participants will be able to flexibly use the primary and secondary treatment ingredients of ACTION to successfully treat depressed youth

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- Participants will be able to conceptualize a depressive disorder in a child and subsequently develop an effective treatment plan

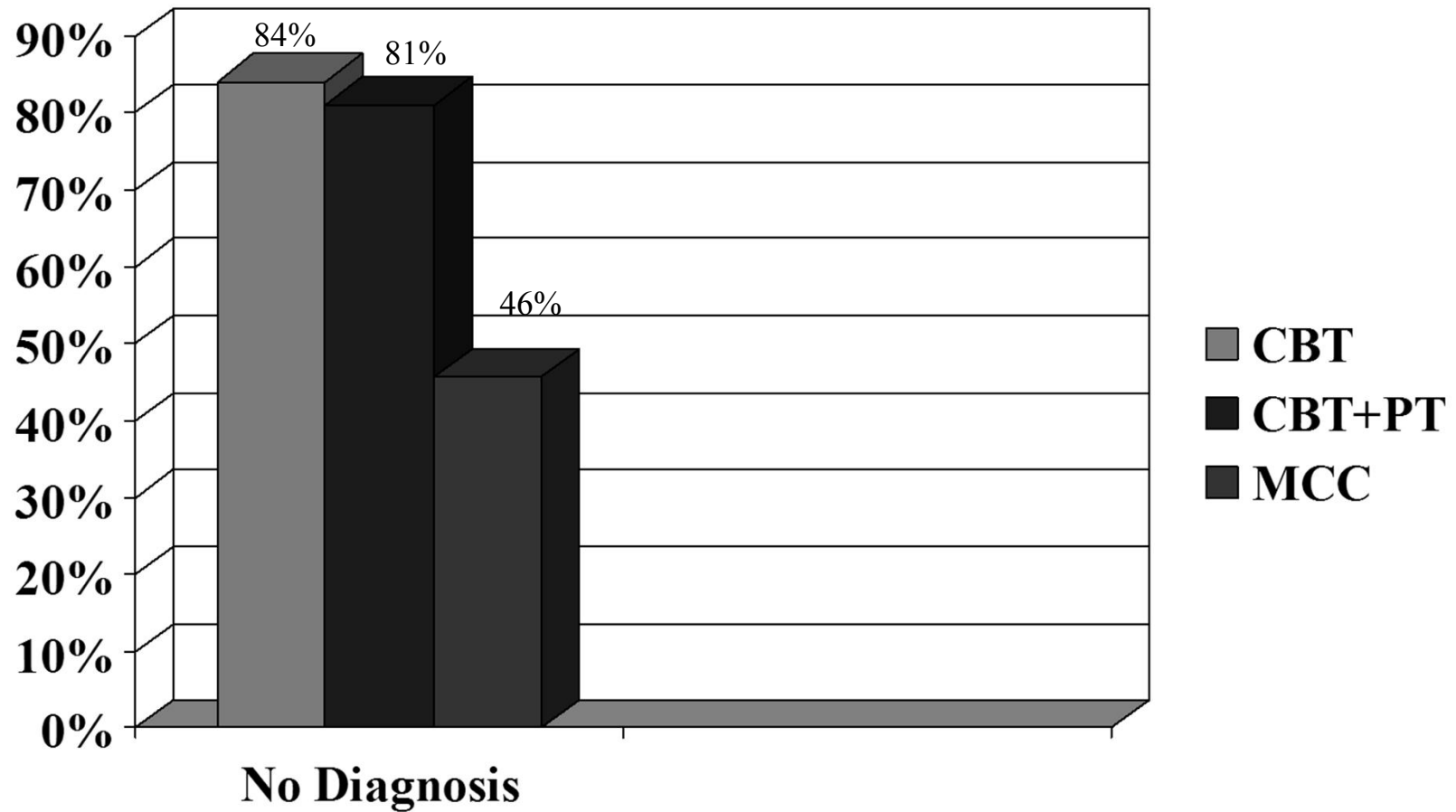
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- Participants will understand how to implement the components of the ACTION Parent Training Program

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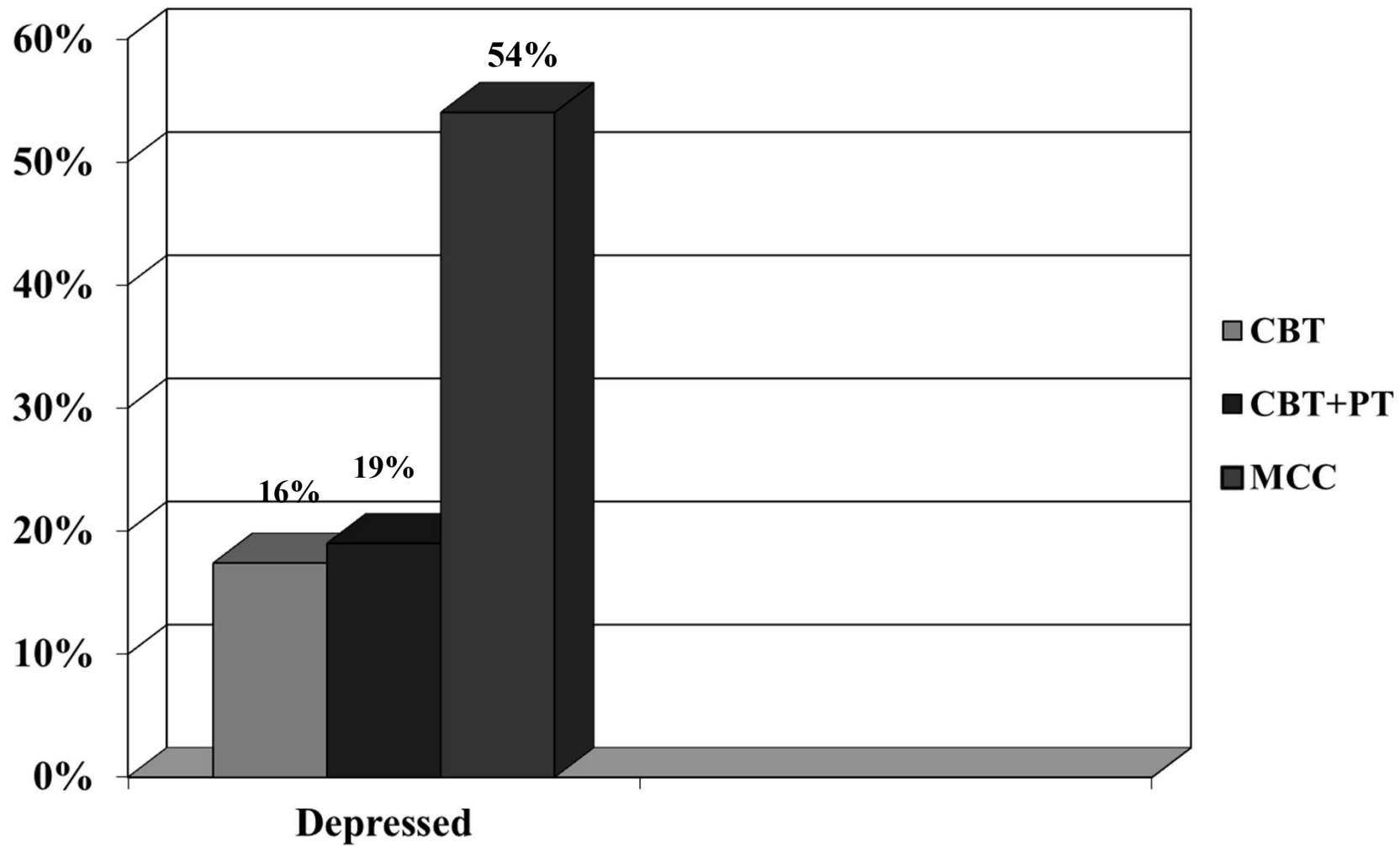
Participants' Goals

Clinical Significance of Post-treatment Results



Note: These results were produced in 11 weeks vs. TADS at 12 weeks (42%)

Percentage of Participants Depressed at Post-treatment



Additional Interesting Results

- A meta-message accompanies parental participation in the parent training meetings. If parents fail to attend, the child interprets this as either “I’m worthless” “My parents don’t love me” or “My parents don’t care about me”. They also might interpret it to mean that “Treatment is unimportant”. Either construction has a negative impact on the children.
- When evaluating the maintenance of treatment effects, there is a dose effect. The participants who completed 20 or more meetings experienced a steady decrease in depressive symptoms over time. Girls who attended fewer CBT sessions experienced an increasingly greater re-emergence in depressive symptoms with each meeting they were unable to attend.
- When evaluating the maintenance of treatment effects, girls whose caregiver participated in 7 or 8 parent training meetings experienced a slight increase in depressive symptoms immediately after treatment and then they experienced a steady decline. In contrast, the girls whose parents attended 6 or fewer meetings experienced an immediate decrease in severity of depressive symptoms followed by a greater rise in depressive symptoms over time with each additional meeting the caregiver was unable to attend.

Additional Interesting Results

- Participation in parent training impacted the family environment. Girls in the PT condition reported that their families were significantly more cohesive and social and that they had better communication following treatment. Ratings for girls in CBT condition improved minimally and ratings for girls in the MCC declined.
- Messages the girls perceived their mothers and fathers presented about the girls themselves, their world and future affected the girls' own views of self world, and future. This was true at pre and post-treatment.
- Girls' cognitive triad mediated the relationship between parental messages and severity of depressive symptoms.
- Following treatment, the messages were significantly more positive for the girls in the CBT+PT condition, but this was mediated by parental attendance.
- At post-treatment, when parents attended 6 or more meetings the impact of the parents' messages on the girls' cognitive triad was greater than when they attended fewer meetings.

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ACTION is a CBT Intervention

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- Guided by research
- Guided by a case conceptualization
- Behaviorally activate the child
- Teach coping and emotion regulation skills
- Teach child to solve problems
- Modify dysfunctional thinking
 - Provide new experiences with guided processing to produce change
 - Build new core beliefs and intermediate beliefs through the entire treatment package
- Modify dysfunctional behavior
- Modify the interpersonal/environmental contexts that support the development and maintenance of depression
- Teach parents how to support their daughter's skill acquisition and teach parents the same skills that their daughters are learning

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ACTION Treatment for Depression

Therapeutic relationship is a necessary and important part of treatment but insufficient for producing the desired change

- Source of motivation—you are the confident coach (Help the child acquire and apply skills, attitudes, and strategies) and cheerleader (encourage the child, applaud successes)
- Can be corrective and lead to cognitive restructuring
- Model for how to interact with others and how to be treated
- It is the safe environment in which the child can learn and try new skills
- Is a snapshot of how the child interacts with others

Therapist Behaviors

- Warmth
- Genuineness—real, natural
- Accurate empathy
- Professional manner
- Engaging
- Humor/Fun
- Credible
- Communicates at the child's developmental level
- Good mix of questions, statements, summaries
- Positive and reinforcing—continually catching the positive

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ACTION Treatment for Depression

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Experiential

Learn from doing within the meeting

Experience the therapeutic concept within the meeting

Makes it concrete and understandable

Makes it more memorable

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Engaging

Fun

Feels good and elevates mood

More memorable

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Orientation of ACTION Treatment

Orientation: problem solving, coping, cognitive therapy, and behavioral (change the environment, provide new adaptive learning experiences, reinforce change)

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- Depressive symptoms represent problems to be solved through applying their ACTION skills
- The experience of stress is a problem to be solved
- When you can't eliminate stress, cope with it
- Behavioral activation (re-activation) is one of the primary goals
- Distorted and unhealthy negative thinking is changed through corrective learning experiences and strategies that produce more adaptive ways of thinking

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Produce durable and lasting change through changing core beliefs

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Produce durable and lasting change by changing maladaptive environmental events and when necessary maladaptive parenting behaviors

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- Parents cue and reinforce use of new skills
- Parents use positive strategies to manage behavior and reduce use of punishment
- Improved parent child communication
- Improved family problem solving
- Reduce conflict and other punitive experiences
- Create a home milieu that corrects maladaptive beliefs

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Orientation of ACTION Treatment

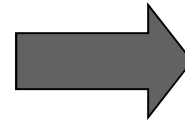
Art of the treatment

- Combining skills with the day-to-day experiences of the children so that it becomes **real** for them and they learn it in a **fun, engaging, and memorable** manner
- Demonstrate the utility of the skill **in the moment**
- **Application** of skills to daily life outside of the meetings is the key to success
- Provide learning experiences that produce positive core beliefs
- Keeping an eye on the individual child while working with the group—treatment is individualized and case conceptualization driven
- The group relationships are supportive and contribute to the changes

Situation:

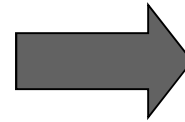
Color the box that tells the way you are choosing to handle the situation:

Something's bothering you that you might be able to change.



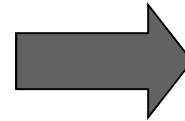
Use Problem Solving

Something's bothering you that you can't change.



Use a Coping Strategy

A negative thought is causing you to feel bad.



Change my Thoughts

Now complete the worksheet that goes with what you chose.

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Treatment Program

- Group or Individual format
- Number of meetings 20
- 2 times per week (is better)
- 50 to 70 minutes depending on age
- Adjust content and activities for age and format
- If group, same gender grouping
- 8 group parent training meetings
- 2 individual family meetings

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Structure of the Meetings

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- Rapport building (5 mins.)
- Mood check in (5 mins.)
- Review of homework & major points from last meeting (10 mins.)
- Goal attainment check-in (every two weeks) (5 mins.)
- Collaboratively set agenda (5 mins.)
- Work through children's items & skills training (20 – 30 mins.)
- Summarize the major points (5 mins.)
- Interpersonal Behavior Review (2 – 3 mins.)
- Assign therapeutic homework & feedback (5 mins.)
- Choose rewards

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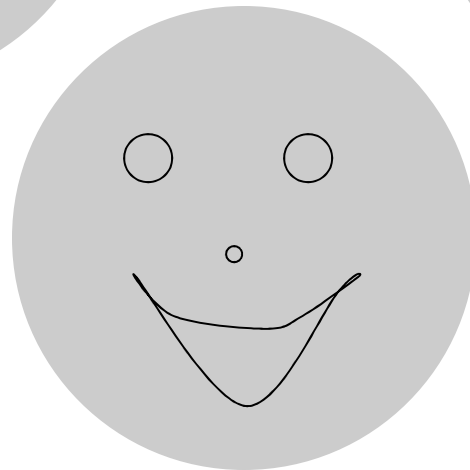
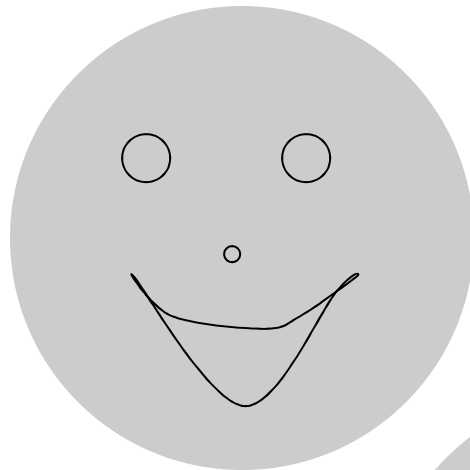
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Interpersonal Behavior Review

Therapist → Other Girls → Self



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Encouraging Participants to Complete Therapeutic Homework

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1. The workbook
2. Individual rewards for completion
3. Start it in session so they understand it
4. Direct confrontation if fail to do it
5. Identify potential roadblocks and brainstorm plans for getting around them.
6. Problem solve failure to complete it
7. Structure when, where, etc
8. Explain value of completing it
9. Visual cues
10. Parental reinforcement
11. Reminder e-mails
12. Reminder text messages

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Primary Treatment Ingredients

1. Affective education
2. Goal setting
3. Coping & emotion regulation skills training
4. Problem solving
5. Cognitive restructuring
6. Building positive core beliefs
7. Creating a positive family environment
8. Creation of a family environment that supports development of adaptive core beliefs



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Secondary Treatment Ingredients

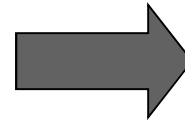
1. Reinforcement
2. Interpersonal skills training
3. Self-monitoring
4. Self-improvement



Situation:

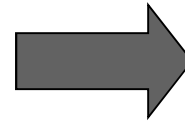
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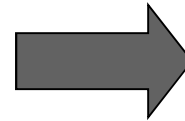
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How to use a Manual

Bring basic therapeutic skills with you

Not word for word--it is a guide

Be flexible (but use objectives to move toward goals)

Creatively apply the objectives

Make it engaging

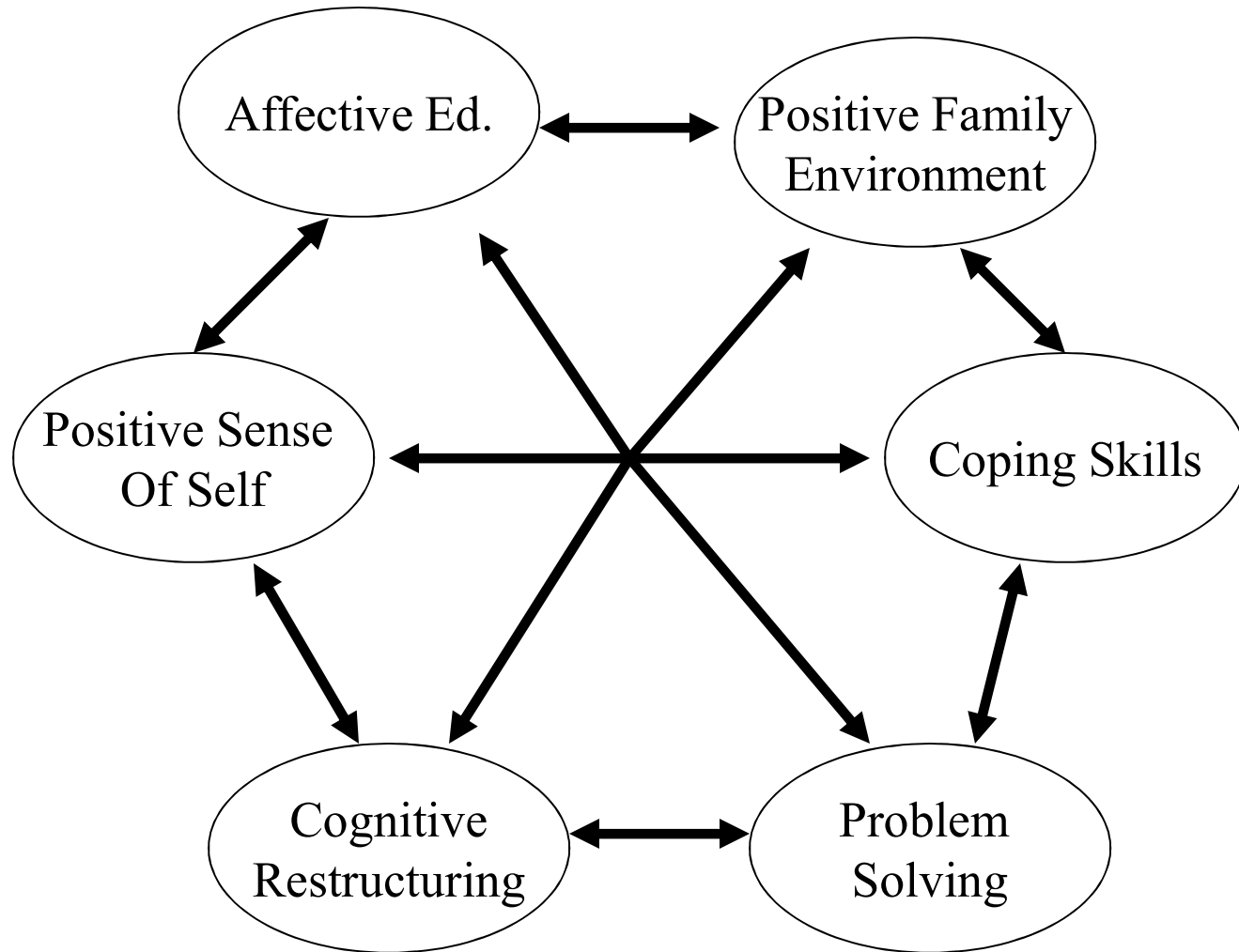
Use the relevant handouts, or create your own

Make it fit with what the child/children and/or family
brings to the meeting

Keep themes going

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Flexible Delivery



Part 2 of 10

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Guided by a Case Conceptualization

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Etiology of Depressive Disorders During Childhood

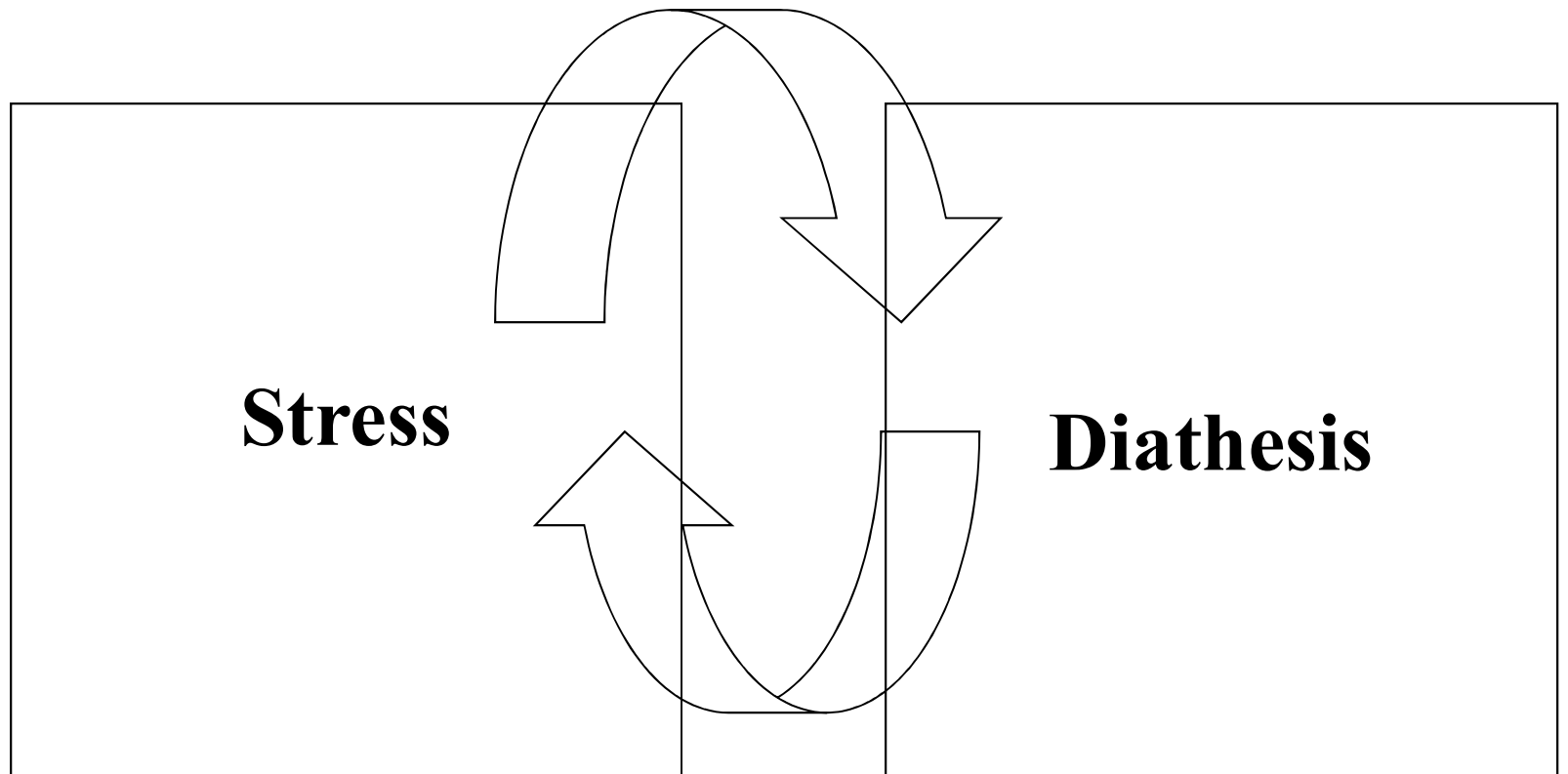
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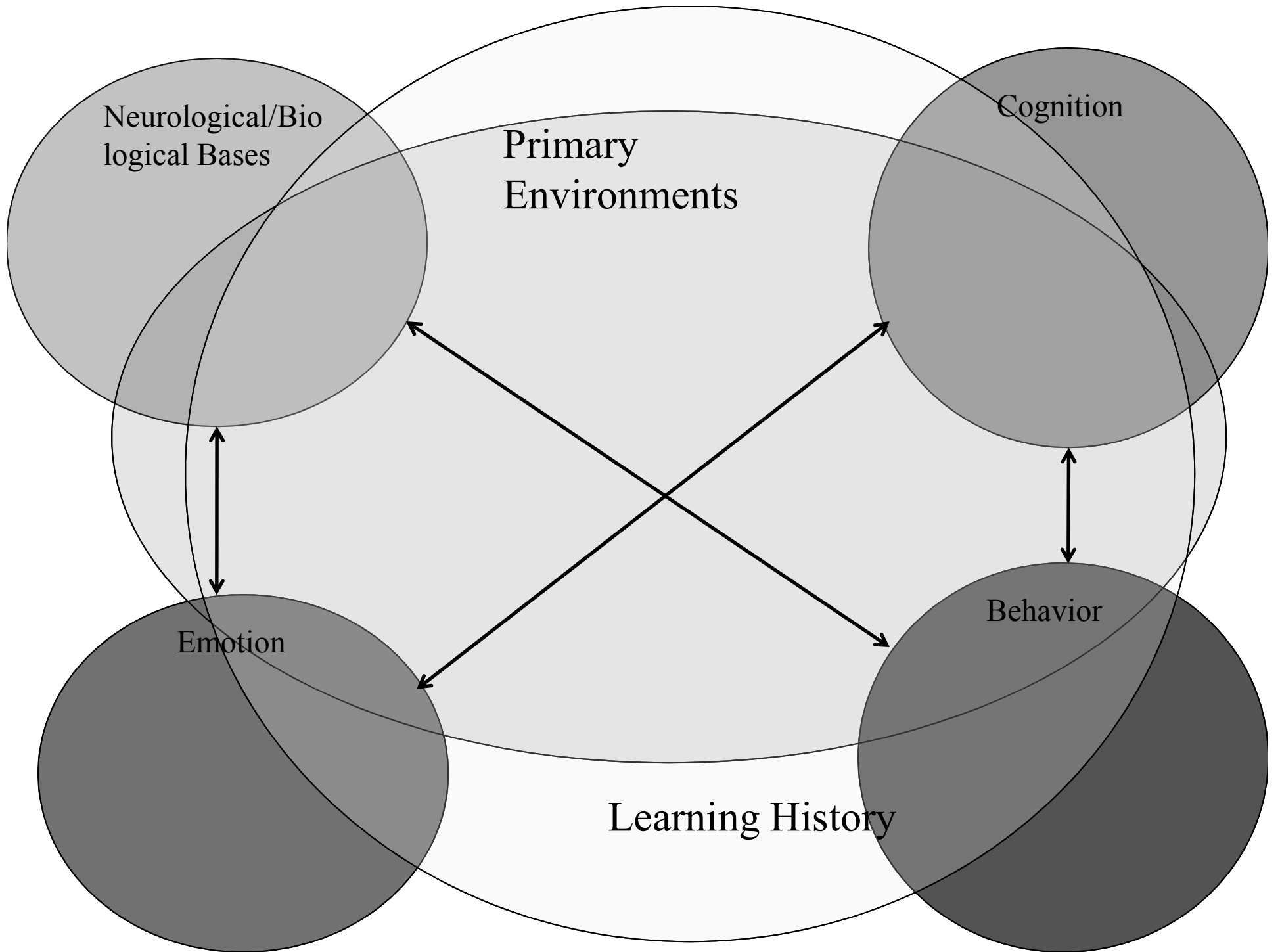
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Neurological/Bio
logical Bases

Primary
Environments

Cognition

Emotion

Behavior

Learning History

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Cognitive Behavioral Case Conceptualization

- We seek and use information to construct our own reality.
- We respond primarily to this construction rather than to the environment per se.
- Errors can occur in
 - what we attend to
 - what we recall
 - how we interpret, and
 - in the meaning we draw from the interpretation.
- Systematic errors can contribute to psychological disorders

Cognition and Depression

A

Core beliefs are formed through early learning experiences and communications within the family

C

Core beliefs about the self that underlie depression include

- I am unlovable
- I am worthless
- I am helpless

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Once developed, beliefs are in an active or latent state

- A traumatic or stressful event that is related to the content of the belief may trigger its activation.
- Once activated, beliefs guide the information processing system

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Produce a distortion in perceptions of (meaning derived from) daily events

Experiences are viewed through the lens of one or more of the 3 core beliefs

- information that is inconsistent is distorted to make it support the core belief and consistent is used as further support

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Belief system of children is developing

- Child may be immersed in the events that are shaping it
- Perceptions may not be distorted, they may be a realistic reflection

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Cognition & Depression

Intermediate Beliefs

- Not as central, still higher-order
- Support the Core Belief
- Similar content

E.g. Core Belief: I am helpless

Intermediate Belief: I cannot do new things without someone's help

Conditional Assumptions--form of Intermediate Belief--If-then statements

E.g. If I try something new on my own, then I will fail

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Cognition & Depression

C

Automatic Thoughts

- Most superficial form of cognition
- Thoughts and images that permeate consciousness
- Reflect underlying beliefs
- Evident in the child's verbalizations
- When they stem from a distorted belief, the distortion is evident in the content of the thought

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Negative automatic thoughts are useful targets for restructuring

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Behavior & Depression

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Coping and emotion regulation skills deficits

Problem solving skills or performance deficit

Interpersonal skills or performance deficit

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Academic skills deficit

Recreational skills deficit

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Learning History & Depression

C

Loss

Trauma

I'm unlovable

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I'm helpless

I'm worthless

Maladaptive beliefs

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Skills deficits

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Primary Environments & Depression

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Greater stress

Parental depression or anxiety

Conflict

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Pervasive negative affective tone

Marital conflict

Coercive parenting

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Neglect & abuse

Lack of parental availability

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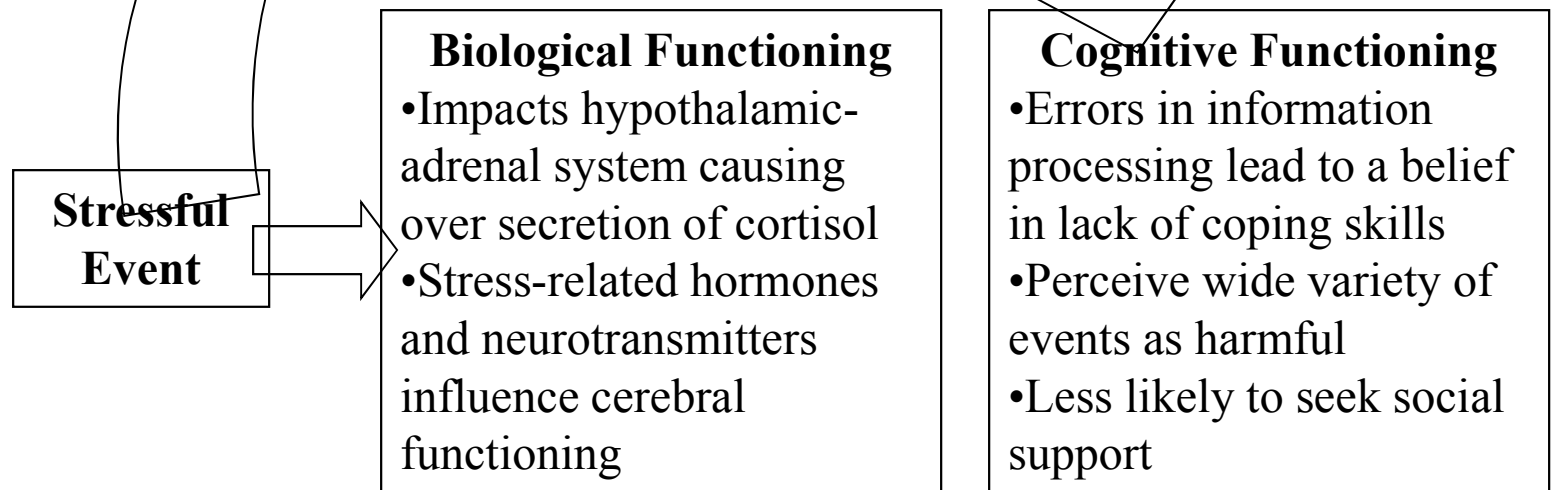
Less cohesion, communication, social activities,
recreational activities

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ACITON

Relationship: Stress, Cognition, and Biochemical Functioning

- Stressful events directly impact biological functioning and indirectly effect the individual's perceptions of stress and potential harm



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Biology/Neurochemistry & Depression

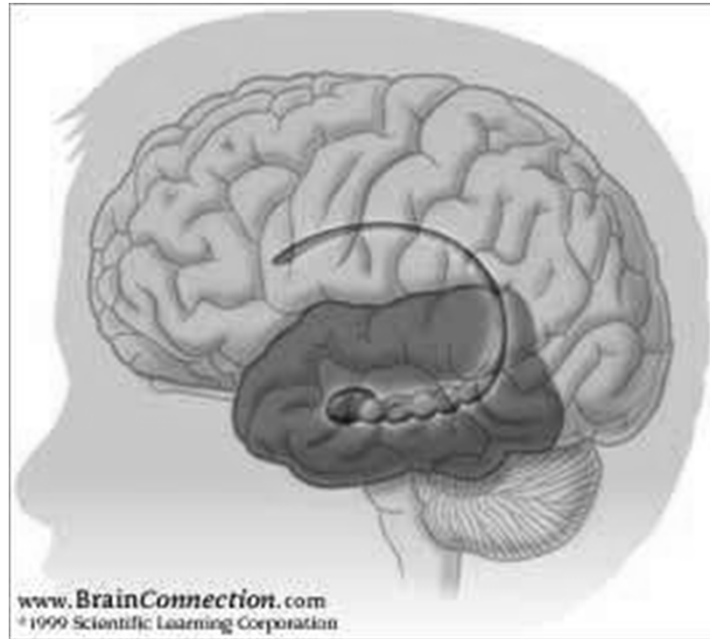
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- Research has found depressed patients have a smaller hippocampus than non-depressed people. Also, antidepressants protect the hippocampus from shrinking (Sheline, 2004)
- Longer duration of depressive episode, more shrinkage of hippocampus
- Hippocampus involved in forming new memories as well as memory and concentration

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Biology & Depression

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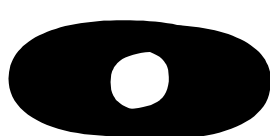
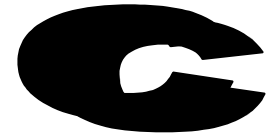
- Research has found 5-HT Gene (regulates serotonin) plays role in depression
- Participants with short variance of gene were more sensitive to stress and more likely to respond to stress with a depressive episode
- Participants with long variance of gene no more likely to have depressive episode than person with no life stressors even if had 4/5 negative life events

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Case Example

How would you conceptualize the following case?

- Boy (Mike) who is 12 y.o., CPS is involved because maternal caregiver has a history of substance dependence
- Father is in prison for dealing
- Is irritable, sad, cries frequently and doesn't know why
- His best friend who was a neighbor has moved out of town
- Currently doesn't have any other friends and he thinks that his classmates are making fun of him when they really aren't
- He isn't socially engaged and his irritability pushes peers away
- No other recreational activities
- Verbalizes negative thoughts about himself
- Gives up easily and won't start demanding tasks
- Mom won't let him out of the house during the day because she thinks the neighborhood is unsafe
- He stays up late into the night playing video games

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CBT Conceptualization

What is going on here?

Learning Environment

- Loss of parents due to substance abuse/dependence and incarceration
- Parental modeling of maladaptive coping skills and problem solving
- Chaos, neglect which leads to learning experiences that build negative core beliefs—child asks why his needs aren't met including why he doesn't consistently receive love and affection—why the high is more important than him—builds a core belief of I'm unlovable
- Affective tone of house was inconsistent, unpredictable leads to learning that he is helpless—can't impact environment
- Creates a belief of helplessness as can't get the parents to stop abusing substances
- Inconsistent parental behavior management—emotion-based and sobriety-based which leads to belief of helplessness and "I'm unlovable"
- Failure to learn to accept limits
- Parents' interpersonal skills may center around being high
- Parental recreation centers around getting high

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CBT Conceptualization

Child Outcome

Cognition

Core beliefs

I'm unlovable

I'm helpless,

World is unpredictable

Future is unpredictable

Beliefs

People use others to get what they need-
high, etc.

It is horrible/unbearable to feel bad

Getting high fixes everything

People aren't there when you need them

There are no consequences for my
behavior

Emotions are bad

Don't get close they leave

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CBT Conceptualization

Child Outcome

Behavioral

Coping skills

Deficit and disturbance, can't handle stress nor adaptively manage mood

Problem solving

Deficit and disturbance in preferred

options

Interpersonal skills

Lack of intimacy

Keeps distance from others

Doesn't seek out intimacy

Superficial friendships based on getting high

Associates with other kids from within the drug culture

Doesn't trust others

Manipulates others for personal gain

Lack of social network

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Case Conceptualization

Problem

- Coping skills deficit
- Problem solving deficit
- Lack of intimacy
- Keeps people at a distance
- Superficial friendships
- Doesn't seek friendships
- Associates with other druggies
- Doesn't trust others
- Manipulates other
- Lack of social network

Beliefs that support problem

- I'm helpless, Getting high solves everything
- I'm helpless, Getting high is solution
- I'm unlovable, You can't trust anyone
- You can't trust anyone
- Don't get close they leave
- I'm unlovable
- Getting high is the solution
- You can't trust anyone
- Manipulate people to get your needs met
- I'm unlovable, Can't trust, etc.

A

CBT Conceptualization

C

Child

Behavioral

Lacks recreational skills and knowledge

Not behaviorally active

Inappropriate behavior followed by anger for
“unfair consequences”

Creates chaos

Poor sleep hygiene

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Emotional

Labile, currently dysphoric and irritable

Embedded in a tone of chaos

Deficit of knowledge of how to manage them

Doesn't see link to own behavior and thoughts

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Case Conceptualization

Problem

- Lacks recreational skills
- Not behaviorally active
- Inappropriate behavior followed by anger for unfair consequences
- Creates chaos
- Poor sleep hygiene
- Dysphoria
- Irritability
- Deficit in emotion regulation skills
- Doesn't see link between behavior, emotions, and cognition

Beliefs that support problem

- I'm helpless, Getting high solves everything
- I'm helpless, Getting high is solution
- There are no consequences for my behavior
- World and future are unpredictable
- There are no consequences...
- I'm unlovable, I'm helpless....
- I'm helpless, it's unbearable to feel...
- I'm helpless,
- There are no consequences for my behavior

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CBT Conceptualization

C

Environmental

Affective tone of house is inconsistent, unpredictable, possibly volatile

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Parental behavior management issues

Possible parental psychopathology

Dangerous and limited recreational resources

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Precipitating stressful event = neighborhood friend leaves and this triggers cognitive vulnerabilities

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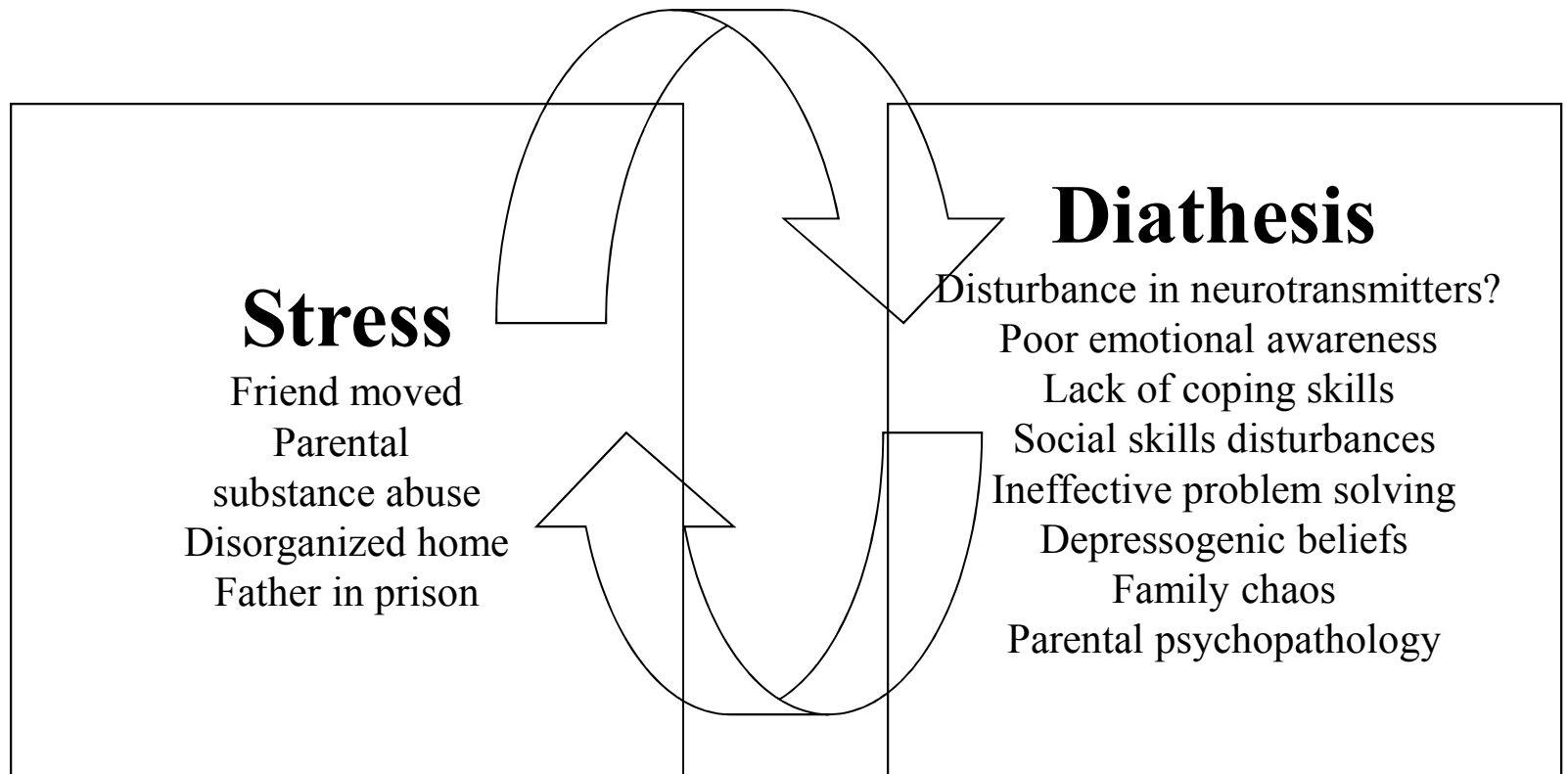
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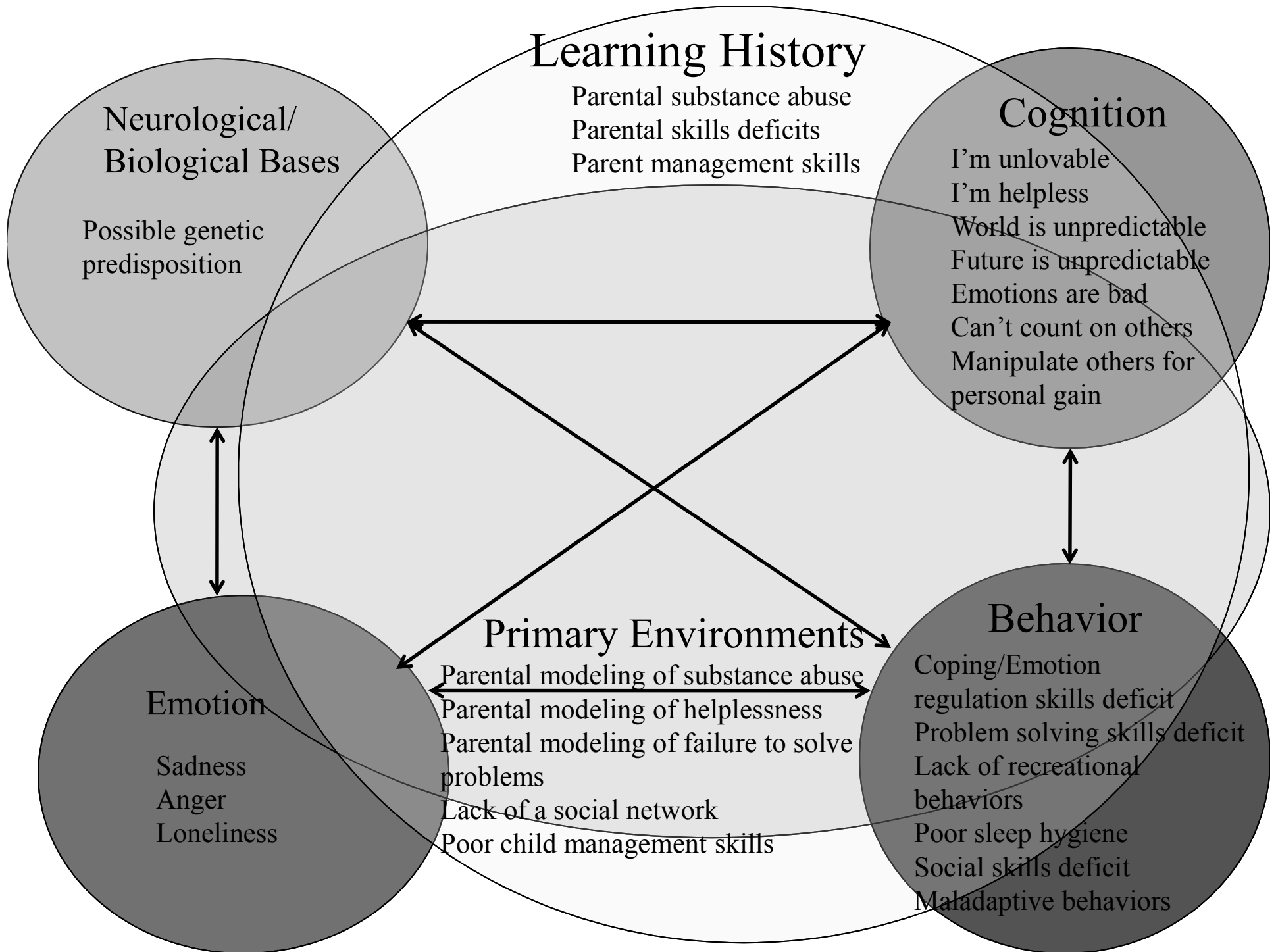
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Etiology of Depressive Disorders During Childhood





Treatment Plan

Problem

- Mother's substance abuse
- Inconsistent behavior management
- Chaos and neglect
- Parental modeling of poor coping and problem solving skills
- Lack of recreational activities
- Inconsistent expression of affection
- Lack of healthy social relationships

Treatment Strategy

- Referral and pressure from CPS
- Positive behavior management strategies & conflict resolution
- PBM, create schedule/routine and positive time
- Teach mother coping, problem solving & family problem solving
- Recreation activity scheduling
- Communication skills training
- Social & recreational activities

Treatment Plan

Problem

- I'm unlovable
- I'm helpless
- World is unpredictable
- Future is unpredictable
- People use others
- It is horrible/unbearable to feel bad
- Getting high fixes everything
- People aren't there
- There aren't consequences for behavior
- Emotions are bad
- Don't get close they leave

Treatment Strategy

- PBM, Conf. Res., Cog. Rest.
- PBM, Comm. Trng., Cog. Rest.
- PBM, Cognitive Restructuring
- PBM, Routines, Cognitive Rest.
- Education, Social Skills, Cog. Rest.
- Coping skills training
- Cognitive Restructuring
- Overall parent training, Cog. Rest.
- PBM, school consultation
- Coping skills training, Cog. Rest.
- Cognitive Restructuring, Soc. Skills

Treatment Plan

Problem

- Lacks recreational skills
- Not behaviorally activated
- Inappropriate behavior & anger
- Creates chaos
- Poor sleep hygiene
- Dysphoria
- Irritability
- Embedded in tone of chaos
- Deficit of knowledge of emotions
- Doesn't see link between emotions, thoughts, and behaviors

Treatment Strategy

- Coping skills, Act. sched., Psych. ed.
- Coping skills, Act. sched., Psych. ed.
- PBM, Cop. skills, Prob. sol., Self-mo.
- Psych. ed., Cog. rest., Self-monitor
- Psych. ed., Sleep hygiene
- Coping skills, Activity scheduling, Catch Positive Diary, Cog. Rest.
- PBM, Routines, Coping skills
- Affective education, Coping skills
- Affective ed., PBM, General program activities, Cognitive education

Treatment Plan

Problem

- Affective tone of home is inconsistent, possibly volatile
- Parental psychopathology
- Dangerous & limited recreational activities in the home
- Friend moved

Treatment Strategy

- Prevent substance abuse, PBM, Conflict resolution, Family prob. sol.
- Referrals as needed
- Activity scheduling, Psy. ed., coping skills, cognitive restructuring
- Problem solving, Coping skills, Social skills training



Treatment Components by Session

1. Introductions and Pragmatics
2. Affective Education and Introduction to Coping
3. Affective Education, and Coping Skills, Catch the Positive Diaries

Individual meeting, Review therapeutic concepts and establish treatment goals

4. Extend group cohesion, Review participant goals, Application of Coping Skills
5. Extend Coping Skills, Introduction to Problem Solving
6. Cognition & Emotion, Introduction to Cognitive Restructuring
7. Apply Problem Solving
8. Apply Problem Solving
9. Apply Problem Solving

Individual meeting, Review therapeutic concepts, Identify common negative thoughts, Individualize Catch the Positive Diaries, Introduce cognitive restructuring

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Objectives of Meetings 1 to 9

- **ACTIVATE THE CHILD**
- **RE-ENGAGE CHILD IN LIFE**
 - Improve child's ability to manage unpleasant emotion
 - Improve mood
 - Reduce stress
 - Eliminate or manage undesirable situations
 - Improve social skills
 - Improve child's primary environments
 - Increase engagement in pleasant events
- **SET THE STAGE FOR COGNITIVE RESTRUCTURING**



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Treatment Components by Session

10. Prepare for Cognitive Restructuring & Intro to Cognitive Restructuring
11. Cognitive Restructuring
12. Cognitive Restructuring & Self-Maps
13. Cognitive Restructuring & Self-Maps
14. Cognitive Restructuring & Self-Maps
15. Cognitive Restructuring & Self-Maps
16. Cognitive Restructuring & Self-Maps
17. Cognitive Restructuring & Self-Maps
18. Cognitive Restructuring & Self-Maps
19. Cognitive Restructuring & Self-Maps
20. Bring it all Together & Termination Activity





Treatment Components by Session

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Individual meeting, Review therapeutic concepts, Identify common negative thoughts, Individualize Catch the Positive Diaries, Introduce cognitive restructuring

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Rapport Building and Affective Education

- Build group cohesion
- Build a safe environment where participants are comfortable talking about intimate information.
- Help participants develop the ability to identify early emotional, physical, cognitive, and behavioral cues that they are experiencing various unpleasant emotions.



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Development of Trust and Cohesion

- Confidentiality Contracts
- Structure of the Meetings
- Rules
- Cohesion building activities: “Web”
 - Demonstrate the Web Activity
 - * Note: Use “Web” in later meetings as interpersonal conflicts arise and as a transition tool to more intimate activities

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Goal Setting

- Based on assessment information
- Ever evolving
- Builds the therapeutic alliance
- Gives the treatment direction
- Completed collaboratively
- Leads to a sense of self-efficacy

Goal**Coping****Problem Solving****Change Thinking**

Be less of a Drama Queen.	What can you do to cope when you start having exaggerated thoughts?	Ask the group 😊:	Ask yourself, “What’s the worse that could happen?” Could I handle that? Let’s say it does happen, try problem solving!!
To balance making yourself happy and others happy (for example: not feeling stuck between two friends).	Write what you think would be some good coping strategies when you feel stuck?	Ask the group about plans for how you might be able to let your friends know you still want to be friends with them but you don’t like being in the middle:	What’s the worse that could happen if these friends decided not to like you? What would my best friend tell me?
To do things not perfectly and not give up.	What are some coping strategies you can do not perfectly and still have fun?	Ask the group about plans for keeping yourself from getting frustrated when you’re not doing something perfectly 😊:	What would be some good questions you could ask yourself when you’re feeling upset that something didn’t turn out perfectly?

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Affective Education

- Recognizing a shift in mood from pleasant to unpleasant is the foundation for using coping, problem solving, and cognitive restructuring strategies.
- Emotion Detective, 3B's
- Cutout Activities
- Watch for confusion between thoughts and emotions (emotions are expressed as a single word and thoughts are phrases)

Clues from the Emotion Detective: The Three B's

Clues that you're experiencing an emotion are found in three places:



BODY



BRAIN



BEHAVIOR

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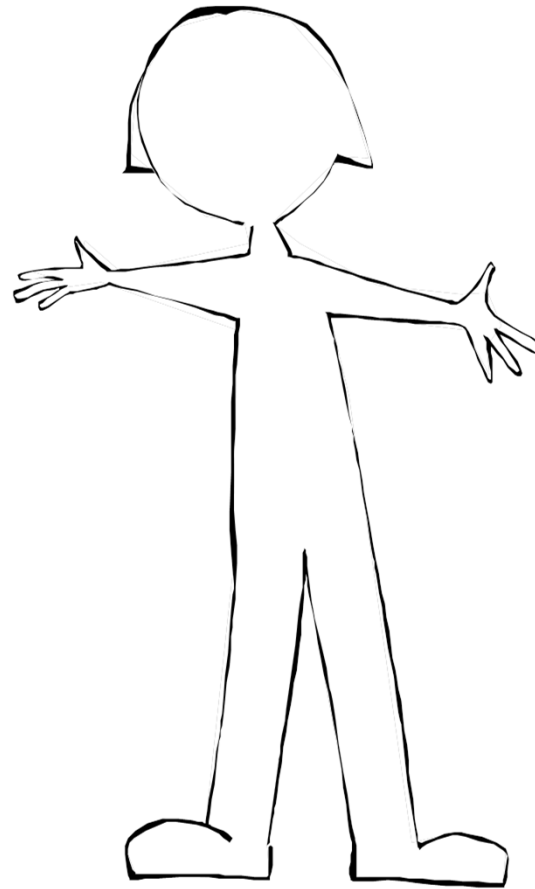
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Activity: Cut-outs

Objective: Identify Cues for Emotion;
Linking Thinking and Feeling



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Demonstration & Application

How to use cut-outs and the 3 B's

Use of Emotion Hearts & Thought Bubbles

Part 3 of 10

Coping Strategies

Do something fun and distracting.



Do something soothing and relaxing.



Do something that uses energy.



Find someone to talk to.



Change the way you are thinking.



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Coping Skills Training

EXPERIENCE their benefits in session

Each meeting complete a coping skill activity with the children

- Choose an activity based on group mood
- Get mood rating
- Complete coping activity
- Get mood rating
- Process
- Generalize it to daily life

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Programmed Coping Skills Training

- Participants complete homework assignments to notice when their mood changes and to note what they did to feel better
 - Sometimes have to start with teaching the kids to just recognize a change in their emotions—may see themselves as always down so they don't notice the changes or they may not catch the subtle decline.
- Homework is discussed in the next meeting and reinforced.
- Therapists help the girls expand their repertoire of coping strategies
- Therapists help the girls develop the belief that they can effectively cope with stress and their unpleasant emotions (A core belief of self-efficacy) (Lazarus's secondary appraisal).

Part 4 of 10

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Altering Symptoms: Catch the Positive Diary

- A tool used to structure what the clients' self-monitor
- Content can be anything that is therapeutic: e.g. thoughts, emotions, behaviors, activities, others' behavior, etc.
- "Catching and Doing"
- Redirects attention to the positive
- Helps to increase enactment of mood enhancing and coping activities
- Typically begin with fun activities because of their mood enhancing abilities and then add in the other coping activities
- Move from positive to negative events too over time

Can use a diary or journal as the format for accomplishing this

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Altering Dysphoric Mood: Structured Activity Scheduling

- Use for severely depressed and sedentary youngsters
- Purposeful scheduling of pleasant events into the youngster's daily schedule
- Parental support for this schedule is a necessity
 - parental permission needs to be obtained
 - parental support through participation, provision of transportation, finances, and supervision
 - parents remind children to follow the schedule
 - when a parent notices that the youngster's mood is beginning to change, or has changed, he or she can cue the child to cope by doing something fun and distracting
- Prior to asking the child to engage in the activities, the child, parents and therapist identify any impediments to carrying out the plan

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Demonstration & Application

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How to use activity scheduling (e.g. L's stuffing her schedule over the next few days with activities)

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Each person choose one of their preferred coping activities from the rough day example and now extend it out (build it) so that it increases the pleasure and length of time that you feel good.

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Practice it with a partner

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Altering Dysphoric Mood: Mastery Activities & Volunteer Experiences

- Activities that usually have some sort of instrumental value
- By completing these tasks, the child gains a sense of accomplishment or mastery
- Depressed youth feel overwhelmed by the thought of trying to complete these tasks
 - Break them down and create a way that they can see that the tasks are possible
 - Completion of the components is scheduled on a weekly calendar so that they can be manageably and successfully completed
 - After scheduling, the therapist and child try to identify any potential impediments to completing the task. Problem solving is used to develop plans for overcoming the impediments.
 - The child records completion of the components on the CPD.
 - Parent support is crucial
- Helping others naturally leads to an improvement in mood

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Why You Include Problem Solving Training

- Problem solving training is a foundational component of the ACTION treatment program
- Use it when you can change the situation
- Depressive symptoms, unpleasant situations, interpersonal conflicts, anxiety symptoms, stressors, etc. are viewed as problems to be solved

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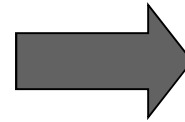
Most Common Problems Facing Pre-teens and Early Teens

1. Argument with parents
2. Argument or disagreement with friend(s)
3. Lost something of value
4. Argument or disagreement with sibling
5. Homework
6. Grades
7. Misbehavior at home, commonly associated with punishment
8. Misbehavior at school, commonly associated with punishment
9. Argument, break-up with member of opposite sex
10. Illness or death, self or family member

Situation:

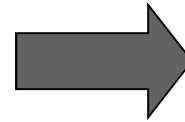
Color the box that tells the way you are choosing to handle the situation:

Something's bothering you that you might be able to change.



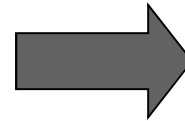
Use Problem Solving

Something's bothering you that you can't change.



Use a Coping Strategy

A negative thought is causing you to feel bad.



Change my Thoughts

Now complete the worksheet that goes with what you chose.

PROBLEM: What's the problem?

PURPOSE: What's my goal?

PLANS: What are some plans?

PREDICT & PICK: Which is the best plan?

PAT ON THE BACK: How did it work?



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Problem Solving Steps

- Problem Identification
 - Depressed youth personalize the problem as something wrong with them or that it represents an impending loss
 - See it as unsolvable and become overwhelmed
 - Believe that even if they solve it another problem will pop-up
 - Must demonstrate that they can change problems and improve their life situation

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Problem Solving Steps

- Goal Identification
 - Very difficult for the youth to do
 - Guides the rest of problem solving process

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Problem Solving Steps

- Generation of Alternative Solutions
 - Easier to think of reasons why it won't work
 - Feels like it won't work
 - Have to learn new alternative solutions rather than the ineffective ones they have used in the past
 - Brainstorming activities

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Problem Solving Steps

- Consequential Thinking
 - Want the youngster to see that there could be positive outcomes
 - Want the youngster to see that the plan can work
 - Have to process outcomes with the child
 - Prevent the use of coercive or hostile plans
 - Prevent withdrawal

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Problem Solving Steps

- Enactment and Evaluation of Plan
 - Depressed youths personalize the problem as something wrong with them, or that it represents an impending loss
 - See it as unsolvable and become overwhelmed
 - Believe that even if they solve it another problem will pop up. Must demonstrate that they can change problems and improve their life situation

Before Teaching Problem Solving

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- Therapist models and verbalizes steps whenever possible
- Provide recognition of the signs that a problem exists.
- Therapeutic Practice: Write down three problems faced and complete checklist of signs that they were experiencing a problem.
- Improve brainstorming skills as a means of generating PLANS (Activity).
- Identify thoughts that inhibit problem solving

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Strategies for Teaching Problem Solving

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- Identify the steps and teach the children what each step actually means.
- Therapist models and verbalizes steps while solving problems with the participants.
- Therapist coaches the participants while they use the steps to solve problems
- Therapist and participants play games that pull for the use of problem solving
- Therapist and participants apply problem solving to their lives
- Progression in teaching problem solving is to move from games to hypothetical problems to real-life problems.
- Participants complete homework assignments in which they try to recognize problems that they face during their daily lives
- Participants complete homework assignments in which they apply problem solving and note the outcome

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Strategies for Teaching Problem Solving

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- Clients bring their homework to the meeting and the therapist helps her to apply problem solving to the real problems
- Bring coping skills and problem solving together: Emotion Focused & Problem Focused Coping

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Check off the signs that helped you know you had a problem:

- Negative Emotions
- Fighting with someone
- Feeling let down
- Muscles are tight
- Feeling stressed out
- Something isn't going the way you want



Write down a problem that I had between meetings:

Check off the signs that helped you know you had a problem:

- Negative Emotions
- Fighting with someone
- Feeling let down
- Muscles are tight
- Feeling stressed out
- Something isn't going the way you want



Write down a problem that I had between meetings:

Check off the signs that helped you know you had a problem:

- Negative Emotions
- Fighting with someone
- Feeling let down
- Muscles are tight
- Feeling stressed out
- Something isn't going the way you want



Write down a problem that I had between meetings:

Notice a time when you have a problem. Write about your problem and how you solved it by going through the 5 P's.

DAY:

What's the **problem**? The problem is _____

What's the **purpose**? What I want to have happen is _____

What are some **plans**? I could 1. _____

2. _____

3. _____

4. _____

5. _____

Predict and pick the best plan. It is _____

How did it work? It worked _____

Pat yourself on the back!

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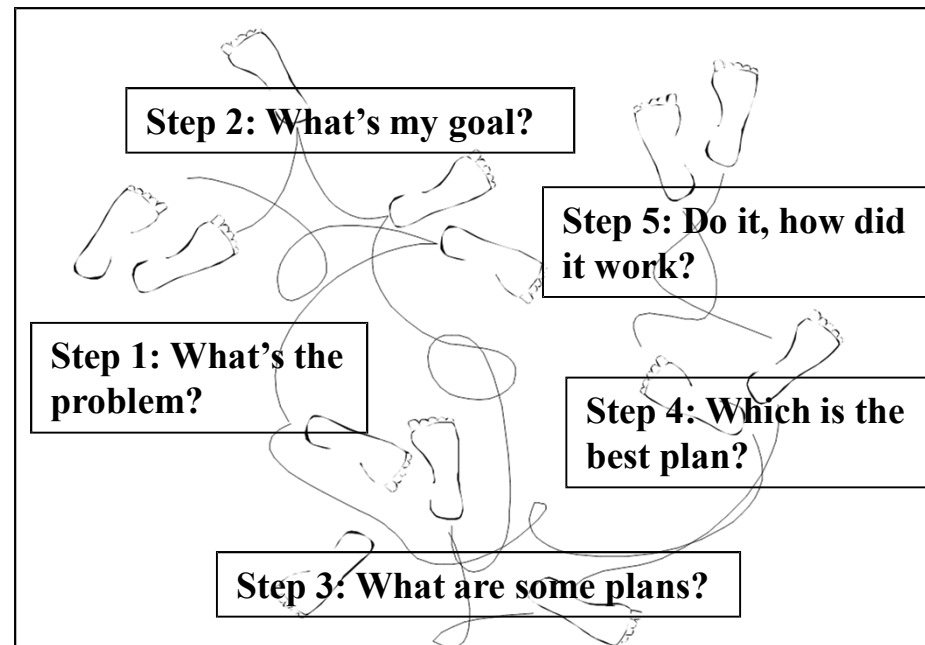
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Activity: Bag of Problems

Objective: teach participants how to brainstorm – suspend judgment/evaluation, keep going until possibilities are exhausted.



You are taking your math test and you notice the kid sitting next to you is cheating off of you.

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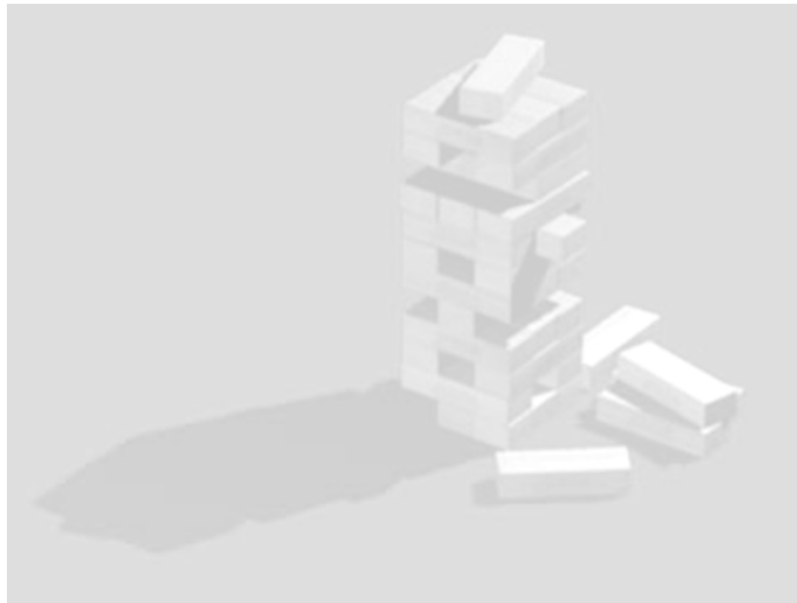
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Activity: Jenga

Objective: improve ability to identify and define problem, understand the problem solving steps, facilitate internalization of the steps.



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Demonstration & Application

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How to use problem solving in session

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Practice it with a partner

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Note: If you can do it in session and child can experience the benefits it is more effective.

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Part 5 of 10
(Role-Play)

Part 6 of 10

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Educating Children About Cognition

- We build our perceptions
- The way we build them determines what the thought means to us
- The meaning of the thought determines how we feel
- The meaning of the thought determines our behavior
- When we build our thoughts, we can make mistakes
- Most of our negative thoughts are not true
- We don't have to believe our thoughts
- We can choose to change our thoughts
- We can choose to not believe or listen to our thoughts
- We can ask ourselves some key questions to help us evaluate and change our thoughts

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Procedures for Educating Children About Cognition

- Whenever a child reports experiencing an emotion-
Link it to thoughts
- “(Child) I felt horrible last night.” (Therapist) “What were you thinking when you felt horrible? (Child) “That my only friend had dumped me.” (Therapist) “ Oh I see. If you think that your only friend no longer likes you, you feel horrible. How would you have felt if you had thought that she was upset but that she would be over it tomorrow?”
- Use of child’s own experiences is most desirable



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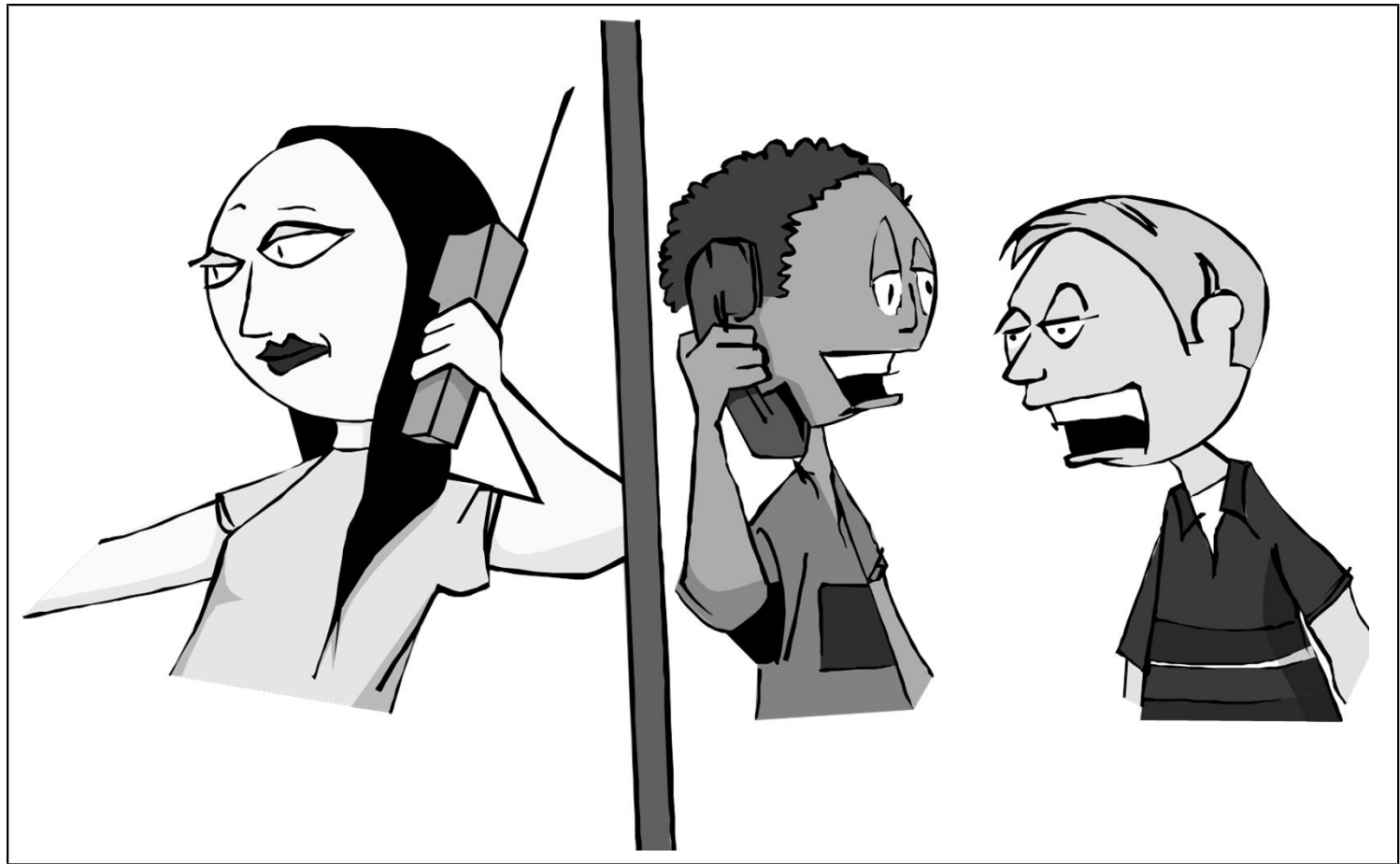
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Activity: Story Telling

Objective: Help participants to understand that we construct our perceptions



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Rock Candy Activity

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(Therapist) “What happens when you concentrate on the candy?” (Child) “The bad feeling goes away.” (Therapist) “What happens when you concentrate on the bead?” (Child) “You forget about the candy and get annoyed at the bead.” (Therapist) “So two things are happening at the

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same time and you can notice one or the other depending on which one you attend to?” “When someone is feeling depressed, which one do you think that person attends to?” (Child) “The bead.” (Therapist) “What

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happens to the good things like the candy that are happening at the same time?” (Child) “They are ignored.” (Therapist) “Right. When someone is feeling depressed, she is likely to only notice the unpleasant, negative, or unwanted things that are going on and then she misses the good things that are happening. So, if you only noticed the negative things that are going on, how would you feel?” (Child) “Really down.” (Therapist) “Right.

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What would happen if you also noticed the good things that were happening?” (Child) “You would feel good.” (Therapist) “Right, and how would you feel if you noticed both things?” (Child) “Okay.” (Therapist)

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“Yes. So, if you want to feel better, should you pay more attention to the beads in your life or the sweet things?” “Were you able to do this just a minute ago when you were walking around?” (Child) “Yes.” (Therapist) “Ah ha, so that is what we are going to work on. Noticing the sweet and good things.”

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Identifying Negative Thoughts & Beliefs

Child

- Necessary for using cognitive restructuring
- Easier to notice them in someone else
- Self-monitoring as homework assignment

Therapist

- Evident in statements, descriptions, answer to “What are you thinking?”

Identifying Beliefs

- Themes
- Consistency across situations
- Consistency in behavior
- Especially emotionally laden
- Appear over and over
- Generalization that can explain multiple AT's

Part 7 of 10

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Why Wait to Teach Cognitive Restructuring?

C

- Therapist does it through out
- Inflexibility of thinking
- Build adequate rapport to sustain the intervention
- Build credibility
- Educate the child about the link between cognition, emotions, and behavior
- Educate the child about the nature of cognition
- Child learns to identify his or her own maladaptive cognitions
- Therapist builds knowledge of the child's maladaptive thoughts and beliefs
- Focusing on the negative heightens mood disturbance so have to build the skills necessary to manage the upset

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General Rules for Implementation

- T and C move from collecting and restructuring automatic thoughts that seem to occur in isolation to watching for and restructuring beliefs.
- T begins using the techniques in a tentative, probing fashion as he or she tests the youngster's readiness for change. As treatment progresses and the C is ready for greater attention to his or her thinking, the C and T vigorously attack maladaptive cognitions.
- In the beginning of treatment, the T is primarily responsible for identifying and restructuring the C's maladaptive cognitions. Over the course of treatment, the C is taught to identify his or her own maladaptive thoughts and beliefs and to restructure them.

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Cognitive Restructuring Strategies

- Inelegant
- Elegant
 - Socratic Questioning
 - Behavioral Experiments
 - Use Others as a Reference
 - Acting As If
 - Self-Disclosure
- Muck Monster Activity

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Self-Instructional Training (Inelegant)

Coping thoughts from earlier—simply provide the child with alternative positive thoughts to say to self after detecting a negative thought or an unpleasant emotion. No evaluation of the validity of the thought, just choosing to believe an alternative adaptive thought.

- The depression is just telling me lies
- My friends do care about me
- Everyone has value
- I can make things better
- I can do it

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Cognitive Restructuring

1. Identify negative thought or belief
2. Link to mood or behavior
3. Obtain a mood rating based on thought
4. Re-state thought in testable terms
5. Use one of the cognitive restructuring strategies
6. Obtain a new mood rating
7. Gauge belief in old thought
8. Identify new belief/thought
9. Self-monitor for supportive evidence

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What's the Evidence?

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Used when the child draws a conclusion that is contradictory to the evidence or what you know about the child. T and C work collaboratively to identify the evidence that supports or refutes the C's belief

T

- Identify the C's maladaptive cognition
- Obtain mood rating
- State the cognition in a testable manner
- Identify with the C what he or she would believe is evidence that supports and refutes the C's cognition
- Gather and evaluate the evidence
- Obtain a new mood rating
- T gauges the extent to which C believes the new thought

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Activity: “What’s the Evidence?”

Objective: Introduction of this question as
a cognitive restructuring activity

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Thought: _____ Belief: 1-100% _____

Evidence for the thought

Evidence against the thought

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New Thought: _____ Belief: 1-100% _____

Part 8 of 10

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Alternative Interpretation

Used when the child draws a negative conclusion from a situation that has multiple interpretations. *Designed to broaden the child's processing from the narrow and negativistic view*

- The C and T identify the maladaptive thought
- Obtain a mood rating based on the thought
- The T and C come up with alternative realistic interpretations. Not unrealistic or just overly positive interpretation, more realistic and objective interpretations.
- C chooses an alternative interpretation
- Obtain new mood rating
- T gauges how much the child believes the new thought
- Child tries out the new thought

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Activity: Alternative Interpretation

Introduction of “What’s another way to look at it?” as
a cognitive restructuring activity

Situation: _____

Thought: _____ Belief: 1-100% _____

What’s another way to look at it?

New Thought: _____ Belief: 1-100% _____

What if?

Used when the C is 1) in a disappointing situation and he or she is exaggerating the significance of the situation or 2) when the child is simply exaggerating the significance of expected outcomes . Objective is to help the child gain a more realistic perspective of the meaning of the situation.

- T agrees with the C's objective facts about the situation and obtains a mood rating
- T asks the child “What is the worst that could happen?”
- T asks the child “What is the best thing that could happen?”
- T asks the child “What is the most realistic outcome?”
- T obtains a mood rating based on realistic thought
- T gauges how much C believes the new thought
- C gathers data to support the new thought

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What would I tell my best friend?

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Used when the C is being overly critical and can't see that he or she is not horrible. Objective is to help the child gain an alternative and more realistic view of him or herself.

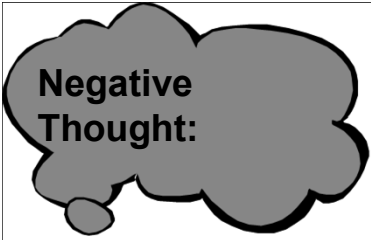
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- T and C identify the negative thought/belief
- T obtains a mood rating
- T poses the situation to the child as if it was happening to the child's best friend
- T asks the C what he or she would tell his or her best friend about the situation.
- T asks C if he or she can believe that this is true for him/herself
- T obtains a mood rating based on new thought
- Checks on how much the C believes the new thought

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What was happening?



How much do you believe it?
(1-100%)

Now, choose the question or questions below that would help you think more positively. Circle your choice, and answer the question(s).

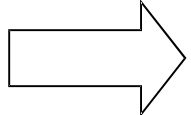
How much do you believe the negative thought now?
(1-100%)



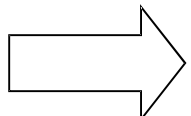
Questions

Answers

What would I tell my friend?

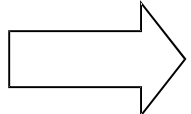


What are the clues?

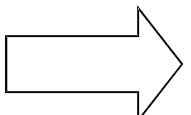


Clues for the thought: | **Clues against the thought:**

What's a different way to look at it?



What if it happens?



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Behavioral Experiments/Assignments

- Most powerful means of changing cognitions
- Immediate, concrete, and direct evidence that addresses the C's beliefs
- State the belief or thought in a testable way
- Obtain a mood rating based on the belief/thought
- Establish the evidence that supports or disputes it
- Design the experiment
- Run the experiment and gather the data
- Compare the data to the testable belief
- T gauges how much the C believes the old thought/belief
- Identify a more realistic belief based on the experiment
- C monitors evidence that supports the new thought/belief

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Elegant Cognitive Restructuring Strategies

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Used when the child holds an unrealistic thought or belief and the therapist has a personal experience and way of thinking that directly addresses this same thought/belief. Used when the therapist and child have a strong therapeutic relationship and the therapist has established credibility.

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- T & C identify the belief and overtly state it
- Link the thought to emotion
- Obtain an emotion rating based on the thought/belief
- T states his/her thought/belief in that situation
- T checks the believability of the thought for the child
- T obtains an emotion rating based on new thought
- C self-monitors evidence for the new thought

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Cognitive Modeling

- one of the more subtle and effective treatment procedures
- T verbalizes his thoughts on a regular basis and models adaptive thoughts in problematic situations

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Muck Monster Activity

Developmentally sensitive and engaging way to complete cognitive restructuring

Externalizes the negative thinking—gives the thing that causes the negative thinking a derogatory name—kids in group called it the “Muck Monster”

Provide education—the MM causes you to have negative thoughts that aren’t true. It lies to you.

In preparation for the activity, therapist repeatedly refers to the negative and unrealistic thoughts as “I see the MM is causing your to think...” “I just heard a MM thought. It was....” “Sounds like your MM is telling you lies. It caused you to think...”

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Muck Monster Activity

- Therapist records child's negative thoughts/beliefs over time
- Teaches the child how to use the cognitive restructuring questions
- After the child understand how to use the questions, the child draws his or her MM
- The drawing is placed in an empty chair
- Child verbalizes the negative thoughts as the voice of the MM
- Therapist models use of cognitive restructuring by using the cognitive restructuring questions to “argue with the MM by presenting convincing evidence, alternative interpretations, realistic outcomes, and “best friend thoughts”.

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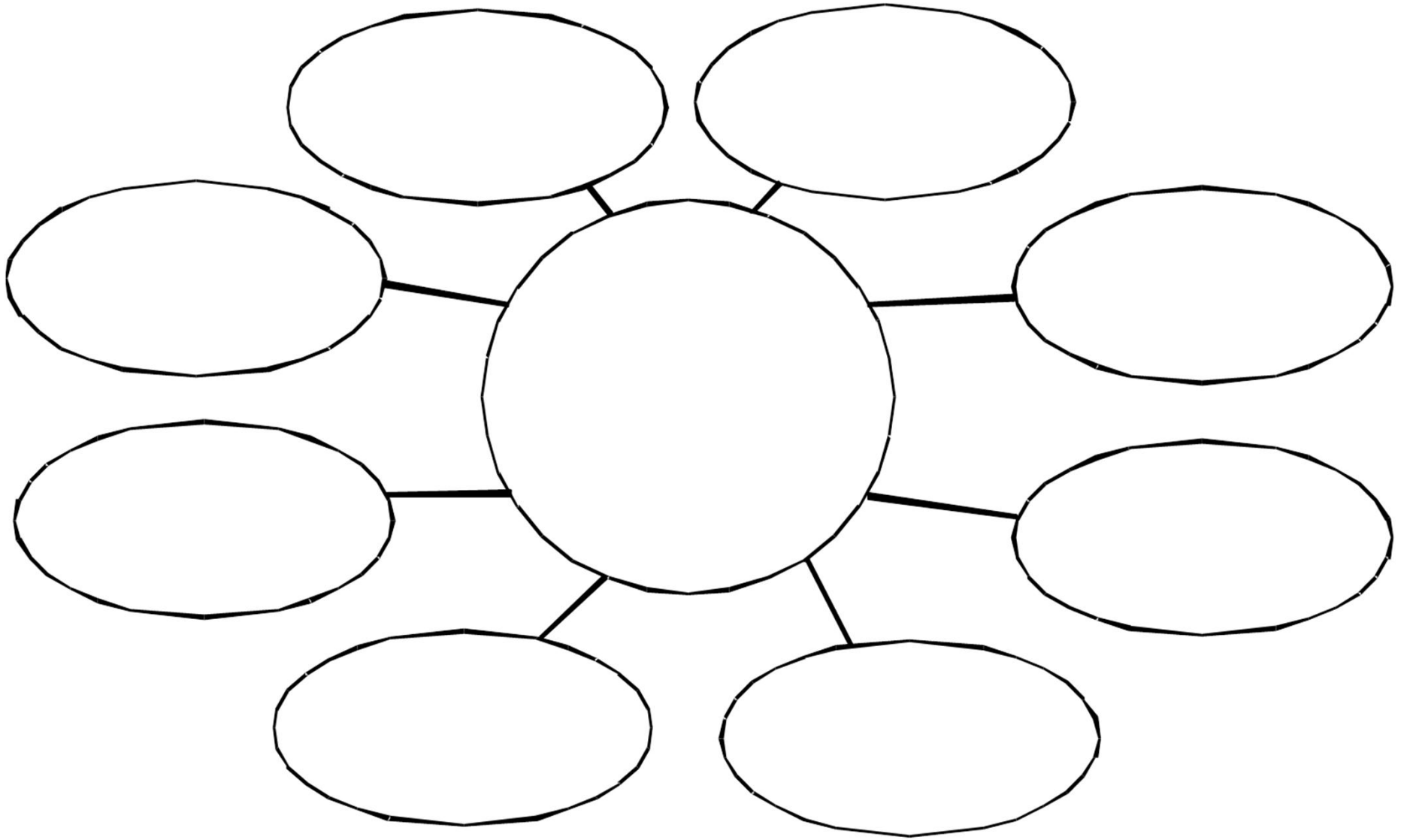
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Muck Monster Activity

- Therapist argues more forcefully over time
- Therapist checks in with child about how he or she feels now that he or she has heard the arguments against his or her MM.
- The child and therapist switch rolls and the child uses the cognitive restructuring questions to argue against the MM thoughts.
- The therapist encourages the child to become more powerful and vehement in his or her arguments against the MM thoughts—even yell at the MM. Therapist and other group members help as needed
- Therapist obtains a mood check
- Therapist and child identify more realistic thought(s)/belief(s)
- Child self-monitors evidence for new thought/belief



Self Map Activity

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- Identify the areas of the child's life that are important to him or her e.g. grades in school, as a friend, in an extra curricular activity, as a son/daughter, as a sibling, as a grandchild, appearance, possessions, clothes, intelligence, sense of humor, etc.
- Help the child to expand his or her view of self to being a multi-faceted individual with many strengths
- Fill in the bubbles with child's strengths or things he or she likes about him/herself in each of those areas. Therapist, caregivers, teachers, other group members provide help with identifying the child's strengths in each area. Write them down and then they are given to the child. Very powerful.
- Child continues to look for additional positives to add to the map
- Therapist obtains mood and believability ratings

Part 9 of 10

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ACTION Parent Training: Purpose

- Change the milieu within which the child is embedded
- Create a more positive environment (affective tone and child management)
- Alter dysfunctional parenting practices and interactions move from coercion and punishment to positive reinforcement
- Improve family problem solving
- Improve communication among family members
- Reduce conflict and increase child's role in decision-making
- Foster positive self-esteem
- Change interactions that support maladaptive beliefs

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ACTION Parent Training: Specific Components

- Psycho-education
- Positive behavior management
- Self-esteem enhancement
- Recreation
- Empathic listening
- Effective communication training
- Family problem solving
- Conflict resolution
- Change messages about the child

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ACTION Parent Training: Parameters

- 1-3 week modules, depending on pace of skills acquisition and timing of the child treatment component
- 8-12 parents
- 1.5-2 hours
- Conducted at children's schools in the evening
- Half of the meetings the child/children are present

Percentage of all possible parents who could have attended parent training meetings

Number of Meetings	Number of Parents Who Attended	Percent of Parents Who Attended
8	8	10.1
7	13	16.5
6	6	7.6
5	6	7.6
4	6	7.6
3	3	3.8
2	4	5.1
1	5	6.3
0	28	35.4

Paternal figure attendance of parent training meetings

Number of Meetings	Number of Paternal Figures Who Attended	Percent of Paternal Figures Who Attended
8	3	7.5
7	4	10
6	3	7.5
5	0	0
4	1	2.5
3	0	0
2	2	5
1	0	0
0	27	67.5

Attendance of Individual Family Meetings

Number of Meetings	Number of Families in Attendance
2	31
1	6
0	6

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Psycho-Education (#1)

- Pragmatics of meetings—praise for attending
- Their thoughts about causes of depression
 - What are ways that parents misperceive depression in their children?
- Simplified model
 - Sometimes things we don't like happen to us and we can change them and sometimes we can't. Also sadness is caused by thinking negatively
- Simplified model of treatment
 - Parents as models, coaches, cheerleaders & consultants
- Introduction to coping skills and encouragement to become more recreationally active as a family

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Positive Behavior Management (#1)

- Depressed children are irritable and oppositional which leads to coercion
- Reliance on punitive and coercive methods of behavior management leads to negative affective state in household, and to a negative sense of self in child.
- Message conveyed to child is that he or she is “bad” and unworthy of love and attention.

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Positive Behavior Management (#1)

- Switch frame to using positive reinforcement for appropriate behavior as primary means of behavior management
- Parents taught the “principles of reinforcement” and the impact that it has on their child’s self esteem

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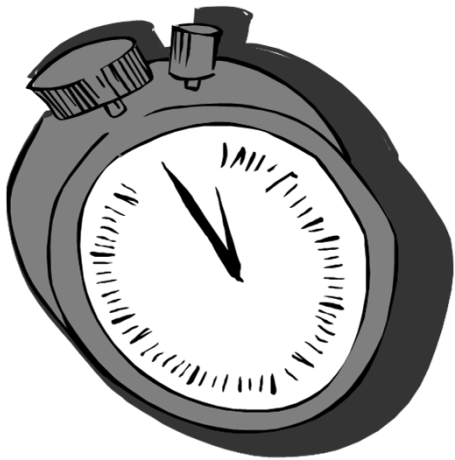
Positive Behavior Management: Parent and Joint Parent-Child meetings (#2)

- Teach parents the principles of reinforcement and outcomes of positive reinforcement—also big for difficult & keep it fresh
- Parents and children work together to create reinforcement menus
- Parents explicitly state behaviors that they would like to see in their child—stated in the positive
- Kids note where they could use more encouragement and together develop the language for accomplishing this—how to give an excellent compliment/praise
- Use education, modeling, role-plays, coaching, and feedback to help parents apply positive behavior management
- Also encourage children to participate by displaying positive behaviors in order to get positive attention from parent
- Kids describe the impact of receiving praise

Effective Use of Reinforcement



Contingent

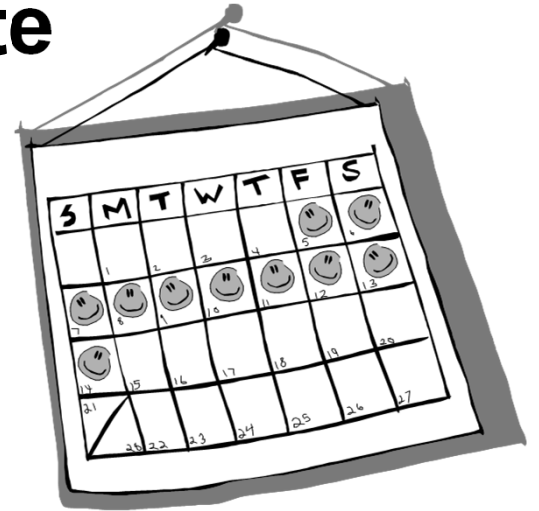


Consistent

Truly Desirable



Immediate



Outcomes of Reinforcement



Increases probability of desired behavior

Positive feelings in the household



Positive feelings toward the person giving reinforcement



Positive feelings toward self



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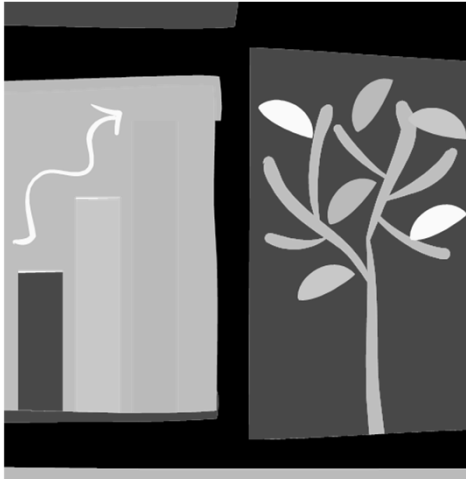
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Positive Behavior Management: Parent and Joint Parent-Child meetings



This coupon is good for

Love,

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Compliments/Praise (#2)

Source of information about what you like

- So, be specific and descriptive

Source of motivation

Therapist models use of praise throughout the meetings with both children and parents

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Coping Skills (#2)

Review the coping skills—have the children lead the review

Develop a parental reward system for the children using their coping skills

Discuss power of having fun

Demonstrate its power in session by playing a game together

End with what is wonderful about our child and my parent(s)

Part 10 of 10

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Positive Behavior Management (#3)

- Educate parents about the impact of the use of punishment. Effective in the moment but not effective in the long-term and in term of the impact on the child. This isn't to say that you never use punishment. There will be times when it is necessary. However, don't make it the primary or the sole method
- Decrease the use of punishment and increase use of reinforcement. Change the ratio

Impact of Punishment



Creates a negative cloud over the household



Leads to negative emotions



Leads to negative feelings for the person who gave the punishment



Daughter thinks negatively about herself

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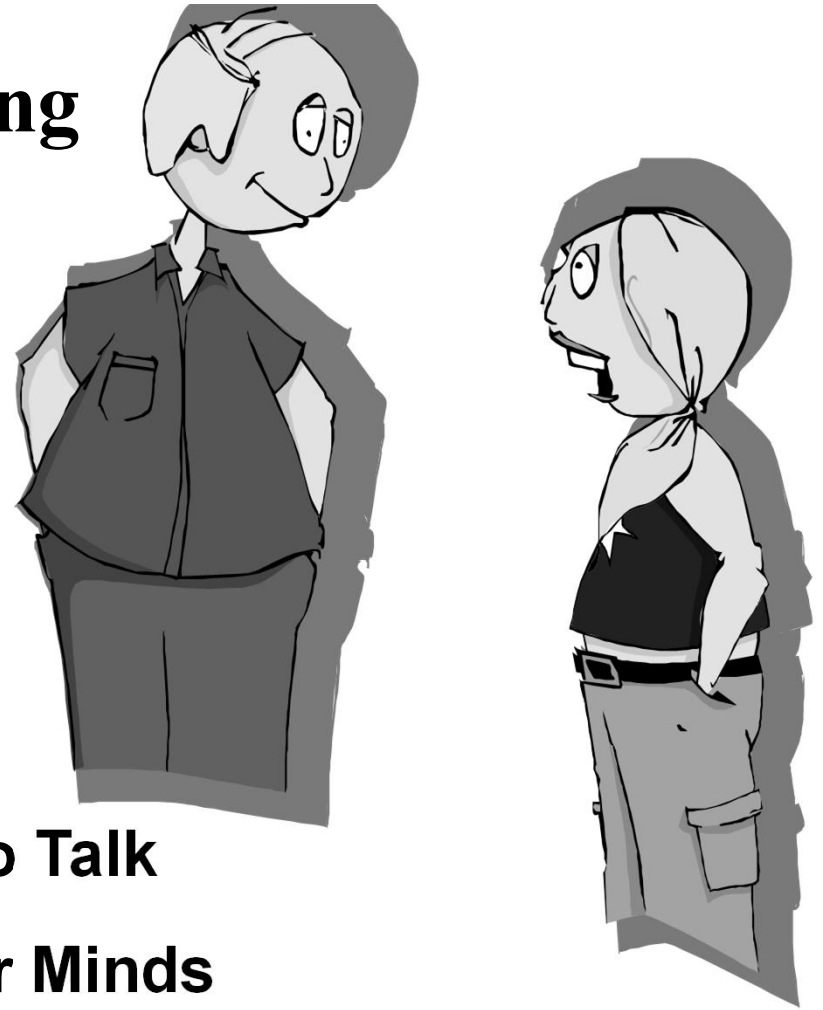
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Empathic Listening (#3)

- Depressed children may feel that parents don't care about them or their feelings.
- Empathic listening: sends message that parent cares and that the child's feelings are important.
- Parents taught four steps to empathic listening through education, modeling, role-plays, coaching, and feedback.

Steps to Empathic Listening



Daughter Asks to Talk

Parents Clear Their Minds

Daughter States what She Wants to Say

Parents Listen without of Thinking of Rebuttals or Solutions

Recognize Emotions and Meaning

Parents State Their Understanding of Feelings and Meaning

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Brief Introduction to Family Problem Solving (#3)

- Introduction to the steps and what they mean
- Parents describe their use of problem solving
- Introduction to the 5 P's model

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Individual Family Meeting

- Between 3rd and 4th meetings
- Work on the effective use of reinforcement
- Work on empathic listening and how parents can help their child to achieve therapeutic goals.
- Identify parents' goals for the family

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Review and Extend Positive Behavior Management (#4)

- Parents complete some of the reward coupons
- Parents identify some of the behaviors they want to see in the meeting tonight
- Parents reinforce their child for enacting those behaviors during the meeting

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Effective Communication Training: Parent and Joint Parent-Child meetings (#4)

- Practice with the girls talking about things that are upsetting them
- Parents, daughters are going to be turning more to outside of the family so communication is going to be even more important in the future
- Empathic listening is extended to several principles of effective communication.
- Parents and children practice effective communication with therapist providing coaching and feedback:
 - Start with an easy topic like what the children learned in last meeting
 - Parents communicate with child about a behavior that the child has been doing well and they want to see more often.
 - Predict areas of conflict and problem solve ahead of time



Effective Communication with Children and Teens

Brevity

Don't Blame

Behavioral Specificity

Empathic Listening

Feeling Statements

Give Alternatives

Congruence

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Family Problem Solving (#4)

- Review the steps
- Generate a list of typical problems and apply problem solving to a couple of them
- Families taught to effectively deal with day-to-day problems with the same problem solving steps that the children have learned.
- Outcomes of application of problem solving by family members:
 - leads to reduced stress in family.
 - provides child with examples of how to use problem solving.
 - Sends child the message that difficulties are simply problems to be solved.

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Conflict Resolution (#5)

- Review use of problem solving and how parents could apply it to their own lives
- Consistent finding that households of families of depressed children are characterized by elevated conflict.
- What is the affective tone in house when conflict exists?
- Conflict represents a problem to be solved
- Advantages to a family meeting
 - Prevents problem from escalating
 - Address and change problems
- Families are taught five step conflict management strategy.
- Parents start by role playing with each other a problem: their child is coming home late frequently

Conflict Resolution Steps



Agree to Meet

**Initiator States
One Issue**

**Initiator Gives Two
Recent Examples**

**Initiator States
Personal Impact**

**Discuss
Alternatives**

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Conflict Resolution: Joint Parent-Child meeting (#6)

- Practice use of positive behavior management
- How can parents and kids recognize that they are in conflict? What are the clues? Agree to alert each other
- Families are given a relatively low level problem situation to practice
- Parents and children practice conflict resolution and therapist provides coaching and feedback.

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Parental Help with Cognitive Restructuring (#6)

- Children create list of their five most common negative thoughts, one per cognitive restructuring homework form
- Explain the link between the thought and their emotions
- Demonstrate how to use the form to complete the cognitive restructuring process. As parents learn how to do it they try to help.
- Parents and child talk about emotional support and how the parents can provide this for them.

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Extending Conflict Resolution Skills (#7)

- Identify barriers to effective use of conflict resolution skills
- Use experiences during the previous meeting and over the last week to identify the thoughts of their own and problems they have with their children that could get in the way
- Brief as this is going to be explored more in the individual family meeting

- Introduction to the power of the apology
- Quick way to break through anger and open communication
- Models many positive things for the child

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Linking Thoughts with Emotions and Cognitive Restructuring (#7)

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- Educate parents about cognition and link between negative thoughts and depression identify them in their child
- Educate parents about link between thoughts and emotions
- Parents catch their own & restructure them
- Activity—bag-o-thoughts
- Children are like sponges—take in what happens around them and try to derive meaning from it
 - Compliment
 - Attention
 - Empathic listening
 - Punishment
 - Repeated exposure to same message it becomes internalized and part of them
 - Also pick up on parents’ negative thoughts
 - Parents become “thought detectives”

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Individual Family Meeting

- Between 7 and 8
- Emphasis is on effective use of conflict resolution skills
- Help their children to catch negative thoughts
- Working as thought detectives for their own and their children's thoughts
- Identify actions that support negative beliefs

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Termination

- Game of Family Feud with Action Facts
- Looking to the future
- Saying good bye

- For additional training please contact:

Dr. Kevin Stark

kevinstark@mail.utexas.edu

For more information, please go to the main website and browse for more videos on this topic or check out our additional resources.

Additional Resources

Online resources:

1. Society of Clinical Child and Adolescent Psychology website:
<http://effectivechildtherapy.com>

Books:

1. Stark, K. D., Krumholtz, L., Ridley, K., & Hamilton, A. (in press). Treatment of depressed girls: The ACTION program. In S. Nolen-Hoeksema (Ed.). *Youth Depression*. New York: Guilford Press.
2. Stark, K. D., Streusand, W., Krumholz, L. S., & Patel, P. (2010). Cognitive-behavioral therapy for depression: The ACTION treatment program for girls. In J. R. Weisz & A. E., Kazdin (Eds.), *Evidence-Based Psychotherapies for Children and Adolescents* (pp. 93 – 109). New York: Guilford Press.

Peer-reviewed Journal Articles:

1. Stark, K. D., Arora, P., & Funk, C. (in press). CBT for Youth Depression: Implications for Training School Psychologists. *Psychology In The Schools*.
2. Stark, K. D. (in press). Experiences Implementing the ACTION Treatment Program: Implications for Preventive Interventions. *Clinical Psychology: Science and Practice*.

