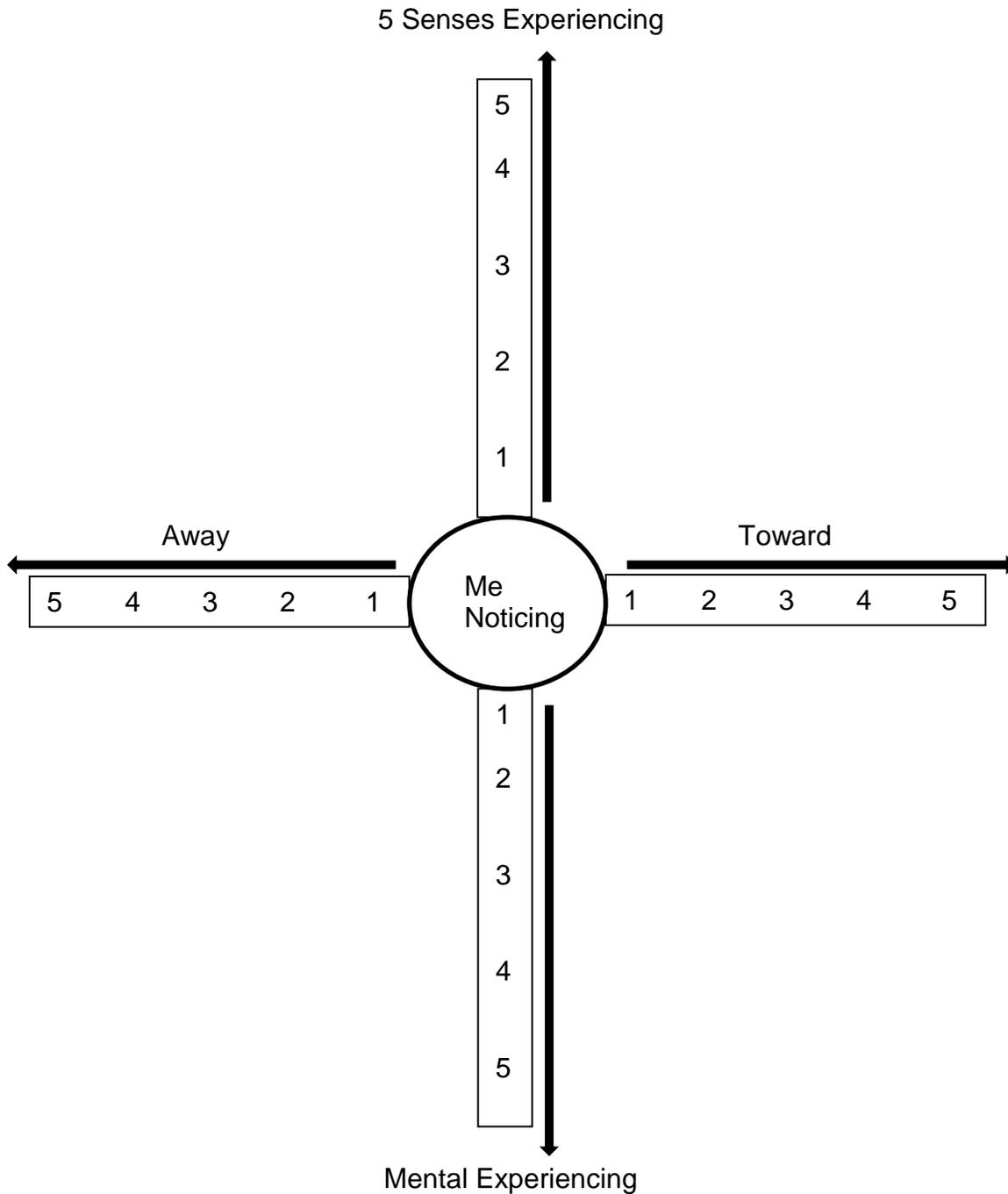


ACT Matrix



CBT in Context: Environmental Supports are Primary!

Recommended Support	How to do it:
Break tasks down into manageable increments	<p>Structure each task into pre-organized, sequential units.</p> <p>Give the student check-off lists for each part of the task rather than waiting for him/her to automatically recall and self-organize steps for completion.</p>
Make learning meaningful	<p>Embed academic tasks in established areas of interest, so that they are motivating.</p> <p>Make learning a meaningful experience by knowing the FUNCTIONAL areas of deficit, and working on academics functionally.</p>
Checking for understanding	<p>Check after you teach increments of information. And show how parts go together:</p> <p>For example, teach “A,” then check that the student understood “A.” Then introduce “B,” check for understanding of “B.” Now put together “A and B,” then check for student understanding.</p>
Repeating may be necessary	<p>Do not get frustrated.</p> <p>Student may “know” information one day, then “not know” it the next day—or a week later.</p> <p>Repeat as necessary, with no frustration or pointing out the problem.</p>
Provide opportunities for physical movement	<p>Students with mental health concerns frequently need movement breaks. Some children with depression may not want to move, but it is important to keep them active.</p> <p>Take a walk around the school, on the playground, have student take papers to the office, etc.</p> <p>Plan for scheduled opportunities for physical movement, especially during tasks that may be less preferred.</p> <p>Studies confirm that movement opportunities can help improve focus and attentional stamina.</p>

Recommended Support	How to do it:
Work in short increments	<p>Time the student to see how long he/she can work without frustration, boredom, or shutting down.</p> <p>If student can only work 10 minutes, then use a timer, and only work for <u>8-9 minutes</u>.</p> <p>Provide short breaks after work segments are done.</p> <p>Allow student to access highly preferred activities during breaks—as long as those preferred activities can be set aside when work must resume.</p>
Provide a written schedule that organizes the sequence of the day	Place a copy of the schedule on his desk or where the student can see it.
Provide a written list of work output expectations	<p>Post this on the desk.</p> <p>Write MORE than what you actually expect.</p> <p>If student loses momentum, tell him/her that you will remove items from the list when he/she performs tasks. (This is called negative reinforcement).</p>
Depending on the student, provide single-step commands	<p>Keep your demands low, including language demands.</p> <p>Speak simply, factually.</p> <p>Refrain from multi-step commands. This will make kids very upset!</p> <p>Repeat what you've said, when needed.</p>
Support verbal or written responses	<p>Give the student multiple choices for responding.</p> <p>Lead the student to an appropriate response with context clues.</p>

Recommended Support	How to do it:
<p>Provide specific positive feedback for preferred behaviors</p>	<p>Give directions positively, clearly and with visual support when possible; check for his understanding of behavioral and academic expectations at regular intervals, especially prior to the start of the school day.</p> <p>Use proximity signals: move closer to the student when attention has reduced, especially when imparting important information or directions. You may also decide to let Zachary know that physical proximity is a cue to focus his attention.</p> <p>Assign a responsible student to pair with him during class time who may be able to provide peer support for work and behavior.</p>

Treatment Integrity Data Collection Checklist

Student _____

COMPONENTS		Date:	Date:	Date:	Date:
Environmental Modifications					
1.	Consider treatment need first; academic rigor is secondary during treatment				
2.	Physical education at the beginning of the student's day—30 mins. of vigorous exercise				
3.	Reduce environmental irritants as best as possible: noise, visual clutter, odors				
4.	Play slow, quiet, calming music (or “environmental noises” such as birds, ocean, streams, etc.) No music with lyrics.				
5.	Find what the student is good at and include that every day				
6.	Individualized schedule presented to the student every day				
7.	Allow student a choice of activity within a pre-determined set of choices				
8.	Structure each task into pre-organized, sequential units and direct student to engage in structured activities/tasks				
9.	Post simple classroom rules, no more than 5, linked to functional deficits				
10.	Simplify instructional language—direct, concrete				
11.	Visual pacing for task completion				
12.	Provide single-step commands, assure that step is completed before moving to the next				
13.	Check for student understanding after you teach increments				
14.	For children with Depression, Anxiety, or PTSD: Slow the pace of instruction				
15.	Repeat information or reteach information as needed				
16.	Provide opportunities for physical movement—as needed				
17.	Provide shortened work intervals, followed by a short, timed break				
18.	Use cloze, fill in the blanks, multiple choice and other alternatives for completing assignments, to support language, concept formation, and processing				

COMPONENTS	Date:	Date:	Date:	Date:	Date:
19. Frequent specific performance feedback (Do not give direct positive feedback to students known to have oppositional traits, as this may reinforce opposition)					
20. Collect data on levels of academic performance using Curriculum Based Measures.					
21. Collect data on functional deficits, as well as progress in these areas					
22. Collect data on affective dysregulation/behaviors indicating affective trouble (number of times, time spent in dysregulation, work missed due to dysregulation, etc.)					
23. Set IEP goals to match success levels, student's needed functional skills, and time spent in affective dysregulation					
24. Establish the student's success level (85-90% accuracy) and teach to this level most of the time					
25. Align academics with what is meaningful to the student to develop intrinsic motivation (aligned with strategy #51)					
26. Use materials, visuals, activities, demonstrations, and novelty rather than worksheets for instruction. Worksheets are secondary and used for practice					
27. Slightly increase academic tasks only when behavioral data reflects affective improvement. 1 slightly challenging task for every 3 success-level tasks.					
28. Teach functional skills directly related to identified functional deficits					
29. Reduce use of consequence-based procedures, including use of warnings, changing colors to indicate progress toward a consequence, trips to principal's office.					
Treatment Strategies and Interventions					
30. Parent training and psychoeducation provided					
31. Student psychoeducation provided					
32. Post student's specific behavioral target on his/her desk and review. No more than 2 at a time (based on functional need)					
33. Active use of reinforcement to build functional skills (including weekly inventory)					

COMPONENTS	Date:	Date:	Date:	Date:	Date:
34. Use of ACT Matrix for self-monitoring of student affect and student behavior					
35. Acknowledge emotions, but refrain from pity, anger, or frustration					
36. Quick stimulus changes for student oppositionality					
37. Maintain a quiet, neutral, matter-of-fact tone of voice					
38. Maintain teacher-student boundaries—show no favoritism					
39. Skills training in: coping with adversity, coping with rejection, coping with changes, stress management, conflict resolution, affective/behavioral regulation techniques					
40. Relaxation techniques used frequently (this may vary by student need, but typically offered once at beginning, middle and end of the day, or in proximity to transitions)					
41. Mindfulness techniques used at least 10 minutes cumulatively					
42. Removed preferred objects or stopped desired activities when student engages in challenging behaviors					
43. Appropriate behavioral emergency interventions established and used, as needed					
44. Maintain neutrality/positive rapport with ALL support team: teacher, psych, SLP, counselor, principal, other administrators					
45. Full-body emotional experiencing technique					
46. Empty-head technique					
47. Pressure release activity/stream of consciousness writing					
48. Inhabiting the body/50-50 technique					
49. Thought diary					
50. Pleasant, Unpleasant, or Neutral—awareness technique (every 20 mins.)					
51. Defining student values, charting values, or establishing student goals, actions or sub-actions based on values					
52. Sleep Hygiene Protocol taught/sleep diaries maintained with parents					

Components of CBT for Educators

What	Provider	Setting
Parent education and training	Licensed Psychotherapist or other highly trained provider under the direction of a Psychotherapist	Private 1:1 or Parent group setting
Student psychoeducation	Teacher, with counselor/school psych/ clinical staff supervision	Milieu Individual sessions and/or classroom choral/ small group
Acceptance training	Teacher, with counselor/school psych/ clinical staff supervision	Milieu Classroom choral /small group
Pressure release activities	Teacher, with counselor/school psych/ clinical staff supervision	Milieu Classroom choral /small group
Cognitive distancing training	Preferred: Counselor/ school psych or clinical However, with training and clinical supervision: Teacher	1:1 counseling or Milieu Classroom choral/small group
Mindfulness Techniques	Teacher/ counselor/school psych/ clinical staff	Milieu Classroom choral /small group
Relaxation Training	Teacher/ counselor/school psych/ clinical staff	Milieu Classroom choral /small group
Developing valued directions	Teacher, with counselor/school psych/ clinical staff supervision	Milieu Classroom choral /small group
Social reinforcement	Teacher, with counselor/school psych/ clinical staff supervision	1:1 counseling or Milieu Classroom choral/small group

Common Cognitive Distortions

Distortion:	Description:	Examples:
Filtering	Magnification of negative details Minimizing positive details	She only says mean things to me. Only noticing the negatives on a report card, not including positives.
Polarized Thinking	Black and white thinking; no middle ground; either/or beliefs; disallowing for complexity	Feeling that work must be perfect or it is wrong. Friendship must look a certain way, or it is not worth having. Either my parents love me all the time, or I am despised.
Overgeneralization	General conclusions based on single pieces of evidence	She was mean to me before. She's a bad person. I don't understand this math. It's because I am stupid.
Mind reading	Believing we know what others are thinking or feeling	She looked at me weird; it's because she hates me. The teacher ignored my raised hand; it's because she thinks I don't know anything.
Catastrophizing	Expecting the worst; interpreting all events in negative "worst-case" terms	I can't do this homework assignment, so I'll never amount to anything. I have had a cold for the past three days, so I must have _____.
Personalization	Seeing one's self as the cause of events	The teacher came in angry today because she hates me.

Distortion:	Description:	Examples:
	Believing that that what others do or say is personally directed toward you.	We wouldn't have had this history test today if it weren't for me.
Fallacy of Fairness	Holding onto personal ideas of what "fair" means and judging situations based on personal beliefs about fairness.	I got detention for talking back—and that's not fair.
Blaming	Believing that other people and circumstances are the cause of unhappiness	He makes me feel bad about myself. If he wasn't in my class, I'd be happier.
"Shoulds"	Rigid adherence to made up rules about how others and we should behave	People need to turn off their cell phones during movies. I shouldn't be so lazy.
Fallacy of Change	Our happiness is contingent upon other people "changing" to suit personal needs	If only he would listen to me, we'd be much happier. Once I can get her to love me, we'll be so happy.
Always Being Right	Insistence that our opinions and actions are correct	I don't care how badly arguing with me makes you feel, I'm going to win this argument no matter what because I'm right.

References:

Beck, A. T. (1976). *Cognitive therapies and emotional disorders*. New York: New American Library.

Burns, D. D. (1980). *Feeling good: The new mood therapy*. New York: New American Library.

Cognitive Reframing Guidelines

Never deny the individual's experience. (e.g., "that's not true...") The experience is REAL for the child due to many experiences that have shaped the view. Instead, begin by *JOINING the child* by acknowledging the viewpoint, but not agreeing with it completely. Over time, challenge the view in various plausible, neutral contexts.

Step 1: Acknowledge what the child has said. Use active listening and reflection.

Examples:

It sounds like you are really frustrated right now...

You sound scared...

It sounds like you're not ready to work...

I could see how that would be hard for you...

That would be really unfortunate...

Oh wow, that must be painful....

Step 2: Ask potentially reframing questions, based on plausible alternatives. AVOID blaming, sounding judgmental or dismissive.

Examples:

Sometimes people do _____ because they are (tired, unaware, can't hear, etc.)

Do you think maybe _____ (he was having a bad day; didn't see you; got scared; didn't understand you; wasn't listening closely enough, etc..)?

What are some other reasons why people do _____ (repeat the problem the child experienced)?

Give examples of attributes that counter the child's negative perception (e.g. "I think you're smart, funny, and full of creative ideas." Or "I know that a lot of people see Maria as a caring person. What do you think might be different with you?")

CBT Thought Record

Facts:	Emotion/ Feeling:	Automatic Thoughts:	Evidence that supports the thought:	Evidence that does not support the thought:	Alternative thought or feeling: Emotion

Evidence Based Parent Training Models

Defiant Children: A Clinician's Manual for Assessment and Parent Training

Defiant Children: A Clinician's Manual for Assessment and Parent Training provides clinicians with a scientifically based behavioral paradigm and set of methods in which to train parents in the management of defiant/ oppositional defiant disorder (ODD) children. The program involves training parents in 10 steps through weekly sessions that have proven effectiveness in reducing defiance and ODD symptoms in children ages 4-12 years. The manual also provides information on the assessment of these children prior to intervention and with rating scales to use to monitor changes that occur during treatment. The manual further provides the parent handouts that are to be given by the therapist at each step. Therapists are granted limited permission to photocopy the assessment tools and rating scales as well as the parent handouts for use with families undergoing treatment in their practice.

Program Goals:

The goals of *Defiant Children: A Clinician's Manual for Assessment and Parent Training* are:

- Increase the value of the parents' attention generally, and its particular worth in motivating and reinforcing their child's positive behavior
- Increase the positive attention and incentives the parents provide for compliance while decreasing the inadvertent punishment they provide for occasional compliance
- Decrease the amount of inadvertent positive attention the parents provide to negative child behavior
- Increase the use of immediate and consistent mild punishment for occurrences of child noncompliance
- Ensure that escape from the activity being imposed upon the child does not occur (i.e., the command is eventually complied with by the child)
- Reduce the frequency of repeat commands the parents employ so as to avoid delays to consequences (act, don't yak)
- Recognize and rapidly terminate escalating and confrontational negative interactions with the child
- Ensure that the parents do not regress to a predominantly punitive child management strategy once training has been completed

Attachment and Biobehavioral Catch-up (ABC)

The information in this program outline is provided by the program representative and edited by the CEBC staff. Attachment and Biobehavioral Catch-up (ABC) has been rated by the CEBC in the areas of: Infant and Toddler Mental Health Programs (Birth to 3) and Parent Training Programs.

ABC targets several key issues that have been identified as problematic among children who have experienced early maltreatment and/or disruptions in care. These young children often behave in ways that push caregivers away. The first intervention component helps caregivers to re-interpret children's behavioral signals so that they

provide nurturance even when it is not elicited. Nurturance does not come naturally to many caregivers, but children who have experienced early adversity especially need nurturing care. Thus, the intervention helps caregivers provide nurturing care even if it does not come naturally. Second, many children who have experienced early adversity are dysregulated behaviorally and biologically. The second intervention component helps caregivers provide a responsive, predictable environment that enhances young children's behavioral and regulatory capabilities. The intervention helps caregivers follow their children's lead with delight. The third intervention component helps caregivers decrease behaviors that could be overwhelming or frightening to a young child.

Program Goals:

The program goals of ***Attachment and Biobehavioral Catch-up (ABC)*** are:

- Increase caregiver nurturance, sensitivity, and delight
- Decrease caregiver frightening behaviors
- Increase child attachment security and decrease disorganized attachment
- Increase child behavioral and biological regulation

The Incredible Years

The information in this program outline is provided by the program representative and edited by the CEBC staff. The Incredible Years (IY) has been rated by the CEBC in the areas of: Disruptive Behavior Treatment (Child & Adolescent), Parent Training Programs and Prevention of Child Abuse and Neglect (Secondary) Programs.

The Incredible Years is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher, and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations.

Program Goals:

The overall goals of *The Incredible Years* are split into short-term goals and long-term goals:

- Short-Term Goals:
 - Improved parent-child interactions, building positive relationships and attachment, improved parental functioning, less harsh and more nurturing parenting, and increased parental social support and problem solving
 - Improved teacher-student relationships, proactive classroom management skills, and strengthened teacher-parent partnerships
 - Prevention, reduction, and treatment of early onset conduct behaviors and emotional problems
 - Promotion of child social competence, emotional regulation, positive attributions, academic readiness, and problem solving
- Long-Term Goals:
 - Prevention of conduct disorders, academic underachievement, delinquency, violence, and drug abuse

Oregon Model, Parent Management Training (PMTO)

The information in this program outline is provided by the program representative and edited by the CEBC staff. Oregon Model, Parent Management Training (PMTO®) has been rated by the CEBC in the areas of: Disruptive Behavior Treatment (Child & Adolescent) and Parent Training Programs.

Target Population: Parents of children 2-18 years of age with disruptive behaviors such as conduct disorder, oppositional defiant disorder, and anti-social behaviors

PMTO refers to a set of parent training interventions developed over forty years, originating with the theoretical work, basic research, and intervention development of Gerald Patterson and colleagues at Oregon Social Learning Center. **PMTO** can be used in family contexts including two biological parents, single-parent, re-partnered, grandparent-led, reunification, and foster families. **PMTO** can be used as a preventative program and a treatment program. It can be delivered in many formats, including parent groups, individual family treatment in agencies or home-based and via telephone/video conference delivery, books, audiotapes and video recordings. **PMTO** interventions have been tailored for specific youth clinical problems, such as externalizing and internalizing problems, school problems, antisocial behavior, conduct problems, deviant peer association, theft, delinquency, substance abuse, and child neglect and abuse. Individual parent or parent group interventions are appropriate for birth parents whose children have been removed because of maltreatment/neglect.

Program Goals:

The goals of *the Oregon Model, Parent Management Training (PMTO®)* include:

- Improving parenting practices
- Reducing family coercion
- Reducing and preventing internalizing and externalizing behaviors in youth
- Reducing and preventing substance use and abuse in youth
- Reducing and preventing delinquency and police arrests in youth
- Reducing and preventing out-of-home placements in youth
- Reducing and preventing deviant peer association in youth
- Increasing academic performance in youth
- Increasing social competency in youth
- Increasing peer relations in youth
- Promoting reunification of families with youth in care

Triple P - Positive Parenting Program® - Level 4 (Level 4 Triple P)

The information in this program outline is provided by the program representative and edited by the CEBC staff. Triple P - Positive Parenting Program® - Level 4 (Level 4 Triple P) has been rated by the CEBC in the areas of: Disruptive Behavior Treatment (Child & Adolescent) and Parent Training Programs.

Target Population: For parents and caregivers of children and adolescents from birth to 12 years old with moderate to severe behavioral and/or emotional difficulties or for parents that are motivated to gain a more in-depth understanding of positive parenting.

Level 4 Triple P is one of the five levels of the [Triple P - Positive Parenting Program® System](#) which is also highlighted on the CEBC. **Level 4 Triple P** helps parents learn strategies that promote social competence and self-regulation in children as well as decrease problem behavior. Parents are encouraged to develop a parenting plan that makes use of a variety of **Level 4 Triple P** strategies and tools. Parents are then asked to practice their parenting plan with their children. During the course of the program, parents are encouraged to keep track of their children's behavior, as well as their own behavior, and to reflect on what is working with their parenting plan and what is not working so well. They then work with their practitioner to fine tune their plan. **Level 4 Triple P** practitioners are trained to work with parents' strengths and to provide a supportive, non-judgmental environment where a parent can continually improve their parenting skills. **Level 4 Triple P** is offered in several different formats (e.g., individual, group, self-directed, and online). The CEBC evaluated the standard version of **Level 4 Triple P** as described above and not any other variations (including early teen versions or those for children with developmental delays).

Program Goals:

The overall goal of **Triple P - Positive Parenting Program® - Level 4** is:

- Prevent worsening of severe behavioral, emotional and developmental problems in children and adolescents by enhancing the knowledge, skills, and confidence of parents

Specific expected outcomes include:

- Increase parents' competence in promoting healthy development and managing common behavior problems and developmental issues
- Reduce parents' use of coercive and punitive methods of disciplining children
- Increase parents' use of positive parenting strategies in managing their children's behavior
- Increase parental confidence in raising their children
- Decrease child behavior problems (for families experiencing difficult child behavior)
- Improve parenting partners' communication about parenting issues
- Reduce parenting stress associated with raising children

Family Education and Support

In children's mental health, a limited number of studies have examined the impact of family psychoeducation on children and families. One model of family psychoeducation that has been studied is the multifamily psychoeducation groups (MFPG) program. The program is designed for families with children with mood disorders, including bipolar disorder and major depressive disorder. The MFPG program focuses on working with families to identify the symptoms and effective treatment for mood disorders and improving problem-solving and family communication skills. The program also includes sessions with children with mood disorders that cover a number of topics (symptoms, treatment, anger management, the connection between thoughts, feelings, and actions, impulse control, and improved communication skills).

Research on MFPG is ongoing. Positive results have been reported, including increased parental knowledge about mood disorders, increased positive family and child interactions, improved parent coping skills and support, and more. The MFPG developers have received a grant from the National Institute on Mental Health (NIMH) for ongoing research to help develop an evidence base. There are also family education and support programs developed by family organizations and taught by trained family teachers.

Family education and support programs use experienced and trained parents of children receiving mental health services to provide support to other parents. The most common types of support include affirmation and emotional support (empathy, reassurance, and positive regard to reduce distress, shame, and blame), and informational support (about disorders, treatment options, parenting skills, coping techniques, community resources, and stress reduction). In education and support programs, families are highly valued for their expertise in understanding their child and his or her needs. Family-driven and peer-to-peer education and support programs are receiving increased attention and it is likely that the evidence base will continue to grow for these programs.

Average Length of Program: Varies by program.

Effective For: Preliminary evidence to support use of family psychoeducation and support programs for adolescents with major depression, bipolar disorder, Tourette's syndrome, and anorexia.

Consider These Books:

Ross Greene, *The Explosive Child*

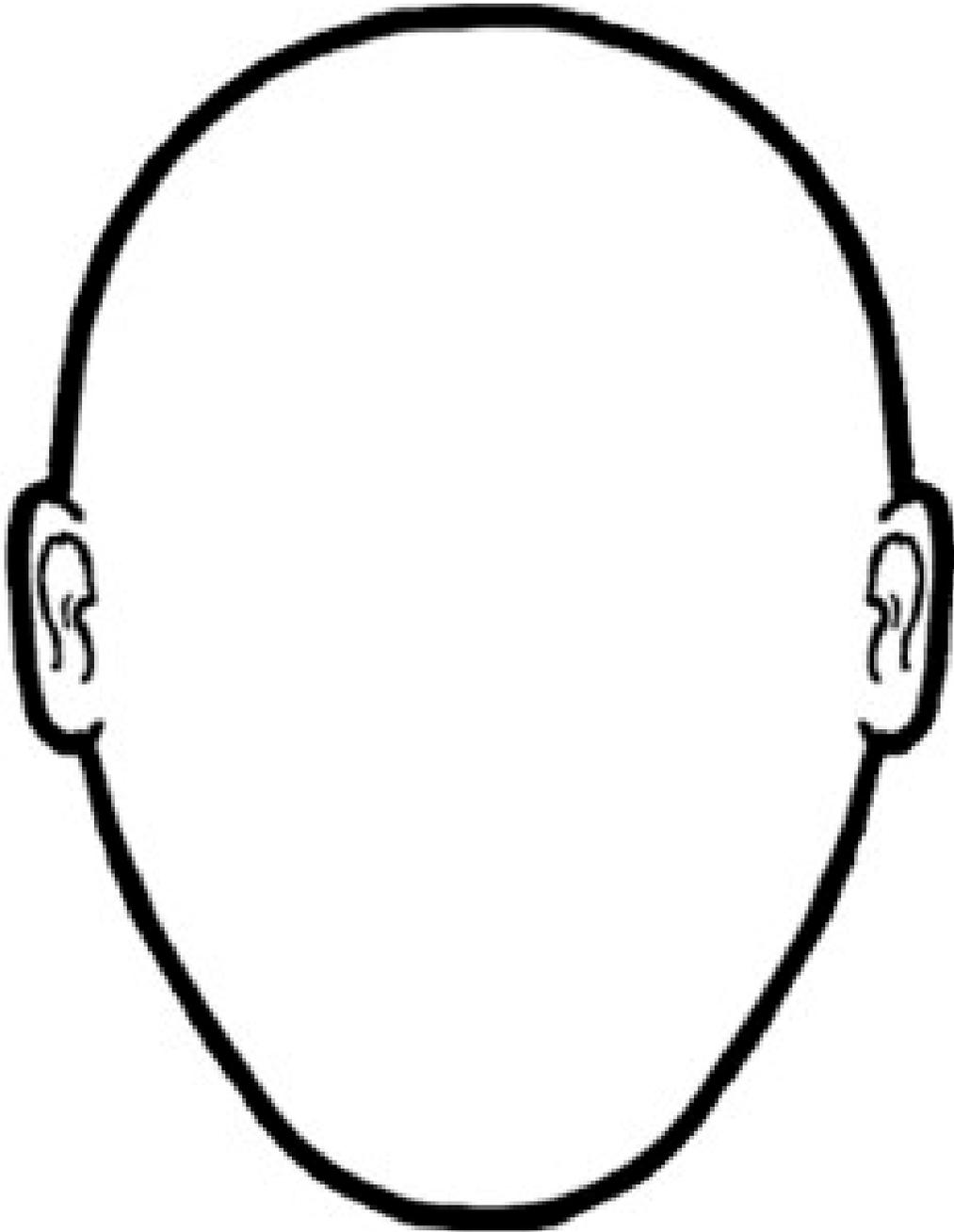
Ross Greene, *Lost at School*

Daniel J. Siegel, M.D., and Mary Hartzell, M.Ed., *Parenting from the Inside Out: How A Deeper Self-Understanding Can Help You Raise Children Who Thrive*

Elaine Aron, *The Highly Sensitive Child: Helping Our Children Thrive When the World Overwhelms Them*

Daniel J. Siegel, Tina Payne Bryson, *The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind*

Acceptance Exercise



Daily Thought Diary Sample

Time	Activity when struggle began:	Thoughts during the Struggle	Feelings during the struggle:	Body sensations:
6 am	I woke up from sleeping	I started thinking I really hate school. I wouldn't have to wake up at this time if I wasn't in school. People there suck. School is stupid. I can't stand this feeling. What is happening to me? Am I going to die?	Sad, angry	Heavy, tingling in stomach
7 am	I was going to school		Fear	Heart beating, cold
8 am				
9 am	I had to take a test	I thought I might be feeling sick. I'm thinking, "not again." I might lose control. I need to get away from everything.	Anger, fear	Heat, tight throat
10 am				
11 am	I was eating a burrito from the cafeteria at lunch	Look at everyone else having fun. I am all alone.	Sadness	

Thought Diary for Students

Time	Activity when struggle began:	Thoughts during the Struggle	Feelings during the struggle:	Body sensations:
8 am				
9 am				
10 am				
11 am				

Time	Activity when struggle began:	Thoughts during the Struggle	Feelings during the struggle:	Body sensations:
12 pm				
1 pm				
2pm				
3 pm				

Sampling of Cognitive Diffusion Techniques

Technique	Method
Bad News Radio	Imagine your negative mind is a radio station. Have the student say in a station announcer's voice, "This is bad news radio. We're here 24/7. Remember: all bad news, all the time." Then have the student use the announcer's voice to say the headlines of what negative news the mind is generating. Have the student try this in private: in their car, in the bathroom, etc.
Descriptions vs. Evaluations	Sort out the actual descriptions of events from the evaluations and commentary on them. Have the student draw a line down the middle of a piece of paper. On the left side, have the student describe a troubling event as though he/she were a video camera—just the facts. (Ex: "The car was blue. It turned into my lane. I swerved to the left to avoid it. I applied the brakes." Etc.) On the right side, the student can write their commentary. Over time, reduce the amount of space the student has to write commentary (or reduce the amount of time the student has to write evaluative commentary).
Notice and Appreciate	As you begin to notice the negative thoughts that are fueling worries, sadness and opinions, show appreciation to the mind for its "products." ("Ex: "You are doing a great job worrying today!" Thanks for the input.") This is not meant as sarcasm. The mind is only doing what it was designed to do for thousands of years: "problem solve" and avoid danger.
Cell Phone From Hell	Imagine that the negative commentary you have internally is like a cell phone call. Imagine yourself thanking the caller and hanging up the phone. Repeat as needed.
Name Tags	Write down a negative evaluation you have of yourself that you are ready and willing to release. You will write it on a self-adhering name tag, put the name tag on and wear it. Just feel what it is like to have the words out there for others to see.
Thoughts as Bullies	Treat your negative thoughts and opinions as bullies. Write a note to those bullies and use colorful language with them, if that helps. Become righteously indignant about being bullied: Who's life is it anyway? Will it be run by the bullies, or by you?
What Does This Serve?	When you find yourself buying a thought, stop and back up for a moment. Ask yourself, before you "buy" the thought, "What is buying this thought in the service of?" If you can tell that it is not in the service of your interests, stop buying the thought.

Technique	Method
Say it Fast	Identify a word that refers to some emotional difficulty you are facing. Rate the word on how it affects you emotionally on a scale of 1-10. Now, say the word fast, repeating it over and over for 45 seconds (Ex: anxiety, anxiety, anxiety...). At the end of 45 seconds, rate the word again on a scale of 1-10 for its emotional impact now.
Glad-libs	This is done in pairs or groups: Write down a negative commentary you are noticing going on in your mind. Take a thick black marker and black out all of the negative adjectives. Ask the partner or group to give you random positive adjectives that you fill in on top of the black lines. Read the new narrative with positives aloud.
How Has That Worked For Me?	When you notice you are buying a negative thought, back up and ask yourself, "How is this thought working for me?" If it isn't working, then ask "Then why should I listen to or be guided by my negative thoughts?"
Write Reminders	Write the key (most common) negative thoughts you have as single words on 3 x 5 index cards. Every time you have one of these thoughts, bring out the index card with the corresponding word on it and set it in view. Determine if you are going to take action in your life based on this negative recurring thought or not.
Assign A Specific Time	Instead of having negative thoughts all day long, assign a specific time during the day during which you will attend to these thoughts (say from 3:00 to 3:30 pm) When you notice negative thinking, tell your mind that it is not time yet, but at 3:00pm it can have its say.
Teach About Cognitive Distortions	The teacher should devise a lesson plan and choose one of the common distortions. Teach what it is and what it can do. Have students write/share their own experiences with the distortion and give their own examples of how they experience it.

Mindfulness Techniques

Technique	Method	Notes
Counting Breaths	<ul style="list-style-type: none"> From a seated position, have the student look down at a 45 degree angle. Soften gaze to take in nothing specific. Count from 1-10 on each exhalation. If thinking arises, restart count at 1. 	Practice every day. Practice at the same time every day, if possible. All students participate. Increase practice time from 5 minutes daily to 30 minutes max.
Walking in Silence	<ul style="list-style-type: none"> Standing position. Look down at 45 degree angle. Walk very slowly for 5 minutes. Walk very quickly for 5 minutes During walking, do not speak or make eye contact with others. Focus on sensations of the body. If thoughts arise, drop them and return to the body. 	Intermittent.
Mindful Eating	<ul style="list-style-type: none"> Eating meal in silence, focus on the sensations of the food in contact with the tongue, throat and stomach. Focus on flavors and textures. Focus on fullness of the stomach. 	Intermittent.
Classical Music	<ul style="list-style-type: none"> Select classical music with multiple instruments rather than soloists. Play music and listen normally. After a few minutes, re-focus attention to one instrument of the orchestra and follow that instrument. Re-focus again and follow another instrument. Finally refocus again, taking in the whole orchestra, being mindful of all the individual parts you heard. 	Intermittent.
Just Sitting: Following breath	<ul style="list-style-type: none"> From a seated position, have the student look down at a 45 degree angle. Soften gaze to take in nothing specific. 	Increase practice time from 5 minutes daily to 30 minutes max.

Technique	Method	Notes
	<ul style="list-style-type: none"> • Simply follow the inhalation and exhalation. • If thought arises, notice it, drop it and return to the breath. 	
Just Sitting: Ambient sounds	<ul style="list-style-type: none"> • From a seated position, have the student look down at a 45 degree angle. • Soften gaze to take in nothing specific. • Focus on the ambient sounds inside the room (hum of air conditioner, clock sounds, etc.) and sounds that are outside the room (birds, airplanes, voices, etc.) • If thought arises, notice it, drop it and return to the breath. 	Increase practice time from 5 minutes daily to 30 minutes max.
Just Sitting: Cubby hole	<ul style="list-style-type: none"> • From a seated position, have the student look down at a 45 degree angle. • Soften gaze to take in nothing specific. • Follow the inhaled and exhaled breath. • Focus on the psychological content that arises during inhalations and exhalations. • Name them according to categories: emotion, thought, body sensation, evaluation, urge to do something, memory. • Do not follow the phenomena, simply categorize it. 	Increase practice time from 5 minutes daily to 30 minutes max.

Relaxation Techniques

Deep Breathing

Deep breathing is one of the best ways to lower stress in the body. This is because when you breathe deeply it sends a message to your brain to calm down and relax. The brain then sends this message to your body. Those things that happen when you are stressed, such as increased heart rate, fast breathing, and high blood pressure, all decrease as you breathe deeply to relax.

The key to deep breathing is to breathe deeply from the abdomen, getting as much fresh air as possible in your lungs. When you take deep breaths from the abdomen, rather than shallow breaths from your upper chest, you inhale more oxygen. The more oxygen you get, the less tense, short of breath, and anxious you feel.

- Sit comfortably with your back straight. Put one hand on your chest and the other on your stomach.
- Have student practice developing an abdominal breath that fills upward to the lungs.
- Count from 1-3 or 1-4. While counting the student inhales filling the lungs. And on the next count of 1-3 or 1-4 the student exhales deeply.
- Practice this with eyes closed and for 1 minute at a time.
- Do not allow student to engage with this exercise without plenty of practice and guided assistance, *as hurried deep breathing may lead to hyperventilation.*

Progressive Muscle Relaxation

Before practicing Progressive Muscle Relaxation, consult with your doctor if you have a history of muscle spasms, back problems, or other serious injuries that may be aggravated by tensing muscles.

Most progressive muscle relaxation practitioners start at the feet and work their way up to the face. For a sequence of muscle groups to follow, see the box below.

- Begin with practicing the deep breathing exercises as described above.
- Have the student shift attention to the hands and have him/her tense/ball up/squeeze hands tightly for a count of 10.
- Then student releases the hands and allows them to go limp and loose.
- Stay in this relaxed state for a moment, breathing deeply and slowly.
- Focus attention back on the hands and tell the student tense up hands and forearms together for a count of 10. Follow owing that, again allow a period for the student to go limp and loose.
- Add on biceps, shoulders, chest, abdomen, legs, feet and then face, slowly going through the whole sequence of tensing body parts in combination for 10 seconds and then allowing the body to go limp and loose for a period.

Yoga (aka: “Balance and Awareness”)

Yoga involves a series of both moving and stationary poses, combined with deep breathing. As well as reducing anxiety and stress, yoga can also improve flexibility, strength, balance, and stamina. Practiced regularly, it can also strengthen the relaxation response in your daily life. Since injuries can happen when yoga is practiced incorrectly, **Districts may want to determine the feasibility of this option.**

Guided Visualizations

Many people use guided visualization to relax and refuel. There are a variety of physical and mental health benefits to guided visualization including lowering of blood pressure and stress hormones. After quieting body and mind, practitioners can feel full of energy, relaxed, refreshed, and ready to face academic challenges in a more balanced way.

- With eyes closed, in a laying down or seated posture
- Visualize a peaceful scene in nature, or a favorite place to be that feels relaxing (not stimulating).

How Do You Want to Live?

Domain	Value	Importance	Manifestation	Lifetime
Marriage/couple/intimate relationships				
Parenting				
Family relations				
Friends/social relations				
Career/employment				
Education/training/ personal growth				
Recreation/Leisure				
Citizenship				
Health/Physical well-being				

Actions and Sub-Actions

Valued Direction: _____

Long Term Goal: _____

Short Term Goal: _____

Actions and Sub-actions:

1. _____

2. _____

3. _____

4. _____

5. _____

Possible Barriers and Strategies

Imagine what barriers might impede your progress toward goals. Write down any anticipated barriers. Which strategies might be best to handle the anticipated barriers? (Diffusion techniques, mindfulness, or acceptance strategies)

Barriers	Strategies

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