A Group Facilitator’s Guide: Game-Based Cognitive Behaviour Therapy for Children with Anger and Emotion-Regulation Difficulties

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The procedures in the facilitator’s guide, found in the appendices, are meant to be used by agency staff, as part of the broader services they provide, or under the supervision of agency staff.
DEDICATION

For doing all you could to ensure my opportunity became my reality.
For always believing in all I could do (even when I did not believe it myself).
For wanting the best for me and showing me that it is okay to want the same for myself.
For instilling in me, the importance of helping others.

For Mom and Dad.
ABSTRACT

Self-regulation and anger management difficulties are prevalent for a significant number of children and youth (Onchwari & Keengwe, 2011; Musher-Eizenman et al., 2004; Mash & Wolfe, 2010). “The Cool Kids: A Facilitator’s Guide for Teaching Children How to Self-Regulate and Manage Anger” was created as an adjunct to the pre-existing Managing Emotions group being run at Vanier Children’s Services in London, Ontario. “The Cool Kids” guide was based on Game- Based Cognitive Behaviour Therapy (GB-CBT) and Cognitive Behaviour Therapy (CBT) principles including psychoeducation, training, and skills building. The guide was created to be utilized by facilitators of self-regulation and anger management therapy groups with children aged 6-12. To the author’s knowledge, GB-CBT has not been used with this population. The guide contains psychoeducation, games and accompanying homework activities, tips for group facilitators, recommended readings, and a list of further resources in London, Ontario and its surrounding area for guardians.

The guide was evaluated by five Vanier Children’s staff members using a feedback form created by the author. The feedback form evaluated appearance, readability, perceived usefulness of the games and homework activities in the guide, and determined whether the guide would be useful across other environments. Overall, feedback indicted a positive view of the guide with 90% of respondents selecting “strongly agree” or “agree” on the positively framed, Likert scaled questions. Respondents indicated they would use an average of 59% of the games and 53% of the homework activities in the guide. Respondents also specified that the guide may be useful in schools, other areas within Vanier Children’s Services, and in other children’s mental health agencies. Recommendations for further research include facilitating a group for children aged 6-12 with self-regulation and anger management difficulties using The Cool Kids guide, and collecting data on the effectiveness of the guide with this population both within Vanier Children’s Services and across other appropriate environments.
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CHAPTER I: Introduction

In recent years, society has indicated a concern with the degree to which the needs of children with mental health difficulties are being met, as well as a concern with the overall quality of children’s mental health resources and treatments (Mash & Wolfe, 2010). Results of North American surveys indicate that one child out of every eight has impairments in functioning which are directly related to the child’s mental health (Costello, Egger, & Angold, 2005). There are also many children who may not have a diagnosis presently but have emerging difficulties that may lead to functioning impairments in the future (Mash & Wolfe, 2010). Difficulties that are often prominent include trouble adjusting to certain social environments and difficulty with emotion regulation. Trouble adjusting to a social environment may result in a child behaving in ways which are inappropriate to the situation; this may include exhibiting externalizing behaviours such as aggression and anger. These externalizing behaviours risk causing injury to the child as well as to others if the aggression is directed at those in their environment (Ho, Carter & Stephenson, 2010). Internalizing behaviours may also occur. According to Mash and Wolfe (2010), these behaviours include withdrawing from others or from activities, somatic complaints, anxiety, and depression. Left untreated, internalizing behaviours may make the child feel as though he or she is in a constant state of stress (Ho et al., 2010).

According to Mash and Wolfe (2010), emotion regulation and healthy expression of emotions are key factors in a child’s overall development. They are a main component in the fight or flight response. They help a child to decide if a situation is safe or threatening and prompt the child to determine which events they should disregard and which events they should attend to. They also help the child to define significant life events and provide incentive to take action. Since emotions are involved in numerous aspects of both development and social interaction, it is important to assure a child can properly regulate his or her situational emotional states.

Cognitive-behaviour therapy (CBT) is an evidence–based, therapeutic approach founded on the principle that an individual’s thoughts influence his or her emotions and behaviours, and in turn, the individual’s behaviours influence his or her cognitions (Wright, Basco, & Thase, 2006). CBT has been used in the past with a wide variety of populations to target emotional regulation and help decrease externalizing behaviours such as anger (Ho, et al., 2010; Sofronoff, Attwood, Hinton, & Levin, 2007), aggression (Walker & Bright, 2009; Blacker, Watson, & Beech, 2008), explosive disorder (McCloskey, Noblett, Deffenbacher, Gollan, & Coccaro, 2008), and disruptive behaviour (Gavita, Joyce, & David, 2011). Along with CBT, play therapy has been used successfully with children who exhibit externalizing behaviours (Cochran, Cochran, Nordling, McAdam, & Miller, 2010; Ray, Blanco, Sullivan, & Holliman, 2009). Play therapy targets psychosocial difficulties the child may be having through the use of play, allowing the child to express feelings and emotions in a supported environment (Foulkrod & Davenport, 2010).

Game-based cognitive behavioural therapy (GB-CBT) combines traditional cognitive behavioural therapy core concepts with components of play therapy, which are then administered in a group format (Misurell, Springer, & Tryon, 2011). GB-CBT has two main components,
education and training and social skills development. GB-CBT aims to cultivate and improve children’s anger management skills, self-regulation, and emotional articulation through psychoeducation, as well as through games which are designed to reinforce and practice skills and knowledge learned in psychoeducation sessions. Improving children’s anger management skills, self-regulation skills, and emotional articulation is imperative and may be done so through the use of GB-CBT.

Rationale

The objective of the current study was to create an evidenced-based GB-CBT facilitator’s guide targeted toward children who had difficulty with self-regulation and anger management, as well as extend the literature on utilizing GB-CBT with the current population. GB-CBT includes self-regulation, emotional articulation, and anger management sessions. However, it has yet to be used with a population of children who are dealing exclusively with these core issues on a daily basis and with those who have not experienced sexual trauma. Though GB-CBT has not yet been used with children who are solely experiencing self-regulation and anger management issues, the current target population and children who have experienced sexual trauma often share very similar difficulties regarding self-regulation and anger, and require psychoeducation sessions to learn important coping and social skills. Therefore, it was hypothesized that incorporating core concepts and techniques of cognitive behavioural therapy and applying and teaching these concepts in a GB-CBT manner may help children to learn and apply better strategies for managing anger and self-regulation. Doing so will also add to the current literature on GB-CBT. It should also be noted that a number of staff members at a children’s mental health centre reviewed and provided feedback on the facilitator’s guide to ensure the guide would be useful and effective for a children’s mental health agency.

“The Cool Kids: A Facilitator’s Guide for Teaching Children How to Self-Regulate and Manage Anger” was created to be used in collaboration with a psychoeducational, skill-building group targeted for children aged 6-12 who have difficulties surrounding self-regulation and anger management, currently running at Vanier Children’s Services in London, Ontario, titled “Managing Emotions.” Managing Emotions is held at the agency once a week for a total of 8 weeks. The child’s guardian participates in a parenting group which runs at the same time and on the same day as Managing Emotions. This group focuses on parental skill-building and teaching positive and helpful parenting techniques. The Managing Emotions group focuses on various psychoeducational topics such as range of emotional vocabulary and knowledge, mindfulness, empathy, problem solving, and learning how to monitor feelings. There are also games for the children to participate in, which accompany weekly sessions. “The Cool Kids: A Facilitator’s Guide for Teaching Children How to Self-Regulate and Manage Anger” contains all topics of psychoeducation that will be covered in Managing Emotions group sessions, along with various other topics of psychoeducation that the agency may find useful to include in sessions. There is also a selection of cognitive behavior therapy based games to coincide with each psychoeducation topic. The developmentally appropriate games in the facilitator’s guide are categorized based on age of the client, and the guide includes an additional section of engaging games. The facilitator’s guide will be used in collaboration with the Managing Emotions manual should the facilitators of the Managing Emotions group feel as though they would like to
incorporate new games and information into a session, are having difficulty engaging a child in a session, or if facilitators experience children who are resisting participation in the program.

Thesis Overview

The current study includes a review and evaluation of the relevant literature. Topics explored in the literature review include cognitive behaviour therapy, the benefits and difficulties of group therapy, emotion regulation and externalizing behaviours, incorporating games in therapy, and game-based cognitive behaviour therapy. Following the literature review is a description of the method, which includes the rationale for creating the facilitator’s guide, a description of the participants, materials and methodology, as well as a description of “The Staff and Agency Questionnaire for Review of The Cool Kids Facilitator’s Guide,” which was used to evaluate the facilitator’s guide and determine if it would be useful to the agency. Following the method, results are provided in the form of a summary of “The Cool Kids: A Facilitator’s Guide for Teaching Children How to Self-Regulate and Manage Anger” and the results of the “Agency Staff Feedback Form for Review of The Cool Kids Facilitator’s Guide.” The strengths and limitations of the study are discussed, a comprehensive summary of the study is included, and recommendations for further research are proposed in the conclusion and discussion section, which is the final thesis chapter.
CHAPTER II: Literature Review

The following literature is reviewed as it pertains to the current study. The research validates the use of specific therapeutic techniques used in the current study for school-aged children who have difficulty with emotion regulation and anger management, and are receiving treatment in a group format.

Cognitive Behaviour Therapy

Cognitive behaviour therapy (CBT) is based on the premise that individuals are constantly assessing the circumstances and conditions around them. This assessment elicits emotions and feeling within the individual, and these emotions and feelings then elicit behaviours (Wright et al., 2006). Essentially, cognitive behaviour therapy suggests that a life event prompts an assessment of that event, which then prompts an emotional response, and elicits a behavioural response. Thus life events, cognitions based on those events, and subsequent behaviours are all co-dependent and interactive. Behaviour can also have an effect on an individual’s thoughts and emotional response. Individuals with depression, eating disorders, and some personality disorders often have a low rate of behaviour and low activity levels. Many may stay at home, and cancel on scheduled activities with family and friends. Lower rates of activity levels may actually make depression symptoms worsen due to the individual developing lower self-esteem and a further sense of helplessness. Increasing rate of behaviour and then rating the success and enjoyment of engaging in more activities through behavioural activation, activity scheduling, and activity assessment are behavioural strategies often used in CBT. Rate of behaviour and enjoyment of the behaviour also affects an individual’s emotions and feelings. Therefore, a change in either the cognition or behaviour should elicit a different behavioural or emotional outcome.

CBT has been used successfully with a wide range of clients who are experiencing various difficulties including eating disorders (Fursland et al., 2012; Vanderlinden et al., 2012), anxiety (Donegan & Dugas, 2012), drug abuse (Ogel & Coskun, 2011), obsessive compulsive disorder (Jonsson, Hougaard & Bennedsen, 2010), and for treating externalizing behaviours such as anger and aggression (Ho, et al., 2010; Sofronoff et al., 2007; Walker & Bright, 2009; Blacker et al., 2008). CBT has various distinctive features. It is a short-term, collaborative therapy which utilizes knowledge and skill building practices through psychoeducation, role-modeling, and positive reinforcement, as well as real world application and promotion of maintenance and generalization of the skills learned in sessions through the use of weekly homework activities.

Short term therapy.

CBT is brief, short term therapy which usually lasts a minimum of five sessions to a maximum of approximately twenty sessions (Wright et al., 2006). Short term CBT has been implemented successfully with young children (Hirshfeld-Becker et al., 2010) and has been successful in decreasing the amount of angry and aggressive outbursts with children who have difficulties managing their anger (Sofronoff et al., 2007). Bolton et al. (2011) conducted a study wherein 92 youth received either full (12 sessions) CBT, brief (5 sessions) CBT with a therapist-guided manual, or were put on a wait list to treat obsessive compulsive disorder symptoms. A statistically significant treatment outcome was shown for both the brief and full CBT group conditions when compared to the wait-list condition, with no statistical difference found between the full and brief CBT treatment groups when the two groups were compared. Upon conducting
follow-up, Bolton et al. found that those who participated in the brief CBT group had made gains since the last session, while those who participated in full CBT had lost some of the improvements made in session. This may have been due to the fact that those in the brief CBT group were taught coping skills from the therapist-guided manual early on in therapy and thus, were practicing utilizing them for a longer period of time independently in real world situations than those in the full CBT group. Hence, a brief therapy may promote maintenance and generalization of skills learned in therapy. Short term therapy has also been shown to be effective for adults. A study by Myhr, Tabot, Annable, and Pinard (2007) determined that females who were employed or were a student, who were married, or who had an anxiety disorder diagnosis also had good short-term CBT treatment outcomes.

**Collaboration.**

Dattilio and Hannah (2012) have identified collaboration as an important component in CBT. Collaboration begins with therapeutic connection and rapport between the client and clinician. This rapport is developed through use of appropriate question phrasing, maintaining eye contact, body positioning, and mannerisms of the clinician. Once a therapeutic relationship is established, collaboration is involved in each step of therapy, including helping to define the direction of each session, goal planning, and identifying achievements. Collaboration is an important component of CBT which aids in clients’ overall therapeutic success. Wright et al. (2006) also believe that the therapeutic relationship is crucial for client success in CBT; the client and therapist collaborate on most aspects of therapy including goal and agenda setting, determining homework, and working together to change targeted behaviour patterns which are collaboratively identified. When the client has such a large role in his/her own therapy, it encourages the client to take responsibility for their success and hard work throughout the duration of therapy.

**Psychoeducation and affective education.**

Psychoeducation or educating the client about certain practices, phrases, and key theories of CBT is an important component in therapy (Wright et al., 2006). Psychoeducation empowers clients by increasing their knowledge of CBT and allows them to have insight into individual weaknesses, strengths, and environmental or situational circumstances which may affect emotion or behaviour change. This improves treatment generalization and maintenance, and decreases the probability of relapse. To ensure a collaborative therapeutic process, lecturing should be avoided while educating clients. Psychoeducation lessons should be engaging and fun. Therapists should attempt to pull personal experiences from clients while educating to reinstate the importance of client and therapist collaboration, as well to make certain the lessons are personal and meaningful for clients.

According to Kendall and Braswell (1985), affective education is a sub-category of psychoeducation which aims to teach children how to label and distinguish changes in their emotional states, moods, and feelings, as well as to identify the changes of emotional states in others. Affective education improves children’s abilities to recognize and label emotions, which may be essential in improving interpersonal relationships and problem solving. Practicing identifying emotions is an effective way to improve knowledge of emotions. Activities which require children to label various emotions on faces, body postures, and emotional verbalizations, as well as role-playing, are suggested as possible emotion labelling activities.
Positive reinforcement and self-evaluation and self-reward.

Kendall and Braswell (1985) suggest that when children leave the therapeutic environment, the skills and coping methods taught may not be maintained in other settings such as in the home or at school. Because the skills taught in CBT are important, it is crucial that children continue to utilize the skills taught when need be. Teaching children how to self-evaluate helps to improve maintenance and generalization across settings. Self-evaluation teaches the individual to remember the coping skills taught in CBT and to internally ask themselves to assess their reactions to various situations, and then to assess their reactions to these situations. Examples of these internal questions include asking themselves if they are doing a good job, acting appropriately, using the appropriate tone of voice, acting in the appropriate manner, and so on. After the situation has been assessed, the children then have the chance to think about their next step of action, whether it is to self-reward or to change something about their reaction to the situation. This gives the children a chance to utilize the coping skills learned in session.

Self-rewarding is a form of positive reinforcement that can be used in combination with self-evaluating, as well as on its own (Kendall & Braswell, 1985). Children are taught to identify wrong or inappropriate behaviour, but much less often are children taught to identify appropriate behaviour. Because parents and teachers may engage in negative scanning, or looking for and commenting on only inappropriate behaviour and disregarding most forms of appropriate behaviour (Sulzer-Azaroff & Mayer, 1991), children may also begin to engage in negative scanning. Teaching children how and when to identify appropriate behaviour demonstrates positive scanning and allows the chance for self-reward. For example, “I did a really good job walking away from the person who was trying to make me angry instead of hitting him.” Even if the environment or individuals in the environment offer little positive reinforcement, the child learns to recognize and self-reward appropriate behaviour, making it more likely for appropriate behaviour to occur in the future (Kendall & Braswell, 1985).

Reinforcement strengthens behaviour and makes it more likely that behaviour which is reinforced will occur in the future. Positive reinforcement occurs when something (possibly praise or candy, or a hug from a parent) is added to a situation as a consequence of an individual engaging in specific behaviours (Sulzer-Azaroff & Mayer, 1991). Positive reinforcement has been used with a wide range of populations, such as with children (Carter, 2010) or prisoners (Antonio, Young, & Winegard, 2009) to strengthen the quality or quantity of behaviour or responses the individual is exhibiting. Positive reinforcement should also be used within session by the therapist to promote and encourage skills that are successfully utilized in CBT (Wright et al., 2006).

Role-playing and modeling.

Another common practice in CBT is the inclusion of role-playing in session (Wright et al., 2006). During a role-play, the therapist and client act out a situation which has a high probability of occurring in the client’s life. The designated roles of the therapist and client depend on each role-play scenario; the therapist could act as though he or she was a person present in the client’s life such as a sister or friend, or the role may be reversed. Role-playing allows the client to practice using skills learned in session in a safe, non-judgemental environment in which he or she can receive immediate feedback on the interaction (Wright et al, 2006; Kendall & Braswell, 1985). Scenarios can also be acted out a variety of different ways and
can prompt the use of many different coping skills. Role-playing can be used effectively when practicing CBT with children who are impulsive and have difficulty identifying emotions (Kendall & Braswell, 1985). Role-playing allows the child to practice identifying the emotional states of others as well as practice skills learned in sessions; these role play scenarios can be fictional or could be scenarios which actually occurred in the child’s life. Practicing a non-fictional scenario gives children the chance to change the way he or she may have initially reacted to an emotionally charged situation. This demonstrates to the child that he or she does have the choice and ability to use skills taught in session effectively in real life situations.

It is also important for clinicians’ to model appropriate behaviour for children in CBT sessions (Kendall & Braswell, 1985). Modeling, which may also be referred to as observational learning, is the introduction of the appropriate skills and behaviours the child is expected to engage in, upon learning how to do so. Modeling demonstrates to the child that engaging in appropriate behaviours can be done, reduces fears or apprehensions they may have around the skill being modelled, and also helps to promote social skills and behaviours.

**Humour.**

While humour is not considered a core concept of CBT, it can be a helpful tool to use in session with clients. Berg, Parr, Bradley, and Berry (2009) believe that humour is an underutilized strategy which helps to build a relationship with clients who are children. Humour helps the child understand that the clinician views the child as an individual and not merely a problem to be mended. Humour also makes the clinician appear more approachable to the child and invites creativity into the sessions. Though humour can be a very successful tool, according to Wright et al. (2006), humour is a strategy which must be used appropriately when it is incorporated in CBT. Humour is often a sign of a trusting and secure relationship. Thus, a well thought out and correctly placed humorous comment can help to build the client-therapist relationship. Sometimes clients can think rather inflexibly. A humorous comment may help to break the pattern of insistent or determined thinking by helping to point out the humorous and light-hearted aspects of thinking completely one-sided. Clients also may have not realized that their sense of humour can be an effective coping strategy for stress. Boosting client’s humour skills and supporting the use of appropriate humour could help the client to cope effectively with stress or possible symptoms they may experience outside of therapy. Clinicians must also use their own interpersonal skills to judge the level of client receptiveness to the humour. Furthermore, they must also understand that there are appropriate subjects in which to introduce humour, such as making a humorous comment about a client’s way of rigid thinking. There are also inappropriate subjects, such as making a humorous comment about a client’s weakness.

**Homework activities.**

Homework is prevalent throughout all stages of CBT and is important to the continued success of the client (Wright et al., 2006). Homework allows the individual to practice coping skills learned in session in real life and allows skills taught in session to generalize to a variety of environments. Completion of assigned homework adds to the topics of discussion for the next session and allows the therapist to reinforce appropriate skill utilization or trouble-shoot any difficulties faced during homework completion. Even non-completion of assigned homework opens up new topics and ideas to target in CBT sessions, as this could be a sign of a stressful and busy week or upsetting event which may have prevented homework completion and could be discussed in session. Homework may start out rather simply in the first stages of CBT, such as
identifying one automatic thought twice a week, and then progress to something more challenging, such as practicing walking away from someone when angry (Kendall & Braswell, 1985). Traditional CBT homework includes filling out thought records, writing down automatic thoughts, and completing weekly activity schedules.

**Benefits and Difficulties of Group Therapy**

In group therapy, as with most forms of therapy, there are benefits and difficulties surrounding the format in which therapy is delivered (Bieling, McCabe & Antony, 2009).

**Benefits.**

Group therapy has both client and institutional benefits. Group therapy compared to individual therapy is cost and time effective as more clients are able receive services at a single time and location, which in turns lowers agency and client cost (De Groot, Cobham, Leong & McDermott, 2007; Bieling et al., 2009). After experiencing both group and individual therapy, Curtis (2011) discovered benefits to both group and individual therapy. Group therapy provided the author with helpful feedback and opinions from the other group members which may not have been touched upon in individual therapy. Overall, Curtis preferred group therapy over individual therapy, as group therapy allowed each group member to experience how their words and behaviours affected others.

Optimism is an important aspect of CBT; participating in group CBT allows for the motivation of single members in the group to be seen and felt by the group as a whole (Bieling et al., 2009). When individual positive changes or breakthroughs occur in group therapy, the other group members often positively reinforce that group member’s progress. When an individual group member may be having a difficult week, the remaining group members are there to provide support and proactive strategies for change. There is also a greater opportunity and range of feedback for group members during exercises such as role-playing scenarios, as well as the opportunity to model confidence and courage when volunteering to practice utilizing skills with a clinician in front of the other group members. There is a sense of comfort for some individuals who participate in group therapy, as they feel less alone and feel as though someone else understands what they are going through—possibly for the first time. Group members may also feel as though they owe it to the group to practice skills learned in session in real life circumstances, to continue to come to sessions, and to push other group members to challenge themselves more often. Therapy can also be an enjoyable experience and sharing that experience with others may make it more exciting and fun.

**Difficulties.**

Though there are many positives to group therapy, it is also important to review the disadvantages and possibly difficulties that may arise in group therapy. Andion et al. (2012) found that individual therapy, as opposed to group therapy, is beneficial for both the agency and clients for a population for those being treated for borderline personality disorders (BPD) using dialectical behaviour therapy (DBT). Andion et al. compared group DBT with individual DBT and found no significant difference in treatment outcomes for group therapy, even though DBT is often presented in group format. Delivering individual DBT was actually found to be more cost effective for agencies. There would be no need to book both group and individual therapy rooms. There would also be no need to ensure that three therapists were available to run the group, as is required when DBT is delivered in an individual therapeutic format.
Another group therapy disadvantages include difficulty scheduling group sessions. It is possible that every group member may not be able to make it to every group session as it is difficult to coordinate individual schedules; also, if a group member does miss a session, it is often difficult to “bring members up to speed” on what happened in the last session (Bieling et al., 2009). Group therapy is also more time consuming for clients because individual therapy often only lasts about an hour, whereas group therapy is usually about two hours in duration. Some group members may not want to share personal or embarrassing stories with the other group members in fear that they may be judged. Lastly, negative experiences within the group and between group members can impede progress. Curtis (2011) also noted that in group therapy, it might not be possible to devote the time to examine deeper cognitive processes that can occur in individual sessions.

**Emotion Regulation and Externalizing Behaviour**

Children’s ability to regulate their emotions is an important indication of normal development (Mash & Wolfe, 2010). Emotions are a critical aspect in helping children to learn about their environment and to identify their own and other’s emotions. Emotion regulation is the extent to which emotional responses to the environment or situation can be controlled or redirected by the child, and the child’s mood states fluctuate as expected between positive, neutral, and negative states. Emotion regulation is established through both the inherited temperament of the child and social experiences the child engages in. Many skills are required to successfully emotionally regulate; these skills include being able to identify one’s emotional state, identify the changes in one’s emotional state as well as what triggered the change, determining courses of action and having the desire to change one’s emotional state, and finally utilizing appropriate strategies to do so. Difficulties with emotion regulation are expressed by children in two ways: internalizing or depressive, withdrawn reactions and externalizing or angry and aggressive reactions. Both internalizing and externalizing pose negative consequences and difficulties for children; thus, early intervention and detection of emotional regulation difficulties are important.

If emotion regulation is such a complex skill, it is important to then determine if lack of emotional regulation has an effect on children, and to define what that effect is. Onchwari & Keengwe (2011) conducted a study to determine if the lack of ability to regulate emotions had any effect on children engaging in inappropriate behaviour. These investigators discovered that, for 3-5 year olds, the children who had the best developed emotion regulation skills demonstrated the highest amount of ability to engage in appropriate behaviour. They also discovered that social skills development and training programs had a positive effect on emotion regulation abilities and suggested that increasing children’s emotional knowledge will further develop social skills. This in turn may have a positive effect on social relations and even academic success.

Various childhood difficulties have been found to correlate with children who have complications with emotion regulation. Czaja, Rief, & Hibert (2008) discovered that children who had difficulties with emotion regulation, in terms of coping effectively with anxiety, were more likely to engage in binge eating. Musher-Eizenman et al. (2004) found a correlation between a child’s lack of emotion regulation skill and aggression. According to Mash and Wolfe (2010) aggressive children show divergences in their thinking; aggressive children minimize the amount and extent of their own aggressive behaviour and its effect on those around them, while
overemphasizing the amount of aggressiveness others aim at them. Friendships of aggressive children are often short, unstable, and have a lack of reciprocal trust due to the aggressive child engaging in coercive or demanding behaviour. Children who are aggressive may also engage in fighting, vandalism, and may have difficulties at school. Thus, it is important to teach children emotion regulation skills and reduce externalizing behaviours such as aggression and anger as numerous aspects of a child’s life are affected when he or she cannot do so.

**Incorporating Games, Activities, and Play into Therapy**

Often times, children who are participating in therapy have a difficult time describing how they feel or what they think; this could be due to anxiety surrounding the therapeutic process or feeling hesitant to disclose in therapy (Lowenstein, 1999). Incorporating games and activities into therapy sessions can help draw children out, reduce anxiety, and help children to disclose his or her thoughts and feelings while also having a positive and fun therapeutic experience. Using games throughout therapy is a directive and subtle way of motivating and encouraging disclosure to promote the discussion of difficulties in a safe environment. It also teaches a child that it is acceptable to discuss their thoughts, feelings, and emotions.

Games have been used many ways in therapeutic settings, including in assessment, diagnostic, and treatment sessions, and have been used to facilitate self-esteem, self-confidence and expression, and positive social relationships (Lowenstein, 1999). Children often develop maladaptive strategies when dealing with the regular occurrence of strong emotions such as anger, sadness, feeling guilty or feeling anxious (Musher-Eizenman et al., 2004). When children continue to utilize the maladaptive strategies they have developed, externalizing behaviours such as anger, aggression, and outbursts can occur, as well as internalizing behaviours such as withdrawal and depression. Games help to identify triggers for anger and stress, teach skills for appropriately managing emotions and aggression, and help to allow expression of suppressed anger and other feelings. Clinicians must be engaging and creative when using games in session. Clinicians must also ensure the focus of session the session is on the child when using games in session. It is important for clinicians to understand that although the children are playing games, they are still partaking in therapy; thus, clinicians must also be sure to fully debrief and process all content that comes up in session which could be upsetting for children, before the children leave.

**Game-Based Cognitive Behaviour Therapy**

According to Misurell et al. (2011), game-based cognitive behaviour therapy (GB-CBT) is a model which integrates methods from trauma-focused cognitive behavior therapy, play therapy, and cognitive behaviour therapy and delivers these techniques in a group format. Delivering these methods in a group format allows for practicing of social skills and giving a sense of commonality to the children. GB-CBT includes structured, rule-governed games which are often played in teams. Games in GB-CBT allow the children to practice social skills, emotional labelling and encourage practice of skills learned in session. Role-playing is an essential component in GB-CBT; role-playing allows for the facilitators to model appropriate behaviour, and teach the psychoeducation “skills skits.” “Skill skits” are psychoeducational skits that present children with plausible real-life scenarios which they then must attempt to solve correctly with guidance and modeling from the facilitators. Facilitators provide immediate feedback on role-play imitation.
GB-CBT is broken up into two distinct categories: education and training, and social skills training (Misurell et al., 2011). Education and training includes the "skill skits" and psychoeducation targeting emotion labelling, self-protection, and anger. Social skills training includes role-playing and practicing the skills learned in the education and training stage, as well as targeting internalizing or traumatic behaviours or feelings.

Misurell et al. (2011) used GB-CBT with children 5-10 years of age, who had experienced sexual trauma or abuse; the GB-CBT group ran for a total of 12 sessions. Exclusion criteria included those who had extensive cognitive or behavioural impairment (such as a diagnosis of Autism), psychotic symptoms active at the time of the study, another sexual trauma happening at any time in the study, or if they missed five or more sessions. There were sixty participants in the study in total. Twelve of the sixty participants missed more than eight sessions, and therefore, were excluded from the study. Information regarding their progress in the GB-CBT treatment program up to the point of exclusion from the study was not reported on. GB-CBT was effective in reducing behavioural difficulties, Sexualized behaviours, and externalizing and internalizing behaviours. GB-CBT also improved self-protection knowledge and skills, and knowledge of appropriate sexual behaviour.

Relation to Current Study

Emotion regulation, reducing externalizing behaviours and managing anger are important skills to teach children who have difficulty doing so, as negative consequences which arise from these difficulties may transpire throughout many environments in a child's life, and in social and interpersonal relationships, as noted above. While the current study follows the GB-CBT model to target emotion regulation and managing anger, the games presented within the study were developed using evidence based, best practice theories and activities heavily based on the CBT model. The facilitator's guide was designed to be used in a group format. While group therapy can have both positive and negative aspects, the group therapy format is used in the current study as the benefits are considered to outweigh the disadvantages. Although group therapy is utilized, it is critical to take into consideration the difficulties that could arise in group therapy. Thus, actions and steps to take if group therapy becomes difficult have been included for facilitators in the facilitator's guide. Facilitators are encouraged to make the group sessions a collaborative, educational experience for the children participating. Evidence-based CBT techniques included and used throughout the facilitator's guide are role-playing, modeling, self-evaluation, self-reward and positive reinforcement, and the proper utilization of humour. These techniques are included to further help children effectively learn emotion regulation coping skills. The facilitators are encouraged to engage in positive scanning, promote self-evaluation and self-reward and to consistently positively reinforce children in session when appropriate.

In the current study, traditional CBT homework assignments have been modified into homework activities that the children could complete at home with their parent or guardian. While the importance of traditional CBT homework is recognized, for the purpose of this study, the modification of traditional CBT homework allows for the inclusion of age appropriate homework and for completion of homework to be engaging as well as educational. Homework completion promotes generalization to other environments beyond the therapeutic environment, as well as promotes maintenance and proper utilization of the skills learned in session.
To the current author’s knowledge, GB-CBT has not yet been used with a population who has not experienced sexual trauma, and has not been used for strictly targeting emotion regulation and anger management difficulties. However, children who have experienced sexual trauma and the population in the current study both have difficulties with emotion regulation, anger management and externalizing behaviours. Both populations could benefit from and are encouraged to learn coping skills and strategies to control their emotions and externalizing behaviours to ensure future success. Thus, the core concepts of GB-CBT – excluding the trauma focused cognitive behaviour model – were utilized with the population in the current study. Incorporating games and activities into therapeutic sessions allows children the freedom to express and explore their feeling and emotions in a safe, non-judgemental environment and in a subtle but direct manner (Lowenstein, 1999). It is hypothesized that utilizing and incorporating all the above mentioned techniques into a GB-CBT model will help children to learn anger management, emotion regulation, and coping skills, which can be used beyond the therapeutic environment, in a fun, enjoyable and effective manner.
CHAPTER III: Methodology

Creation of the Facilitator’s Guide

A facilitator’s guide, titled “The Cool Kids: A Facilitator’s Guide for Teaching Children How to Self-Regulate and Manage Anger” was created for children who have difficulty in emotion regulation and anger management. The guide was intended to be used in collaboration with the Managing Emotions manual, with children who are enrolled in Managing Emotions and are 6-12-years-old. Managing Emotions is a psychoeducational, skill-building group for children who have difficulties surrounding self-regulation and anger management and is run at Vanier Children’s Services in London, Ontario. While the guide was initially created to be used as an extra resource for the Managing Emotions team, it was written so that it could also be applicable for a wider clientele range within Vanier Children’s Services as well as for children experiencing these difficulties in a variety of mental health settings outside of the agency. Therefore, the guide could be used with clients of the same age range experiencing similar difficulties surrounding emotion regulation and anger management, who were receiving other services within Vanier Children’s Services. The guide contained all topics of psychoeducation that were covered in the Managing Emotions manual, along with various other topics of psychoeducation that the agency may have found helpful to include in sessions. There was a selection of cognitive behavioral therapy based games, which were based on the game-based cognitive behavioural therapy model (GB-CBT), to coincide with each session, as well as accompanying homework activities. Each game in the facilitator’s guide was labeled either for the 6-8 year old age range, for the 9-12 year old age range, or for all years (6-12 years old). When Managing Emotions had a high demand for services, facilitators divided the children up into two sections categorized by age, the 6-8-year-old group and the 9-12-year-old group; thus, the games were labelled using the same age range categories. Various games also were noted to be an “engagement game.” Engagement games were identified as such because they help to engage children who may resist participation in games.

The facilitator’s guide contained five parts. Part one contained the introduction, purpose, and intended use of the guide, as well as a review of the relevant literature pertaining to the guide and an explanation of the term “cool kids.” Part Two: “Collaboration with Managing Emotions” contained all topics of sessions in Managing Emotions, a psychoeducation portion for each, and an accompanying game and homework activity based on CBT principles, for each session. Part Three: “Game- Based Cognitive Behaviour Therapy for Self- Regulation and Anger Management” followed the GB-CBT theory, and all games and psychoeducation topics were CBT based. Part Four: “Facilitator Tips” consisted of information for group facilitators working with children with emotion regulation and anger management difficulties. Part Five: “Facilitator and Parent Resources” was an extra section designed to present facilitators with various other resources and recommended readings for the London, Ontario region. An overview of the entire facilitator’s guide is provided in Table 1 (page 14).
Table 1


<table>
<thead>
<tr>
<th>Parts Within the Guide</th>
<th>Topics Within the Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Emotion Regulation and Externalizing</td>
</tr>
<tr>
<td></td>
<td>3. What are Cool Kids?</td>
</tr>
<tr>
<td></td>
<td>4. What is Game-Based Cognitive Behaviour Therapy (GB-CBT)?</td>
</tr>
<tr>
<td>Part Two: Collaboration with Managing Emotions</td>
<td>1. Session One: Introduction and First Session</td>
</tr>
<tr>
<td></td>
<td>2. Session Two: Establishing Rapport and Emotional Literacy</td>
</tr>
<tr>
<td></td>
<td>3. Session Three: Empathy</td>
</tr>
<tr>
<td></td>
<td>4. Session Four: Recognizing Body Signals</td>
</tr>
<tr>
<td></td>
<td>5. Session Five: Problem Solving</td>
</tr>
<tr>
<td></td>
<td>6. Session Six: Mindfulness</td>
</tr>
<tr>
<td></td>
<td>7. Session Seven: Skill Consolidation and Utilization</td>
</tr>
<tr>
<td></td>
<td>8. Session Eight: Celebration</td>
</tr>
</tbody>
</table>
Part Three: Game-Based Cognitive Behaviour Therapy for Self-Regulation and Anger Management

1. Breaking the Ice: Kids Should Be Cool Not Frozen
2. Identifying Emotions
3. Recognizing Anger and Identifying Triggers
4. Automatic Thoughts
5. Relaxation
6. Maintenance and Generalization
7. Exposure

Part Four: Facilitator Tips

1. Difficulties in Group Therapy
2. Using Humour in Session

Part Five: Facilitator and Parent Resources

1. Recommended Readings for Interested Facilitators
2. Parent Resources

Outline of the Current Study

To coincide with the facilitator’s guide, an “Agency Staff Feedback Form for Review of The Cool Kids Facilitator’s Guide” (Appendix A) was created and administered in order to evaluate the facilitator’s guide.
Participants.
Participants of the current study were agency staff members, including both clinical and residential staff members, and interns who agreed to review the facilitator’s guide and provide feedback on the guide. Each participant provided informed consent using the consent form in Appendix B. The consent form contained an invitation to participate in the study, the purpose of the study and what each participant would have to do to participate in the study. It also outlined the benefits and risks of the study, instructions regarding steps to take if anything went wrong during the duration of the study, and informed participants that all information would be kept confidential, and of their right to withdraw from participation in the study at any time. All participants were asked to refrain from including any personal information on the feedback form or envelope. Those who did include identifying information on their feedback forms or envelopes were excluded from the study, and their feedback forms were destroyed. Any participants who did not return the questionnaires to the author within the given time frame were also excluded from the study.

Measure.
The Agency Staff Feedback Form for Review of The Cool Kids Facilitator’s Guide ("feedback form"; Appendix A) is a written feedback form with thirty-two questions, including Likert-scaled, forced choice (yes or no), and open-ended questions. The feedback form evaluated the overall appearance, readability, perceived usefulness for the agency, other programs and groups the guide may be suitable for as well as feedback and information regarding whether the agency staff members were likely to use the GB-CBT based games and homework sheets with clients in the future.

Procedure.
A consent form (Appendix B) outlining the purpose of the study, participant tasks, benefits and risks, and confidentiality procedures was created and emailed to clinical agency staff members, child and youth workers, and interns at the agency on November 5, 2012. Those who chose to participate printed, signed, and returned the consent form by November 16, 2012. The returned consent form was then signed by the author and photocopied. The consent form was kept in a secure location at the agency while the study was being carried out; at the end of the researcher’s placement, the consent forms were transferred to St. Lawrence College where they would be kept for ten years in a locked filing cabinet and then destroyed. Participants who signed and returned the consent forms were given a photocopy of the consent form and an electronic copy of the facilitator’s guide via their agency email, as well as the feedback form and envelope which was placed in their agency mailbox on November 16, 2012. Participants were given ten days to review the manual and fill in the feedback form, after which the feedback form was returned to the author’s mailbox in the sealed envelope provided. Feedback forms returned after November 26, 2012 at 5:00pm were excluded from the study, as were those with identifying information on the form or envelope. All feedback forms were collected by the author who tabulated results of the forms. Information obtained from the agency feedback forms was organized into frequency count distribution tables and a written synopsis.
CHAPTER IV - Results

Creation of the Cool Kids Guide

The Cool Kids Facilitator’s guide (Appendix D) was created to be used in collaboration with the Managing Emotions Group manual for children aged 6-12 who have difficulties with both anger management and self-regulation. The guide was created using various resources such as journal articles, textbooks, resources from the Vanier Children’s Services library, and online resources. All games, homework activities, and psychoeducation were based on the CBT and GB-CBT models. The guide contained five parts. Part one was the introduction, which explained the purpose of the guide and the guide’s intended use within the agency. Part two followed the outline of the Managing Emotions manual. Each session topic, and accompanying game and homework activity in The Cool Kids guide mirrored the session topics in the Managing Emotions group. This was done so that the facilitators of Managing Emotions could quickly find a game which pertained to a specific session if need be. Part three followed a traditional CBT and GB-CBT model. Each session began with a psychoeducation section. Then, games and accompanying homework activities which related to the session topic were presented following the psychoeducation section. Part 4 contained information for facilitators about the potential difficulties of group therapy, types of clients with whom the facilitators or group members may find challenging to work, and ways to overcome these challenges, as well as information about using humour in session. Part five contained a collection of local no-cost or low-cost resources facilitators might wish to give to their clients’ guardians. All resources were located in the London, Middlesex and surrounding area. A complete overview of the guide is located in Table 1 (page 14).

Feedback Form Results

Upon creation of the guide, an invitation (along with a consent form) was sent to staff members via their agency email which asked if they would like to participate in the review of the guide. Eleven staff members signed and returned their consent forms and were given feedback forms as well as an electronic copy of The Cool Kids Guide. The feedback form contained a total of 31 questions pertaining to the demographics of the staff member, which parts of the guide they read, the usefulness of the guide, and which games and activities the staff members would use with their clients. The questions on the form varied with some being forced choice, some open-ended, and some Likert scaled questions. The guide was reviewed, and the feedback form was completed and returned on time by a total of six agency staff members. Out of these six feedback forms, only five qualified to be included in the study, as the sixth form contained identifying information and thus was excluded from the study. A raw data table which displays the individual results of each respondent can be found in Appendix C. The majority of the feedback received was from clinical staff within the agency, with 60% identifying as clinical staff on the feedback forms. The remaining respondents were an intern at the agency and one identified as “other”. This can be seen below in Table 2.
All respondents indicated on their feedback form that they read the guide in its entirety, as can be seen in Table 3.

Table 3

*Parts of the Guide Read by Respondents*

<table>
<thead>
<tr>
<th>Parts of the Guide</th>
<th>Frequency of Staff Members Who Read This Part of the Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1: Introduction, Purpose, and Intended use for the guide</td>
<td>100%</td>
</tr>
<tr>
<td>Part 2: Collaborating with Managing Emotions</td>
<td>100%</td>
</tr>
<tr>
<td>Part 3 GB-CBT for Self-Regulation and Anger Management</td>
<td>100%</td>
</tr>
<tr>
<td>Part 4: Facilitator Tips</td>
<td>100%</td>
</tr>
<tr>
<td>Part 5: Facilitator and Parent Resources</td>
<td>100%</td>
</tr>
</tbody>
</table>
Respondents revealed an overall positive view of the guide since 90% of respondents’ answers to the Likert scale questions were either “agree” (51%) or “strongly agree,” (39%). The remaining respondent answers to the Likert scale questions reflected a neutral response with “neither agree nor disagree” (10%). The percentage of the respondent’s selected answers to each question can be seen below in Tables 4. An analysis of the individual questions and percentage of respondent answers can be seen below in Table 5. Respondents did not select the “disagree” or “strongly disagree” choice for any of the questions, hence “disagree” and “strongly disagree” columns were not included in Table 5.

Table 4

*Total Percentage of Rater’s Responses on the Agency Staff Feedback Form*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
<td>51%</td>
<td>39%</td>
</tr>
</tbody>
</table>

Table 5

*Percentage of Raters’ Responses on the Agency Staff Feedback Form for Individual Items*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The guide was well organized.</td>
<td>20%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>The guide looked appealing.</td>
<td>20%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>If I were looking for a specific game, I could find it quickly.</td>
<td>20%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>The graphics were appealing.</td>
<td>20%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>“Part 1: Introduction, Purpose and Intended Use” was easy to read and</td>
<td>20%</td>
<td>60%</td>
<td>20%</td>
</tr>
</tbody>
</table>
understand.

“Part 1” did a good job describing the overall manual

0% 80% 20%

“Part 2: Collaboration with Managing Emotions” was easy to read and understand.

0% 80% 20%

<table>
<thead>
<tr>
<th>Questions</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The psychoeducation topics in “Part 2” were informative.</td>
<td>20%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>The psychoeducation topics in “Part 2” could be useful for me with clients.</td>
<td>20%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>The games in “Part 2” were easy to understand.</td>
<td>0%</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>“Part 3: Game- Based Cognitive Behaviour Therapy for Self-Regulation and Anger Management” was easy to read and understand.</td>
<td>0%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>The psychoeducation topics in “Part 3” were informative.</td>
<td>20%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>The psychoeducation topics in “Part 3” could be useful for me with clients.</td>
<td>20%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>The games in part 3 were easy to understand.</td>
<td>0%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>The information in “Part 4: Facilitator Tips” could be useful for me in the future.</td>
<td>0%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>“Part 4” was easy to read and understand</td>
<td>0%</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>“Part 5: Facilitator and Parent Resources” contained information and resources which would be helpful to me.</td>
<td>0%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>“Part 5: Facilitator and Parent</td>
<td>0%</td>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>
Resources contained information and resources which would be helpful to parents and guardians.

Respondents indicated that they would use an average of 59.2% (approximately 16) of the 26 games in the guide with their clients (see Appendix C for a complete list). The average was determined by adding up the number of games selected by each participant individually and dividing this number by the total number of games, which was then converted to a percentage by multiplying this number by 100. Percentages were calculated individually for each respondent, added together and then divided by the total number of respondents to determine an average percentage of respondents’ game and homework activity use. The majority of respondents indicated they would use 7-8 of the eight games in Part 2 of the guide (as seen in Table 6) and 6-10 or 16-20 of the eighteen games in Part 3 the guide (as seen in Table 7). Respondent #3 indicated that he or she would use 3 of the 26 games, while Respondent #5 indicated that he or she would use all of the games, with the remaining respondents’ selecting 7-24 of the 26 games, demonstrating a wide range between respondents’ individual feedback concerning total game use.

Table 6

<table>
<thead>
<tr>
<th>Number of Games</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>0</td>
</tr>
<tr>
<td>3-4</td>
<td>20%</td>
</tr>
<tr>
<td>5-6</td>
<td>20%</td>
</tr>
<tr>
<td>7-8</td>
<td>60%</td>
</tr>
</tbody>
</table>

Table 7

<table>
<thead>
<tr>
<th>Number of Games</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>20%</td>
</tr>
<tr>
<td>1-5</td>
<td>0</td>
</tr>
<tr>
<td>6-10</td>
<td>40%</td>
</tr>
</tbody>
</table>
The same wide range between respondent answers was found in the feedback concerning total homework activity use. Respondent #3 indicated that he or she would use 3 homework activities in the guide, respondent #5 indicated he or she would use all of the homework activities, with the remaining respondents selecting to use between 5 and 18 of the homework activities. Overall, respondents indicated that they would use an average of 53% (approximately 11) of the 20 homework activities in the guide with their clients (Appendix C), with the majority of respondents indicating they would use 1-2 of the six homework activities in Part 2 of the guide (as seen in Table 8), and 1-5 of the 14 homework activities in Part 3 of the guide (as seen in Table 9).

Table 8

<table>
<thead>
<tr>
<th>Number of Homework Activities</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>60%</td>
</tr>
<tr>
<td>3-4</td>
<td>0</td>
</tr>
<tr>
<td>5-6</td>
<td>40%</td>
</tr>
</tbody>
</table>

Table 9

<table>
<thead>
<tr>
<th>Number of Homework Activities</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>60%</td>
</tr>
<tr>
<td>6-10</td>
<td>0</td>
</tr>
<tr>
<td>11-15</td>
<td>20%</td>
</tr>
<tr>
<td>16-20</td>
<td>20%</td>
</tr>
</tbody>
</table>
Items which were most often selected as games and homework activities respondents would use with clients in the future included seven games and four homework activities. These seven games and four homework activities (identified below in Table 10) were selected by 80%-100% of respondents as games they would use with clients.

Table 10

_Games and Homework Activities Selected for use by 80%-100% of Respondents_

<table>
<thead>
<tr>
<th>Games</th>
<th>Homework Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funny Face</td>
<td>Am I…?</td>
</tr>
<tr>
<td>Group Contract</td>
<td>Volcanoes</td>
</tr>
<tr>
<td>Scenarios</td>
<td>The Trigger List</td>
</tr>
<tr>
<td>Volcanoes</td>
<td>Stop That Thought</td>
</tr>
<tr>
<td>Helping Danny</td>
<td></td>
</tr>
<tr>
<td>Stop That Thought</td>
<td></td>
</tr>
<tr>
<td>My Support Web</td>
<td></td>
</tr>
</tbody>
</table>

Further feedback indicated that the guide may be useful in other areas and with programs in the agency such as the School-Community Intervention Project SCIP, the elementary school within the agency, family therapy, the Managing Emotions group, and other existing or future programs within the agency, as well as outside agencies such as CAS. Some suggestions for improving the guide included making it shorter and more condensed, as well as to consider the short attention span of children, low homework compliance, and to make the sessions stand out more in the table of contents. Specific comments can be found below in Table 11 and in Appendix C.

Table 11

_Answers to Open Ended Questions in the Agency and Staff Feedback Form_

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any other programs, groups, or area in Vanier for which you believe this</td>
<td>I think this material is very well crafted and much of it could be used with families or in family therapy as well as</td>
</tr>
</tbody>
</table>
facilitator’s guide would be useful? in some other existing or future groups at Vanier
- CAS, Schools, Vanier School, SCIP, Etc
- Perhaps incorporating some of the material into the managing emotions group at Vanier

Is there anything you would change about the guide?  
- P 137- “4” I’d change “pretty good” to “pretty well”. Other than that it is very well done. If it could be condensed and shortened that could make it more accessible. I’d also suggest making the sessions stand out more in the table of contents.
- Make it shorter. Clinicians are very busy and will probably not have the time to read this manual in its entirety. Remember that many children with emotion regulation and/ or neuro-developmental issues have a very short attention span and may not tolerate activities which are drawn-out and demand too much concentration. Also, homework compliance is traditionally low, these exercises should be comprised of your shortest exercises.
- Some typos attached

General Comments and Feedback  
- Great job! I loved the flow from “funny face” to more difficult emotional problem-solving skills.
- Well done! Lots of useful and interesting information for enhancing clinical skills.
- Thank-you Courtney for sharing the facilitator’s guide: It was very through and informative. Great work!
It is a well thought out guide. The homework went well with the group assignments. The information flowed in an organized manner to promote involvement and better understanding of how to identify and deal with anger.
CHAPTER V - Discussion

Summary

The Cool Kids guide was developed as a resource for Vanier Children’s Services located in London, Ontario for clientele aged 6-12 who had difficulties with anger management and self-regulation. The guide was originally developed to be used in combination with a manual currently being utilized within the agency for a group called Managing Emotions. Based on the feedback received, The Cool Kids guide was perceived to be useful both within the agency and outside of the agency. The guide contains cognitive behaviourally based psychoeducation, games and accompanying activities, and information for facilitators; all of which were developed and included by referencing various resources such as textbooks, journal articles, and online local resources. The guide was read and reviewed by five agency staff using a feedback form developed by the author.

Results of the five agency feedback forms indicated a generally positive view of the manual with respondents selecting “agree” or “strongly agree” 90% of the time, and selecting “neither agree nor disagree” 11% of the time. The average respondent indicated that he or she would use 59.2% (approximately 16) of the 26 games in the guide, and 53% (approximately 10.6) of the 20 homework activities in the guide; an overview of each respondent’s individual game and homework activity choices can be seen in Appendix C. Respondents indicated the guide may be useful both within and outside of the agency; family therapy, the elementary school within the agency, the SCIP program, and CAS were some identified areas the respondents believed the guide may be useful. Half of the respondents indicated that the guide was too long and could be shortened and condensed. Other critiques included ways to make the sessions stand out in the table of contents, and to consider the attention span of children with emotion regulation and anger management difficulties.

Implications for The Behavioural Psychology Field

The current study contributes to the field of Behavioural Psychology and has various strengths and limitations. A noted strength of the current study is that it expands upon the current literature on GB-CBT. GB-CBT was used in the past with children who had experienced sexual trauma (Misurell et al., 2011); it was noted that children who have experienced sexual trauma and children with emotion regulation can equally benefit from learning emotion regulation and anger management skills, as both population exhibit difficulties in these areas. To the author’s current knowledge, GB-CBT has not yet been used with a population of children experiencing difficulties with emotion regulation and anger management, nor has a facilitator’s guide using GB-CBT and CBT based games been developed for this population. Thus, the creation of the guide adds to current literature available on GB-CBT, group treatment, and children experiencing difficulty with emotion regulation and anger management, as it includes novel games and homework activities all founded in the core concepts of CBT and GB-CBT.

Strengths

Various staff members at Vanier Children’s Services indicated that they often do not assign homework activities such as the homework included in the guide. They find homework compliance within the agency low because clients and their families are often too busy to
complete assigned homework. This may explain why the average respondent at Vanier Children’s Services indicated that he or she would only use 53% of the homework activities included in the guide.

However, homework plays a key role in helping the client apply his or her skills learned in session in real life situations, thus promoting maintenance and generalization, and is important for the continued progress and success of the client (Wright et al., 2006). Homework in the guide starts out simple and achievable for children, such as identifying and drawing or writing down places and situations they may feel strong emotion, and progresses to more challenging homework activities such as practicing learned breathing techniques upon encountering real-life anger provoking situations. This progression of homework activities follows the format recommended by Kendall and Braswell (1985) for children participating in CBT. The guide encourages the use and completion of homework in treatment as almost every activity or game includes an accompanying homework activity. The guide also encourages the clinician or facilitator to allow enough time to take up and discuss homework. This homework check may encourage children to complete homework on a regular basis if the first few minutes of each session are consistently spent discussing homework completion, success, and possible difficulties experienced. The inclusion of a homework activity that is easy to access, photocopy, and distribute (all homework activities are one page each) may encourage clinicians at Vanier Children’s Service to assign homework more frequently. Parental or guardian involvement is also included in many of the homework activities. Involvement of the parent or guardian was emphasized to promote practicing the skills learned in session at home, as well as to help parents become familiar and comfortable with the concepts, language, and skills their children are learning in session. The homework also encourages parents to become involved in their child’s skill building, may help promote discussion of session topics at home, and may include exercises they can refer back to after sessions have come to an end, thus promoting maintenance and generalization of skills.

The skill level and cognitive abilities of a 12-year old child versus a 6-year-old child are very different. Therefore, the guide contains various games which have additional modified directions and templates suited for younger children or children with a lower emotional or developmental age than their chronological age. Thus, the games and activities in the guide reach a larger population and age range. The guide is also broad enough that it may be useful for populations outside of the intended agency and may be useful in any Children’s Mental Health setting where clients are experiencing emotion regulation and anger management difficulties. Finally, the games and activities in the guide encourage and promote skill development in children in a fun, interactive, and engaging manner.

Limitations

Limitations of the current study include a small number of respondents, the overall size of the manual, and activities which may not have been engaging enough or required too much attention span. A total of five feedback surveys qualified to be used in the study; this meant that the sample of respondents may not have been large enough to accurately reflect the children’s mental health agency’s staff members’ overall thoughts and perceived potential usefulness of the guide.
The initial invitation and consent form were emailed to staff members via the agency email. The agency staff receive many emails each day, and it is possible that there were many staff members who simply did not read the email, deleted it because they did not recognize who the email was coming from, were not intrigued by the subject line, and so on. If the staff member did read the email and chose to participate in the study, they had to print off the consent form and drop the signed form in the author’s mailbox. There may have been staff members who did not want to do this or who may have wanted to participate but then forgot to print off, sign, and return the consent form. To make this step less troublesome for staff members, the author could have printed the invitation and consent forms, put them in envelopes, and placed them in each staff member’s mailbox. The staff may have been more apt to read a hard copy of the consent form and invitation as they receive less overall hard copy mail, thus making the invitation and consent form novel and not “just another email.” Doing so would also have reduced the amount of steps the respondent would have had to take to participate in the study. The step of printing out the consent form would have been eliminated, as each respondent would already have had a hard copy.

It should also be noted that the overall size of the manual seemed to be a barrier for staff members returning and completing feedback forms. Eleven staff members signed consent forms stating they would like to participate, but only six feedback forms were returned. Various staff members did share that they thought the guide was too long to be read in its entirety; some staff members who inquired about the guide in person asked how long the guide was and decided against participating solely because of the guide’s page count. It is understood that the staff members were very busy and may not have had time to read the guide in addition to their everyday required work day tasks; therefore, 10 days may have not been a sufficient amount of time to review the guide and complete the form. Thus, a longer period for the staff to review the guide may have been beneficial and may have resulted in more feedback forms being completed and returned.

Feedback on the manual also indicated that children with emotion regulation and anger difficulties may also have co-occurring difficulties, possibly attention deficit hyperactivity disorder (ADHD), low attention span, or a learning disability. The feedback indicated that some of the games may require too much of the children’s attention focused on one activity at once, and, therefore, the child may become bored or irritated. Some of the activities included in the guide may also be difficult or impossible for a child with a reading or writing disability or for children with receptive and expressive language difficulties. Thus, it is important to consider these factors when developing activities for children.

While the overall response to the guide was positive, the average respondent indicated that he or she would only use 59.2% of the 26 games included in the guide and 53% of the 20 homework activities in the guide. Respondents self-identified on the feedback form according to their career title and area of employment in the agency, including clinical staff, interns, and “other”. The area the respondent worked in may have affected which games and homework activities, as well as how many games and homework activities the respondent would use, possibly accounting for the wide range in the data concerning both game and homework activity use. For example, clinical staff members and “other” staff members (which may include residential staff, program facilitator’s, etc) may have more clients and a wider range of clients than interns. Subsequently, clinical staff and “other” staff may have a greater opportunity to use
more games and a wider variety of games in daily practice which may result in a higher response rate on the feedback form. The data collected supports this hypothesis, as clinical staff and “other” staff members indicated they would use the most games and homework activities in the guide.

One respondent specified in writing on the feedback form that he or she would use all of the games and homework activities in the guide and therefore, would only circle the games and homework activities that he or she thought were “the top” (“top” games are identified on the Raw Data Table in Appendix C). The circling of “the top” games and homework activities had the potential to skew the data in that the author could have made the choice to only count the games and homework activities that were circled, regardless of what the writing on the form indicated. Including options on the feedback form such as “would use all games in part 2”, “would use all games in part 3”, “would use all homework activities in part 2”, “would use all homework activities in part 3” and “would not use any games in part 2”, “would not use any homework activities in part 2”, “would not use any games in part 2”, and “would not use any homework activities in part 3” may help to prevent skewed data from occurring in the future.

Multilevel Challenges to Service Implementation

When working with families in a children’s mental health centre, many challenges can occur at the client, program, organizational, and societal level.

Client Level.
When working with clients and their families who have experienced varying difficulties for a long period of time, it is important to take the time to develop a strong rapport with the clients and their families. Each client’s situation is different and therefore requires a different approach, treatment, and level of support from the therapist. Some families need a lot of positive reinforcement, feedback, and practice in session in order to transfer the skills they have learned in therapy to their outside lives, while other clients are intrinsically motivated to work hard in and outside of therapy and require less of a coaching approach. The therapist should be prepared to be flexible, encouraging, supportive, and focus on the specific needs of each family.

Program Level.
When clients are children, most of the time these children have not requested therapy or signed themselves up for family therapy. Children are often brought along to therapy, their families being the ones who have notice and identified with the problem. Therefore the client may not want to participate in therapy, may become bored, defiant, or refuse to actively participate in session or complete homework activities. To decrease the chance that this will occur, sessions should be developed to be interactive, fun, engaging, as well as therapeutic for the client. Using games to ask important questions, colouring or using puppets to convey feelings and inner emotions, and other activities such as these can aid in achieving this balance of developing both therapeutic and engaging sessions which will help to motivate the client to participate.
Organizational Level.

Children’s mental health is an area of mental health which is often not adequately funded by the government or by external resources. It is an area in the field which seems to get overlooked, in terms of funding, very frequently. As a result, wait lists for families and clients are often longer. Thus, clients do not receive the services they need as quickly as they need them, therapists have very large caseloads, and therapeutic supplies and resources may be limited. It is important for the agency to fundraise when possible, and make the community aware of the agency’s funding needs and the importance of being adequately funded.

Societal Level.

There is a stigma that surrounds mental illness at any age. However, there seems to be a large stigma and misunderstanding of children with mental illness, as well as children with behavioural or emotional difficulties. Common misconceptions are that children choose to behave in an inappropriate manner, medication will solve all their behavioural and emotional difficulties and thus therapy is a waste of resources and time. Some may also believe that children will simply “grow out” of their mental illness or behavioural or emotional difficulty and one must simply “wait it out.” It is important for society to understand that identifying a problem and supporting the development and change in children assists them in becoming adjusted, successful adolescents and adults. Providing resources and supports as early as possible can benefit the child, the child’s family and society. Providing support to children as early as possible can help to lower or remove the societal cost of supports that may have been required later on in life if the child did not receive help at a young age. Examples of these costs include, on-going government funded adult mental health support, legal costs (possibly court or prison costs), emergency room visits, and social assistance costs etc. Therefore, it is important for society to become aware of the benefits and importance of children’s mental health services.

Agency Benefits

The current study benefits Vanier Children’s Services in that it includes current and best practice research which is relevant to the agency and to a target population which frequently includes clients within the agency. Vanier Children’s Services does not frequently use CBT with many clients; thus, the guide may be a step toward incorporating CBT practices into therapeutic sessions. The guide contains various topics of psychoeducation and novel games which help to reinforce the skills taught in session that the agency could utilize. Also included within the guide are information for facilitators and a resource list for parents; thus, the guide may be a helpful resource for facilitators, their clients, and their clients’ guardians. The guide is a resource which was left behind at the agency and therefore may be referenced and used after the author is no longer on placement within the agency. Finally, the guide was developed to be broad enough so that it can be used with the Managing Emotions group but also can be used with a number of other programs and groups throughout in the agency who treat the same target population. The guide may also be useful for clients of the same population outside Vanier Children’s Services such as in school environments, CAS, and other environments as specified by respondents in the study. The broader implications for the guide are discussed further in recommendations for future research.
Anticipated Limitations for Practical Application

While the guide does have various benefits to the agency, anticipated limitations for practical application of the guide are considered. The guide was left behind at the agency in electronic format on the agency-wide database to ensure staff members could access the guide when needed. While this increases the availability of the guide, it also deters staff members who prefer hard copy materials as opposed to electronic materials from utilizing the guide.

Also, the guide was designed for use in a group therapy format. While the guide could also be used in other therapeutic settings such as in individual or family therapy, some exercises and games may be hard to implement in individual or family therapy, specifically the games that require any members to participate. Various games may also take less time to complete in individual therapy than they would in group therapy as there are fewer participants to generate discussion, thus clinicians must session plan accordingly to accommodate this possibility. Group therapy allows the participants to feel a likeness to the other members or their stories, may motivate each other to participate in the activities, and may encourage one another to try things they may have not tried on their own (Bieling et al., 2009). Thus, it is possible that some children may not learn as much from or be as willing to participate in the games and activities presented in individual therapy as they would in group therapy without input and modelled participation from group members in similar circumstances. Thus, clinicians must be willing to participate in the activities themselves, encourage and praise the children for participating, and facilitate and support further discussion of activities upon their completion. The games in the guide are designed to generate discussion and link the activity to real life examples in the children’s lives. Some children may feel uncomfortable expressing their emotions or stories in front of their families should the guide be utilized in family therapy. Consequently, the clinician should model appropriate listening, and emphasize the importance of sessions being a safe place for the whole family to discuss their thoughts, their feelings and to share their stories.

Recommendations for Future Research

A recommendation for future research includes facilitating a GB-CBT therapy group for children with emotion regulation and anger management difficulties using The Cool Kids Guide within Vanier Children’s Services. Data should be collected to determine the guide’s effectiveness with this population. The Cool Kids guide could also be beneficial for the identified target population in other areas throughout the agency such as with the family therapy team and in the agency school. The use of the guide in various other environments such as other children’s mental health centres, schools, and after school programs may be helpful in determining the guide’s usefulness and effectiveness across environments. Research on the effectiveness of the guide used with the target population and conducted in these varied environments would be a critical expansion upon the current study and valuable addition to the current GB-CBT literature.
REFERENCES


Agency Staff Feedback Form for Review of The Cool Kids Facilitator’s Guide

Hello,

I would like to thank you for taking the time to review the facilitator’s guide and for providing your feedback!

A few important steps:

→ After reading “The Cool Kids: A Facilitator’s Guide for Teaching Children How to Self-Regulate and Manage Anger”, fill out the feedback form attached to this paper.

→ When you are finished filling out the form, please put the form into the sealed envelope provided and place the form in the Student/Intern mailbox in the main office. The last day the forms will be picked up is November 26th at 5:00pm.

→ You will not be identified by name in any reports, publications, or presentations resulting from this project.

→ Please do not include any identifying information on the feedback form or envelope.

If you have any questions, comments or concerns you may reach me at:

Email: clovles@vanier.com

Extension: 276

In Person: Student office 25

Thank you once again for participating and taking the time to assist me in the completion of my project and thesis!

Sincerely,

Courtney Loveless
Please circle one:
Child and Youth Worker   Clinical Staff   Intern   Other:_____________________

Please circle yes or no for the following questions:

1. I read all of “Part 1: Introduction, Purpose, and Intended use for the guide”
   Yes/ No

2. I read all of “Part 2: Collaborating with Managing Emotions
   Yes/ No

3. I read all of “Part 3: Game- Based Cognitive Behaviour Therapy for Self-
   Regulation and Anger Management”
   Yes/ No

4. I read all of “Part 4: Facilitator Tips”
   Yes/ No

5. I read all of “Part 5: Facilitator and Parent Resources”
   Yes/ No
Please circle your answer using the following ratings:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The guide was well organized.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The guide looked appealing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>If I were looking for a specific game, I could find it quickly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The graphics were appealing.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>“Part 1: Introduction, Purpose and Intended Use” was easy to read and understand.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>“Part 1” did a good job describing the overall manual</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>“Part 2: Collaboration with Managing Emotions” was easy to read and understand.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The psychoeducation topics in “Part 2” were informative.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The psychoeducation topics in “Part 2” could be useful for me with clients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
The games in “Part 2” were easy to understand. 1 2 3 4 5

“Part 3: Game-Based Cognitive Behaviour Therapy for Self-Regulation and Anger Management” was easy to read and understand. 1 2 3 4 5

The psychoeducation topics in “Part 3” were informative. 1 2 3 4 5

The psychoeducation topics in “Part 3” could be useful for me with clients. 1 2 3 4 5

The games in “Part 3” were easy to understand. 1 2 3 4 5

The information in “Part 4: Facilitator Tips” could be useful for me in the future. 1 2 3 4 5

“Part 4” was easy to read and understand. 1 2 3 4 5

“Part 5: Facilitator and Parent Resources” contained information and resources which would be helpful to me. 1 2 3 4 5
“Part 5: Facilitator and Parent Resources” contained information and resources which would be helpful to parents and guardians.

Please circle the games you would use with clients from Part 2.

Funny Face  Helping Danny
Group Contract  Here and Now
Am I...?  Emotional Skill Skit!
Scenarios  Volcanoes

Please circle the homework activities you would use with clients from Part 2.

Am I...?  Emotional Skill Kit!
Scenarios  After the Last Session
Volcanoes  Helping You

Please circle the games you would use with clients from Part 3.

Know My Name?  Our Tricky Thoughts
Fast Flash  Stop That Thought
Pass it On  A Lot On My Mind
The Trigger List  Quick Breath, Long Breath
Oh, The Places We Go! The Cool Kids List
Statue or Jellyfish Green, Yellow, Red, Blue
And...Action! Quick Breath, Long Breath Journey
Rate My Skills I'm A Cool Kid Because...
Goal Setting Template My Support Web

Please circle the homework activities you would with clients use from Part 3.
Know My Name? Oh, The Places I Go!
Fast Flash Green, Yellow, Red, Blue
The Trigger List Our Tricky Thoughts
Stop That Thought A Lot On My Mind
Statue or Jellyfish Pass it on
And ...Action! Quick Breath, Long Breath Journey
Rate My Skills I'm A Cool Kid Because...

Are there any other programs, groups, or areas in Vanier for which you believe this facilitator's guide would be useful? If so please list below:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
Is there anything you would change about the guide? If so, please indicate below.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

General comments and feedback:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

You are finished!
Thank you for your time!
Appendix B: Consent Form

CONSENT FORM


STUDENT: Courtney Loveless

COLLEGE SUPERVISOR: Susan Meyers, Ph. D., C. Psych
smeyers@kos.net

INVITATION

I am a student in my 4th year in the Behavioural Psychology at St. Lawrence College and I am currently on placement at Vanier Children Services. As a part of this placement, I am completing an applied thesis and am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and ask any questions you may have before deciding whether or not to participate.

WHAT IS THE PURPOSE OF THE STUDY?

I have created a facilitators guide titled: “The Cool Kids: A Facilitator’s guide for Teaching Children how to Self-Regulate and Manage Anger.” This guide can be used in collaboration with the Managing Emotions manual currently being used to run the Managing Emotions group at Vanier Children’s Services. The guide also may have other uses in various programs throughout Vanier for helping to treat children who have difficulty defining and regulating emotions, as well as managing anger and externalizing behaviours. I have created an Agency and Staff Questionnaire, which I am asking you to complete. This questionnaire elicits feedback on the guide to determine how useful it would be within the agency, what you liked about the guide, what could have been improved upon, etc.

WHAT WILL I NEED TO DO IF I TAKE PART?

In order to take part in the study, you will first need to read the guide. Copies of the guide can be provided in either hard or electronic form, depending on which you prefer.
The guide will be available and provided for review November 16\textsuperscript{th}-26\textsuperscript{th}. Along with the copy of the manual, you will also receive a questionnaire and a sealed envelope. You can fill the questionnaire out as you are reading each section of the manual. When you are finished reading the manual and filling out the questionnaire, you will place the questionnaire in the sealed envelope provided and drop it in the FFT student/ intern mailbox in the main office by November 26\textsuperscript{rd} at 5:00pm. **No identifying information should be on your questionnaire or envelope.**

**WHAT ARE THE POTENTIAL BENEFITS TO ME OF TAKING PART?**

By deciding to take part in this study, you will be helping to provide feedback and improve a resource that will be left for Vanier to use with children who have externalizing behaviours and difficulty with emotion regulation and managing anger. Many of you have extensive knowledge and experience working with children of this population, and your feedback will help improve the guide. This guide was written for you and so by helping to provide feedback, you are helping to improve a guide which you may decide to use in the future. You may also feel good knowing that you have helped provide feedback to measure and determine the possible usefulness for the guide at Vanier.

**WHAT ARE THE POTENTIAL BENEFITS TO OTHERS?**

Other people who may benefit from you taking part in the study include the other staff members at Vanier and the children with whom this guide will be used in the future. The other Vanier staff will benefit from your feedback because other uses for the guide throughout programs within Vanier will be identified. The children will benefit from your feedback by helping to ensure the guide is useful, informative, and fun for the children.

**WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?**

The risks of taking part in this project are minimal. But, because there is a date set for when the guide must be read by and the questionnaire must be returned, the disadvantages may include feeling as though you do not have enough time to read the guide and complete the questionnaire or possibly becoming tired or bored from reading the guide and completing the questionnaire.

**WHAT HAPPENS IF SOMETHING GOES WRONG?**

If anything goes wrong while taking part in this project, please contact me as soon as you can either through my agency email (cloveles@vanier.com), contact me at my extension (ext. 276), or see me in person in my office (Student Office 25) and I will offer support and help to solve any issues or problems that may arise. You may also contact...
my supervisor at Vanier, Don Efron (Ext 184), or my thesis and St. Lawrence College supervisor, Dr. Susan Meyers (smeyers@kos.net).

**WILL MY TAKING PART IN THIS PROJECT BE KEPT PRIVATE?**

No identifying information will be asked for, collected, or used in this study. All questionnaires and envelopes given to all participants will be the same; no identifying information will be asked for on the questionnaire and if any identifying information is present on the questionnaire or sealed envelope, it will be destroyed and the data will not be used in the study. Questionnaires will be kept in a locked filing cabinet after being collected from the office. All data collected and complied will be kept on a password protected computer. **You will not be identified by name in any reports, publications, or presentations resulting from this project.**

**DO I HAVE TO TAKE PART?**

It is entirely up to you to decide whether or not to take part in this project. If you do decide to take part, you will be asked to sign this consent form. If you do not decide to take part, signing the consent form will not be necessary. **If you do decide to take part, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty.**

**CONTACT FOR FURTHER INFORMATION.**

This project has been approved by and will be developed under the supervision of my thesis advisor and St. Lawrence College supervisor, Dr. Susan Meyers. I greatly appreciate your cooperation and contribution to this study. If you have any additional questions or concerns, feel free to ask me, Courtney Loveless, in person: Student Office 25, email: cloveles@vanier.com, or at ext. 276; you may also contact my college supervisor, Dr. Susan Meyers, at smeyers@kos.net.

**CONSENT**

If you agree to participate in the project, please complete the following form and return it to me by November 16, 2012 in the Student Office 25 or in the FFT student/intern mailbox in the main office. A copy of this signed document will be given to you for your own records. The original copy of your consent will be retained in a locked filing cabinet at St. Lawrence College in Kingston, Ontario for a period of 10 years after which it will be destroyed.
CONSENT

By signing this form, I agree that:

- The research project has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this project have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the research project.
- I have been told that my personal information will be kept confidential.
- I understand that the results of this project may be published or presented in a professional forum.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.
- I will read the facilitator’s guide and complete the accompanying questionnaire.
- My answers in the questionnaire can be used in the present thesis.

I hereby consent to participate

Participant Printed Name: ____________________________

Signature: _______________________________ Date: ________

SLC Student Signature: ____________________ Date: ________

Printed Name: ____________________________

I hereby consent to participate
## Appendix C: Raw Data Table

**Demographics of Respondents’ Employment Position**

<table>
<thead>
<tr>
<th>Employment Position</th>
<th>Respondent 1</th>
<th>Respondent 2</th>
<th>Respondent 3</th>
<th>Respondent 4</th>
<th>Respondent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Youth Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Staff</td>
<td>√</td>
<td>√</td>
<td></td>
<td>√</td>
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<tr>
<td>Intern</td>
<td></td>
<td></td>
<td>√</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>√</td>
</tr>
</tbody>
</table>

*Scale: √ = Respondent’s Employment Position*

### Parts of the Guide Read by Respondents

<table>
<thead>
<tr>
<th>Parts of the Guide</th>
<th>Respondent 1</th>
<th>Respondent 2</th>
<th>Respondent 3</th>
<th>Respondent 4</th>
<th>Respondent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1: Introduction, Purpose, and Intended use for the guide</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Part 2: Collaborating with Managing Emotions</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Part 3 GB-CBT for Self-Regulation and Anger Management</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Part 4: Facilitator Tips</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Part 5: Facilitator and Parent Resources</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

*Scale: Y = Yes, N = No*
### Rater’s Responses on the Agency Staff Feedback

<table>
<thead>
<tr>
<th>Questions</th>
<th>Respondent 1</th>
<th>Respondent 2</th>
<th>Respondent 3</th>
<th>Respondent 4</th>
<th>Respondent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The guide was well organized.</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>The guide looked appealing.</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>If I were looking for a specific game, I could find it quickly.</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The graphics were appealing.</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>“Part 1: Introduction, Purpose and Intended Use” was easy to read and understand.</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>“Part 1” did a good job describing the overall manual</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>“Part 2: Collaboration with Managing Emotions” was easy to read and understand.</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The psychoeducation topics in “Part 2” were informative.</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The psychoeducation topics in “Part 2” could be useful for me with clients.</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>The games in “Part 2” were easy to understand</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Statement</td>
<td>Rating</td>
<td>Rating</td>
<td>Rating</td>
<td>Rating</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>“Part 3: Game-Based Cognitive Behaviour Therapy for Self-Regulation and Anger Management” was easy to read and understand.</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>The psychoeducation topics in “Part 3” were informative.</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The psychoeducation topics in “Part 3” could be useful for me with clients.</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>The games in part 3 were easy to understand.</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The information in “Part 4: Facilitator Tips” could be useful for me in the future.</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>“Part 4” was easy to read and understand</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>“Part 5: Facilitator and Parent Resources” contained information and resources which would be helpful to me.</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
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</tr>
<tr>
<td>“Part 5: Facilitator and Parent”</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Resources* contained information and resources which would be helpful to parents and guardians.

*Scale: 1= Strongly disagree, 2= Disagree, 3= Neither Agree nor Disagree, 4= Agree, 5= Strongly Agree

Games Respondents Would Use With Clients

<table>
<thead>
<tr>
<th>Games</th>
<th>Respondent 1</th>
<th>Respondent 2</th>
<th>Respondent 3</th>
<th>Respondent 4</th>
<th>Respondent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funny Face</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Group Contract</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Am I…?</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Scenarios</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Helping Danny</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Here and Now</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Emotional Skill Skit</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Volcanoes</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Know My Name?</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Fast Flash</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>The Trigger List</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Oh, The Places We Go!</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Pass It On</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Statue or Jellyfish</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Activity</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>----------------------------------------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>And…Action!</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Rate My Skills</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<td>Goal Setting Template</td>
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<td>Y</td>
</tr>
<tr>
<td>Our Tricky Thoughts</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Stop That Thought</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>A Lot On My Mind</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Quick Breath, Long Breath</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Green, Yellow, Red, Blue</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Quick Breath, Long Breath Journey</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>I’m A Cool Kid Because…</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>My Support Web</td>
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<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>The Cool Kids List</td>
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<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Total Number of Games Each Respondent Would Use</td>
<td>12</td>
<td>13</td>
<td>3</td>
<td>24</td>
<td>26</td>
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</table>

* Scale: Y = Yes, N = No

**Games Respondent #5 identified as “top games”
### Homework Activities Respondents Would Use With Clients

<table>
<thead>
<tr>
<th>Homework Activities</th>
<th>Respondent 1</th>
<th>Respondent 2</th>
<th>Respondent 3</th>
<th>Respondent 4</th>
<th>Respondent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am I…?</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Scenarios</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Volcanoes</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Emotional Skill Skit!</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>After the Last Session</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Helping You</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Know my Name?</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Fast Flash</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>The Trigger List</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Stop That Thought</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Statue or Jellyfish</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>And…Action!</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Rate My Skills</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Oh, The Places I Go!</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Green, Yellow, Red, Blue</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Our Tricky Thoughts</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>A Lot On My Mind</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Pass It On</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y**</td>
</tr>
<tr>
<td>Questions</td>
<td>Respondent 1</td>
<td>Respondent 2</td>
<td>Respondent 3</td>
<td>Respondent 4</td>
<td>Respondent 5</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Are there any other programs, groups, or area in Vanier for which you believe this facilitator’s guide would be useful?</td>
<td>-CAS, Schools, Vanier School, SCIP, Etc</td>
<td>-Perhaps incorporating some of the material into the managing emotions group at Vanier</td>
<td></td>
<td>-I think this material is very well crafted and much of it could be used with families or in family therapy as well as in some other existing or future groups at Vanier</td>
<td></td>
</tr>
<tr>
<td>Is there anything you would change about the guide?</td>
<td>-Make it shorter. Clinicians are very busy and will probably not have the time to read this manual in its entirety. Remember that</td>
<td></td>
<td>-Some typos attached</td>
<td>-P 137- “4” I’d change “pretty good” to “pretty well”. Other than that it is very well done. If it could be condensed</td>
<td></td>
</tr>
</tbody>
</table>
many children with emotion regulation and/or neuro-developmental issues have a very short attention span and may not tolerate activities which are drawn-out and demand too much concentration. Also, homework compliance is traditionally low, these exercises should be comprised of your shortest exercises.

and shortened that could make it more accessible. I’d also suggest making the sessions stand out more in the table of contents.

General Comments and Feedback

- Well done! Lots of useful and interesting information for enhancing clinical skills.

- Thank-you Courtney for sharing the facilitator’s guide: It was very thorough and informative. Great work!

- It is a well thought out guide. The homework went well with the group assignments. The information flowed in an organized manner to promote involvement and better understanding of how to identify and deal with anger.

- Great job! I loved the flow from “funny face” to more difficult emotional problem-solving skills.

- I’d use them all but the ones I’ve circled are the top ones

*(comment written “please circle the games you would use with clients)*
Appendix D: Facilitator’s Guide

The Cool Kids:

A Facilitator’s Guide for Teaching Children How to Self-Regulate and Manage Anger

Created by: Courtney Loveless
St. Lawrence College
Vanier Children’s Services
2012
“There’s a crack in everything. That’s how the light gets in.”

-Leslie Cohen
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Helping Danny

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Problem Solving Buddy

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Emotional Skill Skit!

Home Activity- Emotional Skill Skit!

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Breaking The Ice: Kids should be cool (not frozen)

Know My Name

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Home Activity- Fast Flash

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Pass it on

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Part One: 
“May I introduce myself?”

Overview of Part One: Introduction, Purpose, and Review of Relevant Literature

1. Introduction, Purpose, and Intended use of The Cool Kids Facilitator’s Guide
2. Emotion Regulation and Externalizing
3. What are Cool Kids?
4. What is Game- Based Cognitive Behaviour Therapy (GB-CBT)?
Introduction, Purpose, and Intended Use of The Cool Kids Facilitator’s Guide

The Cool Kids Facilitators guide has been developed to help children ages 6-12 who have difficulties with anger management and self-regulation. The guide follows the Game-Based Cognitive Behavioural Therapy model (GB-CBT) and incorporates cognitive behaviourally based activities and games into group therapy sessions. Along with session plans and accompanying games and templates, the guide also includes homework activity ideas and templates, facilitator tips and resources, and also includes a list parent of resources.

The recommended age range suitable for each specific game within the guide is identified and noted on each game and is broken up into three age ranges: games for children 6-8-years-old, games for children 9-12-years-old, and games suitable for ages 6-12. Various games throughout each section are also identified as “engagement games.” This indicates that the game may interest and engage children who show a pattern of unwillingness to participate in group sessions.

The guide was created to be used as an extra resource for a group developed for children ages 6-12 who have difficulty with anger management and emotion regulation. The group, Managing Emotions (Elliott & Whitfield, 2012) is located in a children’s mental health centre named Vanier Children’s Services in London, Ontario. The manual was created for facilitators to use if they feel as though they would like to try out a new activity, game, or lesson with the children in a group session. The guide contains topics of psychoeducation covered in the Managing Emotions Manual as well as a section of additional CBT based session topics, activities, and homework ideas. While the guide was created as a resource for the Managing Emotion’s group, the uses for the guide may expand beyond the Managing Emotions group, as Vanier offers services in numerous other programs and groups within the agency to many clients who have difficulty surrounding emotion regulation and anger. Thus, the guide may be suitable for children aged 6-12 who have emotion regulation and anger management difficulties, but who may be receiving another service at Vanier. The procedures in this facilitator’s guide are meant to be used by the agency staff, as part of the broader services they provide, or under the supervision of agency staff.
Emotion Regulation and Externalizing

Children’s ability to regulate their emotions is an important indication of normal development (Mash & Wolfe, 2010). Emotions are a critical aspect in helping children to learn about their environment and to identify their own and other’s emotions. Emotion regulation is the extent to which emotional responses to the environment or situation can be controlled or redirected by the child, and the child’s mood states fluctuate as expected between positive, neutral, and negative states. Emotion regulation is established through both the inherited temperament of the child and social experiences the child engages in. Many skills are required to successfully emotionally regulate; these skills include being able to identify one’s emotional state, identify the changes in one’s emotional state as well as what triggered the change, determining courses of action, having the want to change one’s emotional state, and finally utilizing appropriate strategies to do so. Difficulties with emotion regulation are expressed by children in two ways: internalizing or depressive, withdrawn reactions and externalizing or angry and aggressive reactions. Thus, early intervention and detection of emotional regulation difficulties is important.

If emotion regulation is such a complex skill, it is important then to determine if lack of emotional regulation has an effect on children and to define what that effect is. Onchwari & Keengwe (2011) conducted a study to determine if the lack of ability to regulate emotions had any effect on children engaging in inappropriate behaviour. These investigators discovered that, for 3-5 year olds, the children who had the best developed emotion regulation skills demonstrated the highest amount of ability to engage in appropriate behaviour. They also discovered that social skills development and training programs had a positive effect on emotion regulation abilities and suggested that increasing children’s emotional knowledge will further develop social skills. This in turn may have a positive effect on social relations and even academic success.

Various childhood difficulties have been found to correlate with children who have complications with emotion regulation. Czaja, Rief, & Hilbert (2008) discovered that children who had difficulties with emotion regulation, in terms of coping effectively with anxiety, were more likely to engage in binge eating. Musher-Eizenman et al. (2004) found a correlation between a child’s lack of emotion regulation skill and aggression. According to Mash et al. (2010), aggressive children show divergences in their thinking; aggressive children minimize the amount and extent of their own aggressive behaviour and its effect on those around them, while overemphasizing the amount of aggressiveness others aim at them. Friendships of aggressive children are often short, unstable, and have a lack of reciprocal trust due to the aggressive child engaging in coercive or demanding behaviour. Children who are aggressive may also engage in fighting, vandalism, and may have difficulties at school. Thus, it is important for to teach children emotion regulation skills and reduce externalizing behaviours such as aggression and anger as numerous aspects of a child’s life are affected when he or she cannot do so.
What are Cool Kids?

“Cool Kids” is a term developed for this facilitator’s guide to represent calm, emotionally regulated children- who may still become angry- but have learned to identify situations, environments, people, and internal states which may trigger an anger response or externalizing behaviours such as aggression. They have also learned ways to self-regulate to control their anger response, and have learned coping skills to deal with their anger response appropriately across various situations.

What is Game-Based Cognitive Behaviour Therapy?

According to Misurell, Springer, and Tryon (2011), game-based cognitive behaviour therapy (GB-CBT) is a model which integrates methods from trauma-focused cognitive behavior therapy, play therapy, and cognitive behaviour therapy and delivers these techniques in a group format. Delivering these methods in a group format allows for practicing of social skills and giving a sense of commonality to the children. GB-CBT includes structured, rule-governed games which are often played in teams. Games in GB-CBT allow the children to practice social skills, emotional labelling, and encourage practice of skills learned in session. Role-playing is an essential component in GB-CBT; role-paying allows for the facilitators to model appropriate behaviour, teach the psychoeducation “skills skits.” “Skill skits” are psychoeducational skits that present children with plausible real-life scenarios which they then must attempt to solve correctly.
with guidance and modeling from the facilitators. Facilitators provide immediate feedback on role-play imitation.

GB-CBT is broken up into two distinct categories, education and training and social skills training (Misurell et al., 2011). Education and training includes the "skill skits" and psychoeducation targeting emotion labelling, self-protection, and anger. Social skills training includes role-playing and practicing the skills learned in the education and training stage, as well as targeting internalizing or traumatic behaviours or feelings.

Misurell et al. (2011) used GB-CBT with children 5-10 years of age, who had experienced sexual trauma or abuse; the GB-CBT group ran for a total of 12 sessions. Exclusion criteria included those who had extensive cognitive or behavioural impairment (such as a diagnosis of autism), psychotic symptoms active at the time of the study, another sexual trauma happening at any time in the study, or if they missed five or more sessions. GB-CBT was effective in reducing behavioural difficulties, sexualized behaviours, and externalizing and internalizing behaviours. GB-CBT also improved self-protection knowledge and skills, and knowledge of appropriate sexual behaviour.

GB-CBT has not yet been used with a population who has not experienced sexual trauma, and has not been used for targeting strictly emotion regulation and anger management difficulties. But, children who have experienced sexual trauma and the population in the current study both have difficulties with emotion regulation, anger management, and externalizing behaviours. Both populations could benefit from and are encouraged to learn coping skills and strategies to learn to control their emotions and externalizing behaviours to ensure future success. Thus, the core concepts of GB-CBT – excluding the trauma focused cognitive behaviour model - were utilized to create this guide. Incorporating games and activities into therapeutic sessions allows children the freedom to express and explore their feeling and emotions in a safe, non-judgemental environment and in a subtle, but direct manner (Lowenstein, 1999). It is hypothesized that utilizing a GB-CBT model will help children to learn emotion regulation, anger management, and coping skills, which can be used beyond the therapeutic environment, in a fun, enjoyable and effective manner.
Part Two:

“Hey, Managing Emotions, Let’s Collaborate!”

Overview of Part Two: Collaboration with Managing Emotions

1. Session One - Introduction and First Session
2. Session Two - Establishing Rapport and Emotional Literacy
3. Session Three - Empathy
4. Session Four - Recognizing Body Signals
5. Session Five - Problem Solving
6. Session Six - Mindfulness
7. Session Seven - Skill Consolidation and Utilization
8. Session Eight - Celebration
Session One - Introduction and First Session

In the first session, children may be feeling anxious, nervous, scared or even ambivalent about being in a therapeutic group; more often than not, the child did not self-refer or ask to be a part of the group and was placed into the group based on the concerns and decisions of their guardians (Mash et al., 2010). Thus, it is important to make all sessions, but especially the first session, a positive and informative experience for children.

- Ensure that all facilitators are evenly spaced throughout the therapy room (Bieling, McCabe, & Antony, 2009).

- Start the group off with a welcome and stress how happy you are that the children are here participating in the group. Tell the group it is normal to be feeling excited, nervous, anxious, or whatever else they may be feeling about their first session.

- Describe to the children what the group tries to achieve and what they will get out of coming to the group. Example: “This group is for kids who might have a difficult time expressing their emotions, who feel angry, and who may act on their anger from time to time—some kids scream or hit or throw things. You will come to this group once a week and you will learn to pick out the things that make you angry, you will learn about your and other people’ emotions, how to deal with being angry, ways to relax, and things you can do outside of here to deal with strong feelings. We will also play some fun games and activities each week to help you practice what you learn.”

- Encourage the group to ask questions, participate in discussions, and to interact with one another and normalize any feelings of anxiety the children may have about participating in the group (Bieling, et al., 2009)

- Develop group rules. These group rules can be written on large chart paper and posted in the room for all succeeding sessions to serve as a visual prompt for the children. Rules can differ in each group as the rules are developed and decided on by the children and the facilitators, although Bieling et al. (2009) suggest including two main rules in every rule list, confidentiality and respecting others. Confidentiality should be explained to children in an age-appropriate manner. Be sure to discuss what can be shared with family and friends outside the group and
what cannot. Stress the importance of using “code names” for the others if the children would like to share an example from session with a loved one.

- Go around the room and ask each child to tell everyone his or her name and share something about them. This can be a favourite show, best place they’ve ever visited, the kinds of hobbies they enjoy, talking about a pet etc. This opens up communication with the group in the first session.

- An Icebreaker games is included in below. Additional icebreaker games can be found in Part 3 in the “Breaking the Ice” section of the guide.

- You may also choose to create a “Group Contract” with the group. A group contract can include how many sessions the group will be, when the group will be held, and the group rules. This contract can created as a group in session, “signed” by the facilitator and child upon completion and taken home. Group contracts can help to give the power of choice back to the child as contracts give the child the choice to create their contract and sign and participate in the group, rather than feeling as though they were “placed” into the group by a guardian. A template for the Group Contract can be found on the following page.

**Icebreaker Game**

Funny Face is an icebreaker activity which can be played in the first few sessions of group therapy. This game can become quite humorous and fun for members, and thus it
is categorized as an engagement game. This game should be played after the group rules have been established.

Age Range

6-12

Materials

- Stopwatch, timer on a watch, etc.
- Paper and a pen
- Optional: Small prizes (candy, granola bars, pencils, stickers etc)

Pre-Session Preparation

- Gather/ buy prizes
- Bring stopwatch and paper and pen to session

Instructions

1. Instruct all children to have a seat and take a few minutes to think of the best funny faces they have.

2. After the few minutes are up ask for a volunteer to start the game. (If dealing with a shy and quiet group begin at the head of the table and work your way around clockwise).

3. Ask the child to use his or her best funny faces to make the person to the right of them smile. The object of the game is to try and make the person smile to the right of them smile, in the least amount of time they can. The facilitator starts the stopwatch as soon as the child starts to make funny faces. When the person smiles or laughs, the stopwatch is stopped and the time is recorded on a sheet of paper.

4. The person who laughed gets to go next and so on until everyone has had a chance to make someone smile.

5. Optional: The child who can make someone laugh in the least amount of time wins a prize. (Prizes may be handed out to the rest of the children if any of the “ways to expand the game” discussions are utilized so that each child is reinforced for participating).
Way to Expand the Game

→ Ask the children to share what kinds of things make them smile or laugh.

How Does This Help Create Cool Kids?

Funny Face allows children to begin to feel comfortable showing emotion (happiness) and speaking in a group setting and allows rapport to start building with both the facilitator’s and the other group members. Funny Faces allows group sessions to begin in a positive and fun way.
Home Activity - Funny Face

Play Funny Face with a friend or family member!

Who was the friend or family member?__________________________________________

Did you win the game or did your friend or family member win the game?__________

How did playing the game make you feel?_______________________________________

Draw a picture of what your friend or family member’s Funny Face looked like in the space below.
Group Contract

I ___________________ would like to participate in this
(My Name)
group. The group is held once a week on ____________________
(Day of Week and Time)
at ____________________.
(Location of group)

Our group rules are:
1. _____________________________________________
2. _____________________________________________
3. _____________________________________________
4. _____________________________________________
5. _____________________________________________
6. _____________________________________________

My name:______________________________________
My group leaders’ name:__________________________
Date:___________________________________________
Session Two- Establishing Rapport and Emotional Literacy

There are many ways to establish rapport between both the facilitators and the children and between the group members.

- Facilitators can establish rapport between themselves and the children in the group by using age-appropriate language, paraphrasing and questioning (Dattilio & Hannah, 2010). This helps the children to understand topics and concepts which may otherwise be confusing.

- Maintaining eye contact with a child when he or she is speaking also helps to build rapport and indicates to the child you are listening.

- Body positioning of the facilitator is also important. Keeping arms uncrossed, standing in a spot where all children can see you, and positioning yourself at their level when possible are all techniques which help to establish rapport.

- Facilitators participating in the activities, and praising and reinforcing children’s participation also aids in building rapport (Wright, Basco, & Thase, 2006; Kendall & Braswell, 1985).

- The appropriate use of humour in session can help to mimic a close and trusting relationship, as humour is often used in established relationships such as these. Humour invites creativity and fun into group sessions and makes the facilitator appear more approachable to the children (Wright, et al., 2006; Berg, Parr, Bradley, & Berry, 2009).

- Building rapport between the children in the group requires the facilitators to regularly make connections between one child’s feelings, examples, and stories and another’s when applicable (Kendall et al., 1985; Bieling et al., 2009). Encouraging the children to interact with each other and give each other constructive feedback when they have a good idea is also
something facilitators can do. These actions help to normalize feelings in the group and build cohesion and trust between members.

Improving children’s emotional literacy (Elliott et al., 2012) and identifying skills are an important step when improving and building emotional regulation and anger management skills. The first step to changing one’s emotional state is having the ability to differentiate between emotions and emotional states (Mash et al., 2010). Helping a child to correctly label emotions also aids in problem solving, which is a necessary skill for managing anger (Kendall et al., 1985).

**Emotional Literacy Game**

Am I…? is a game heavily dependent on team work. Each child has to interact with the other children in order to participate in the game. The game helps children identify and discuss various emotions. This game is identified as an engagement game.

**Age Range**

9-12

**Materials**

- Sticky note
- The Emotion List
- Marker
- Optional: Prizes such as, candy, granola bars, pencils, small toys etc.

**Pre-Session Preparation**

- Write one emotion from The Emotion List on each sticky note
- Make sure to have one sticky note for each child

**Instructions**
1. Ask each child to stand around the room and to close their eyes.

2. Go around the room and stick an emotion sticky note on each child’s back.

3. Explain to the children that each child will have an emotion on their back. They have to walk around the room and ask the other children questions about their emotion. The other children must then only answer yes or no to the question. When the child thinks he or she knows what emotion they are, they raise their hand and asks the rest of the children, “Am I (guesses which emotion)?”.

4. If the child is right, they get to pick a prize (optional) and continue to walk around and help the others.

5. If the child guesses the wrong emotion, he or she must continue to ask questions about their emotion until he or she guesses the right emotion.

6. Each child should end up with a prize at the end of this game if prizes are being used.

Ways to Expand the Game

→ If the group of children is especially good at identifying emotions; limit each child to asking only three or four questions about his or her emotion.

→ If time permits, ask the children to switch emotion sticky notes with others after playing one round to expose the children to various emotions.

→ Discuss as a group whether this activity was easy or difficult; what parts of the game were easy? What parts of the game were more challenging?

→ Ask the children how this is applicable in their lives? Can they normally identify what emotion they are feeling? Can their friends or families always tell what emotion they are feeling?

How Does This Help Create Cool Kids?

Am I…? helps children build their emotional literacy skills because they must accurately identify and describe various emotions to others using their own words. The children also must work together in this game which builds group rapport. If prizes are used, the children are positively reinforced for identifying emotions and for participating.
<table>
<thead>
<tr>
<th>Emotion List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
</tr>
<tr>
<td>Surprised</td>
</tr>
<tr>
<td>Confused</td>
</tr>
<tr>
<td>Excited</td>
</tr>
<tr>
<td>Scared</td>
</tr>
<tr>
<td>Happy</td>
</tr>
<tr>
<td>Mad</td>
</tr>
</tbody>
</table>
Watch one of your favourite television shows or movies.

Play close attention to your favourite character throughout the show and try to identify as many different of his or her emotions as you can.

How could you tell when your favourite character was feeling a different emotion?
Session Three - Empathy

Empathy can be briefly explained as experiencing the emotional or feeling state of another individual upon interaction; some children display signs of empathic feeling from a very young age while others have difficulty understanding other’s feelings (Feshbach, 1997). Children with strong empathy skills have an easier time regulating their own anger and aggression and engage in pro-social and altruistic behaviour such as helping others. Empathy may also effect development and adjustment of children and has also been correlated with strong social relationships, social understanding, and strong communication skills.

Facilitator's can help develop empathy skills in session by:

- Educating the group about emotions and what it means to be empathetic
- Asking the group how others would think, feel, and respond in various situations
- Modeling empathy when a child shares his or her feelings with the group
- Positively reinforcing displays of empathic behaviour in session as they occur.

Empathy Game

Scenarios allows the children to practice identifying the emotional states of characters in a short scenario while working in pairs.
Age Range:
- 9-12

Materials:
- Scenario Cards
- Questions
- Hat or box (something to hold cut-outs of the scenarios)
- Scissors

Pre-Session Preparation:
- Photocopy enough copies of the questions for each pair of children.
- Photocopy and cut out scenario cards and place them in the hat/box

Instructions:
1. Ask the children to pick a partner to work with (or assign partners depending on preference and how comfortable to group members are with one another).
2. Hand around the hat/box with the scenario lists inside and ask one child from each pair to choose a scenario.
3. Give the children a few moments to read their scenario. Some children may have difficulty reading the scenario cards. In this case facilitators should walk around the room and help the children read the scenarios.
4. Pass around the question list to each pair of children.
5. Give them time to answer and discuss each question in pairs.
6. Facilitators should circulate around the room to ensure pairs are on-task, but to answer questions, offer assistance when needed, and to praise and reinforce on-task behaviour as well as appropriate teamwork.

Ways to Expand the Game
→ Discuss the scenarios after each pair has completed the activity. What emotions did pairs identify in their scenarios? Why did you think the character might feel this way?
→ Ask those to raise their hands who identified the main characters in the scenarios as being happy, sad, jealous, scared, angry, embarrassed, lonely, etc. Ask some of the children to tell the group what their scenario was and make connections and contrasts between each scenario.
→Ask the children if other people could feel different emotions when put in the same scenario (ex, a scenario that may make one person happy, could make another jealous). Discuss the possibility of this and ask them why they believe this happens.

How Does This Help Create Cool Kids?

Scenarios allows children to work in pairs which promotes pro-social behaviours and interactions, which many of the children may struggle with in everyday life. Scenarios also helps children learn to reference how they may feel when put in a similar situation, and thus make predictions about how others would feel, thus helping the child to recognize the emotional states and feelings of others and building empathy skills.
**Scenario Cards**

Tom’s favourite thing to do is to go snowboarding in the winter. This winter Tom’s parents decided he could go on the school snowboarding trip. On the morning of the trip, Tom wakes up to a huge ice storm and all the buses are cancelled. The school snowboarding trip is cancelled too.

Keiko loves dolls. In the store she sees the doll she has wanted for 2 months. Keiko asks her mom to buy it for her, but her mom says no. The next day, Keiko goes to school and sees her best friend with the doll. Her best friend won’t let Keiko play with the doll.

Jamal normally gets C’s and D’s in school. His parents always talk about how he should try harder. After getting his project back, he sees that he got an A+. He brings it home to show his mom, but she is on the phone and ignores Jamal when he tries to show her.
Kristen is playing catch with her new friends outside. When Kristen bends over to pick up the ball, her pants rip. Kristen's new friends laugh and point at her and make fun of her.

Ben had a really hard day at school. He comes home and finds his mom has cooked his favourite meal and tells him that after supper they are going to the fair.

Ahmed wakes up to the sound of a dog barking. He runs out of his room and sees a little brown puppy dog in the living room. He has always wanted a dog and his stepdad brought a puppy home this morning and Ahmed is allowed to name it.
Dante just got a new Pokemon card. He has wanted this card for a long time and finally saved up enough money to get it. He leaves it on his dresser and goes to get a drink. When he comes back, he finds his little brother has ripped the card in half.

On Saturday nights, Vlad’s mom has to work really late. Vlad’s mom promised him this week she would try to get off work early so they could see a movie together. The movie starts in 10 minutes and Vlad’s mom is not home from work yet.

Amanda has just moved to a new city and a new school. No one plays with her at recess and she doesn’t have any friends on her street.
Rida opened the door to check if it was cold outside. When she opened the door, her cat ran out. Two weeks later, Rida and her family still cannot find her cat.

Angela’s favourite show is on late at night, past her bedtime. Angela’s stepmom recorded the show for Angela as a surprise, and they watched it together the next day after school.

Ken got a phone call today saying that he had won front row tickets to a concert. He won two tickets but has two best friends. Ken wants to go and wants to take a friend, but can’t decide which best friend he wants to take to the concert.
Questions

1. How would you feel if the same thing happened to you?

2. What emotions do you think the person in the story was feeling?

3. Were they feeling any other emotions?

4. Why do you think they were feeling these emotions?

5. If you could keep writing the story, what would the person do next?
Home Activity - Scenarios

Mall scavenger hunt!

Take a walk around a local mall or store with a family member or friend. For each of the categories, try and find someone who is:

- Happy
- Frustrated
- Excited
- Stressed out
- Confused
- Embarrassed
- Calm
- Bored

Cross the emotions off as you find people who show them!

*Important:* Remember that you must be polite and respectful to others while completing this activity. If you find someone who is showing the emotion you are looking for, please describe the person quietly to your family member or friend instead of pointing at the person or shouting about the person.*
Session Four- Recognizing Body Signals

In order to be able to emotionally regulate and control anger, it is imperative that children recognize the “warning signs” or physical body signals that accompany certain emotions (Kendall et al., 1985). Thus, learning to pay close attention to body signals assists children in recognizing when their anger is escalating and later helps them to label situational and environmental triggers.

Facilitators can help children to recognize their “warning” or “body signals” in session by:

- Performing symptom or status checks as the children come into the room. For example: Asking a child to blow all his or her frustrations from the week into a balloon upon arrival. This lets the facilitator and the children know the frustration level of each group member in a concrete way.

- Asking the child if there were “warning signals” or “body signals” as a child shares a personal example of frustration or anger.

- Encouraging all of the children to share what their “warning signals” or “body signals” are because some children may experience the same signal, but were not aware of it until it was mentioned by another group member

Recognizing Body Signals Game

Volcano is a group activity which helps children to identify and sort the “warning signals” of anger into three different groups.
Age Range:
- 6-12

Materials:
- Chart Paper and an Easel
- Markers
- Optional: Volcano Template
- Signals of Anger sheet

Pre-Session Preparation:
- Photocopy one copy of the signals of anger worksheet (for the facilitator who will be writing on the chart paper)
- Optional: Photocopy the Volcano Template (or draw a volcano on the chart paper)
- Set up chart paper and easel

Instructions:
1. Explain to the children that anger is like a volcano. It takes some time before it explodes and there are always warning signs which tell us that it is about to explode. Just like a volcano, it is important that we begin to recognize these signals for our safety and well-being.

2. Use the signals of anger sheet provided and write each signal of anger on the chart paper.

3. Divide the volcano into three parts: The bottom of the volcano is the “warming up phase” the middle of the volcano is the “feeling hot phase” and the top of the volcano is the exploding phase.

4. Ask the children to vote on where each signal should go based on their own experience.
Ways to Expand the Game

→ Ask the children to collectively devise a list of warning signals and use those warning signals on the volcano in place of the signal sheet.

→ Discuss situations when these warning signals have occurred; encourage the children to share stories and examples from their own lives.

→ Ask the children if they have ever been able to stop themselves from “exploding.” If so, what did they do?

How Does This Help Create Cool Kids?

Volcano helps the children to begin thinking about identifying their own personal warning signals, and relating to the stages of anger. The group component helps normalize the internal symptoms of anger as encourage group participation. Discussing times when “exploding” has been avoided helps the children to understand that they have, on at least on occasion, have been in control of their actions. This is important because children with emotion regulation and anger difficulties often report feeling out of control or having a loss of control when angry (Mash et al., 2010).
Signals of Anger Sheet

- Pink or red cheeks
- Sweaty palms
- Tight feeling in your jaw
- Pressing your teeth together very hard
- Fast or pounding heartbeat
- Making your hand into fists
- Fast and shallow breathing
- Frowning
- Rolling of the eyes
- Upset stomach
- Feeling hot
- Sweating
- Staring straight ahead
- Ignoring others
- Crying
- Laying on the floor while throwing your arms in the air or kicking
- Screaming
- Hitting
- Yelling
- Kicking
- Throwing objects
- Stiff body of neck
- Spitting
- Punching
- Breaking things
Pay attention to your body’s “warning” signals this week.

Draw a red line through the part of the volcano that best shows how you felt this week.

Bottom= warmed up, middle= got hot, top=exploded

Colour in the snowflakes if you recognized your body’s warning signs, stayed cool and prevented yourself from exploding.

1= I did an okay job at recognizing my body’s warning signals
2= I did a good job at recognizing my body's warning signals
3= I did a great job at recognizing my body's warning signals
Session Five- Problem Solving

Positive social relationships play an important role in children’s lives (Kendall et al., 1985). Positive peer relationships and interactions have been linked to successful adjustment and development later in life and are important sources of support. Children with poor problem solving skills often have fewer positive peer relationships or more turbulent and unpredictable friendships (Kendall et al., 1985; Mash et al., 2010). This may lead to negative consequences later on in life. Therefore, it is important to establish a problem solving routine that is easy for children to understand and use.

Facilitators can help children develop problem solving skills in session by:

- Teaching the group the basic problem solving model. According to Bieling et al. (2009), there are five main steps to problem solving.

  **Step 1: Define the Problem.** During this stage, the child must target the main problem. If there are many problems, the child is encouraged to make a list and choose the most important problem to solve at that time, leaving the others for another time.

  **Step 2: Think of some solutions.** At this stage, the child is encouraged to think of any and all solutions to the problem that pop into his or her head. If the child wishes, he or she can write all solutions down on piece of paper.

  **Step 3: Keep some solutions, toss the others.** At this stage in the model, the child is taught to look at all the solutions he or she came up with and evaluate the solutions. Encourage the child to only keep the solutions that can actually be implemented, that have a possibility of working, and that the child can actually do.

  **Step 4: Pick your solution!** At this stage, the child picks the solution he or she thinks is the best from the remaining solutions list.

  **Step 5: Solve your problem!** At this stage, the solution is implemented.

- Practicing the problem solving model in session

- Positively reinforcing good problem solving behaviour
• Encouraging the children to use the problem solving model outside of session in varied environments (at home, school, with friends, etc)

• Handing out the problem solving buddy (included on page 39)

Problem Solving Game

Helping Danny is a problem-solving activity in which the children are read a story and then collectively must determine the best solution for Danny’s problem.

Age Range:
• 6-12

Materials:
• A copy of Danny’s Frustrating Friday (included)
• Chart paper and an easel
• Markers
• Optional: A photocopy of the problem solving buddy for each of the children

Pre-Session Preparation:
• Photocopy Danny’s Frustrating Friday, optional: photocopy the problem solving buddy
• Bring easel and chart paper in the room

Instructions:
1. Teach the problem solving model steps listed above.
2. Read the short story to the group.

3. Follow the problem solving model while writing each step, and brainstormed solution on the chart paper for all group members to see.

4. Decide on a solution as a group.

Ways to Expand the Game

→ Ask the children what they would do if they were Danny and how they think Danny feels in this situation to practice empathy skills

→ Discuss the other possible solutions to the problem; discuss why they were not a good fit for Danny; discuss why some of them may have been a good fit, but why they were not chosen.

→ Hand out the problem solving buddy to each child and ask the children to come up with another problem that Danny had on his frustrating Friday and work in pairs to problem solve for Danny.

How Does This Help Create Cool Kids?

Problem solving is an important skill that is utilized to some degree each day in a child’s life; thus, they should be taught the steps to appropriate problem solving. Danny’s Frustrating Friday helps to teach the children to practice the problem solving model in a fun, age-appropriate manner. Doing so in a group format allows for facilitators to reinforce the children as they progress through each step, while also helping the children to determine whether brainstormed probable solutions could become the final chosen solutions or not.
Danny’s Frustrating Friday

Danny was a twelve-year-old boy. Danny and his friends walked home together each night after school. On their way home from school one Friday afternoon, Danny and his friends talked about visiting this really old house they saw last week when they took the long way walking home from school. Danny secretly didn’t like the idea of going to visit this old house. No one lived in the house. It was falling apart, and it looked like it might be dangerous. Danny’s stepdad was a construction worker and so Danny had a pretty good idea of what looked safe to be around and what did not.

Everyone continued walking home and talking about taking the long way home and going to see the old house. Danny didn’t want to walk home alone, so he continued to follow the others. When they got to the street the old house was on, everyone started asking Danny to join them. Danny kept saying no. He did not want to join them, and he had a bad feeling about the house. As they got closer and closer to the house, Danny tried to convince his friends not to go in the house. He told them the house was private property, and they could get in trouble with the police if they went in without permission from the owner of the house. He even told them he thought it was not safe, and he didn’t want anyone to get hurt. Danny’s friends started to make fun of him. They started calling him a baby and a chicken. They told him that he should “run home and tell his mommy and daddy.” This made Danny very upset and very mad. Danny didn’t know what to do. Danny’s friends started to go inside the house, and Danny was left outside the house feeling, angry, a little embarrassed, and scared for his friends and not knowing what to do.

What should Danny do?
Problem Solving Buddy

Use this to help you to remember the problem solving steps

Step 1: What is the problem?
Step 2: What are some ways to solve the problem?
Step 3: Decide which solutions to keep and which to get rid of.
Step 4: Pick the solution you think is best.
Step 5: Solve your problem!
Home Activity-Helping You!

Use your problem solving buddy this week to help you solve a problem. In the box below, write or draw a picture of each problem-solving step.

Step 1: In the box below, write or draw a picture of what your problem was.

Step 2: What are some ways to solve the problem?
Step 3: Decide which solutions to keep and which to get rid of.

Step 4: Pick the solution you think is best.

Step 5: Solve your problem!
Session Six- Mindfulness

Mindfulness can be described as staying in the present moment and learning to focus on the here and now as opposed to focusing on the past or future (Hill & Updegraff, 2012); from a therapeutic standpoint, Wright, et al., 2006 describe mindfulness as learning to attend, describe, and partake in the current moment. Hill and Updegraff discovered that mindfulness is highly correlated with emotional regulation. When an individual is mindful of their life experiences, as well as their emotional state, there are increases in both emotional awareness and reactivity which have been noted in past to be contributing factors in emotion regulation (Linehan, Bohus, & Lynch, 2007 as cited in Hill & Updegraff, 2012).

Facilitators can help children practice being mindful by:

- Teaching mindful breathing

- Encouraging children to experience their feelings as they arise in session and not try to block them out or make them go away; teaching them to “be with” emotion in session

- Guiding them through a simple meditation in session

Mindfulness Activity

Here and Now

Here and Now is a mindfulness activity that is a simple and quick and combines elements of mindful breathing with focusing the children’s attention on the present moment.
Age Range:
- 6-12

Materials:
- No materials required

Pre-Session Preparation:
- Children should already know how to breathe mindfully for this exercise
- Read over instructions

Instructions:
1. Begin with breathing mindfully; ask the children to take deep, slow breaths in and out for a few minutes. Children may choose to close their eyes.

2. Ask the children to think about right now. To envision their surroundings, what they are wearing, who is around them, what their breathing feels like, what their hands, arms, and legs feel like, what their stomach feels like; envision anything they need to so they are only thinking about this very moment.

3. Ask them to now think of how they are feeling in this moment. Feel the emotion of the moment. Think of all the places they feel it in their body.

4. Continue to think about the present while also breathing deeply in and out, only thinking about the moment. Tell them that if another thought arises in their minds simply say "stop" in their heads and continue to only think about this moment. Remind them to keep breathing, in and out.

5. After about 10-15 minutes, ask them to open their eyes when they are ready to.

Ways to Expand the Game

→ Once their eyes are open, ask them what the experience was like, what kinds of thing they were thinking about; was it hard to stay focused on the present?

→ You may also wish to have everyone rate how calm and relaxed they feel on a scale of 1-5 (1 = not calm and 5 = extremely calm) before and after the activity so they have a concrete way to measure how mindful breathing and focus can have a relaxing effect of them.

How Does This Help Create Cool Kids?

Here and Now teaches children to relax, utilizes mindful breathing, and introduces the idea of mindfulness in a calm, safe environment. Some children with emotional
regulation difficulties are extremely reactive to the environment around them (Kendall & Braswell, 1985). Here and Now allows children to take their internal thoughts and feelings about the present moment into consideration before acting solely due to environmental or situational cues or reacting due to a routine behaviour pattern.
Home Activity-Here and Now

Take a few minutes each day or night this week, close your eyes and think about how you are feeling right here and right now. Practice the deep breathing you learned in session.

On a scale of 1-5, rate how calm you felt before the here and now activity. Circle the number that best describes how you feel.

1= not calm
2= a little calm
3= calm
4= really calm
5= completely calm and relaxed

On a scale of 1-5, rate how calm you felt after the here and now activity. Circle the number that best describes how you feel.

1= not calm
2= a little calm
3= calm
4= really calm
5= completely calm and relaxed
Session Seven- Skill Consolidation and Utilization

During the last few sessions of group it is important to consolidate the skills and coping strategies taught in previous sessions; it is also important to discuss that group is coming to an end and that this will be the second last session (Bieling et al. 2009). There should also be a discussion about how the group members plan to use what they have learned in session in their outside lives at home, in school, with friends, etc. to help promote maintenance and generalization of skills and strategies learned.

Facilitators can help the children make a smooth transition from group to termination in the last few sessions by:

- Leaving time in the remaining sessions to talk about the children’s favourite experiences in the group, cool things they learned, any anxieties or worries they may have about leaving the group, etc.

- Answering any questions the children may have about the final few sessions

- Asking the children how they are going to use their new skills and where they are going to use their new skills

Skill Consolidation and Utilization Game

Emotional Skill Skit! is an activity wherein the children develop their own problem-solving play using various skills and coping strategies they have been taught in previous sessions. Emotional Skill Skit! is an engagement game.
Age Range:

- 6-12

Materials:

- The Scenario Cards from the Scenario’s Game
- Scissors
- Hat or box to hold the Scenarios cards
- The problem solving buddy from the Helping Danny game
- Dress up hats, scares, costumes, props etc.
- Optional: prizes such as candies, small toys, etc.

Pre-Session Preparation:

- Photocopy enough Scenario cards for and Problem solving Buddies for each child and cut them out; place them in the hat.

Instructions:

1. Ask the children to get into pairs. Pass around the hat and ask each pair to pick one scenario card.

2. Pass out a problem solver buddy to each child.

3. Tell the children they are to come up with a “play” about their scenario. They first have to use the problem solving buddy to identify a problem and solutions for their scenario and then they can act the scenario out in pairs around the room.

4. Before the children begin to devise their play, facilitators should also pick a scenario card and use the problem solving buddy to put on a show for the children. During the show, facilitators are encouraged to come up with a variety of possible solutions to their problem and ask the children for feedback about which solutions they should pick. They should also utilize a relaxation or mindfulness strategy at the appropriate time in the play. Facilitators are also encouraged to
have fun with the play, make the play humorous, and use the props provided to the children. Having the facilitators present their play first to the whole group models participation, bravery, and a good use of all the skills taught in previous sessions.

5. The children may also use various props in their play if they wish.

6. Facilitators should walk around the room and assist the children who need help.

7. After the children have developed their plays and have come up with solutions, they can put on an “informal show” for the other children. Facilitators should pair groups up to give plays to one another, and then have them shift around. Example half the groups are in the center of the room looking out, half the groups on the outside looking in, groups present to the group in front of them, then the outer groups shift one group to the right to present to a new group, and so on. Or, if time permits, all groups may present their plays to the whole group.

Ways to Expand the Game

→ Ask if any children would feel comfortable performing their skit in front of the group; positively reinforce those who do with prizes or treats

→ Encourage the rest of the group to provide positive feedback

How Does This Help Create Cool Kids?

This exercise combines most of the skills and coping strategies learned throughout group sessions in one activity. The activity is fun and engaging for the children and gives them a safe, trusting environment to try their newfound skills in. The facilitator performance models participation and appropriate use of the skills and coping strategies learned. Group members are encouraged to give each other positive feedback which helps cultivate pro-social behaviour and attentiveness. This activity also promotes maintenance and generalization.
Home Activity-Emotional Skill Skit!

Brainstorm and list some places and situations where you could practice the skills you have learned throughout group session.

We have covered: Identifying our emotions, learning how to identify the emotions of others, recognizing our body signals or warning signals, how to problem solve, how to be in the “here and now”, and how to put our skills into practice.

Places

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Situations

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
Session Eight - Celebration

In the very last session of the group, children may feel anxious, nervous, excited, or possibly ambivalent about ending the therapy group (Pearce & Pezzot-Pearce, 2007). The termination of the group may bring back feelings the children had in earlier sessions in the group such as anxiety or anger. Some children may feel sad upon termination, and some may be feeling sad, but avoid showing the feelings of sadness. Due to the complexity of emotions that may be felt, facilitators should encourage the children to express how they feel, normalize those feelings, and provide support. However, the last session should also be a positive and fun experience and a celebration of the hard work the children accomplished while in group.

Facilitators can provide support and help to have a successful final session by:

- Discussing the progress each child has made since first joining the group. This also helps to provide an overview of all the child has accomplished in group, as well as provides the child with closure
- Discussing how other children have felt in the past upon participating in the final session so as to normalize any feelings the children may have about ending group sessions and encourage them to discuss their own feelings
- Let the children and their guardian know that if they ever require further services, they may always contact the agency. This may provide assurance to both guardians and children that support does exist if needed after the final group session
- Having a group celebration! Invite family members, play music, eat some kid-friendly foods, hand out certificate of accomplishment, and end the group sessions on a fun and positive note!
Congratulations!

Through all your hard work and participation you have learned and practiced many skills to help you manage your feelings!

Although the group is over, the skills you learned in group are very important so it is a good idea to keep practicing them whenever you can.

You now know how to tell the difference between your and other people’s emotions. You can pay close attention to your body’s warning signs for when anger and frustration start to creep in. You can solve all kinds of problems using your problem solving buddy. You know how to be in the “here and now.” Most importantly, you did an excellent job of practicing these skills in group session and in your everyday life.

Remember, practice makes perfect- so continue to practice!
Part Three:

“Do you like games? Do you like Cognitive Behaviour Therapy? Well, you’re in luck…”

Overview of Part Three: Game-Based Cognitive Behaviour Therapy for Self-Regulation and Anger Management

1. Breaking the Ice
2. Identifying Emotions
3. Identifying Triggers and Recognizing Anger
4. Automatic Thoughts
5. Relaxation
6. Exposure and Planning for Maintenance and Generalization
Breaking the Ice: Kids should be cool (not frozen)

Some clients, especially children, can be worried, anxious, shy, or very quiet during the first few group sessions, but especially in the first session. Icebreakers often help with overcoming anxiety by asking the children to share information which is common, is not emotionally charged, and does not have a high likelihood of negative consequences if shared with the group (their names, things they like to do). Icebreakers can be a simple introduction of oneself with an accompanying piece of information or they can be in the form of activities and games. Icebreakers help the children become acquainted with each other and with the group setting and assist in reducing anxieties about sharing information and speaking in front a group (Bieling et al., 2009). It is recommended that all icebreaker activities are introduced in session after the expected rules and behaviours of the group have already been developed and discussed as a group, and listed on chart paper for the entire group to see. This helps to establish the rules and expected behaviour of the group as a whole before any personal information is shared.

Icebreaker Games and Activities

Know My Name? is an activity which helps children to learn each other group members’ names as well something that makes each group member happy. This activity can be used as a one- time activity, or can be built upon over various sessions (as described in the ways to expand the game section). Group rules should be established before this activity is introduced into session.
Age Range

6-12

Materials:

- Colourful Card Stock or Heavy Construction Paper
- Markers, Crayons, Pencil Crayons
- Optional: Other items for decorating such as stickers, glitter, glue, tape, etc

Pre-Session Preparation

- Gather card stock/ construction paper, and writing/ colouring utensils
- Separate card stock/ construction paper into piles by colour
- Set all supplies out on table

Instructions

1. After everyone has come in and sat down, ask them to choose a colour of card stock and make and decorate a name card using the supplies provided

2. When all or most of the children are close to being finished, ask them to write down one cool thing that happened this week on the inside of their name card.

3. The facilitators are to also follow instructions and create a name card for themselves.

4. Go around the table and ask each member to hold up their name card, tell the other their names, and share the one cool thing that happened this weekend with the group. Do so until everyone, including the facilitators have shown their name card and shared their “one cool thing”.

Ways to Expand the Game

→ The name cards may be collected after the end of each session and returned at the beginning of each session. In the beginning of each session, you may pass out each name card and ask the children to write one cool thing that happened that week on the inside of their name card. This could then be shared with the group. Thus:

Alternative to Step #2 in instructions: When all or most of the children are close to being finished, ask them to open up their name card and write the numbers 1-8. This
can be modeled by a facilitator so as to avoid confusion. Under number 1, ask the children to write down one cool thing that happened this week on the inside of their name card.

Ask around the table and ask why each child decided to choose that colour. Ask each child if the colour they picked represented an emotion, what emotion would it represent?

How Does This Help Create Cool Kids?

Know My Name? is a rapport-building icebreaker, as knowing each other’s names may help to establish rapport between group members, and also between group members and group facilitators. Know My Name? also helps the children to become comfortable sharing thoughts and stories with the group. The name cards can be collected at the end of each session and used throughout sessions until the group feels as though they do not need them anymore.
Home Activity- Know My Name?

Ask a family member what colour they think of when they are happy, sad, angry, and scared. Ask them why they think of these colours.

Name of family member: _____________________________________________

Happy____________________________________________________________

Sad_______________________________________________________________

Angry____________________________________________________________

Scared____________________________________________________________

Why they think of these colours when they are feeling happy, sad, angry, and scared:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Fast Flash is an activity that keeps children motivated and engaged as the pace of this game is supposed to be fast! Fast Flash is categorized as an engagement game Fast Flash requires children to pay attention and remember information quickly in order to participate. Fast Flash also helps the group member to learn the names of the other group members and helps to establish rapport.

Age range
9-12

Materials
- Name cards created in the Know My Name Activity or
- Supplies to make a name card: card stock, markers, crayons, etc

Pre-Session Preparation
- Gather supplies to make name cards and display them on the table (if applicable)

Instructions
1. Hand out name cards or give the children 10 minutes to create a name card for themselves. On the name card also include ask each child to include one thing he or she likes to do.

2. Once completed, instruct the children to take 2 minutes to look at the other children's name cards.

3. Explain to the group that all of you are going to share one thing you like to do, your name, and then you get to test out your memory.

4. Instruct everyone to place their name cards face-down on the table and ask for a volunteer to start off the activity (or choose a starting point for a shy group).

5. Instruct the first child to say his or her name and then share one thing they like to do with the group using this sentence structure, “My name is Jake and I like listening to music.”
6. Moving on the next child, the pattern continues. The next child states their name and the one thing he or she likes to do, and then saying the name of the child before him or her and also whatever that child liked to do. Example: “My name is Jen and I like to go snowboarding, his name is Jake and he likes listening to music.” This can be modeled for the children by the facilitators if they are having difficulty understanding the game.

7. The pattern continues until someone can’t remember a name. The child who cannot remember the name, points to the group member and says “fast flash.” The group member than flashes his name card for two seconds, after which the child must go through all the names again.

8. Encourage group members to help those out who seem to be having much difficulty remembering names and activities, especially those children who participate in the game toward the end. Positively reinforce all instances of team work (fantastic helping each other out!).

9. Facilitators go last so that all children have a chance to assist the facilitators.

Ways to Expand the Game

→ Each child who requests a “Fast Flash” must share one more thing about themselves at the end of the game.

→ Ask the children how they knew someone needed assistance during the game? What did their face look like? Did their voice change?

→ Ask they children how they felt when they received assistance from the others, versus how they felt when trying to figure out the Fast Flash sentence on their own.

How Does This Help Create Cool Kids?

Fast Flash helps to build rapport in the group setting as well as with facilitators. Fast Flash is also challenging enough that it keeps the children motivated to participate, but not so challenging that they give up or stop playing. Fast Flash also helps group members become accustom to listening to others in group sessions, as well as sharing with the group. Fast Flash also promotes and encourages team work as well as encourages children to notice when others may need help.
Home Activity- Fast Flash

How can you tell when someone in your life needs help?

__________________________

__________________________

__________________________

Who do you go to when you need help?

__________________________

__________________________

__________________________

How do you get help from someone when you need it?

__________________________

__________________________

__________________________
Identifying Emotions

The first step in learning how to emotionally regulate and control anger is to learn to identify different emotions and different emotional states within oneself (Mash & Wolfe, 2010). Thus, it is important to include psychoeducation topics on what emotions are, how to identify emotions, and how to identify the changes in emotional states, in a child-friendly, age-appropriate manner. The following is an example of an “Identifying emotions” GB-CBT session, with accompanying activities and homework to reinforce the identifying emotions psychoeducation.

1. Ask each child to share one cool thing that happened to them this week.

2. Review any homework assigned.

3. Share with the group the topic of today’s session- emotions.

4. Ask the children if they know what emotions are.

5. Explain that emotions are also sometimes called feelings and that people of all ages feel emotions or feeling when things in our lives happen. Give example. (I.e. feeling happy when you get a new pet, feeling scared when you watch a scary movie).

6. Explain that our emotions have three parts to them. The first part is the part of the emotion is what most people call feelings. This is the part of the emotion that we give a name to. So for example, when you watch that scary movie, you say that you are scared. When you give your reaction to the movie a name (scared) that is considered the first part of an emotion (Mash & Wolfe, 2010).

7. The second part of an emotion is the part that we start to feel inside of our bodies that no one else can see. So sometimes our heart starts to race or we feel like we have butterflies in our stomach or we feel like we want to jump
around in excitement. These feelings that no one else can see are the second part of our emotions (Mash & Wolf, 2010).

8. The third and final part is the behaviours we show to other people when we feel an emotion. These behaviours can include things like actually jumping around when you feel excited, clenching your fists when you feel upset or angry, and crying when you feel sad. (Mash & Wolfe, 2010).

9. Explain that some people have trouble knowing what kind of emotions they feel. Some people may also feel like they have no control over which emotion they feel or the things they do when they feel that emotion. Some of our ability to control our emotions comes from our parents, and some comes from living and trying new things every day.

10. Explain that in order to understand and control our emotions, we have to be able to tell them apart.

11. Introduce and play a game included below.

12. Debrief with the children about the game. Answer any questions; discuss any issues that may have arisen during the game.

13. Discuss and assign homework activity.

14. Briefly tell the children what the next session will be about.

15. Thank the group members for coming and working so hard and tell them you look forward to seeing them next time.
Identifying Emotions Game

Pass It On is fast paced and fun for the children. It combines elements of team work and acting out and identifying emotions. This game is identified as an *engagement game*. While specific emotion lists are suggested for each age range, it is important for facilitators to consider both the biological age and the emotional age of the child. Thus, list one may be appropriate for children 6-8 or 9-12, and list two may be appropriate for children 6-8 or 9-12, depending on the children. Facilitators are encouraged to consider this as they choose which emotion lists to use with the children.

**Age Range**

- 6-8 (use Emotion List # 1)
- 9-12 (use Emotion List # 2)

**Materials**

- Age appropriate music
- A cd player, or MP3 player with speakers, etc with a pause button
- A hat or small box to hold the emotion words
- Either Emotion List # 1 or #2
- Scissors

**Pre-Session Preparation**

- Photocopy either Emotion List #1 or #2 depending on the age of the group
- Cut out the words and fold them in half
instructions

1. Have all the children seated around the table. Explain to the children that when the music is played they will pass around the hat of emotion words. When the music stops, the child holding the hat will pick out an emotion word and try to act out the emotion using his or her face and body, but he or she cannot speak when doing so.

2. The other children must guess what emotion the child is trying to portray.

3. The game is played until every child gets a chance to portray at least one emotion.

ways to expand the game

→If time does not permit each child portraying more than one emotion; the player who has already portrayed one emotion must pass the hat to the person on their right.

→Ask the children which were the hardest emotions to portray; which were the easiest?

→Ask the children which emotions were the hardest to guess; which were the easiest?

→Switch the game up and get the children to portray the emotion using only their tone of voice. Ask the children to not use any body or facial cues to portray the emotion. You may want to devise a few sample sentences if you decide to play the game this way to avoid any inappropriate language or topics.

how does this help create cool kids?

Pass It On helps children to think about how they personally act during various emotional states. This helps the children to label and differentiate between their own personal emotional states, while also helping the children label and identify the emotions of others. The game is also fast paced, engaging, and fun for the children, which makes participating in group activities a positive and reinforcing experience.
Emotion List #1

Angry  Joy

Surprised  Grumpy

Confused  Bored

Excited  Strong

Scared  Mean

Happy  Embarrassed

Mad  Silly
<table>
<thead>
<tr>
<th>Emotion List #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playful</td>
</tr>
<tr>
<td>Confused</td>
</tr>
<tr>
<td>Embarrassed</td>
</tr>
<tr>
<td>Relaxed</td>
</tr>
<tr>
<td>Excited</td>
</tr>
<tr>
<td>Confused</td>
</tr>
<tr>
<td>Giddy</td>
</tr>
<tr>
<td>Scared</td>
</tr>
<tr>
<td>Sad</td>
</tr>
<tr>
<td>Unhappy</td>
</tr>
<tr>
<td>Happy</td>
</tr>
<tr>
<td>Frustrated</td>
</tr>
<tr>
<td>Empty</td>
</tr>
<tr>
<td>Mad</td>
</tr>
<tr>
<td>Strong</td>
</tr>
<tr>
<td>Annoyed</td>
</tr>
<tr>
<td>Tense</td>
</tr>
<tr>
<td>Bored</td>
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<tr>
<td>Irritated</td>
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<tr>
<td>Worried</td>
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<tr>
<td>Proud</td>
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<tr>
<td>Mean</td>
</tr>
<tr>
<td>Anxious</td>
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<tr>
<td>Thankful</td>
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<tr>
<td>Angry</td>
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<tr>
<td>Shy</td>
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<tr>
<td>Disappointed</td>
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<tr>
<td>Surprised</td>
</tr>
<tr>
<td>Jealous</td>
</tr>
<tr>
<td>Lonely</td>
</tr>
</tbody>
</table>
Home Activity- Pass It On

Listen to your favourite music!

How does listening to this music make you feel?

Put on a fast song! How does the fast song make you feel?

Put on a slow song. How does the slow song make you feel?

Did your emotions or feelings change when you listened to the slow or fast songs?

How could you tell you felt a different emotion? (Pay attention to body signals)
Recognizing Anger and Identifying Triggers

Before learning to manage anger appropriately and emotionally regulate, a child must know what anger is, and what kinds of situations, people, places, or things elicit his or her anger response (Kendall & Braswell, 1985; Murphy & Oberlin, 2001). Thus, the following is an example of a “recognizing anger and identifying triggers” GB-CBT session. In this session, anger is defined, the stages of anger are discussed, and the concept of “triggers” or events which elicit a behavioural or emotional response (Westbrook & Kennerley, 2007) is introduced, as is the importance of identifying personal triggers. Accompanying activities and homework are included to supplement the psychoeducation session.

1. Ask each child to share one cool thing that happened to them this week.

2. Review any homework that was assigned.

3. Ask the children what words or images or thoughts comes to mind when they hear the word “angry”; write down the children’s responses on chart paper for all to see.

4. This activity allows you to introduce the topic of the session - anger and triggers

5. Explain the to the children that all of us have felt angry in our lives, but sometimes it is hard understand what being “angry” really means. When we think about being angry, we think of how we react we when are feeling anger (refer back to the list the group created for examples of this), but most of us to not think about what our anger tells us and how we became angry in the first place.

6. Explain to the children that anger is our bodies’ way of telling us that we have experienced something upsetting (Murphey & Oberlin, 2001). Explain that other emotions hide inside anger, but we are too upset to realize it. Often times the upsetting event has made us sad or afraid, but those emotions are
hidden by anger. You may use a metaphor here to help children better understand. Example: How many people here have helped their loved ones grow a garden? Have you ever grown carrots? Well if we picture a carrot growing in the ground (draw a carrot with the green stem sticking up out of the ground, draw the above ground/below ground dirt division line, and the orange carrot below the ground level), at first, all we can see is the green part of the carrot sticking out of the ground. We don’t know that there is a whole carrot under the ground that we can’t see unless we dig in the dirt and look for it. If we only ever look above ground, we will never know there is a whole carrot hiding under ground. The green part of the carrot is like anger and the carrot hiding under the ground is like sadness and fear and all the other emotions we feel.

7. Explain to the children that the upsetting events we talked about earlier are sometimes called triggers (Westbrook & Kennerley, 2007). Triggers are the things that make us upset. Triggers can be outside of our bodies, like going to certain places (going to the dentist may make you angry), people (your brothers or sisters may make you angry), or things (your xbox controller, a squeaky door, or loud noises). Triggers can also be the feelings inside our bodies. Some people feel angry if they are tired, hungry, or sad, bored, or embarrassed (Schiraldi & Kerr, 2002). Everybody has different triggers because everyone is different; it is important to start to notice your individual triggers, that way you can learn to predict what will trigger your anger and learn how to deal with the triggers when they happen in your everyday life (Bieling et al., 2009). We sometimes cannot always stop triggers from being around us, but we can always change our reaction to the trigger so it doesn’t make us as mad.

8. Next, discuss the stages of anger. Now that you know what a trigger is, how do we know when our anger has been triggered? Some people think that they are either not angry or angry. But, anger actually gives us lots of warning signs to let us know it is coming. These warning signs are sometimes called stages. There are three stages to our anger and then a “cooling down” stage (Murphey & Oberlin, 2001). We will give each stage a colour. The first stage is the green stage. During this stage you may feel annoyed or frustrated. You aren’t mad or angry yet, but things are bothering you. At this stage, you may start to get sweaty palms or a red face. The next stage is the yellow stage. During this stage there has been a trigger or upsetting event which made you mad. You are angry, but not the angriest you have ever been. At this stage you may yell, your heart may beat faster, you may tighten your fists or squeeze your teeth together. The next stage is stage three, the red stage. During this stage you are the angriest. You may scream, hit or kick others,
and throw or break things. The last stage is the blue stage, the cooling down stage. This stage occurs after the red stage. You are calming down at this point. Some children may feel tired, some may not remember parts of what just happened, some children feel guilty, and some may cry at this stage. Learning the stages of anger can help you control how angry you become. In later sessions we will learn how to calm ourselves down when we are angry. But for now, it is important for you to be on the lookout for your personal triggers and to understand each stage of anger.

9. Ask if the children if they have any questions about what was just discussed.

10. Introduce and play a game included below.

11. Debrief with the children about the game. Answer any questions; discuss any issues that may have arisen during the game.

12. Discuss and assign homework activity.

13. Briefly tell the children what the next session will be about.

14. Thank the group members for coming and working so hard and tell them you look forward to seeing them next time.
Identifying Triggers Games and Recognizing Anger Activities

The Trigger List is a group activity where participation is reinforced and triggers are identified.

Age Range

6-12

Materials

- Chart Paper and Easel
- Markers
- Small wrapped candies, or chocolates, or dried fruit, etc

Pre-Session Preparation

- Bring marker and easel into room
- Purchase wrapped treats you want to use for the session

Instructions

1. After discussing what anger and anger triggers are with the group, ask the children to take a few minutes to think of what their anger triggers are.

2. Ask children to raise their hands and share an anger trigger with the group.

3. Write the anger trigger on the chart paper.

4. Have another facilitator go around the room and give a treat to the children who share an anger trigger with the group. Be sure to pair praise with the treat when giving it to the child. Example: “Good answer Jake!”
Ways to Expand the Game

→ Ask the children to come up and write their own trigger. This exposes them to standing in front of the group and may reduce anxiety about doing so in the future.

→ Ask the children what body signs tell them their anger response is being triggered. Make a list of these body signs.

→ Discuss times when something should have triggered an anger response but did not. What was different about this time compared to all the other times?

How Does This Help Create Cool Kids?

The Trigger List helps children to begin to identify things that make them angry. Seeing the many triggers listed on the chart paper helps the children to recognize the commonality in the group, as they may share certain anger triggers with other group members. Positively reinforcing those who share their triggers with the group increases the chance that children will share information with the group in the future and makes doing so reinforcing. Children who share information with the group are also modeling appropriate group participation for the other group members.
Home Activity - The Trigger List

Interview a friend or family member!

Questions to ask your friend or family member:

1. What is common anger trigger for you?

2. How do you react when your anger is triggered?

3. How do you calm down once your anger has been triggered?
The “Oh, The Places I Go!” activity helps children to think of environments, situations, and people in their life who prompt feelings of annoyance, frustration, and anger. Essentially the activity assists the children in identifying their anger response “triggers.”

Age Range
6-12

Materials
- Enough photocopies of the Oh, The Places I Go! worksheet for the entire group and the facilitators
- Pens and pencils
- Chart paper and Easel
- Markers

Pre-Session Preparation
- Photocopy worksheets
- Gather pens and pencils
- Bring chart paper into room

Instructions
1. After discussing what a “trigger” is, pass out a worksheet for each child.

2. Instruct the child to take a look at the four sections of the paper; in the four squares there is a square for home, school, out with friends, and a place of choice section.

3. Instruct the children to think of all the places they have felt angry, frustrated, or annoyed. Instruct them to think of the places they feel most angry, frustrated, or
annoyed. After a few moments, ask them to write the name of a place in the spot that says “place of choice” where they feel angry, frustrated, or annoyed that is not already a section on the page (cannot be home, school, out with friends). If the children cannot think of a place, or they feel like they are not angry, frustrated or annoyed very often in this place, they may leave it out.

4. Fill in the sheet.

5. Facilitators should fill out their own sheet as well and walk around to see if the children need any help, and to “positively scan” and reinforce for good behaviour.

6. Once the sheets are filled out, facilitators make a worksheet similar to the one the children have including all four sections, on chart paper, placed in an area where all group members can see.

7. Ask children to give some examples of triggers and the situations, people, etc. that are involved in feeling angry, frustrated, or annoyed.

**Ways to Expand the Game**

→ Highlight the connections between similar and identical triggers by drawing connecting lines to each similar trigger on the chart paper. Discuss these triggers; ask the group members why they believe some triggers can be the same for many people.

→ Put stars beside all the different triggers on the chart paper. Discuss the different things that trigger peoples’ anger responses and how they can be very different from one another.

→ Ask the group why they believe some triggers are different for people, and other people have the same triggers. As the group why they think knowing where and when their own triggers occur is important. Discuss the complexity of triggers and the importance of knowing your own trigger.

**How Does This help Create Cool Kids?**

The first steps in changing an anger response and teaching emotion regulation skills include having the ability to identify what makes the child angry (Mash & Wolfe, 2010). Children who are able to identify anger triggers learn to be aware of the possibility of an anger response occurring in certain situations, environments, and with certain people, and can have an individual “game plan” for when they are exposed to situations which trigger anger responses. “Game Plans” are strategies learned in session which are to be used in real life situations and are discussed more at length in the “exposure and planning for maintenance and generalization” section of the guide.
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<tr>
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<td>With Friends</td>
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<td><img src="image3" alt="Friends Image" /></td>
<td><img src="image4" alt="Place of Choice Image" /></td>
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Home Activity - Oh, The Places I Go

Write down three places your anger was “triggered” this week

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

What “triggered” your anger in each place?

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

How could you tell you were getting angry in each place? (Think about your body reactions, thoughts, feelings etc).

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
Green, Yellow, Red helps children identify the feeling of each stage of anger in specific places on and in their bodies.

**Age Range**

6-12

**Materials**

- Enough photocopies of the Body Template for each group member
- Stickers - (preferably the small adhesive dots, but any sticker will do) in red, green, and yellow
- Pens or pencils
- Chart paper, an easel, and markers

**Pre-Session Preparation**

- Photocopy the Body Template
- Purchase stickers
- Gather pens or pencils

**Instructions**

1. After the stages of anger have been discussed in the psychoeducation session, explain to children how we all feel those stages of anger in different place in our bodies. Those places can signal to us when we are angry. There are three kinds of signals, just like on a stoplight; green, yellow, and red. Green signals are the body signals that tell us we are beginning to get angry. While they are different for everyone, they sometimes include getting sweaty
hands or a red face. Yellow signals, examples of yellow signals would be, racing heart, stomach or headache, etc. clenched fist, or jaw, you may start to yell at others. Red signals can include things like, shouting, wanting to hit someone, feeling a loss of control, throwing or breaking object etc.

2. Hand out the body templates and the stickers.

3. Instruct the children to think of an incident that happened recently which made them feel very angry.

4. Ask the children to think of the very first anger signals that showed up in their body when they started to get angry. Ask them to put a green sticker on the areas in the body that signaled to them they were beginning to feel angry.

5. Next, ask the children to think of the next stage of anger. What body signals told them their anger was increasing? Ask them to place a yellow sticker on the places where their body signaled to them that this middle stage of anger was happening.

6. Lastly ask the children to think of the very last stage of anger, when they feel the angriest. Ask them to place red stickers on the places of their body that signaled to them they were the angriest.

7. Ask each group member to write down some of the signals they felt beside the stickers.

8. Share body signals and locations of signals with the group.

9. Ask the group things they could do to feel better and to calm down while in the blue stage. Possible solutions include, taking a time out and sitting in your room quietly, writing or drawing a picture about your feelings and what just happened, looking at a book, talking about your feelings with a trusted person; discussing what went wrong this time and what could be done different next time (Murphey & Oberlin, 2001). Write these suggestions and any others the children come up with on chart paper for the group to see.

Ways to Expand the Game

→Write triggers and signals on chart paper. Discuss some of the situations, people, or places, which brought these triggers and signals on.

→Ask the children when they think it would be the easiest to calm themselves down (at the green, yellow, or red level?).
→Ask if they anyone knows any “tricks” to staying calm that they could share with the others.

**How does This Help Create Cool Kids?**

The Green, Yellow, Red, Blue game helps the children to begin to identify the physical signals their body shows them when they are angry. Many children believe that their anger comes on quickly and is uncontrollable. Green, Yellow, Red Blue teaches children to stop and think about each physical symptom of anger they feel at each stage. It is hoped that once children learn to identify the early physical warning signs of anger (the green stage), they can utilize the coping skills taught in later sessions to prevent emotional and physical escalation (the yellow and red stages). The Green, Yellow, Red, Blue activity also allows the children to label how they are feeling in a concrete way and adjust their feelings accordingly in a manner which makes sense to them. For example, green may mean the child is getting a red face. The child knows that yellow happens when hands begin to shake. He can use strategies learned to properly identify this emotion change and keep from escalating to another level. Brainstorming productive “blue stage” actions as a group can help the child deal better with the guilt and upset he or she may feel after reaching the blue stage. The child can discuss, with a trusted person, what went wrong this time and devise strategies for controlling his or her anger before it reaches the red stage next time (Murphey & Oberlin, 2001).
Body Template

Home Activity- Green, Yellow, Red, Blue

Think of a trick to stop anger or calm down at each level.

Think of one trick you could do at the blue stage to feel better and plan better for next time.

Share your tricks with us in the next session!
Automatic Thoughts

A core component of cognitive behaviour therapy is teaching individuals about automatic thoughts. Automatic thoughts can be defined as the thoughts that come into our minds very quickly as we participate in and appraise our life events (Wright et al., 2006). It is important to teach individuals about the connection between their thoughts, feelings, and behaviours (Bieling et al., 2009). An individual must first comprehend his or her thoughts and realize the impact they have on emotions before being able to successfully emotionally regulate. The following is an example of an “automatic thoughts” GB-CT session with psychoeducation, accompanying in-session activities, and a home activity.

1. Ask each child to share one cool thing that happened to them this week.

2. Review any homework assigned.

3. Kendall and Braswell (1985) suggest introducing the topic of automatic thoughts to children by asking the children to raise their hand if they ever “talk to themselves.” Some children will raise their hand, and some will not. The facilitator is then instructed to say “to those who are raising their hands, you thought about my question and said in your head ‘yes, I talk to myself’, for those not raising their hands, you are sitting there thinking, ‘no, I never talk to myself’.” This establishes that everyone has automatic thoughts. Tell the group that those the thoughts that pop into your head very quickly, and are not said out loud are called automatic thoughts.

4. Explain to the children that automatic thoughts affect the way we feel. Give them a concrete example such as: for instance, if I say, “When I let the dog come in, he got mud all over mom’s new carpet!” What are some thoughts that popped into your head? Ask children to share their thoughts. Were the thoughts positive or thoughts that trick us? An example of an automatic thought that trick us for the above scenario would be “oh no, that mud is never going to come out of the carpet!” This thought is considered a “thought that tricks us” because the mud will come out of the carpet, it just may take some time and effort to clean it. An example of a positive automatic thought would be “those things happen, it is okay.” When we have automatic thoughts that trick us all the time, we often feel sad, anxious, worried, or mad. When we have positive thoughts, our emotions are often positive too and we can end up feeling happy, excited, hopeful, and many other positive emotions.
5. Explain that listening carefully and paying attention to our automatic thoughts is helpful because we can learn to get rid of the automatic thoughts that trick us and replace them with positive thoughts.

6. Ask the children if they have any questions about what was just discussed.

7. Introduce and play a game included below.

8. Debrief with the children about the game. Answer any questions; discuss any issues that may have arisen during the game.

9. Discuss and assign homework activity.

10. Briefly tell the children what the next session will be about.

11. Thank the group members for coming and working so hard and tell them you look forward to seeing them next time.
Automatic Thought Games

Our Tricky Thoughts helps children to become more familiar with identifying and understanding the concept of automatic thoughts.

Age Range
6-12

Materials
- Chart paper, an easel, and markers

Pre-Session Preparation
- Bring easel, paper, and markers into the room

Instructions

1. Ask the child to think about the last time they were very angry.

2. Ask them to think about all the automatic thoughts that tricked them during that time. Some examples would be “I hate everything”, “no one ever listens”, “I can’t control myself” etc. These thoughts are thoughts that trick us because even though we may feel like we “hate everything” in the moment, we don’t actually hate everything. This would mean we hate going on trips, days off school, ice cream, going to the movies, etc.

3. Ask the children to share some of the thoughts that tricked them. Come up with a list of four or five automatic thoughts.
4. As a group, tell the children we are all going to read the automatic thoughts that trick us, and then the facilitators will write them in a different, more positive way. Example: “I hate everything” can be turned into “I get mad when things don’t go my way”, ”no one ever listens” to “people listen sometimes”, “I can’t control myself” to “I controlled myself yesterday”.

Ways to Expand the Game

→The children may help the facilitator if they have an idea of how to turn a “tricky thought” into a more positive one

How does This Help Create Cool Kids?

Our Tricky Thoughts helps to make the idea of automatic thoughts more concrete. Creating examples of automatic thoughts together as a group normalizes the thoughts they may have, as thoughts shared by the children may turn out to be very similar. Having the facilitator turn their “tricky thoughts” into more positive statements helps the children to see that their negative thought processing can be altered to be more positive.
Home Activity- Our Tricky Thoughts

Listen closely for your automatic thoughts this week.

Circle the Trixie the rabbit if most of your automatic thoughts this week were thoughts that tricked you.

Circle Positive Pete if most of your automatic thoughts this week were positive.

Circle both Trixie and Pete if you had some thoughts that tricked you and some positive thoughts.
Stop That Thought teaches children the technique of thought stopping in a fun, engaging way. Thought stopping is an easy, effective technique used to mentally stop or block the negative automatic thoughts children may be having (Wright et al., 2006). This game is identified as an engagement game.

Age Range
6-12

Materials
- Thought Stop Sign
- Thought Stop Story
- Popsicle sticks
- Glue
- Tape
- Scissors
- Cardstock (to ensure the sign is sturdy enough to stand up straight when held in the air)

Pre-Session Preparation
- Photocopy enough thought stop signs for each child
- Photocopy one copy of the Thought Stop story
- Gather glue, popsicle sticks, scissors, and cardstock

Instructions
1. Tell the children that one way to stop the thoughts that trick us right in their tracks is to use something called “Thought Stopping”. Thought Stopping helps us catch a thought that tricks us as it’s coming into our head and stops it right
away. To do this, you must simply listen closely for your automatic thoughts. When a thought that tricks you pops into your head, tell it to stop! At first, you can practice telling it to stop out loud. Then practice telling the tricky thought to “stop” inside your head.

2. Tell the children: today we are going to practice thought stopping. I am going to read you a story of a girl who really needs some help stopping her thoughts. We are going to make thought stop signs. Listen closely to the story, and every time you hear a thought that is trying to trick her, hold up your thought stop sign and say “stop!”

3. Create the thought stop signs by cutting out the sign, gluing it on the cardstock and taping the popsicle stick to the bottom as a stop sign handle.

4. Read the story and praise the children each time they correctly identify a thought that tricks the girl.

Ways to Expand the Game

→Ask the children if they think the thought stop signs helped the girl in the story
→Ask them how they would use the thought stop signs at home if they could

How Does This Help Create Cool Kids?

Thought stopping is a method used for addressing negative automatic thoughts in therapy (Wright et al., 2006). It is an easy, quick method to use because the children do not need to replace their distorted thoughts, but only need to recognize the thoughts when they occur and “stop” them. The thought stop sign acts as a visual prompt for the children. Holding up the thought stop sign while saying “stop” connects the visual prompt to the command “stop”, and it is more likely that the children will visualize the stop sign in their minds as they learn to practice thought stopping internally.
Thought Stop Sign
Thought Stop Story

Juanita was very excited because it was Saturday! Juanita had been excited all week because her aunt promised to take her ice-skating on Saturday evening, and the day had finally arrived. Ice-skating was Juanita’s favourite thing to do. She loved lacing up her skates and gliding on the smooth ice. “Gosh, I can’t wait to go ice skating,” thought Juanita. She hopped out of bed and ran downstairs to find her aunt sitting at the kitchen table looking a little bit mad. “Oh no, I must have done something bad,” thought Juanita. Her aunt poured her some cereal and set it down in front of her without even saying good morning. “I must have done something really bad, she always says good morning,” thought Juanita. Juanita ate her cereal, and her mind started racing, “What if she found out I threw away my sandwich at school last week? She will be so mad at me for throwing away good food. Or what if my aunt and her boyfriend got into a fight over me staying here? I don’t think my aunt’s boyfriend likes me, but then again I don’t think anyone likes me.” Juanita kept thinking the whole time she was eating her cereal, and the more she thought, the sadder she became. Then, she had one last thought, “What if my aunt doesn’t take me ice skating? People never do what they are supposed to. I get promised things and then let down all the time!” This final thought made Juanita so angry, she stopped eating and ran to her room. “I’m not going to be able to go ice skating; my aunt is going to let me down. I just know it!” The more Juanita thought, the more upset she became, and she started to cry.

Juanita’s aunt heard her crying and came into her room to ask her what was wrong, but Juanita was too upset to talk. After a few minutes she calmed down and told her aunt that she knew her aunt was mad at her, and she knew that she wasn’t going to
get to go skating, “and it’s not fair,” thought Juanita. Juanita’s aunt explained that she had a headache when she woke up this morning so she didn’t want to talk right away because the noise hurt her head more. She explained to Juanita that she was still taking her ice skating this afternoon and that she was not mad at her at all.

“Wow, I let my thoughts get the best of me,” thought Juanita, “I wonder if there is a way to stop all these tricky thoughts from happening?” Later on that evening, Juanita and her aunt went ice skating and had a great time. “I am going to try to think more positively from now on,” thought Juanita.

The end.
Home Activity - Stop That Thought

Practice stopping the thoughts that trick you this week!

Put a check mark beside the days you stopped your tricky thoughts in their tracks!

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
A Lot on My Mind is an activity that assists children in understanding and devising personal examples of automatic thoughts. It also helps to make automatic thoughts concrete and identifiable, as the idea of automatic thoughts may be difficult and abstract to understand for children, especially younger children.

**Age Range**

6-8 (Assistance required)

9-12

**Materials**

- Enough photocopies of the Mind Template for all children in the group
- Enough photocopies of the Automatic Thoughts template for all the children in the group (plus extra as some child many have many more thoughts to add to their “mind”)
- Markers/ pens/ pencils
- Scissors
- Tape or Glue
- Optional: chart paper and easel

**Pre-Session Preparation**

- Photocopy all required templates
- Gather writing and craft supplies

**Instructions**

1. After discussing automatic thoughts in the psychoeducation session and asking for examples of the children’s own automatic thoughts, hand out the templates, scissors and writing supplies.
2. Ask children to think of a time when they felt angry or upset.

3. Ask them to write down all of the automatic thoughts that popped into their heads during this incident on the automatic thoughts worksheet.

4. Once they have been written down, ask children to cut out the thoughts and tape them onto their mind.

5. Discuss whether the automatic thoughts are positive, thoughts that trick us, or neutral.

6. Discuss how all the negative thoughts make it so they have “a lot on their mind” and how if they don’t address these thoughts, they may have consequences. Consequences can include feeling sad, angry, or worried.

Ways to Expand the Game

→ Draw three categories on chart paper titled, Thoughts that Trick Us, Neutral Thoughts, and Positive Thoughts. Ask the children to share an automatic thought from their activity and let the other children vote on which category to place the thought in. Compare the number of thought that trick us, neutral, and positive automatic thoughts and discuss why there are differences in the amount of each response.

→ Have the facilitators change some of the “thoughts that trick us” into more positive and realistic thoughts on the chart paper.

→ Go through some of the automatic thoughts and ask the children to identify some of the distorted thoughts as a group by voting on each thought. Replace the thought that tricked us with a realistic thought. Ask the child to remove that thought from their “A Lot on My Mind” worksheet to “lighten the load” or make sure there is less on their mind.

How Does This Help Create Cool Kids?

Teaching children to identify their automatic thoughts with the A Lot on My Mind game helps children to better understand the idea of automatic thoughts and understand that everyone has automatic thoughts which can be positive, distorted, or neutral. The activity also teaches them that they have the ability to alter negative thoughts to make them more positive, as well as address any thought distortions they may be having.
Mind Template
Automatic Thoughts Template
Home Activity- A Lot on My Mind

Ask a friend or family member to help you with this activity.

Write down three automatic thought you had this week.

Ask your friend of family member to help you identify whether the thought was positive, one that tricked you, or neutral.

Put a star beside the thoughts that may be tricks.

Bring your thoughts in to share with the group in the next session!

Thought #1:

Thought #2:

Thought #3:
Relaxation

Teaching relaxation strategies is a crucial component in reducing and controlling anger and anxiety and is a core coping skill taught in cognitive behaviour therapy (Wright et al., 2006). Relaxation training and exercises help individuals to feel calm and in control physically and emotionally. Relaxation skills are useful both in and out of group session. If group members seem to be anxious in session or if they seem to be having difficulty paying attention and participating, a relaxation exercise can be conducted to calm and refocus the group members (Bieling et al., 2009). There are many relaxation techniques and exercises which can be taught in group format. These include distraction, breathing retraining or breathing mindfully, tensing and releasing of muscles, and guided imagery.

The following is an example of a GB-CBT relaxation session with accompanying activities and homework exercises.

1. Ask each child to share one cool thing that happened to them this week.

2. Review any homework that was assigned.

3. Introduce the session topic- exposure

4. Explain to the children that the activities they are going to do in this session have two special rules that we have to make sure everyone follows in order to participate. The first rule is called “arms length away”. This rule means that everyone must be at least one arm away from everyone else to ensure we keep our hands and bodies to ourselves and give everyone enough space in the activity to feel comfortable. The second rule is called “quiet time”. This rule means that in order for everyone to feel relaxed and comfortable we have to try to be as quiet as we can. Because we are up and out of our seats for some of the activities, it is important to follow these rules. If we see anyone who is not following the rules, we will simply say “arms length away” or “quiet time”, if you hear that instruction, everyone should take one step back or lower their voices.

5. Ask if the children if they have any questions about what was just discussed.
6. Introduce and play a game included below.

7. Debrief with the children about the game. Answer any questions; discuss any issues that may have arisen during the game.

8. Discuss and assign homework activity.

9. Briefly tell the children what the next session will be about.

10. Thank the group members for coming and working so hard and tell them you look forward to seeing them next time.

**Relaxation Activities**

Quick Breath, Long Breath

Quick Breath. Long Breath is a modified exercise based on the instructions provided by Wright et al. (2006) on breathing retraining or breathing mindfully.
Age Range
6-12

Materials
- Drinking straws for each child
- Clock or timer
- Garbage can

Pre-Session Preparation
- Purchase and bring drinking straws to session

Instructions
1. Pass out a drinking straw to each child.

2. Ask them to stand up and find a space in the room where they feel comfortable. Ask them to make sure they are staying an arms' length away and are being as quiet as they can be.

3. Ask the child to put the straw in his or her mouth and breathe through it using short, quick breaths. Demonstrate these short, quick breaths by blowing into the straw and showing the children what their breathing should look like.

4. Ask the children to continue to breathe through the straw using short, quick breaths for 90-120 seconds.

5. After the 90-120 seconds, ask the children to stop. Ask them how they feel.

6. Explain that this is usually the way we breathe when we are upset, angry, frustrated, or nervous and continuing to breathe this way may make us feel more upset, angry, or nervous.
7. Now ask the children to take the straw out of their mouths and hold onto the straw. Now tell the children we are going to practice breathing in long, slow breaths because this is the way we breathe when we are relaxed, cool, calm, and collected.

8. Demonstrate the long, slow, relaxed breaths by breathing in slowly through your nose, taking about 3 or 4 seconds to breathe in, and 3 or 4 seconds to blow the breath out of your mouth.

9. Ask the children to try these long, slow, deep breaths and count the seconds of each inhale and exhale in their heads. Tell them they may close their eyes if they wish.

10. After 30 seconds or so, while they are breathing long, slow, deep breaths, ask them to focus on how their body feels. Focus on the cool air entering their nose, and the warm air blowing out their mouth. Focus on their chest rising and falling. Focus on the beat of their heart slowing.

11. After about 3 minutes of breathing mindfully, ask the children to open their eyes when they are ready.

12. Ask the children how they feel after taking the long, slow, deep breaths.

13. Discuss the difference between how their body felt when they were breathing through the straw and how it felt during the long, slow, breaths.

14. Collect the straws from each child and throw them away when you are finished with the exercise.

Ways to Expand the Game.

→Ask the children to list situations or occasions in which they think this breathing technique could be helpful
After the skill has been taught you may use this activity if the children seem to be anxious, angry, or unfocused in session in to relax and refocus them.

How Does This Help Create Cool Kids?

Quick Breath, Long Breath is a relaxation exercise which helps children to recognize the difference between quick, rapid breaths that usually occur when they are emotionally dysregulated, and the slow, long breaths that occur when they are not. It is an easy coping skill for children to learn in session and use out of session.
Home Activity - Quick Breath, Long Breath

Be aware of triggers and listen for thoughts that try to trick you this week.
If you notice your anger level rising during the week, take long, slow, deep breaths just like we practiced in session.

As you breathe deeply, picture the traffic light in your head. Picture your anger going from red, to yellow, to green, to being cool, calm, and collected, as you breathe.

Rate your anger level before you began to take long, slow, deep breaths. Circle the colour on the stoplight to show how angry you were.

Rate your anger level after you began to take long, slow, deep breaths. Circle the colour of the traffic light to show how angry you were after taking long, slow, deep breaths. Circle the penguin if you were, cool, calm, and collected after taking long, slow, deep breaths.
The Cool Kids List is an activity designed to help children identify different activities they could engage in to self-calm when they are feeling angry.

Age Range

6-8

9-12

Materials

- Chart paper and easel
- The Cool Kids List templates (for either 6-8 *two pages* or 9-12, depending on age and writing ability)
- Pencils and erasers for the children

Pre-Session Preparation

- Photocopy the cool kids list template
- Gather pencils, erasers, and chart paper and easel

Instructions

1. Explain to the children that one way to self-calm when they are feeling angry is to focus their mind on something else, or to participate in an activity for a little while. Explain to the children that participating in activities or thinking about something other than what is making them angry is like a “time-out” for their brains and bodies. Usually we think of “time-outs” as a bad thing, but what these time-outs will do is give us the chance to recognize that we are feeling angry, to focus on calming ourselves down, and to give our bodies and minds a chance to relax and focus on something other than feeling angry or thinking angry thoughts.

2. Ask the children to think of things they normally do when they are angry. Ask a few children to share an example of what they would normally do when angry. These examples may include shouting, slamming doors, or throwing objects. Explain to the children that these behaviours do not help us calm down, but increase our feelings of frustration and make us angrier.
3. Explain that we need to find a better outlet for the energy and frustration we feel when we are angry.

4. Ask the children to name some things they would normally do to relax. List these items on the chart paper as the children share them.

5. Ask them to choose activities out of the list they just created that they could do when they are feeling angry. You may have the children vote on these activities, or discuss activities that may not be possible to utilize often (ex, taking a trip to the family cottage with their parents). After the list has been narrowed, you may wish to add activities the children did not think of. These activities may include, quietly reading or looking at a book, playing with toys in his or her room, taking a bath or shower, resting in his or her bed, writing in a journal, or drawing a picture.

6. Now explain to the children that sometimes they will feel angry in places where they cannot leave to give their bodies a “time-out” so we have to come up with some ways to give our minds a “time-out.” Children may have more difficulty coming up with items for this list; therefore facilitators should devise most of the list while also encouraging children to share any they would like to add to the list as well. Items for this list may include, counting backwards in his or her head from 20 or 10, singing a favourite song in his or her head, thinking about a funny television show they just watched or a funny moment that recently happened in their lives, thinking about a fun trip they went on in the past, or just taking a few moments to focus on their breathing.

7. After the list has been created, ask the children to make their own list by copying some of the activities they think would work for them onto their Cool Kids List. The list comes in two formats, a list which children can write on, and one on which they can draw their activities. Facilitators should walk around the room and assist children.

8. After the lists have been made, each person gets a “cool kids seal of approval sticker” and facilitators then instruct the children to put the list somewhere in their
homes they will see each day. Possible locations include, on the fridge in the kitchen, on a wall in their bedroom, on the bathroom mirror etc.

**Ways to Expand the Game**

→Practice some of the distraction techniques with the children in session; techniques which may be easy to practice in session include: counting backwards in his or her head, focusing on breathing, thinking of a funny moment from the past and so on.

**How Does This Help Create Cool Kids?**

The Cool Kids List helps children develop their own distraction techniques to self-soothe when they are feeling angry. Distraction is used as a relaxation tool because it allows clients to focus her or her attention on the activity at hand and not on upsetting thoughts (Wright et al, 2006); therefore, it acts as a “time-out” which allows children to de-escalate and self-calm. Note: Some forms of distraction are appropriate only for certain environments. The home environment is a great place to use activity distractions such as looking at a book, or watching television or lying quietly in bed for a few moments. But, it may be difficult to use these techniques in other environments such as school, or when the child is participating in a family event or school trip. Therefore in these environments, children can use other less overt distractions such as counting backwards from 20, switching a bracelet from one hand to the other, etc.
The Cool Kids List (6-8)

Here are some activities I can do to give my body a “time-out” when I am feeling angry:

[Blank boxes for activities]
Here are some activities I can do to give my mind a “time-out when I am feeling angry
The Cool Kids List (9-12)

Here are some activities I can do to give my body a “time-out” when I am feeling angry:

1. ______________________________________

2. ______________________________________

3. ______________________________________

4. ______________________________________

Here are some activities I can do to give my mind a “time-out” when I am feeling angry

1. ______________________________________

2. ______________________________________

3. ______________________________________

4. ______________________________________
Home Activity- The Cool Kids List

Circle the picture that shows where you put your Cool Kids List when you got home. If you put it in a different spot, draw a picture of where you put it in the blank box:

- [ ] Fridge
- [ ] Sink
- [ ] Bed
- [ ] Blank box

Did you use any activities off your Cool Kids List this week? Circle yes or no.

- [ ] Yes
- [ ] No

If you did use an activity from your list, which activity was your favourite activity?

______________________________
Quick breath, Long Breathe Journey is a variation on the original Quick Breathe, Long Breath game, but this game includes a guided imagery component to further aid in relaxation.

Age Range

6-12

Materials

- Drinking straws for each child
- Clock or timer
- Garbage can
- Guided Imagery Story

Pre-Session Preparation

- Purchase and bring drinking straws to session
- Photocopy guided imagery story

Instructions

1. Pass out a drinking straw to each child.

2. Each child is seated for this activity.

3. Ask the child to put the straw in his or her mouth and breathe through it using short, quick breaths. Demonstrate these short, quick breaths by blowing into the straw and showing the children what their breathing should look like.
4. Ask the children to continue to breathe through the straw using short, quick breaths for 90-120 seconds.

5. After the 90-120 seconds, ask the children to stop. Ask them how they feel.

6. Explain that this is usually the way we breathe when we are upset, angry, frustrated, or nervous and continuing to breathe this way may make us feel more upset, angry, or nervous.

7. Now ask the children to take the straw out of their mouths and hold onto the straw. Now tell the children we are going to practice breathing in long, slow breaths because this is the way we breathe when we are relaxed, cool, calm, and collected.

8. Demonstrate the long, slow, relaxed breaths by breathing in slowly through your nose, taking about 3 or 4 seconds to breathe in, and 3 or 4 seconds to blow the breath out of your mouth.

9. Ask the children to try these long, slow, deep breaths and count the seconds of each inhale and exhale in their heads. Tell them they may close their eyes if they wish.

10. After 30 seconds or so, while they are breathing long, slow, deep breaths, ask them to focus on how their body feels. Focus on the cool air entering their nose, and the warm air blowing out their mouth. Focus on their chest rising and falling. Focus on the beat of their heart slowing.

11. After about 3 minutes of breathing mindfully, tell the children you are going to read them a story and you want them close their eyes if they are not already closed and continue to take long, slow, deep breaths and try to picture the story images in their minds as they listen to the story.
12. Read the story.

13. Ask the children to open their eyes when they feel ready.

14. Ask the children how they feel after taking the long, slow, deep breaths.

15. Encourage the children to share how they are feeling after the exercise.

16. Ask the children if they could picture themselves in the story.

17. Collect the straws from each child and throw them away when you are finished with the exercise.

Ways to Expand the Game

→ Encourage the children to invent their own scenario that they could think about while breathing mindfully

→ If you practice this exercise multiple times in session Kendall et al. (1985) suggest allowing one of the children to lead the guided imagery session if they feel comfortable.

How Does This Help Create Cool Kids?

Quick Breath, Long Breath Journey has all the benefits of the original game, but adds the extra element of guided imagery. Guided imagery helps children to find a calm and comforting place to travel to within their minds when they are in emotional distress (Kendall et al., 1985); guided imagery scenarios can be realistic such as, drinking a warm hot chocolate in front of a cozy fireplace or they can have element of whimsy such as travelling to a land made of cotton candy.
Guided Imagery Story

It is summertime, and you are on your favourite beach sitting in the sand. The sand is warm to the touch and falls gently through your fingers as you pick up handfuls to build your sand castle. Your sandcastle is the biggest and best sandcastle you have ever built. You decide you need some water to make sure the sand stays together so you get up from where you are sitting, brush off your hands, pick up your big red sand pail and start walking. As you are walking, you try not to step on seashells or beach towels along the way. You hear squawking in the distance, and when you look up into the bright blue sky, you see seagulls flying around above you. The sun is big and bright. You look into the sky, and you don’t see a single cloud. It is a warm, sunny, beautiful day. You continue walking down to the water, and the sand is hot on your feet. As you make your way closer to the water, the sand becomes cooler, wet, and it squishes between your toes. You step into the water, and it is very cold at first. You swish your feet around to try to warm them up. You look down into the water and see many things at the bottom. The water only comes up to your ankles, but there are little black minnows swimming around your feet. You remember how the minnows used to scare you when you were younger, but now you think they are kind of cool. You watch them swim closer and then hurry away as you move your feet around. You can also see mussels and little pieces of broken shell. They glisten in the water and look a little like tiny pieces of jewelry. You feel something slimy touch the side of your ankle. At first, it scares you a little because it is sticking to your skin. You look down at your ankle and see a piece of green seaweed stuck to it. You bend down to pick it off and throw it in the water away from you. You grab your pail and fill it up with water. The water rushes in and out of your pail a few times as the tide swishes in and out, and in and out. You fill your pail one last time, pick it up, and walk back to your sand castle. Just as you go to mix sand and water together to make your sandcastle really strong, you hear your friends calling your name. It’s time for lunch! You are so glad because your stomach is rumbling, and all this hard work has made you hungry. You leave your pail full of water beside your sandcastle and join your friends for lunch. This is turning out to be a great day at the beach.
Home Activity- Quick Breath, Long Breath Journey

Go on a journey in your mind this week!

Practice the long, slow, breaths and think about a relaxing place you have visited in the past before. If you cannot think of one, make your own place up.

What does the place look like?
What kinds of things do you see when you look around?
What can you smell, taste, or hear on this special journey?

If you’re still having difficulty imagining a journey to a special destination, you can put on your favourite song and listen to it with your eyes closed while you take long, slow, deep breaths.
Statue or Jellyfish is a modified version of a game called “Robot or Ragdoll” from Kendall et al. (1985). In the Kendall et al. (1985) version, the therapist simply asks the children to be as stiff and as still as a robot and then as loose and floppy as a ragdoll. This activity is performed at the beginning of a session to relax anxious children in the Kendall et al. (1985) text. This version is modified to be a longer game, which has a competitive edge and is set to music. This game is identified as an engagement game.

**Age Range**

6-12

**Materials**

- Cd player, MP3 player, etc. with a “pause” button
- Age appropriate music
- Optional: Prizes such as small candies, stickers etc.

**Pre-Session Preparation**

- Set up Cd player and music

**Instructions**

1. Instruct the children to stand up and find a space in the room where they feel comfortable. Ask them to make sure they are staying an arms’ length away from each other and stress the importance of keeping hands, feet, etc. to themselves in this game.

2. Tell the children that when we are angry, we make our body really stiff and really still. We sometimes squeeze our fists really hard and scrunch our face up. Demonstrate what this looks like for the children. Tell the children that this is called “the statue”.

3. Tell them to practice being statues.
4. Next, tell the children that the time we are most relaxed is when we are sleeping. Ask the children if they have ever seen somebody move a sleeping person’s arms or legs. Tell the children that the sleeping person is so relaxed, the leg or arm can be moved by the other person and it looks like a jellyfish in the water. Demonstrate what this looks like to the children (letting arms fall to sides, bending head over, etc.).

5. Ask the children to try to act like a jellyfish that is being carried away by the water. It is important to continue to remind the children to stay at least an arms’ length away from each other.

6. Now, tell the children that the reason you are practicing these moves is that we have now learned the difference between when our muscles are tense and stiff like a statue when we are angry, and when our muscles are loose and free like a jellyfish when we are calm.

7. Next, explain to the children that they are going to swim freely like jellyfish in the water while the music is playing. But, when the music stops, they are the freeze, and stiffen all their muscles and scrunch up their face like a statue.

8. If someone continues to act like a jellyfish after the music has stopped, they are told to have a seat on the ground where they are now permanent statues.

9. Start and stop the music as you choose.

10. Continue the game until all but one child is playing, or until you wish to end the game.

11. Optional: the last standing child gets a prize.
12. Discuss the game with the children afterwards. How did they feel as statues? How did they feel as jellyfish?

13. Tell the children when they start to feel warning signs of anger, they can stiffen all their muscles and be like statues for a few seconds, and then release, take a big breath in and act loose and free like jellyfish.

Way to Expand the Game

→Practice breathing mindfully as a group when the children are “jellyfish”

How Does This Help Create Cool Kids?

Statue or Jellyfish is a relaxation activity which is based on muscle relaxation in CBT (Wright et al., 2006). Experiencing muscle tension throughout the body and then relaxing those muscle groups allows all the tension to be released, giving the individual a physical sense of relaxation and relief. This feeling produces a sense of overall tension reduction throughout the body and mind, which can aid in reducing anger, especially when paired with mindful breathing.
Home Activity - Statue or Jellyfish

Practice being both a statue and a jellyfish at home this week.

Did you feel more relaxed as a statue or a jellyfish?

Put a checkmark √ beside your answer:

Can you think of a time this week when you were angry and you became a statue, but you should have been a jellyfish?

Put a checkmark √ beside your answer:

Yes □ No □
Exposure

After children have been taught to identify emotions, triggers, their body’s warning signs, to monitor their automatic thoughts, and have been taught relaxation coping skills, exposure can be included in session. A common practice in CBT is the inclusion of role-playing in session (Wright et al., 2006). The role-play will serve as the in-session exposure and will include scenarios designed to resemble anger-producing situations the clients could face in real life. Traditionally, during a role-play, the therapist and client act out a situation which has a high probability of occurring in the client’s life. The designated roles of the therapist and client depend on each role-play scenario; the therapist could act as though he or she was a person present in the client’s life such as a sister or friend or the role may be reversed. For the purpose of the GB-CT sessions, the children will role-play with one another in groups or pairs. Role-playing allows children to practice using skills learned in session in a safe, non-judgemental environment in which he or she can receive immediate feedback on the interaction (Wright et al, 2006; Kendall & Braswell, 1985). Scenarios can also be acted out in a variety of different ways and can prompt the use of a many different coping skills. Role-playing can be used effectively when practicing CBT with children who are impulsive and have difficulty identifying emotions (Kendall & Braswell, 1985). Role-playing allows the child to practice identifying the emotional states of others while practicing the skills learned in session.

1. Ask each child to share one cool thing that happened to them this week.

2. Review any homework that was assigned.

3. Introduce the topic of the session- role-playing and showing off their new skills.

4. Tell the children that they have worked very hard learning to monitor their anger and emotions and have worked hard practising the coping skills they have learned in past sessions. Tell the children that in this session they will put all their hard work to use and show the rest of the group all they have learned.
5. Explain to the children that the activities they are going to do in this session require them to be respectful of each other. This means: hands off, no inappropriate language (swearing, name-calling, or mocking each other i.e. “that’s a stupid way to act that role out”). Tell the children that it is important to understand that some of them may be feeling nervous or anxious to perform these role plays. If they happen to be feeling nervous, the child and his or her partner may wish to take a few moments and practice a relaxation technique they have learned in previous sessions. Statue or Jellyfish is a suitable relaxation technique to practice with a partner.

6. Tell the children this activity is practice for when they are in real life situations and become angry or upset. Practicing the skills allows them to prepare to act appropriately and control their anger when faced with real life problems. Practice makes perfect!

7. Ask if the children if they have any questions about what was just discussed.

8. Introduce and play a game included below.

9. Debrief with the children about the game. Answer any questions; discuss any issues that may have arisen during the game.

10. Discuss and assign homework activity.

11. Briefly tell the children what the next session will be about.

12. Thank the group members for coming and working so hard and tell them you look forward to seeing them next time.
Exposure Game

And…Action! is a role-playing activity which allows children to present the skills they have learned in previous sessions to the group in pairs. This game is identified as an engagement game.

Age Range

6-12

Materials

- Role-play scenario (facilitators are encouraged to create their own dialogue for the scenarios as this also allows for familiar language and terms used in the group sessions to be incorporated into the role-play scenario making it a more unique experience)

- Hat

- Names of all the children on paper slips

- Optional: Skills on paper slips (included), props and costumes, etc. Some facilitators may want to practice the role-pay before the session or create a role-play of their own which targets the main areas of difficulty in the group (i.e. if many children in the group have shared that they become angry when being asked to clean their room, you may want to use this scenario) to present to the children.

Pre-Session Preparation

- Write out all names of the children on slips of paper and place in hat

- Make enough photocopies of the role-play scenario for each facilitator

- Optional: cut out skills from template

Instructions

1. Tell the children that in this session, the facilitators will act out the beginning of a play in front of the children. The children must then get into pairs (or you may assign each child a partner) and create the ending to the play with their partner.
They must both use at least one skill they have learned in session while creating the ending with their partner.

2. One facilitator is person #1 and the other is person #2. The role-play scenario does not have any dialogue so the facilitators must act out the situation while adding their own dialogue to convey the problem to group. The facilitators perform the role-play scenario while the children sit and watch.

3. Instruct the children to find a space around the room and start creating their ending to the role play. Facilitators should walk around the room and assist children as they are creating and practicing their ending. Facilitators can help children decide which skill to use in their play, help them decide how to present the skill to the audience, and make sure the children are on-task and understand the activity.

4. Give the children enough time to create the ending and practice at least twice.

5. Ask everyone to have a seat. Pull names out of a hat to choose the order of presenters, unless you have children who volunteer to present their role-plays.

6. Let each pair of children choose where they would like to present as they stand in front of their group members.

7. Encourage the group members to clap and give positive feedback to each pair after each role-play is completed.

8. Process with the group. Reflect on the role-plays; ask the children how it felt to present the role-play; was it difficult to use the coping skills? Etc. (Kendall & Braswell, 1985).

Ways to Expand the Game

→ Walk around the room with the hat full of skills from the skills template and ask each pair to choose two skills. The children must use the skills they choose in their role-play. This allows the group to see the application of all or most of the skills learned in
previous sessions. If you do decide to use this optional aspect of the activity, ensure that all children can read the cards and if they cannot, read the card to them as they choose one.

→Encourage children to create their own scenarios; they may use non-fictional examples from their lives to give them a chance to change the outcome of the scenario by act appropriately and using effective coping skills in the situation (Kendall & Braswell, 1985).

How Does This Help Create Cool Kids?

Role-playing is a great way to help the children consolidate the skills they have learned and recognize that these skills do have real-world application (Kendall & Braswell, 1985). Role-plays, especially role-plays which are very similar to the situations the child faces in real life, help the child to practice appropriate and effective responding to a problem situation. Including facilitators in the process allows them to model courage and active participation. It should be noted that some children may start acting silly during role-play. Kendall and Braswell suggest telling all the children to “stop” or “freeze”. You may also use familiar term with the children such as “statue time”-referring to a familiar relaxation exercise used in a former session, or turn the lights off in the room for a second to get everyone’s attention. After you have their attention, ask them to lower the noise level in the room and ask them if they require more time to practice or if they are ready to begin presenting their role plays. The children will most likely ask for more time. If they indicate they do not need more time, the noise may be a signal that the children are finished creating and practicing. Be sure to process with the entire group after the activity has been completed. It is also important for the facilitator to understand that presenting the role-plays in front of each other adds an extra element of stress and discomfort for some children (Wright et al., 2006). Therefore, the children should be assured that presenting the role-play may actually be more challenging to do than in real-life; when they present the role-play successfully, they should be reassured that if they can use the skills in session while being watched by others, they can successfully use these skills in real-life.
Role-Play Scenario

**Person #1**: You come home from school really excited because your favourite movie is on television tonight. Your (mom/ dad/ guardian) told you that you could not watch your favourite movie until you had finished all you homework for that night. So you worked really hard and finished all your homework. You finished the last page of homework just as the movie was about to start. After checking your homework, your (mom/ dad/ guardian) tells you that you may go watch the movie. The movie starts and you are sitting on the couch watching it. Your (brother/ sister/ cousin) walks in.

**Person #2**: You had a really bad day at school and all you want to do is come home, drop your backpack and sit on the couch and watch some television. Luckily, you have no homework so you know you will be allowed to just relax for the night. You walk in and see your (brother/ sister/ cousin) is watching a movie that you hate. You get really mad and go to take the remote control from him/ her to change the channel.

**Person #1**: Your (brother/ sister/ cousin) has just come in the room, stolen the remote control and is changing your favourite movie without even asking or even saying “hello.” You start to get really mad and ask him/ her to change it back.

**Person #2**: Your (brother/ sister/ cousin) is yelling at you for no reason. He/ she knew you hated this movie, and you are not going to watch something you hate after having a really bad day at school. You continue to change the channels, ignoring him/ her.

**Person #1**: Your (brother/ sister/ cousin) continues to ignore you and continues to change the channel. You are getting really frustrated now and you feel like screaming.

**Person #2**: You call your (mom/ dad/ guardian) for help and tell him/ her what is going on. Your (mom/ dad/ guardian) responds that he/ she doesn’t have time to deal with this argument right now as she/ he is cooking supper and so you will both have to figure it out on your own.
Skills Template

Name your emotion

Name the other person’s emotion

Name some triggers for this situation

Name your body’s warning signs

Rate your anger level (red, yellow, or green)

Tell the group a tricky thought you might have in this situation

Take some long, slow, deep, breaths

Calm your mind by counting backwards from 10. Hold both hands up to show the audience when you are counting backwards in your mind.
Stop your thoughts. Hold up a hand to the audience to show when you are stopping tricky thoughts.

Calm your body. Think of an activity you could do to calm your body. Perform your calming activity for the audience.

Wild Card! Pick a skill of your choice!

Wild Card! Pick a skill of your choice!
Home Activity- And...Action!

Practice makes perfect!

If you begin to feel angry this week, use the skills you have learned and practiced!

Draw a picture or write about a time this week when you used your skills to stay cool, calm and collected. Include what the situation was and which skills you used!
Maintenance and Generalization

Kendall and Braswell (1985) suggest that when children leave the therapeutic environment, the skills and coping methods taught may not be maintained in other settings such as in the home or at school. Because the skills taught in CBT are important, it is crucial that children continue to utilize the skills taught when need be. Teaching children how to self-evaluate helps to improve maintenance and generalization across settings. Self-evaluation and self-reward are also important skills to teach when helping children learn to emotionally regulate and can be paired with relaxation exercises. Self-evaluation teaches the individual to remember the coping skills taught in session and to internally ask themselves if they are doing a good job, acting appropriately, using the appropriate tone of voice, acting in the appropriate manner, and so on, to assess their reactions to various situations. After the situation has been assessed, the children then have the chance to think about their next step of action, whether it is to self-reward or to change something about their reaction to the situation. This then gives the children a chance to utilize the coping skills learned in session.

Self-reward is a form of positive reinforcement that can be used in combination with self-evaluating, as well as on its own (Kendall & Braswell, 1985). Children are much less often taught to identify appropriate behaviour because most often, others are concentrating on their inappropriate behaviour. Because parents and teachers may engage in negative scanning, or looking for and commenting on only inappropriate behaviour and disregarding most forms of appropriate behaviour (Sulzer-Azaroff & Mayer, 1991), children may also begin to engage in negative scanning. Teaching children how and when to identify appropriate behaviour demonstrates positive scanning and allows the chance for self-reward, for example, “I did a really good job walking away from the person who was trying to make me angry instead of hitting him.” Even if the environment or individuals in the environment offer little positive reinforcement, the child learns to recognize and self-reward appropriate behaviour, making it more likely for appropriate behaviour to occur in the future (Kendall & Braswell, 1985).

1. Ask each child to share one cool thing that happened to them this week.

2. Review any homework that was assigned.

3. Introduce the topic of the session- self-rating, self-reward, and setting goals.
4. Tell the children that they have worked very hard learning to monitor their anger and emotions and have worked hard practising the coping skills they have learned in past sessions and in real-life situations. Tell the children that what they have learned in sessions is very important and so it is important to continue to practice and use the skills whenever they can. Tell the children that in this session they will how to keep putting those good skills to use.

5. Self-Evaluation: explain to the children that it is important for them to learn to rate how well they use their coping skills when they do use them. This allows them to know what they are doing correctly and what they should work on when using coping skills. Tell them that they are going to learn how to rate themselves in session today.

6. Self-Reward: explain to the children that while it is important for them to rate how well they use their coping skills, it is also important to recognize when they are doing a good job and to tell themselves they are doing a good job. Explain to the children that it is very nice when others tell us we are doing a good job, but sometimes others do not see us do a good job, or simply aren’t around to tell us. That is why it is important to learn how to reward themselves and tell themselves they are doing a good job. Tell them they are going to learn how to reward themselves today.

7. Goal setting: explain that setting goals is one way to keep improving and keep doing better and better. We set goals in lots of different areas in our lives (doing the chores by Friday evening, getting our school work done before recess), and it is just important to set goals for when we are finished group sessions so we can keep practicing and improving our skills.

8. Optional: You may want to include an exercise which helps the children define who the most trusted people are in their lives. Creating a list of people who are most likely to support them in times of need allows the children to identify who they can turn to for support after group sessions have ended. An activity which helps children define their support system is included.

9. Introduce and play a game included below.
10. Debrief with the children about the game. Answer any questions; discuss any issues that may have arisen during the game.

11. Discuss and assign homework activity.

12. Briefly tell the children what the next session will be about or, if these are the final sessions, reference the facilitator tips in part two of the guide under the “Skill Consolidation and Utilization” section about how to prepare the children for termination.

13. Thank the group members for coming and working so hard and tell them you look forward to seeing them next time. If the next session is the last session, refer to part 2 “celebration” section of the guide.
Self-Evaluation and Self-Reward Activities, Goal Setting Template, and Support System Game

Rate My Skills teaches children how to self-evaluate.

Age Range

6-12

Materials

- Chart paper and easel
- Markers
- Rate My Skills homework sheet (2 copies for each child)
- Pencils and erasers

Pre-Session Preparation

- Collect chart paper, easel, and markers and set up
- Photocopy the rate my skills homework sheets

Instructions

1. Tell the children that each time they use their coping skills they will rate how successful they were on a scale from one to five.

2. Write the numbers 1 through 5 down the left hand side of the chart paper in a list format. Example:
   1= Did not use any coping skills
   2= Used coping skills but they did not work
   3= Used coping skills and they worked a little bit
4=Used coping skills and they worked pretty good
5=Used coping skills and they worked great!

3. Go through each category with the children and ensure they know what each means. Tell them they are to rate how well their coping skills worked each time they use them.

After they use their coping skills, they are going to think about why they did not work and if they did work, identify the skills they used. On the chart write:
“The Coping Skills I Used Were:”
“My Coping Skills Did Not Work Because:”

4. Next, explain to the children that after they come up with reasons why their coping skills either worked or did not work, they should think of things they could do differently next time to ensure they work better, or decide that they worked fine and think about what they could keep doing. On the chart paper write:
“Things I Could Differently:”
“Things To Keep Doing:”

5. Hand out the home activity sheets and task them to think back on the last time they used their coping skills. Ask them to try rating their skills in session based on the outcome of the last time they used these skills.

6. Give them an extra copy of the home activity sheet before the session ends and ask the children to rate their coping skills this week.

**How Does This Help Create Cool Kids?**

Rate My Skills teaches children to self-evaluate. Kendall and Braswell (1985) state that teaching self-evaluation helps improve maintenance and generalization as well as allows children to reflect on how the problem situation was handled, what they did well, and what they could have done better.
Home Activity - Rate My Skills

Rate your skills!

Use the numbers below to rate how successful you were!

In the chart, fill the day you used your coping skill and the number of your rating.

1= Did not use any coping skills
2= Used coping skills but they did not work
3= Used coping skills and they worked a little bit
4= Used coping skills and they worked pretty good
5= Used coping skills and they worked great!

Day  
Example: Nov, 4th

My Rating  
Example: 4
If your coping skills did work, what skills did you use? Write your answer on the lines or draw your answer in the box.

The Coping Skills I Used Were:

1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________

If your coping skills did not work, why did they not work? Write your answer on the lines or draw your answer in the box.

My Coping Skills Did Not Work Because:

1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________
What are some things you should keep doing? Write your answer on the lines or draw your answer in the box.

Things I Could Keep Doing:
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

What are some things you could do differently next time? Write your answer on the lines or draw your answer in the box.

Next Time I Could:
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
I'm A Cool Kid Because… teaches children how to self-reward.

Age Range
6-12

Materials
- Chart Paper and an Easel
- Markers

Pre-Session Preparation
- Collect chart paper, easel, and markers and set up

Instructions
1. Explain to the children that it is important to recognize the things you could have done better, but it is even more important to reward yourself when you do a good job.

2. Ask the children for some examples of when other people would reward or praise them. Write these examples on the chart paper.

3. Ask the children for examples of what other people would say during these times. Write these examples on the chart paper.

4. Now, ask the children if there are times when they feel like they should have been praised by someone else because they did a great job, but they did not
get praised. Ask the children to share these examples and add them to the list.

5. Now, tell the children that they do not always have to wait for others to praise them; they can say all of these nice things to themselves when they recognize they are doing a good job. They can say things like, “I did a great job shovelling the driveway” or “It took a lot for me to stay calm, but I did an awesome job.”

6. Ask them if there is anything they would add to either list if they were to reward themselves. Additions to the list can be discussed with the group.

7. Hand out the home activity sheet and tell them to use the sheet to remember to praise themselves when they do something they are proud of.

How Does This Help Create Cool Kids?

I Am A Cool Kid Because… teaches children how to self-reward. Self-rewarding helps improve maintenance of skills and generalization of skills to other environments because the children are learning to positively reinforce themselves, which increases behaviour (Kendall & Braswell, 1985). Self-rewarding also allows the children to focus on the positives and to provide themselves positive reinforcement within environments which may not always offer it.
Home Activity- I’m A Cool Kid Because…

Positive things to say to yourself when you are proud or happy of yourself!

I did a great job!

I was a really good friend today!

I am a good person!

Even though I got pretty angry, I didn’t blow up. I did a good job calming myself down!

I am proud of myself!

I did my best at school today!
Goal Setting Template*

What I learned from group:

________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

What I achieved in group:

..............................................................................
..............................................................................
..............................................................................
..............................................................................

Goals I want to set for the future:

1. ..............................................................................
2. ..............................................................................
3. ..............................................................................
4. ..............................................................................

*When nearing termination, you may choose to review some of the things the children achieved and help them set goals for the future. This template can be used to do so in session and then can be taken home and put somewhere safe where the children can reference it often.*
My Support Web helps children define their support system.

**Age Range**

6-12

**Materials**

- Support Web Template
- People List
- Spider template
- Glue
- Scissors

**Pre-Session Preparation**

- Photocopy a Support Web Template, a People List, and A Spider Template for each child
- Gather glue and scissors

**Instructions**

1. Explain to the children that they are going to identify the people that would help them with a problem after therapy sessions have ended. Hand out the People list and ask the children to think about the people they would feel the most comfortable talking to when they are having difficulty. Explain that these people can be family members, friends, neighbours, teachers, grandparents, social workers, etc.

2. Ask the children to list the people he or she could go to for help on the People List. Facilitators should walk around the room and assist children with spelling if need be.
3. After the lists have been made, hand out the support web template, spider template, and the glue and scissors.

4. Tell the children that the spider represents them. They are to cut the spider out and glue it in the middle of the web.

5. Next, tell the children that they are going to transfer the names of the people on their People List to the support web. Tell the children that they are the write the names of the people they would go to first with a problem, closest to the spider. If these people are not available, who would they go to next? Place these people a little further away from the spider. If these people were not available to talk with, who would they go to next? Ask them to place these people further away from the spider. The people who are closest to the spider (the child), are considered his or her immediate support network. The people who the child has placed further away from the spider are still people in his or her support network and should be identified as people the child may go to if the others are not available.

6. Explain to the children that they have just created something called their support network/web. These are all the people in their lives who can help them through difficult times and also celebrate with them in joyful times. Ask the children to keep their support web in a safe place. This way, they can look at it in the future when they are trying to decide who to go to for support.

How Does This Help Create Cool Kids?

My Support Web helps children to define their support network and allows the child to recognize they have many options outside of therapy when in need of support, assistance, or when they would like to share something positive.
People List

People I can go to when I need help are:

1. ________________________________________________

2. ________________________________________________

3. ________________________________________________

4. ________________________________________________

5. ________________________________________________

6. ________________________________________________

7. ________________________________________________

8. ________________________________________________

9. ________________________________________________

10. ________________________________________________
Support Web Template
Spider Template
Home Activity - My Support Web

Write the names of the people you went to this week for help on your support web!
Part Four:
“A tip or two for facilitators”

Overview of Part Four: Facilitator Tips

1. Difficulties in Group Therapy
2. Using Humour in Session
Difficulties in Group Therapy: When Cool Kids Warm Up

General Difficulties Experienced In Group Therapy

Though there are many positives to group therapy, it is also important to review the disadvantages and possible difficulties that may arise in group therapy. Group therapy difficulties include difficulty scheduling group sessions. It is possible that every group member may not be able to make it to every group session as it is difficult to coordinate individual schedules; also, if a group member does miss a session, it is often difficult to “bring members up to speed” on what happened in the last session (Bieling et al., 2009). Group therapy is also more time consuming for clients because individual therapy often only lasts about an hour, whereas group therapy is usually about two hours in duration. Some group members may not want to share personal or embarrassing stories with the other group members in fear that they may be judged. Some group members may also have quarrels or dislike each other. Lastly, negative experiences within the group and between group members can impede progress. Curtis (2011) also noted that in group therapy it might not be possible to devote the time to examine deeper cognitive processes as can occur in individual sessions.

Strategies to target these difficulties include asking the group members to share positive experiences and feedback with the group (Bieling et al., 2009). Facilitators should also encourage the group members to be proud of their own achievements, but also of others’. Doing so allows the group to remain positive and reinforces the use of empathy skills. Facilitators should also positively reinforce instances of appropriate behaviour and when the children provide support and encouragement for each other. Specific praise should be used for the children rather than general praise (Kendall & Braswell, 1985). Example: “It was really nice to hear you compliment John when he was showing us his role play, awesome work”, rather than, “Good job today.”

Engaging Children in Therapy

There will be various types of personalities of each child who participates in group therapy; sometimes the personality traits that go along with these personalities can be beneficial and helpful in the therapeutic environment, and other times they may start to interfere with group sessions in various ways (Bieling et al., 2009). While there are numerous individual personalities, the following are the types most often found to be difficult to manage in a group therapy environment with accompanying troubleshooting strategies as outlined by Bieling et al., (2009):
The Quiet Kid: These children would much rather sit in silence in the group then participate. They do not normally volunteer to give examples or answer questions and do not want to participate when called upon.

How to Engage The Quiet Kid: Try to keep open-ended questions to a minimum. Make a connection between this child’s examples and experiences and the others’. Ask the children their thoughts and feelings about the group during individual work exercises so that they are interacting, but feel less intimidated as they are not speaking in front of the whole group.

The Really Excited Kid: These children have no problem sharing their thoughts and feelings with the group—in fact they share their thoughts and feelings with the group every chance they get, even if it means cutting off others or adding extra information to past discussions after the group has moved on. This may be fine in the beginning, as a child like this models active participation for the other children, but if this type of interaction continues, it may take too much group time and frustrate the other children.

How to Engage The Really Excited Kid: Use various strategies such as asking the child to allow other children to contribute to the discussion, giving the children a countdown as to how many other comments you will discuss before moving on the next topic (Example: “Okay Joe, because we already heard two suggestions from you, we will listen to Mel and Rida’s suggestions and then move on.” Remind the child that while it is great he or she is so eager to participate, it is important to allow the others a chance to participate as well.

The Eager to Help Kid: This child really enjoys helping everyone; they give advice at the drop of a hat whether it is asked for or not. They tend to focus on others’ problems during session and use “we” language instead of “me” when discussing personal issues.

How to Engage the Eager To Help Kid: Ask them to discuss personal problems and tell them it is important that they give others a chance to tell their own stories. Encourage and positively reinforce instances of “I” language. If the child gives advice to another group member that could be useful, reinforce the child for giving the helpful advice and then ask the other group member how he or she could use this good advice. If the child gives other group members unhelpful or unwanted advice, discuss this
advice with the other members in the group and decided as a group whether or not this advice was helpful.

Ways to improve group engagement include:

- Providing the group with a healthy snack. This keeps the children's energy level up and increases weekly attendance (Bieling et al., 2009).
- When trying to engage with clients who do not want to participate, avoid open-ended questions (Example: What did you do last night?). Instead ask close-ended questions such as “Did you have a good night last night?” This increases the chance that the client will respond (Bieling et al., 2009).
- Use examples from the clients' everyday lives to tie information presented to real-life events (Bieling et al., 2009).
- Facilitators should be friendly, positive, and avoid unnecessary questioning and prodding. Information should be presented to clients in a positive way (Wright et al., 2006).
- Facilitators should construct a fun, stimulating and creative environment, but be sure not to overwhelm clients. Teamwork should be encouraged (Wright et al., 2006).
- Work together to achieve success. Some clients may feel as though therapy is something that is “done” to them. Instead, therapy is an active process that cannot be successful without their participation. Collaborate with the client through all aspects of therapy to facilitate success (Wright et al., 2006; Bieling et al., 2009).
- Remember that all clients have different levels of motivation, varying comfort levels surrounding group participation, and “off days.” Facilitators can make efforts to draw the client back in by directing a question at them or making eye contact with them, and in spite of these efforts, fluctuating levels of engagement should be expected each week (Bieling et al., 2009).

**Homework Non-Compliance**

There could be many reasons clients do not complete homework. Some of these reasons include: not understanding how to complete the homework; not understanding how completing the homework will help them; the homework may be too time consuming or difficult for the client; and the therapist may assign homework but then
never check it (Bieling et al., 2009). Homework is an important component of CBT and allows clients to practice skills learned in session in real-life; thus, it is important to assign and then review homework completed each week in session. In order to reduce homework non-compliance, facilitators should ensure that the homework activity is explained to the group in ways which they understand. They should also ensure that there is enough time left at the end of the session for group questions about the homework. The relevance and importance of the homework should be discussed. Facilitators may wish to practice a homework activity in session before assigning it to ensure all members know how to complete the activity and understand what is expected of them. Facilitators need to make the homework task achievable and manageable for the client and ensure that the client is able to do the homework assigned. And lastly, facilitators should casually discuss with the client when they think they may have time this week to do their homework.

### Session Planning and Debriefing After Sessions

Facilitators should meet before session to discuss the goals, objectives, material to be presented, and activities planned for that evening (Bieling et al., 2009). Session planning together allows the facilitators to plan the session and to create an action plan for any issues that may arise in the session.

It is just as important for facilitators to debrief for a few minutes after the session has finished. During this debriefing process, facilitators can discuss important issues, concerns, or breakthroughs which may have taken place in the session. They can use this time to also determine if they presented themselves as unified and if each facilitator covered the material he or she was supposed to. They can use new observations to plan for the next session.
Using Humour In Session

While humour is not considered a core concept of CBT, it can be a helpful tool to use in session with clients. Berg, Parr, Bradley, and Berry (2009) believe that humour is an underutilized strategy which helps to build a relationship with clients who are children. Humour also helps the child understand that the clinician views the child as an individual and not merely a problem to be mended. Humour also makes the clinician appear more approachable to the child and invites creativity into the sessions. Though humour can be a very successful tool, according to Wright et al. (2006), humour is a strategy which must be used appropriately when it is incorporated in CBT. Humour is often a sign of a trusting and secure relationship. Thus, a well thought out and correctly placed humorous comment can help to build the client-therapist relationship. Sometimes clients can think rather inflexibly, and a humorous comment may help to break the pattern of insistent or determined thinking by helping to point out the humorous and light-hearted aspects of completely one-sided thinking about a situation. Clients also may have not realized that their sense of humour can be an effective coping strategy for stress. Boosting client’s humour skills and supporting the use of appropriate humour could help the client to cope effectively with stress or possible symptoms they may experience outside of therapy. Clinicians must also use their own interpersonal skills to judge the level of client receptiveness to the humour. Furthermore, they must also understand that there are appropriate subjects in which to introduce humour, such as making a humorous comment about a client’s way of rigid thinking. There are also inappropriate subjects, such as making a humorous comment about a client’s weakness.
Part Five:

“Have you heard about…?”

Overview of Part Five: Facilitator and Parent Resources

1. Recommended Readings and Resources for Facilitators
2. Parent Resources

   Recommended Readings and Resources for Facilitators
**Therapeutic Activities Resources**
Child and family books by Liana Lowenstien for mental health professionals.
You may purchase hard copy versions of her books as well as download free e-books online from her website
Website: http://www.lianalowenstein.com/lianaBooks.html

**Cognitive Behaviour Therapy Resources**


**Anger Management Resources**

Vanier Children’s Services
“Vanier helps children to reach their full potential by working with the child and family’s unique strengths, needs and culture to prevent or reduce serious mental health problems.”
Website: http://www.vanier.com/
24/7 Crisis Hotline: 519-433-0334

Adolescent Mental Health:
“Mindyourmind.ca is a place for youth and emerging adults to access info, resources, and tools during tough times. Help yourself. Help each other. Share what you live and know.”
Website: www.mindyourmind.ca

London Anti-bullying Coalition
“The London Anti-Bulling Coalition is an independent, non-profit organization which strives to foster a culture of fairness, respect and equality for all students in every school; thus eliminating the problem of bullying.”
Website: www.londonabc.ca

Middlesex London Health Unit
Website: http://www.healthunit.com/

The Health Line
Health care information and services

Kids Help Line
“A free, anonymous and confidential phone and on-line profession counseling service for youth. Big or small concerns. 24/7. 365 days a year”
Phone: 1-800-668-6868
Website: http://www.kidshelpphone.ca/Kids/Home.aspx

Learning Disabilities Resources
“The world’s leading website on learning disabilities and ADHD”
Website: www.ldonline.org
**Childreach**
“Non-profit organization that helps families live, learn, and grow.”
Website: http://childreach.on.ca/
Phone: 519-434-3644

**Big Brothers Big Sisters of London and Area**
“Big Brothers Big Sisters of London and Area facilitates life-changing relationships that inspire and empower children and youth to reach their potential, both as individuals and citizens.”
Website: http://www.bbbsola.org/en/Home/default.aspx
Phone: 519-438-7065
Toll free: 1-866-625-1399

**24 Hour Abused Women's Helpline**
“Support, information, and referrals; walk in-crisis support to women and children not currently residing in shelter.”
Website: http://windsorexsex.cioc.ca/record/LON5049
Abused Women's Helpline: 519-642-3000 or 1-800-265-1576 (24 hour)

**Merrymount Children's Centre: Family Support and Crisis Centre**
“Helping children by supporting their families in times of crisis and transition.”
Website: http://www.merrymount.on.ca/
Phone: 519-434-6848

**Muslim Family Support Services**
“The Muslim Family Support Service (MFSS) provides a culturally sensitive outreach service to individuals and families from the Muslim community with the purpose of connecting them to local agencies to build and support healthy family relationships.”
Phone: 519-200-7990

**Salvation Army Centre of Hope**
“Provides emergency shelter for men, women and youth. Also provides:
Spiritual Care, Residential Services, Addiction Services, Community Services, Food Bank, Back to School Program, Christmas Programs, Camping, and Emergency Response.”
Phone: 519-661-0343

**Children's Aid Society**
Provides foster care, adoption services, offers individual and family counseling, and investigates reports of abuse.
Website: www.caslondon.on.ca/
Phone: 519-455-9000

At^Lohsa Native Family Healing Services
Phone: Crisis Phone Line (On-going) 1-800-605-7477
Family Support Unit (On-going) 519-438-0068
Zhaawanong Shelter (On-going) 519-432-2270
References


Images: Microsoft Clip Art