Creation of a Modular Manual of Best Practice for At-Risk Adolescents within a School Analogue Program: Reducing and Managing Aggression

AGENCY:

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CAUTION

While this report can be used informally to guide clinical work, it is not a formal psychological report, and was completed as part of a supervised student placement. It should not be placed on any official file, nor would it be appropriate to discuss its findings in official agency reports.

BACHELOR’S DEGREE IN BEHAVIOURAL PSYCHOLOGY

*For reasons of confidentiality, all names used in this report are fictional.
DEDICATION

To my mother Donna Batchelor, aunt Carol, and aunt Darlene: you’ve always encouraged me no matter how much I faltered, and thank you three almost entirely for helping me turn out the way I did. I wouldn’t be in school if it weren’t for you three, thank you.
ABSTRACT

Aggressive behaviours have the potential to occur in any situation or setting, and are especially disruptive to school environments. Adolescent students exhibiting these behaviours can face reprimands, suspension, or expulsion; students targeted can become more reserved and quiet, develop patterns of truancy, or fall behind in academic achievement. Taking steps to ensure aggressive behaviours do not develop into patterns of aggression or bullying is critical in dealing with these behaviours in the classroom; this thesis attempted to supply teachers at the agency it was written with a modular manual containing elements of cognitive behaviour therapy and dialectical behavioural therapy. Both modalities are used in aggressive populations, and a growing body of literature supports the use of DBT methods within non-suicidal adolescent populations. This manual aims to merge elements of each into product teachers can use to respond to student aggression, devoting the first two modules to teaching the use of a thought record sheet, deep breathing and the “five-sense soothe method”. The final modules attempts to facilitate generalization of skills through roleplay and encouraging participants to seek further assistance if they feel it would benefit their learning. Strengths and limitations of the manual approach are discussed before suggestions are made for further research. Suggestions must be taken with considerable skepticism, as no analysis of modules could occur within the thesis timeline; considered the greatest limitation of this manual. However, modules and were written using current literature within the Canadian schooling system, and incorporated a number of suggestions made to a previous iteration of a DBT-based manual for school-age adolescents.
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Chapter I: Introduction

Aggression is a treatment barrier that can prove disruptive to therapeutic process and established environment, and can occur in both individual and group settings (Aslund, Starrin, Leppert, & Nilsson, 2009). Aggression can include a wide range of behaviours, and be expressed differently for every individual (Gumpel, Zioni-Koren, Bekerman, 2014). Some individuals may become physically violent, or express it in covert forms with processes such as relational or predatory aggression (Gumpel et al., 2014). These behaviours can result in higher rates of truancy and lowered grades for aggressor and victim when left unaddressed, and can greatly impact peer relations of the aggressor (Gumpel et al., 2014).

The current literature indicates classroom aggression is typically handled through targeted interventions such as leadership programs or group or individual CBT or DBT (Hirschstein et al., 2007). It must be noted that these methods have been shown to be very effective within the literature, any no efforts were made to change them. However, their effectiveness is highly dependent on the timing of intervention (Hirschstein et al., 2007). Effective programs have been shown to demonstrate greatly reduced effectiveness when applied late; aggressive behaviours only complicate this by potentially worsening and endangering other students (Hirschstein et al., 2007). This will only occur if the materials themselves are valid and relevant; one cannot expect to reduce aggression with a manual on baking cookies because it was applied in a timely manner (Hirschstein et al., 2007).

Purpose & Benefits

This project attempted to merge materials into a single manual that could be supplied to individuals who need it with a minimum of delay. Materials are organized into three sections, each relating to a different set of needs. For example, the first section focuses on teaching the basics of CBT and self-monitoring, the second section instructs on ways to calm oneself when necessary, and the third section, while the other will focus upon strategies to manage aggression. This manual aims to reach as many potential users as possible; it is not designed as a comprehensive and final solution to preventing student aggression. This manual was designed as a first response to help teachers manage aggressive behaviours while they formulate a more effective response. As such, it was designed with multiple industry-standard measures and techniques and can be used to inform program development within the agency.

Agency benefits are primarily the additional time afforded to teachers; student outbursts within the agency often necessitated classroom restructuring and lengthy teacher intervention. These situations were often complicated by the lack of best-practice psychoeducational material available within the classroom. Though they have several on-site counselors, teachers within the classrooms often have to rely on the counselors to bring appropriate materials with them when they respond to student outbursts. Having these materials updated and made readily available within the classroom through the use of a manual will fill gaps in therapeutic material, and allow prompter responses to student distress. It is known that aggression is most effectively handled in classrooms with the aid of a prompt response (Hirschstein et al., 2007). It is hoped that having relevant materials that can be quickly supplied with little prep time will prove to be very beneficial to both the students, and the teachers who must develop programs and responses to
deal with these behaviours. Two classroom teachers in the present study have expressed a desire for more “non-school” materials that can benefit them when tackling more complex problems.

During the following literature review, discussion centers around the rates and risks of aggression within the classroom and the merits of a manual-based approach, before discussing the reasoning behind the selection of Cognitive Behaviour Therapy and Dialectic Behaviour Therapy as the basis of the manual. Chapter three outlines the structure and key skills taught within the manual, and discusses potential participants. Discussion within chapter four focuses on the strengths and limitations of the manual, with a focus put upon discussing the implications of applying an untested manual.
Chapter II: Literature Review

Background & Setting

Adolescence is a time of great change and maturation; it can be intimidating, confusing, and disorienting for any individual. Hormone levels begin to shift significantly, new responsibilities and duties are slowly gained, and independence is earned (Coyne, Archer, & Eslea 2006). This combination of factors creates one of the most tumultuous times in our development, and it has been shown that the school environment adds significant pressure to the developing mind (Vitaro, et al., 2015).

Adolescents attending high school find themselves surrounded by others with the same set of stressors. Researchers have found links between adolescence and various forms of aggression (Vitro et. al, 2015); adolescents report facing more frequent, and more intense forms of aggression compared across age groups (Coyne, Archer, & Eslea 2006). Though the majority of this aggression falls into the category of “relational aggression”, these studies indicated that adolescents exhibit the full spectrum of aggressive behaviour such as physical, retaliatory, or goal-oriented aggression (Vitaro et. Al, 2005).

Australian studies indicate that 72% and 65% of male and female students, respectively, report engaging in relational aggression (Hemphill, Tollit, & Kotevski, 2012). A relatively new form of covert aggression, cyberbullying, has been found to be engaged in by 15% United States youths between the ages of 10 to 17 (Hemphill et al., 2012). Online victimization was reported at 32% at ages 10 to 18 for both males and females (Hemphill et al., 2012). The implications of this large difference between reported aggressors and reported victims are worrying, suggesting that aggressors impact multiple peers within their online communities. Though the rates differ between age groups and countries, all share the similarity of being markedly higher than the rates found in the adult population. Few studies have been conducted comparing the rates of online cyberbullying between adults and adolescents; however, it has been hypothesized that the adolescent rates of cyberbullying are higher than those of adults, since the trend is the same for each other category of aggression (Hemphill et al., 2012). It must be noted that other than the cyberbullying rates, each of these were measured through self-report and questionnaire. Though this is still a valid form of data collection, it poses the risk of over or under-report.

Coyne et al (2006) posited that during post-secondary education, many individuals are concerned with popularity. This must be considered with the links made between popularity and the frequency of aggression towards others by Bowker and Etkin in 2014 in mind. Their research suggested those ranking higher in popularity were more likely to exhibit aggressive behaviours, creating an environment that reinforces aggression with increased popularity and heightened social status (Bower & Etkin, 2014). It must be noted that this aggression can rapidly change in topography; students will often experience or witness multiple forms of aggression on a daily basis (Coyne et al., 2006). Coyne et al (2006), noted that students who are able to utilize multiple forms of aggression (such as relational, cyberbullying, and physical aggression) can more quickly climb the “social ladder” Though time did not allow for the reasons for aggression to be assessed in the study, it was hypothesized that the students who utilized multiple forms of
aggression did so for reasons other than for frustration, confusion, or fear, such as personal gain or popularity (Coyne et al., 2006)

**Callous-Unemotional Traits & Their Importance**

Coyne’s team identified a trend of high school students engaging in more frequent and intense forms of aggression when compared across age groups in the same geographical population (Coyne et al., 2006). Though the reason behind this is still under scrutiny, many researchers believe this is primarily caused by the pursuit of popularity and praise, and a combination of callous-unemotional (CU) traits within the population (Gumpel et al., 2014). It must be noted that these traits have been found to increase at this age, and can be exacerbated if adolescents have poor home conditions (Humphreys et al., 2015).

CU traits are found in both genders, but appear more frequently in males (Centifanti & Modecki, 2013). Though these traits usually increase the frequency of risk-taking behaviour, researchers have found differences in how students ranking high in CU traits handle frustration (Centifanti & Modecki, 2013). Centifanti et al. (2015) performed a follow-up study assessing the affect CU traits had upon girls, finding it strongly linked to aggression as a function of personal gain and retaliation. Three groups were studied: low-aggression, retaliatory aggression only, and mixed-aggression. Girls within the mixed-aggression group possessed the largest repertoire of aggression, while simultaneously having the most significant effect upon their peers; the rate of their delinquency had a strong correlation with the delinquency of their peers ($r = .066$) (Centifanti et al., 2015). When taken as a whole, girls within the mixed-aggression group had the highest prevalence of CU-traits, exhibited the most frequent and varied aggression, and has the greatest affect upon the schooling of their peers. Within the male population, one of the most common reactions is external verbal or physical attack, with these attacks often in response to frustrations or threats to social-status of the individual (Cohen, 2001; Martin & Bureau of Indian Affairs, 1978). They are similar to the group of females students in function, though not in topography.

Centifanti and Modecki (2001), found that CU students were very quick to attempt to regain social status and attention when faced with setbacks and frustration. Frustration can be a common occurrence in secondary school, students are frequently faced with new and complex tasks. When the links between aggressive frequency and popularity are considered; this gives us a greater understanding of why these external attacks may occur. This remains in agreement with the environment defined earlier; students in this setting are reinforced for aggressive behaviours with popularity, and have their anxieties reduced in part by directing aggression towards other students. However, this process is not fully understood yet, there is no clear indication to what degree aggression is a product of attention seeking, and to what degree it is a product of CU or personality traits. This presents difficulties when developing programs, as behaviour function has the potential to be very different despite being in a similar population and setting. Attention-based aggression may be better handled by focusing on interpersonal effectiveness training and promoting positive peer relations, while aggressive behaviours occurring due to personal traits may be better handled by emotional regulation training and CBT. Great care must be taken when assuming anything about the function of aggression, and programs must be developed in an open-ended manner when attempting to compensate for both.
The disruptive effects of CU traits and classroom aggression are thankfully well understood; for the aggressor, strong links have been made to truancy and by extension, reduced grades. Truancy (Hirschstein et al., 2007). For peers, low-aggression groups can become more truant, and less-aggressive students can become more reserved and silent (Aslund et al., 2011), and grades can fall for both aggressors and their victims (Gumpel et al., 2014). A significant amount of literature stresses the need for a school-wide approach to aggression to help counteract the peer-to-peer effects (Hemphill et al., 2012), though some modern psychological approaches have been found to be effective at the individual level. Often community-based programs are helpful due to reduced costs for low-income schools, where these traits have been found to occur more frequently (Aslund et al, 2011) More importantly, it has been proven that CU traits, potentially the root cause of aggression, can be altered and lessened by early intervention (Humphreys et al., 2015).

**Relevant Treatments & Methods of Delivery**

Cognitive behavioural therapy and dialectical behavioural therapy are two such treatments; CBT being an established treatment in use for decades, and DBT an emerging treatment currently being used in incarcerated adolescent populations (Quinn & Shera, 2009). The processes of CBT are understood far more thoroughly, and this is reflected in its consistent use in treating aggression. Apsche et al. (2005) utilized CBT as treatment-as-usual, comparing it against mode deactivation therapy (MDT) with adolescent males in residential treatment. Even acting as the control group, the CBT group experienced a 72.6% reduction in the frequency of their physical aggression, and a 72% reduction in their rates of sexual aggression (Apsche, Bass, Siv, Matteson, 2005). Though MDT performed better in this study, authors stressed that they did not purport it to generalize to other adolescent male groups, leading to the conclusion that CBT would be a more reliable and consistent treatment until further literature supports MDT. Few other studies could be found that suggested MDT as a more effective treatment for use within other populations, Apsche et al. (2015) discussed this as a potential limitation to using MDT within the population they chose. Their discussion seemed to suggest they had a unique set of participants which led to it performing better than hypothesized, while CBT performed as well as expected (Apsche et al., 2015). The suggested consistency of CBT within similar populations is considered a strong point, as it has been effectively adapted into a number of populations similar to those within the current thesis, while MDT has been shown to be more effective, though only within less-similar populations.

Dialectical behavioural therapy is a treatment said to be the first empirically supported treatment for those who have emotional regulation and distress tolerance deficiencies, and for those who wish to build mindfulness and interpersonal effectiveness. Many adaptations have been made for use with other populations, including both suicidal and non-suicidal youths, adult offenders in prison outpatient services, and federal prisoners; each adaptation maintaining the core of DBT while adding elements targeting the crime-cycle, antisocial behaviour, and an increased focus on emotional regulation (Quinn & Shera, 2009). Most relevant to the current paper was Quinn & Shera’s (2009) discussion of a modular manual targeting anger management and impulse control problems, interpersonal dysfunction, and unstable emotions used within non-offending youth populations in inner city schools. Standard DBT materials were already
organized into modules, easing the transition into the adapted manual. Through their analysis, Quinn & Shera (2009) highlighted the importance of modifying materials to suit the population, and a wide range of relevant modifications that can be applied to non-offender populations.

DBT was one of the first outpatient treatments to be proven effective with Borderline Personality Disorder (Linehan, Armstrong, Suarez, Allmon, & Heard, 1991). Since its inception in the early 1980s, it has been adapted for use with multiple disorders, often with the capability to be used with multiple populations. Shortly after the first appearance of DBT, it was modified for use with adults with learning disabilities (Lew, 2011). Following this, DBT was further adapted to adolescent and offender populations who have learning disabilities. DBT is often adapted directly from the original manualized format, and maintains its effectiveness in the process (Lew, 2011). DBT is a tested and accessible framework to adapt to multiple populations. DBT has been shown to be effective with multiple populations of adolescents, there is a wide range of literature supporting its adaptation for use with male and female adolescents in both offender and non-offender populations (Quinn & Shera, 2009).

Quinn & Shera (2009) provide an overview of current DBT use within incarcerated adolescent populations and outpatient programs within Canada, suggesting DBT gives youths a safe and secure space to learn how to behave within a group. They summarize findings indicating DBT has been successful in reducing recidivism within adult offenders, suggesting this is a potential generalization to at-risk and incarcerated adolescent populations (Quinn & Shera, 2009). Program modification suggestions are provided, including support for reducing the number of skills taught to facilitate faster learning, and modifying language to be more developmentally appropriate (Quinn & Shera, 2009).

First introduced within Quinn & Shera’s study, Nelson-Gray et al. (2006) modified DBT for use with non-suicidal adolescents with oppositional-defiance-disorder. A total of 32 youths with a mean age of 12.6 were recruited for the 16-week program (85% male, 15% female). Their outcome assessment showed statistically significant reductions in externalizing behaviours, ODD symptoms, internalizing behaviours, and depressive symptoms; statistically significant increases were made in the areas of functioning, and interpersonal effectiveness. (Nelson-Gray et al., 2006). 77% of participants within the clinical range for ODD were found to be non-clinical range at post-treatment, with 71% of caregiver measures indicating significant changes at home (Nelson-Gray et al., 2006). However, no follow-up occurred to confirm if gains maintained (Nelson-Gray et al., 2006). It is expected that no follow-up occurred due to the previous evidence examined within the study by Quinn & Shera (2009) that manual-based methodologies have low chance of maintaining treatment gains in large classrooms, or in classrooms where teachers are “hands-off” (Quinn & Shera, 2009). Essentially, it appears the future effectiveness of a manual after delivery relies heavily upon the correct teacher disposition and method of implementation; though any number of secondary variables could be at work due to the lack of analysis within the literature.

Adolescent Group Dynamics

Vitaro et al. (2015) noted adolescent’s tendency to form into “cliques”, or groups of like-minded individuals. These groups may be beneficial to the delivery of CBT and DBT, as both
can be used in individual and group settings. In the case of DBT, both group and individual sessions must be used to achieve optimal effectiveness and achieve the highest likelihood of maintaining any treatment gains (Quinn & Shera, 2009). Vitaro highlighted a mechanism in which the most dominant individual in a clique would often influence the views and tendencies of the group. Combined with the earlier findings that mixed-aggression females tended to influence their peers significantly, it is hoped that if high-aggression students within each clique are given a manual, changes will have a greater chance of generalizing to peers (Centifanti et al., 2015). Due to the efficacy each methodology has within group-settings, it is hypothesized that this has a good chance of occurring.

Aggression is typically one of the more difficult problem behaviours to address, however, it has recently been found that almost any level of teacher response can have immediate effects (Hirschstein et al., 2007). In their analysis of the RESPECT program, an untrained control group of teachers was able to reduce aggressive tendencies significantly by providing reprimands and detention response-costs on an FR1 schedule, but this was restricted to their classroom (Hirschstein et al, 2007). These changes did not generalize over to the schoolyard as with the trained teachers, who utilized treatment-as-usual techniques and offered elements from the RESPECT program (Hirschstein et al., 2007). The validity of the control group can be called into question, as they experienced a decrease in classroom aggression when utilizing techniques that should have already been in place; the fact that they produced such a change when the study occurred suggests that teachers had become lax in their classroom discipline. However, this does give a rare look into how even when using a treatment-as-usual response, any level of attention or assistance has the potential to have a positive effect upon an individual.

When linked to Gumpel’s idea that aggression occurs in part due to the pursuit of attention and praise, it clarifies Hirschstein’s findings. The control group of teachers who used redirection gave the aggressive students attention, but also reduced sources of frustration by offering assistance during detention (Hirschstein et al., 2007). This can be used practically to teach more adaptive ways of seeking out attention and praise from both teachers and peers through psychoeducation; a core part of both CBT and DBT (Quinn & Shera, 2009).

Supporting the Approach

The use of an empirically supported manual can benefit both students and teachers, and has produced reductions in aggression within an alternative-educational classroom as high as 72% when accompanied by group and individual CBT sessions (Apsche et al., 2005). Though sessions cannot be provided in some schools, students have still been found to benefit greatly from having materials readily available (Apsche et al., 2005) Teachers benefit by being able to develop a comprehensive plan for individual exhibiting aggressive behaviours with the materials and additional time afforded to them; essentially any amount of material available should be of some benefit to a classroom, though properly modifying it with the population is where most of the work occurs.

A study utilizing drama-based CBT techniques within an adult male offender population demonstrated alternative approaches to treatment can have benefits with challenging populations (Blacker, Watson, & Beech, 2008). They piloted the “Insult to Injury” program with 62 adult
males ranging from age 19 to 49 in the UK; a study that combined CBT processes with role-play components more significant than those found within typical anger-management programs. Pre and post-measurements were taken with the State-Trait Anger Expression Inventory-2 (STAXI-2). Though they utilized a single group pre-post measure and thus need to be taken with a measure of caution when drawing conclusions, they demonstrated a significant difference in each of the STAXI-2 scales, which gives significant support to including role-playing in anger management methods. Most importantly was the difference in the Anger Control scale: not only did offenders reduce their overall feelings of anger in other categories, but the anger management skills accounted for on the STAXI-2 showed a mean increase from 20.0 to 24.1 (Blacker et al., 2008). Thus, they demonstrated the potential for such an approach to both reduce negative symptoms of aggression, but increase more positive aspects of anger management. They retained the psychoeducational value of CBT despite basing their program so strongly on role-play; something that is normally only a component of CBT treatment.

They noted the importance of role-plays within programs targeting aggression, explaining how without role-playing, changes will center around the psychoeducational level, not the therapeutic level (Blacket et al., 2008). They noted that a combination of skills training and skills practice is necessary for participants to practice their newly acquired techniques in a safe environment. This concept is mirrored in Quinn & Shera’s (2009) study, they discussed findings which suggested programs with large amounts of group or partner work assisted adolescents in particular with generalization of skills, due to the group structure of classrooms and youth sports.

The benefits of a prompt teacher response have been shown, as have the benefits of psychoeducation through CBT and DBT. Merging these together into a modular manual that addresses a similar range of symptoms as DBT seems a logical step in treating classroom aggression.

Word count: 3040
Chapter III: Methodology

Participants

Potential participants and facilitators will be drawn from the Regiopolis ACE Program. This project will not use a selection procedure; participants will be selected by teachers at their discretion or if they request to use the materials. It is noted that this manual is not suitable for students exhibiting physical aggression; only students with relational and socially mediated aggression should use this manual.

This manual was written for use within at-risk adolescent populations exhibiting symptoms of aggression, any attempt to use it outside of this population or age range must be preceded by adaptations to the manual.

Method & Manual Structure

This manual aims to increase the knowledge and understanding of at-risk adolescents when dealing with their own aggression. The manual was designed so it can be delivered with a minimum of teacher facilitation due to the unique needs of the agency. Prompt responses have been discussed as significantly important when dealing with populations with aggression, and is of additional importance within school settings to prevent classroom and peer disruption. A manual that can be applied quickly is suggested as critical to youth-application, and a modular approach fulfills many of these requirements. It is hypothesized that the availability of this manual will increase the ability of classroom facilitators to respond to student behaviours, which will be further increased by materials being written in a casual, understandable tone.

DBT has shown that a modular manual can be of great benefit when treating multiple symptoms, and this structure will be adopted. The first module introduces a modified thought-record sheet developed in partnership with teachers within the agency (Appendix A). This was used to analyze situations in which a youth lost his or her temper, with the expressed goal of using this knowledge later to avoid triggering situations. Participants are encouraged to practice use of the thought-record on their own time, and encouraged to use it in a way that promotes analysis of distressing elements of their daily routine. The second module began with restatement of concepts learned in the previous module, before beginning to detail deep breathing and five sense soothe techniques taken from CBT and DBT respectively. Similar to the first module, use within their daily lives is encourages, and a new focus on generalization to unfamiliar situations is presented.

The third module focuses upon ways the student can remove themselves from triggering situations, and how they can reduce their anger once they’re in a situation. Roleplays are presented for participants to practice new ways of communicating in situations, and an overview of how to continue building skills beyond the manual timeline is presented. Glossaries are included at the conclusion of modules one and two, and a thought record sheet is presented as an individual page for ease of photocopying.
Each module has a focus on self-monitoring and psychoeducation; the materials have been designed to be applied with a minimum of teacher assistance. It is suggested and assumed that teachers using this manual are concurrently developing a targeted response to student aggression. Teachers were cautioned greatly against attempting to use this manual as a standalone resource, it was not designed to be applied as the only therapeutic material and will produce few results if it is. The full manual can be found within Appendix C.

Confidentiality

No personal information or worksheets will be kept by the placement student; all sheets included in the manual will be kept by the participant. Confidentiality procedures and practice is already in place at the Regiopolis ACE Program; teachers working with students have an existing set of confidentiality rules to follow. For these reasons, none were developed for use with this manual.

Evaluation

No evaluation was possible during manual application; the thesis timeline did not allow for refinement. Evaluation sheets have been included within the manual (Appendix B) for teacher use, though no feedback sheets have been created for student use.
Chapter IV: Results

Final Product

Thesis products include a training manual (Appendix C) designed for use by participants and facilitators, a facilitator feedback form (Appendix B), and a thought record sheet which can be found within the manual (Appendix A).

The manual was designed to include elements of psychoeducation framed in cognitive behavioural therapy methods, and dialectical behavioural therapy. Manual design was adapted from Quinn & Shera (2009), to reflect their suggestions for future projects and their analysis of Nelson-Gray et al. (2006). Focus was put upon comprehensively teaching a smaller amount of methods as per Quinn & Shera’s (2009) analysis in the second module, and emphasizing partner work within the classroom in the third module to present participants with a secure environment to test their skills. The first module introduces the thought record sheet, gives instructions for its use, and suggestions for its application.

Feedback Received

Little formal or written feedback was received; informal feedback from agency facilitators was received before the completion of a facilitator feedback form, prompting its creation. Informal feedback indicated relevance to the agency and students within it, as well as the possibility of applying individual modules to provide students and agency counselors with short group or partner exercises, though none was collected in writing and must be taken with a significant amount of caution. Feedback from supervisors indicated a need for Assertive-Communication training, which was not added within the thesis timeline. Existing modules were praised as being very user-centric, with praise put upon the efforts to adapt language to the population.

Program Changes

Changes to core thesis content took precedence over changes to the manual, the majority of manual changes involved wording or grammatical corrections, and slight changes to glossary sections. Small changes were made to the scenarios in module three, and suggestions added to the closing section of module three to encourage participants to seek out healthy assistance. Thesis document changes involved significant additions to the analysis of Quinn & Shera’s study, the creation of a facilitator feedback form (Appendix B), additions to Chapters IV and V, and additions to the methodology & introduction to reflect these changes.
Chapter V: Discussion

Project Summary

This manual was developed to assist in responding to student aggression within a school program for at-risk adolescents. Efforts were made to provide facilitators with a manual that would provide them with an efficient means of responding to student distress by “slimming-down” manual content to focus upon two main methods of self-calming, and one method of self-analysis. Contents are presented at a reading level expected of potential participants, with efforts made to adapt CBT & DBT methods into easily-communicable language. Elements of CBT were used to strengthen the manual with psychoeducation and cognitive restructuring, proven effective. Efforts to quicken manual application were made due to repeated statements within the literature that prompt responses are chiefly important within populations with aggression. Hirschstein et al (2007) discussed how even evidence-based methods can be rendered ineffective if applied late, and how aggression presents a significant need for prompt responding due to potential for harm. Quinn & Shera (2009) restated this idea, presenting this theme while analyzing the need for lighter manuals with fewer participant requirements. These themes were mirrored within the population the manual was developed within, with facilitators indicating a need for additional time and therapeutic materials within the agency. This manual attempted to solve both problems by targeting their need for relevant materials, and presenting them in an easy to understand format.

Strengths

Strengths of this manual include the fact that it was written directly within the population with language influenced by their daily interactions, by a writer who was similar in age to the participants. The manual itself has been written with a casual tone using easy to understand language, with any more complex terms or confusing concepts explained both in-text and in a detailed glossary of terms at the end of modules one and two. Informal knowledge and feedback was acquired from the facilitators of the agency, though no formal feedback sheets or measureable statistics were collected. Though the small amounts of feedback gained benefitted the manual greatly, it was obtained before the completion of feedback sheets.

Limitations

This manual is severely limited by the lack of testing, as this project combined two different methodologies and was not able to confirm empirically if their effectiveness was retained after the merger of two therapy approaches. Late development of feedback forms limited feedback to informal discussion, potentially invalidating the inclusion of elements taught due to insufficient empirical evaluation; this limitation is potentially lessened by the focus upon current literature and developments within North-American based DBT methods. No unsupported methods were included, caution was exercised when selecting which elements to include. Additionally, this manual deviated from DBT slightly with an adjustment to the Five Sense Sooth methodology, one which occurred to allow participants ease of transportation with a “Five Sense Soothe Bag”. Though this was a minor difference, it is entirely unknown if this change will affect ease of use for participants, and to what degree. It is hypothesized that this change
will likely allow participants easy access to their materials, however this does increase the
chance of one’s entire repertoire of soothing materials will go missing at once.

**Multilevel Challenges to Service Implementation**

**Client Level**

At the client level, population-specific challenges are well understood. Adolescent
development presents predictable, yet difficult to manage challenges for educators and program
facilitators. Truancy is common within the population, and provides a difficult treatment barrier
to overcome; participants can occasionally stop attending of their own choice or due to personal
reasons. This challenge is amplified within the at-risk adolescent population, as individuals
within this population must experience one or more suspensions or expulsions to move into this
population. Existing patterns of truancy are often common, and efforts must be made to engage
participants and maintain interest in both school and non-school materials. Peer relationships are
of particular importance in this population, as individuals who have friends within the classroom
appeared more likely to attend. Encouraging positive peer relations is beneficial both client and
agency by reducing negative peer interactions.

**Program Level**

Many of the challenges at the program level are demonstrated empirically by the control
group of Hirschstein et al. (2007). Their control group demonstrated how even the most
professional teachers can become lax in classroom discipline, as shown by the differences
between pre and post measures by the study. This suggests either a redoubled effort by the
teachers to effectively manage their classroom in response to the study, or that teachers were re-
implementing rules that they had become lax in applying. Either situation shows how there is
potential for an increase in positive classroom management, but for unknown reasons this was
not occurring before the study. This implies there are confounding variables at play, which can
often include facilitator burnout. DBT is designed in part to counteract burnout by encouraging
positive therapist-client relations through feedback and phone availability. This was used
practically within the manual to inform development of teacher-assisted roleplay, and
encouragement to discuss progress with teachers and agency counselors to encourage positive
relations between students and program facilitators.

**Organization Level**

At the organizational level, time is of great value and concern to teachers. Teachers have
a set amount of time to prepare and apply lessons, and any disruptions in this schedule can
produce stress for teachers attempting to compensate for missed classes. Though teachers are
competent and prepared to respond to student distress, additional evidence-based materials are of
great benefit when informing classroom norms, and update teachers with psychological material
that they may not have access to otherwise. Equipping organizations with manuals relating to
common classroom behaviours may be of great benefit to teachers both experienced and new,
and this thesis attempts to assemble elements of current methodologies shown effective within
the adolescent population. Quinn & Shera (2009) discussed the concept of effective time
management in depth, stressing the importance of effectively managing the amount of skills taught to keep students engaged. They proposed the use of abbreviated-format and 12-week DBT programs would be more effective than standard DBT materials which take 1 year to complete in assisting adolescents with emotional regulation and interpersonal effectiveness. Though this manual was never projected to be a 3-month program, modules can be applied and expanded on at teacher discretion.

**Societal Level**

Individuals within programs designed for at-risk youth are often there because of difficulties within school, assisting them at this level is critical for their success later in life as these programs can sometimes be their last experience with education if they don’t complete it. Ensuring students are equipped with sufficient work-related and interpersonal knowledge is the goal of these programs, though they can not always be met for a range of reasons including inconsistent student attendance, student dropout, student suspension, disinterest in materials, or improper application. Facilitators at all levels must ensure students complete programs, and work to ensure that students get as much as they can out of programming. For this reason, the manual was adapted to use simpler, more engaging language to ensure students can understand material, and provide the lowest probability of becoming frustrated with materials.

**Contribution to the Behavioural Psychology Field**

This manual attempts to utilize a number of manual modifications assembled by Quinn & Shera (2009), as of their writing no attempts had been made to consolidate changes into one manual. Though the inclusion of CBT in a DBT manual was not directly supported, the two share many similarities in application and target population. Adaptations and selection of elements for inclusion was a difficult process, which can be made easier for future projects through the use of additional comparative literature. It is hoped that this thesis is a beginning step towards adapting these methods for use with non-suicidal, non-offender adolescent populations.

**Recommendations for Future Research**

A large amount of time could have been saved if comparative studies existed within the literature; few if any examples of CBT to DBT comparisons exist within adolescent literature. Individual analyses of efficacy exist, both CBT and DBT have extensive amounts of literature supporting their use within the adolescent population and other treatments, though no guidelines exist for attempting to merge the two techniques. Additional information could have been gained by including elements of Emotional-Regulation training in addition to CBT and DBT to compensate for gaps left in the manual. Methods included were of relevance to the agency and population, though gaps existed in the transition between learning methods and how to apply them in outside situations. Participants were presented with in-depth explanations of concepts, but most of the learning was introspection-based through the use of the thought record sheet. A greater focus should have been put on roleplays earlier in the manual to facilitate group learning during all modules.
REFERENCES


## APPENDIX A: THOUGHT RECORD SHEET

<table>
<thead>
<tr>
<th>Where did it happen?</th>
<th>Emotion or feeling.</th>
<th>Automatic negative thought</th>
<th>Things that support the thought</th>
<th>Things that don’t support the thought.</th>
<th>Alternative thought.</th>
<th>Emotions or feelings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where were you?</td>
<td>How did the situation make you feel? (Confused, amused, angry, hopeless, cheerful would all be good examples.) Rate them on a scale of 0-100%.</td>
<td>What’s the first thing you thought to yourself? Do you remember what you were thinking or picturing at the time?</td>
<td>What facts support the thought or image? Are they true?</td>
<td>What facts, evidence, and experiences don’t support this thought or image? If my best friend had this thought or image, what would I tell them? Am I exaggerating what others think about me? Am I jumping to conclusions?</td>
<td>Consider what you’ve just written, then create a new, more positive thought. Consider both sides and any contradictions!</td>
<td>After writing, how do you feel about the situation now? Write down any new or returning emotions you have.</td>
</tr>
</tbody>
</table>
APPENDIX B: TEACHER FEEDBACK FORM

Evaluation Form: “Seriously, this is better than a detention”

Name:________________________________________

Date:________________________________________

Date of manual completion:_______________

Rate all measures on a scale of 1-10 (circle the relevant number). One being the lowest mark, ten being the highest.

MODULE ONE

<table>
<thead>
<tr>
<th>Organization</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relavence to agency</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Ease of understanding</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

THOUGHT RECORD SHEET

<table>
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<tr>
<th>Organization</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>
 SECTION TWO

Organization
1 2 3 4 5 6 7 8 9 10

Relevance to agency
1 2 3 4 5 6 7 8 9 10

Ease of understanding
1 2 3 4 5 6 7 8 9 10

CBT- DEEP BREATHING

Organization
1 2 3 4 5 6 7 8 9 10

Relevance to agency
1 2 3 4 5 6 7 8 9 10

Ease of understanding
1 2 3 4 5 6 7 8 9 10

DBT – FIVE SENSE SOOTHE

Organization
1 2 3 4 5 6 7 8 9 10

Relevance to agency
1 2 3 4 5 6 7 8 9 10

Ease of understanding
1 2 3 4 5 6 7 8 9 10
SECTION THREE

Organization
1 2 3 4 5 6 7 8 9 10

Relevance to agency
1 2 3 4 5 6 7 8 9 10

Ease of understanding
1 2 3 4 5 6 7 8 9 10

ROLEPLAY SCENARIOS

Organization
1 2 3 4 5 6 7 8 9 10

Relevance to agency
1 2 3 4 5 6 7 8 9 10

Ease of understanding
1 2 3 4 5 6 7 8 9 10
APPENDIX C : MANUAL

“No really, this is better than a suspension”

A modular manual of CBT & DBT Tools, Methods, & Tips

Prepared for & in coordination with the Regiopolis ACE Program

Writer: Jacob Batchelor
# Table of Contents

**Introduction – A Brief Foreword from the Author**………………………pg.3

If you’ve just received the manual and are still wondering why your teacher has sentenced you to this horrible fate, start here. Trust me, it isn’t that bad. You’ll learn some surprisingly useful stuff.

**Module One – Introduction to the Thought Record**………………pg.5

If you’ve used this thing before or just want to get through it, start here. This is where you’ll learn about the Thought Record, and be instructed on how to use it.

- Thought Record Sheet, Full Printable Version……………………………..pg.7
- Index of Terms – Module One & Introduction………………………………….pg.12

**Module Two – “Keep Calm and Carry on”**…………………………pg.13

Want to learn a technique or two to calm yourself? This is where you can. Five Sense Soothe and Deep Breathing will be discussed, and you’ll learn a TON about generalization.

- Five Sense Soothe Instructions………………………………………………pg.14-18
- Deep Breathing Instructions………………………………………………pg.19-20
- Index of Terms – Module Two………………………………………………..pg.23

**Module Three – “Acting Class”**……………………………………pg.26

We’re almost done! In this section, you’ll be combining everything you’ve learned and using it in a roleplay. Not the swords-and-magic type, the sit-down-and-vent type. There isn’t even an index in this module! You’ll learn two new terms, but they are explained within the text.

- Scenarios………………………………………………………………………pg 28-29
- Reflection……………………………………………………………………pg. 30-31
- “Well, now what do I do?”………………………………………………….. pg. 32
“Alright, why am I holding this manual.”

Well, we’ve got some stuff to work on. You’ve been given this manual because you haven’t been yourself lately; your teachers use this thing when they think a student could benefit from it. In this case, we’re going to work on targeting our own aggression. This manual was designed to put you in charge of figuring out what you need, and what skills you want to build. If that sounds like a bit of a weird concept, let me explain.

This manual is based primarily in Cognitive Behavioural Therapy (CBT), which is a treatment modality that focuses on Psychoeducation (Essentially meaning to educate somebody about how psychology works) and Cognitive Distortions (which are unhelpful thoughts or patterns of thinking).

“… Cognitive Distortions? What?”

Cognitive distortions can be a little confusing, so I’ll give you an example. Let’s say my friends invite me to go to a concert, all the evidence points towards the fact that I’ll have an amazing time if I go and that nothing will go wrong. However, I don’t go because I’ve been feeling a little down lately and I’m convinced that my friends are just inviting me because they feel obligated to, and nobody wants me around. Most or all the facts point towards the opposite, but a negative conclusion is reached. That’s a cognitive distortion.
“Ok sure whatever dude, but how does this apply to me.”
Well, it applies to everyone. We all do this. I do it, your teachers do, my teachers do, and everyone is slowly learning how to work on their own cognitive distortions. The teen years are a weird, confusing, and scary for literally everyone, so you might find some benefit from having this manual to flip through. At the very least, you’ll learn a thing or two about how your mind works; a very useful insight for anyone to have.

“What is even in this thing? Are you going to teach me how to Freud?”
Take a moment to flip through the manual before coming back to this page, did you notice the three sections? They’re all related, but will teach a slightly different set of skills. The first section will introduce a monitoring sheet designed for your own use and will assist you in understanding and managing cognitive distortions (I know the sheet might look a little lame, but seriously, this thing has been used in prisons. It doesn’t mess around.). The second, Management, will teach you how you can start actively making a change, and we’ll start doing some exercises (I promise you this isn’t just a fancy word for schoolwork, you’ll enjoy it.). The second module will introduce something called deep breathing, which we’ll learn more about then. The last module is called Reduction, and will focus on things you can do to get yourself out of a triggering situation or event. For example, section three is the section when you’ll learn how to get somebody out of your face with tact and elegance, and not a single suspension from school.

Without any further introductions, let’s get started.
-MODULE ONE-

Introduction to the Thought Record

Chances are you’ve heard a thousand cheesy old sayings about “understanding thyself” or “conquering inner demons”, and that’s because there’s easily thousands of them. If old sayings are anything to go by, people from the start of time have struggled with a lot of the same stresses we endure today.

“I COUNT HIM BRAVER WHO OVERCOMES HIS DESIRES THAN HIM WHO CONQUERS HIS ENEMIES, FOR THE HARDEST VICTORY IS OVER THE SELF. – ARISTOTLE, 384-322 B.C

Oddly enough, one of the best ways to pull ourselves out of an unpleasant situation or line of thinking is to challenge it head-on and start looking at what makes us think the way we do. Sounds a bit difficult, but it’s a widely accepted process called Cognitive Restructuring. This process involves the identification, challenging, and re-evaluation of cognitive distortions; basically everything we’ve talked about so far.
In this module, you will have to identify a situation in which you lost your temper, and what you felt, thought, and did at the time. You’re going to take a better look at these things, figure out some contradictions and support for alternative lines of thinking, and hopefully start looking at why you’re way more competent than you think. Basically, in this module you’re going to be your own therapist; you’re trusted to examine yourself with as little bias as you can, and see what you can learn. This is a skill that both the writer and many people much more experienced than him have not mastered yet, so don’t be in a rush to master it! Remember that sometimes these things can be difficult or uncomfortable to examine, so make sure you take a break if you have to.

The first thing you will be equipped with is a modified Thought Record Sheet.

-The Thought Record Sheet-

A Thought Record is essentially just that; it’s a recorded log of your thoughts, feelings, or observations during an event or situation. You’ll use this to examine things called Automatic Thoughts. Automatic thoughts can be positive or negative, but the negative automatic thoughts are the ones that are usually problematic. Automatic Negative Thoughts can be critical and hurtful, and are often untrue. They can be generalizations about what others think of you, appraisals of abilities, or negative views about how you fit into the world. The bottom line is that these automatic negative thoughts are usually false and can often stem from some kind of frustration of anxiety. That doesn’t mean you should ignore them; if you’re potentially anxious about something; will ignoring it fix it? Nope.

You can use this sheet yourself, you can review it with a therapist or guidance counselor, or shred it if you’re sick of looking at it. Make sure you read the example sheet!
<table>
<thead>
<tr>
<th>Describe the situation.</th>
<th>Emotion or feeling.</th>
<th>Automatic negative thought</th>
<th>Things that support the thought</th>
<th>Things that don’t support the thought.</th>
<th>Alternative thought.</th>
<th>Emotions or feelings.</th>
</tr>
</thead>
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<tr>
<td>Where were you?</td>
<td>How did the situation make you feel? (Confused, amused, angry, hopeless, cheerful would all be good examples.) Rate them on a scale of 0-100%,</td>
<td>What’s the first thing you thought to yourself? Do you remember what you were thinking or picturing at the time?</td>
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<td>What facts, evidence, and experiences don’t support this thought or image? If my best friend had this thought or image, what would I tell them? Am I exaggerating what others think about me? Am I jumping to conclusions?</td>
<td>Consider what you’ve just written, then create a new, more positive thought. Consider both sides and any contradictions!</td>
<td>After writing, how do you feel about the situation now? Write down any new or returning emotions you have.</td>
</tr>
</tbody>
</table>
Describe the situation. | Emotion or feeling. | Automatic negative thought | Things that support the thought | Things that don’t support the thought | Alternative thought. | Emotions or feelings.  
---|---|---|---|---|---|---
- Was on my way home from work.  
- A passing car honked at me and a passenger threw a piece of garbage at me. | - Sadness (80%)  
- Vulnerable (60%)  
- Anger (40%)  
- Confusion (80%) | - “They were trying to hit me because they know me and probably don’t like me.”  
- “People don’t like me.” | - The people in the car looked like people at my school  
- I recognized the car from around my town.  
- I worry that people don’t like me. | - I recognized the car, but don’t know who owns it.  
- They didn’t yell my name or any identifying nickname.  
- This is the first time this has ever happened to me.  
- They were probably just random people being mean. | - Sometimes people are “dicks”; and I was just caught in the way of two guys out being mean people. This does not reflect upon who I am. | - Sadness (10%)  
- Vulnerable (0%)  
- Confusion (0%)  
- Relief (50%)  
- Acceptance (90%) |  
(TAKE NOTE! This is an example of something I did, not something I felt. Be sure to only include feelings in here!) |  
(TAKE NOTE! This is an example of a THOUGHT, not a FACT. Make sure that you’re using only facts in this section, and not things that you think about yourself!)  
(TAKE NOTE! This is an example of a much healthier and realistic thought, be sure to consider in every situation how the actions of others are not a reflection of yourself.) |  
(TAKE NOTE! Remember to add any new feelings that you feel! If you’re feeling particularly happy about your new way of looking at things, or relieved that you now understand things a bit better, make sure to note it!)  
  
Where were you?  
Who were you with?  
When did it happen?  

How did the situation make you feel?  
(Confused, amused, angry, hopeless, cheerful would all be good examples.)  
Rate them on a scale of 0-100.  

What’s the first thing you thought to yourself?  
Do you remember what you were thinking or picturing at the time?  

What facts, evidence, and experiences don’t support this thought or image?  
If my best friend had this thought or image, what would I tell them?  
Am I exaggerating what others think about me?  
Am I jumping to conclusions?  

Consider what you’ve just written, then create a new, more positive thought.  
Consider both sides and any contradictions!  

After writing, how do you feel about the situation now?  
Write down any new or returning emotions you have.
OK, SERIOUSLY, WE KNOW WHAT YOU’RE PROBABLY THINKING, BUT BEAR WITH US.

I know, I know. This probably looks like it’s going to be horrible to fill out, but give it a chance. These sheets are typically used in the field with clients who have anxiety or depression, and help form the core of a school of psychology called Cognitive Behavioural Therapy. You can see sheets like these being used in by prison counselors, behavioural and addictions counselors, and youth and adolescent counselors; you’ve got a battle-tested psychological tool in your hands here and it has been proven powerful.

In the remainder of this manual, we’ll be working very closely with this sheet. Print some extras if you have to, mark them up as much as you’d like, but make sure you keep them somewhere secure. Most professionals keep theirs in locked filing cabinets, but anything you feel safe with will work for your personal thought records. A filing cabinet with a combination lock is typically used; but any kind of lockable container is suitable.

You probably noticed there are 7 columns on the thought record. Each of these are linked, and each contribute to the process of cognitive restructuring. Take a moment to study the sheet before you begin filling it out. Read this section fully before filling one out (It doesn’t take long, don’t worry. On a scale of one to Algebra, this is about as difficult as Foods class.)

1. In the first section, you will have to identify the situation itself. **What** happened, **who** it happened to, and **when** and **where**. Leave the “why” out, we’ll figure that out later. Just focus on the pure facts for this section.
2. In this section you will be required to identify emotions felt at the time. Make sure you try to separate emotions you’re feeling now from emotions you felt at that time. Rate the emotion on a scale of 0-100%, with 100 being most intense, and 0 being least intense.

3. Things can get a little confusing in this section. Here you’ll have to write down negative self-statements you made to yourself, called Automatic Negative Thought. As we’ve already discussed, these are often generalizations. For example, let’s say you’re cooking, burn your pizza, and think to yourself “Why didn’t I just order pizza, I mess up everything”; that’s an automatic negative thought. A small frustrating event led to a self-critical thought that probably isn’t true.

4. Here’s where we’ll start analyzing our thoughts. In this section you’ll consider support for the automatic thoughts you just wrote down. Only use facts here. Sometimes we can support our automatic thoughts with another automatic thought. But don’t worry if you do! Everyone does it from time to time, that’s why we have tools like this to help us look at things from a different perspective.

5. Here we’ll do the opposite of what we did in the previous section; start considering things that don’t support the automatic thoughts. Try to look at contradictions, positive things other people have said about you, and positive things you find in yourself. If you have any past experiences that you can relate to the thought or situation, try to draw on things you’ve previously learned.
6. So, at this point the thoughts have been analyzed, you’ve found some things that contradict it, and we can begin forming a more adaptive way of looking at the situation. This process is a way of taking several steps back from the situation, looking at all the factors at play, and making a more realistic conclusion about the situation; remember when we referred to this as Cognitive Restructuring? Try not to be too critical of yourself!

7. Now that a more realistic conclusion has been reached, how do you feel? Look at your emotions again; write down any new ones that appear, rate any emotions you still feel from before, and remember to rate them from 0-100%!

The first thing you should remember when filling one of these out is that it’s OK if you start to feel a bit uncomfortable. You have to look at contradictions in your own thinking and possibly re-live an unpleasant experience, which can be an uncomfortable task for anyone. If you start feeling a bit “off”, put the sheet down and come back to it after a short break.

Once you’ve finished your first one, see if you can apply this new thinking to other parts of your life. Think about the following questions, try to identify patterns in your own actions and thinking!

- **Is there a big contradiction in my thinking I can see?**
- **Am I too critical or hard on myself or others?**
- **What strengths can I use in these situations? What am I good at? What do others say I’m good at?**
This idea will be discussed in more depth in the second section of this text, but it’s a good idea to start considering it now since the situation and thoughts you analyzed can apply to future events. If you can teach yourself something now that will help you later, you’ve just taken steps towards becoming your own therapist.

If you feel comfortable discussing your conclusions with a family member, there’s a high probability that they’ll be able to share some insight. Teachers are also a good source of advice, and can give you a unique look at the situation since they’re in the classroom with you.

**OK, NOW YOU CAN FILL OUT YOUR THOUGHT RECORD. YOU ARE PREPARED TO USE THIS POWER WISELY.**

Remember to check the index on the next page to clarify terms and definitions when you’re working on your thought record! If you feel confused, don’t worry, it’s honestly not you.

Think about it for a second, you can even apply what we just talked about here!

If at any time you feel confused during this manual, just remember that these are complex psychological concepts here. We’re using a *manual* to explain them. Confusion is pretty much unavoidable when you’re doing something like this. If you can identify things like this before attempting something, it’s much easier to forgive yourself for a minute or two of head-scratching.
Cognitive Behavioural Therapy – A branch of psychology that attempts to observe and change behaviour by empowering clients and challenging patterns of thought.

Psychoeducation – Psychoeducation can be summed up as the process of turning people into their own therapists. Psychoeducation involves the empowerment of the client; the therapist will not try to provide or push an answer upon the client, they will give them the tools to create their own solution.

Cognitive Distortions – Incorrect, maladaptive, or biased patterns of thought. They are almost always untrue or exaggerated, and can trap us in unhealthy patterns of thinking.

Cognitive Restructuring – The process of identifying and challenging cognitive distortions.

Thought Record Sheet – A tool used in CBT to identify, challenge, and hopefully change cognitive distortions. Thought Records have been adapted for a number of different situations and settings.

Automatic Thoughts – A thought, image, interpretation, or statement that we experience after an event or situation.

Automatic Negative Thoughts – Similar to cognitive distortions. Think of Automatic Negative Thoughts as the individual unhelpful thoughts, and cognitive distortions as what influences these thoughts.
Welcome to the second module of the manual, where we’ll learn two techniques we can use when we’ve encountered a situation that is anger or anxiety provoking. Though you may have heard of the concept before, we will take a lot of time to discuss the idea of Triggers in this section. In this context, a Trigger is a situation, event, or set of circumstances that elicits an Automatic Thought or sets off a pattern of thinking. This can even be internal; for example, if I’m anticipating an event, it will influence how I react during that event. Knowing what our triggers are, where they can be found, and how we react when we encounter them can help us identify what we can do to calm ourselves.

This becomes easier once you’ve filled out a few thought records. After your third or fourth thought-record, you’ll be able to watch for patterns in how and where you react to situations. For example, let’s say my friend Danny Brown is the calmest guy I know. Nothing gets under his skin, he’s always calm and collected, but in math class he’s a mess; sweating everywhere, keeps dropping his pencil when he goes to work on problems, and generally can’t pull himself together. If Danny is calm everywhere but math class, we would consider the math class environment an aversive environment for Danny. In this case it seems to be anxiety, but we can be influenced into any unhelpful pattern of thinking when we encounter a trigger, and understanding what these triggers are and how we react to them is very important.

Once you begin understanding what “gets to you”, you’re going to want a technique or two to help you when you encounter a triggering situation. We’re going to look at two methods
of self-soothing that are commonly used today. **Deep Breathing** from **CBT**, and the **Five Sense Soothe** from **DBT**.

If the abbreviation **DBT** threw you off, don’t worry, we haven’t actually discussed it yet. **DBT** is the *other* school of psychology in this manual. **DBT** stands for **Dialectic Behaviour Therapy**, which is very closely related to **Cognitive Behavioural Therapy** (CBT). **DBT** was initially developed using CBT as a base; the method was tweaked to be used with individuals who have Borderline Personality Disorder. **DBT** emerged as an effective treatment after testing, with further adaptation rendering it useful with individuals with aggression or **Oppositional Defiance Disorder**. Basically, **DBT** is powerful, new (ish), and was developed from a very strong methodology that we’ve used for many years. You can think of **DBT** as similar to CBT, but adapted for other populations and needs.

**DBT – Five Sense Soothe**

These strengths are reflected in the **Five Sense Soothe**, a method that is intentionally broad to appeal to a wide range of individuals. It focuses on grounded, concrete objects and senses to calm oneself during an anxious or emotional episode. Let’s consider how the technique can be adapted to our own environment for a moment though; you probably have either a backpack, satchel, or purse on you at all times. It’s very possible to keep a small package with you to make this method easier, more **Covert**, and more organized.

With this method, you can basically assemble a “Care Package”, a small container of things you find pleasant and soothing. Obviously this has certain limits; my care package can’t contain a gallon of Vodka and 12 burgers. Not only would this be hard to do, but think about it;
if I’m going through a rough period, will chugging as much booze as possible and eating 12 big 
macs help me?

Not even remotely; I’m going to come out of that period having dealt with nothing since I 
probably sat on my couch the whole time, slightly larger, and with a lot less money. Basically 
the point is, try to pick objects that are healthy, re-usable, or very cheap if it’s a food item (There 
are several cautions you must take with food items, which will be discussed later).

Make sure you assemble something that is helpful and meaningful to you. Before we 
begin a short exercise, get yourself a pad of paper and a pencil, or take notes on your 
smartphone.

Set aside about 5 minutes to consider each sense, with another 10 to assemble your care 
package.

Touch – What things do you find soothing to the touch? One way to think about this is what 
you like to wear. If you have a particularly comfortable shirt or sweater, think about it or wear it 
on days you know you’re going to face some stress (The author has an exam sweater and would 
greatly suggest getting one as well). Another good way to interact with this sense is through 
texture and tactile objects; a small glob of clay or pouch of sand are both fantastic objects for this 
sense.

Hearing – Now, this can be an easy one if you’re a musical fan. Nearly all of us have a 
Favourite song, and sometimes we have a favourite song that has a lot of emotion attached to it, 
but make sure it’s healthy emotion! Make sure you’re picking out a song that you have a long
relationship with or feel particularly strongly about; picking out a song your friends like won’t benefit you, and they’ll probably never get to hear it anyways since this care package is just for you. Don’t like music? No problem! Try keeping a favourite audiobook on your phone, animal sounds, water, static; whatever it is that works for you.

**Sight** – This one might be a bit confusing, since it’s probably our most used sense. Try to consider things you have a vivid mental image of that you find soothing, or maybe of a place you’d like to visit. Postcards from souvenir and gift shops are fantastic for this purpose; they have a wide range of images that are designed to be soothing, many different topics of interest, and many different foreign lands that a lot of us have never been. Basically, find an image that represents a part of you and you’re proud of.

**Taste** – THIS ONE WE’VE GOTTA TALK ABOUT, I DON’T WANT TO ENCOURAGE ANY OF YOU TO START BINGE EATING. Seriously, this one does not mean you have free reign to fill a bag full of Fuzzy Peaches & Beef Jerky and call it a day. You have to pick something that isn’t “Snackable” – if you’re picking out a taste to assist you during tough times, this can incredibly easily become a strong **Reinforcer** since you will be connecting a food with stress relief. Gum is a good choice, water flavouring, or even mints; something you can carry with you and have if necessary, but none of these things will actually satisfy your hunger. It’s an obscenely dangerous line we’re walking with this one, be careful and be aware of your own thoughts and feelings. Be responsible and don’t eat big macs.

**Smell** – Like hearing, this one is also pretty easy. Get a small piece of fabric – cutting a square out of a gross old shirt you own is a good choice, since it will serve double duty as a familiar sense of touch. Find a favourite cologne or perfume, cooking spice, or nature scent (Pine
needles, charcoal, etc), and rub the fabric on it. You can also use things like pine needles or a piece of wood, basically anything you find pleasant to the smell and can carry around with you.

So, a brief recap of what we need, and some of the examples we came up with for each...

- **Touch Soothing**: A favourite sweater, ball of clay, pouch full of tactile object, or maybe the “Care Package” itself?
- **Sound Soothing**: A favourite song, a calming nature sound, audiobook, or animal call.
- **Sight Soothing**: A postcard, a planned travel destination, a photo of home, or a hobby.
- **Taste Soothing**: A non-snackable food, water flavouring, gum, or mints.
- **Smell Soothing**: A small piece of fabric scented with cologne, cooking spices, or nature.

!!! Consider The Following !!!

These are all examples, but they’re not requirements. Pick out something for each category, and make changes if you don’t like what was offered as an example. Don’t want to carry around a piece of scented cloth? No problem! Swap it out for a bottle of perfume, or change the postcard idea for a photo of your best friends. I cannot stress enough that as long as it’s a healthy coping method (Remember, no vodka gallons & Big Macs), try it out and see how it works for you.
I’m sure you’re wondering how this bag o’ stuff will assist you. DBT focuses more upon things we can “feel”; it incorporates objects, feelings, or senses that have personal meaning to us, and possibly only us. This bag is meant to contain things that will soothe, calm, and help you focus upon experiences and feelings that are charged with positive emotions. It’s easy to question these methods since we’ve focused upon CBT thus far, but don’t worry! Psychology is a very broad field; what works for one person may not work for the next. There is no “correct method”.

Using your care package does have a correct method, however. It won’t always be appropriate to rummage through your satchel, so keep it in your backpack! Pick out one or two things to carry with you, and upon returning to your locker or classroom you can open up your care package for all five senses. If you need some privacy, use the washroom or guidance counselor’s office. Guidance Counselors are generally very laid back people; they’ll be pretty OK if you’re just chilling out in their office, and will even offer you some conversation if you’re feeling a little lonely (Seriously, I found one playing Call of Duty in his office once. He offered me a bag of Cheetos and threw me a controller. Get to know these people). Basically, identify which of your items you can carry on you and access at any time, and identify which you can’t use whenever you want. Think about our postcard example. It won’t always be appropriate to pull out a postcard in class, but it’s very appropriate to tape it to a locker, binder, or insert it into your wallet. If you can figure out a way to have access to it when you need it, do it!

It must sound somewhat cliché, but remember that the care package is your own. Make any changes you want if they’re working positively for you.
CBT – Deep Breathing

CBT often utilizes a technique called Deep Breathing, and this will take nowhere near as long as it took to explain Five Sense Soothe. Deep Breathing is a technique that can be used anywhere and with relative ease and complete secrecy once you’ve tried it a few times. Many individuals use this technique in their work or daily lives, the author has worked with many people who used this technique on their breaks to better handle stresses of the day. When you’re actively managing your daily stress, it will make you infinitely less likely to react in ways you didn’t expect.

Deep breathing attempts to manage this stress by maximizing oxygen intake and minimizing muscle exertion, which mimics breathing patterns that are biologically designed to calm us down. It’s also known as Diaphragmatic Breathing, and is used practically to help vocalists consistently hit certain notes.

Deep Breathing needs almost no preparation, since the only two materials you require are lungs and oxygen (Don’t try this in a pool, I guess?). For your first time practicing, try to find quiet, private room so you can hear your own breathing. Many people, including both psychologists and traditional yoga/meditation users stress that focusing on your breathing can help clear your mind and give a calming feeling.

When you’re ready, follow along with the steps on the next page for your first time.
**Step One**

Find a comfortable seated or reclined position, either sitting or standing. You can do this from any position, but it’s easiest to control and feel the effects when laying down or sitting. If laying down, make sure you support your neck and legs!

**Step Two**

Put one hand on your stomach (Basically right below your ribs), and the other on your chest (Roughly half a foot/15 CM above your other hand). Don’t press down on either of them, just comfortably leave them there.

**Step Three**

Breathe in from your nose so that your stomach begins to swell outwards. Keep your hand on your stomach, and don’t press down. Let your breathing push your hand; only the hand on your stomach should be moving a lot right now. Inhale for 5-10 seconds.

**Step Four**

Breathe out through your mouth, and tighten your abdominal muscle at the same time. If it feels like you’re gently flexing, you’ve got the right idea. Exhale for 4-6 seconds. The hand on your chest should stay in the same place, and the hand on your stomach should go inwards.

**Step Five**

Repeat the breathing process, making sure to focus on your breathing. Listen to the sound your inhalation makes, feel your chest swell and contract with your breathing, and pay attention to how it effects how relaxed you feel. If you begin to feel a bit lightheaded, you might be holding your breath or inhaling too sharply. This technique is meant to slow down your breathing, so take your time to get the pacing right for you!
Once you’ve figured out the breathing pattern, practice without the assistance of your hands. Try to practice it in many different situations and settings as well. The process of practicing deep breathing in different settings is linked to a concept called **Generalization**. You’ve probably heard this term before, but it has a slightly different meaning when used in Psychology. Here’s an example, since it’s actually pretty confusing.

Let’s say I know how to play no instruments at all. Zero musical talent on this guy. One day I pick up a guitar, teach myself how to use it over a few months, and then start trying out some other instruments. I notice that I’m suddenly a little bit better at any instruments with strings, but still can’t play a piano or a trumpet at all.

This is because my guitar skills have **Generalized** to other similar instruments. I’m not quite as good at them as I am the guitar, but I have learned some skills that will help me out with other similar tasks. This is referred to **Generalization Across Behaviours** (or tasks), but this can also occur across settings, or people.

If something has **Generalized Across Settings**, this means the behaviour which was learned in one setting begins to show up in others. Let’s say my child goes to his grandparent’s house for the weekend, and they teach him amazing table manners. The learning has occurred in their house at their dinner table, and when he comes home he uses his new manners at the family dinner table, and his teachers notice he’s less messy with his school lunch. His table manners have generalized across settings from the grandparent’s house to my own, and to his school.
**Generalization Across People** is a bit confusing; so we’ll use my theoretical child as an example again. Let’s say he and his teacher fist bump at the start of every day, and since he’s 3 everyone thinks it’s adorable. My child starts fist-bumping his family doctor, principal, and crossing guards whenever he encounters them. This behaviour has generalized across people since it was initially taught and restricted to one person, but the child began engaging in the “Fist-bumping behaviour” with other individuals.

We talked about how this can occur with settings, which is why you’ll want to practice deep breathing in several different settings. The more you practice the technique in other settings, the more confident you’ll become in its effectiveness. It’s a little different than the care package, since it’s not something you can bring with you and rely on whenever you need it; you have to do a bit of work and skill development yourself.

Knowing that this skill will work in unfamiliar settings will make all the difference in the world if you ever need to use it in an unfamiliar setting. You’ll be prepared, know it works, and know it works in places you’ve never used it before.

Remember what was mentioned at the end of the first module?

“If you can teach yourself something now that will help you later, you’ve just taken steps towards becoming your own therapist.”
Index – Module Two

**Trigger** – A setting, situation, event, or any set of circumstances that increases the likelihood of an automatic thought or pattern of thinking, or that directly sets off either of these.

**Covert** – A behaviour that is discrete or hard to notice. For example, if I have a tendency to curl my toes when talking to people, this is a covert behaviour since it’s pretty difficult to detect. The opposite of this is overt behaviour, which would be something easily noticed.

**Five Sense Soothe** – A technique used in DBT to calm the senses. Utilizes familiar senses of sight, touch, scent, hearing and taste.

**DBT** – Dialectic Behaviour Therapy, initially developed from CBT. Currently used with individuals with borderline personality disorder to great effect, though it is beginning to be used across many other populations.

**Reinforcer** – A stimulus that increases the chance a behaviour will occur again. In the example we used in the text, we were referring to food items. To continue the example, think of it this way. If you are using food items to calm your nerves, this will increase the chance you’ll use food again in the future since *you know it works*.

**Deep Breathing** - A technique used in cognitive behavioural therapy to calm oneself. Comparable to DBT's five sense soothe, though it uses breathing patterns instead of familiar senses.
Generalization – When a behaviour learned in one situation generalizes to other similar situations. This can occur across behaviours, settings, or people.
Module three

“Acting Class”

Congratulations on making it this far, and welcome to module three. If at any time this workbook has actually felt like work to you, you can now set aside those fears. The remainder of the workbook revolves around Roleplay. Now, there’s a big difference between these types of roleplays, and the type that you would be accustomed to in school.

“So then what’s the difference?”

CBT utilizes roleplays as a way to build skills, experience, acknowledge feelings, and as a way to test conclusions reached with thought records. Using your thought record in this portion of the manual will allow you to critically analyze your thoughts, feelings, and body language before and after the roleplay. Setting up a video camera at this point is highly recommended, though not required. The reason being, is that it allows you to see your own Body Language.

Body language communicates a large portion of the meaning behind what we say, and is at times difficult to notice and interpret. To use a practical example, think of a professional poker player. They put a large amount of effort into developing a “poker face” to reduce the amount of body language their opponents can observe and interpret, in fact you’ll often see poker players wearing sunglasses to prevent their eyes from being observed, as well. You wouldn’t think that your body does so much communicating, but it does.

Keep in mind that though these roleplays are meant to imitate situations in real life, they’re just roleplays. If you begin to feel any serious amount of sadness, anger, or discomfort; take a 10-minute break, and return to the roleplay when you are yourself again. You can gain
additional insight if what triggered you was something you are comfortable analyzing, though if it is something too uncomfortable to discuss or think about you should consider taking a permanent break from these roleplays and seeking out your school counselor; these roleplays are meant to give you insight, and if you start to feel uncomfortable, take a break.

Remember though, that it is perfectly OK to feel an elevation in emotion during these exercises, as we just discussed, they’re almost designed to do that! Just remember that it is when YOU start to feel too uncomfortable that you should stop, analyzing yourself is a long and bizarre process, so go easy on yourself and take your time.

To make things easier, try doing these scenarios with an adult you trust, preferably one of your teachers or school counselors if they are available. Coaches, ministers, even loved ones can be a fantastic source of insight while you’re doing these scenarios, since you’ll be analyzing yourself. Choosing somebody to do these roleplays who knows you well and has life experience will provide you with feedback that you won’t be able to get from your buddy Frank (Though I’ll admit, Frank seems like a pretty cool guy, he just might not be the best choice for now).

**To begin these scenarios, you’ll need....**

- A partner.
- A private room or location to enact the roleplays.
- A bottle of water (You’ll appreciate it if you start to feel flustered!)
- Paper & Pen to record reflections or take notes.
- OPTIONAL : Video Camera
- OPTIONAL : Your “Five Sense Soothe” bag.
Set up anywhere you’d like; a park, your house, possibly even a conference room at your school or a local library. Wherever you’re most comfortable will be best. Next, get in character. You will be playing yourself, and your partner will play the other role specified in the roleplay. Have them take mental & bullet-point notes and question you after the roleplay: what worked to defuse the situation, what escalated it, and what could have been changed.

**Scenario One**
You are walking down the street to meet your friends for lunch, when you see kid you know from school coming towards you. You two have been at odds for a while now; he has been picking on your brother, and you are retaliating by spreading rumours about him. Both of you are looking for an excuse to fight. You KNOW that this will get you suspended and possibly thrown out of school; but you have to talk to this person or things will only spiral out of control once you get angrier. Now is the best time to defuse the situation.

**Roleplay Task:** Try to talk to this person in a way that would diffuse the situation, prevent further fighting, but still communicate the information you need to share, freak out about, or get angry about to move past this. Remember, there are two sides to the issue. Your friend has a reason to be angry, and so do you.

**Scenario Two**
You just got home from class, and have a report card you KNOW you could have done better on. You got very lazy last week, and forgot to hand in several assignments; you know it was your fault. Your parents are not happy with you, and take away your electronics until you can explain to them what happened without making excuses.
Roleplay Task: This is a situation where it would be a LOT easier to blame the lowered marks on an outside factor, but we KNOW that it was our own fault. You have to find a way to communicate this to your parents while they’re angry with you.

**Scenario Three**

You’ve been living with a new roommate for two months now; it is your first real apartment, and you two are both learning how to live with each other. Your roommate has been stealing your food and loose change for the last month without saying anything, and you’ve finally started to notice. You haven’t talked to them about it yet, but you know that it has to be handled soon.

Roleplay Task: In this situation, you have some time to collect our thoughts before a triggering situation is encountered, since you’ll be the one doing the confronting. Take a moment to think specifically of what you want to say to this person, how you can say it, and how to keep calm while trying to communicate.

**Scenario Four**

Your home room teacher has been singling you out in class; you feel like he is always picking on you and making you do the most difficult questions in front of the class. You know it’s partially your fault, he wouldn’t do this if you paid attention in class and didn’t disrupt your classmates. You need to deal with this problem, but he’s a teacher and you have to show him respect, even if you’re frustrated with him. Remember that there are two sides to this issue!

Roleplay Task: In this scenario, we will have even MORE time to think about how to confront the situation. Immense amounts of care must be put into any kind of a situation where you’re
confronting somebody who is “higher up” than you, and who deserves/has earned your respect. On one hand they are in a position of responsibility and are most likely acting in your best interests, but on the other hand, you have needs and worries yourself and failing to communicate them will only damage you in the long run. Your task is to figure out a way to present your feelings to your teacher without undermining their authority and judgement, while also respecting their position on the matter.

**Scenario Five**

You and your friends are at the beach with a fantastic seating area with a picnic table, but have your belongings moved by a man and his wife who arrived while you were all in the water. This is obviously an invasion of your privacy, and they had no right to touch your stuff; you know you’re correct here. However, the man appears frustrated with arriving to the beach so late, and might not give up the spot he just took.

**Roleplay Task:** In this scenario, you have essentially NO time to figure out what you want to say and what’s happening; you just got back to your picnic table and everything has been tossed onto the sand. You must figure out a way to calmly communicate what you need to, while ensuring that you don’t provoke this obviously frustrated man. This scenario touches upon understanding both your own anger and the anger of others. Can you figure out a solution that will benefit both parties?
Reflection & Insight Gained

Since you’ve now had a chance to test your abilities in a few roleplays, you can begin analyzing your actions, both verbal and non-verbal. Depending on what kinds of notes you took, here’s where you should start….

**Mental Notes**

No matter what type of notetaking you used, you’ll still have a recollection of the roleplay in your mind. You should take a moment to engage in introspection before moving on.

Consider how the roleplays just went, and consider the following questions.

- How did you feel during the roleplay?
- Do you remember feeling the same way you feel when you’re angry or anxious?
- Did you feel differently than you usually do or were there new emotions?
- Did you utilize any skills or insights to handle this situation in a new way?
- Did the roleplay feel “staged”, and if so, how do you think this affected your learning?
- Could you have improved the solution you made? Did it only favour one side?

**Written Notes**

If you or a friend took written notes during the roleplay session, try to combine these with any specific points you remember but didn’t record. Take a look at your responses and some of the things you felt; did you handle this different than you usually do?

- Do you remember what tone of voice went with what you said?
- Were you frustrated or flustered?
- Did you remain calm and work towards a solution?
- Try to compare these notes to the notes you took with your thought record. Are they similar?
- Did you handle this situation how you thought you would?
**Video Log/Voice Recording**

If you were able to get a voice or video log of the roleplay, you’ll be able to analyze things like body language and speech tone; both of which are very important to communication. We mentioned it can be a little “weird” to observe yourself during a roleplay, so don’t hesitate to ask to view the recording alone if you don’t want others disturbing you while you compare your notes. Once you’ve set up, pay close attention to the following…

- How was your eye contact? Did it waver when addressing the person or did you maintain it?
- Did you voice quiver at all? Did it raise or become more clear?
- Look at your hands – are they clenched? Do you notice any tightness or tension within yourself?
- How is the other person’s body language? Could your reaction be caused by their actions?
- Are you becoming more emotional through the roleplay?
- Did you notice anything in particular triggering reactions?

If you notice any patterns such as one event or phrase triggering you, go back and explore this.

Set up your own roleplay and get your friend to act out whatever made you emotional.
Well, now what do I do?

Before continuing on, a brief summary of your progress so far…

- You’ve utilized the Thought Record to challenge Cognitive Distortions.

- You’ve explored a method called Deep Breathing typically associated with CBT, and modified a method in DBT called the Five-Sense-Soothe to suit your needs.

- You’ve combined your knowledge and put it to the test with a Roleplay, and assessed your thoughts and feelings before, after, and during the roleplay.

Not to sound cheeky, but the question of “what to do now” is almost a trick question; you now have a tool to look into your own thoughts and emotions, a method or two to use yourself, and a way to practice these things. The only thing that you have to keep in mind is that there is far more to learn out there.

CBT and DBT are both varied and powerful methods, and this manual only scratches the surface of two treatment modalities. Though it is hoped that a manual can convey a complete and thorough understanding of a topic, further learning should occur with another person involved to correct, guide, and facilitate your learning.

Normally a therapist would be working with you throughout this kind of a process and would take notes, measurements, and give you charts, graphs, or explanations of your progress. Since the theme of this manual has been “becoming your own therapist”, it is up to you to seek
out additional tools at this point. Your school counselor is a good place to start, and may be very interested in discussing these methods with you if you find it interesting, or your progress so far if you’d like feedback or guidance.

Think of it this way, your mental health needs just as much attention as your physical health. We all have to exercise to maintain our physical health, just as you’ll need to continue looking at things from new perspectives and utilizing the techniques you’ve learned here to keep “training” your mental health, but don’t think you have to do it alone! Therapists are there to help you work on and maintain your mental health just in the same way that personal trainers are there to help you maintain your physical health; though they seem a little different, they’re very similar! Think of mental health professionals are “personal trainers of the mind”, they’re there to help you out, teach you new techniques or exercises, and generally answer any questions that you might have. Just like in physical fitness, seeking out a personal trainer doesn’t suggest you’re unable to do the exercises, it just means that you’re looking for newer and more complex exercises since you’ve mastered the previous ones! Always be driving yourself forwards, and make sure you don’t fall back into old patterns of thinking that might be unhelpful.

Basically; take the knowledge you have now, combine it with the knowledge you can gain from the people around you, and never stop actively working to ensure your mind is the healthiest it can be.