A Facilitator’s Manual Outlining the Best Intervention Practices in Children’s Mental Health

by

Tiarha Brant

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St. Lawrence College

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Canada

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Dedication

To my girl, it’s all for you.
Abstract

Mental health difficulties such as anxiety or behaviour problems are a growing concern for families who are involved in the military. This growing need was identified by the agency and they requested information on the best practices for youth. The goal for this thesis was to create a best practice manual that focused on empirically proven therapies that effectively address mental health issues in youth aged 6-17 years. Psychoeducation about brief and intensive cognitive behaviour therapy, strength based cognitive behaviour therapy, and family therapy was provided. The manual also included specific activities for the mental health professionals to use with their clients. Due to time constraints, the manual was not implemented or tested for efficacy. The student expected that the manual would provide staff with a resource to strengthen therapeutic alliance and improve the effectiveness of therapies they provide at the agency. The manual was provided to the agency to be used in individual therapy sessions with their youth clients. It is recommended that future research evaluates the effectiveness of this manual.
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Chapter I: Introduction

According to the National Alliance on Mental Illness (n.d.), serious mental illnesses affect every one in five children. With this alarming number, Hosenbocus and Chahal (2012) state that there has been an increase in the number of children being seen by mental health professionals because of their inability to function at school or in the home. They explain that the inability to function is expressed through defiant behaviours, extreme anxiety, meltdowns, suicidal thoughts and attempts, and many other disruptive behaviours (Hosenbocus & Chahal, 2012). According to Children’s Mental Health Ontario (n.d.), anxiety disorders are the most prevalent concern noted by teachers. The Anxiety and Depression Association of America (n.d.) lists the most common childhood anxiety disorders as generalized anxiety disorder (GAD), panic disorder, separation anxiety disorder, social anxiety disorder, and posttraumatic stress disorder (PTSD). Common symptoms may include unwarranted worry about friends, family, and grades, feeling as if the child has lost control, an inability to function appropriately in public or when left with people other than the parents, and being easily irritable (Anxiety and Depression Association of America n.d.).

Aitken (2016) stated that childhood difficulties with mental health are commonly associated with poor short and long-term outcomes. She also explains that those childhood difficulties can have a negative impact on individuals well into adulthood (Aitken, 2016). Because of the significance, mental health issues need to be addressed as quickly and efficiently as possible.

Another statistic that emphasizes the importance of treating mental health illnesses comes from the National Alliance on Mental Illness, indicating that the third most common cause of death in children and young adults aged 10 to 24 years is suicide. Of those, 90% had unaddressed mental health illnesses (National Alliance on Mental Illness, n.d.). According to Children’s Mental Health Ontario (n.d.), the youth suicide rate in Canada is the third highest rate in all developed countries. Within the last ten years, visits to the hospital emergency department by children for mental disorders has risen by 60% (Children’s Mental Health Ontario n.d.). In 2004, suicide related behaviours cost Canada $707 million for health care services and societal losses (Benett et al., 2015).

The site for project implementation was at an organization serving Canadian military families, specifically with the mental health team. The clients that the mental health team treat are often children who struggle to cope with having a close family member in the military. The reality of being a military family may include frequent and long deployments, multiple relocations, and the risk of the member being injured or killed in action. The development of a manual focusing on the best practice procedures for therapeutic treatment with children who struggle with mental health issues will allow the agency staff to manage the needs of their clients and ensure the most effective treatment. The agency most commonly uses cognitive behaviour therapy (CBT) during individual therapy sessions and strives to use a strengths-based therapeutic approach. The agency does not specifically do family therapy; however, they do include parents in the children’s sessions if it is beneficial for the individual’s treatment. They offer different group counseling sessions based on the needs of their clients. The organization does not currently have group therapy programs that are adapted or appropriate for children.
Overview of Thesis

This thesis includes five chapters; the introduction, literature review, method, results, and discussion. The introduction focuses on describing the importance of children’s mental health services which provides logic for the facilitator’s manual. The literature review contains information on specific children’s mental health struggles and the most effective practices for working with those struggles. In the method chapter there is a description of the proper use of the facilitators manual. Following the method, the results include a summary of each section in the manual. Finally, the discussion chapter contains a summary of the thesis, the limitations, challenges, and ethical issues faced, and provides recommendations for future research.
Chapter II: Literature Review

Children’s Mental Health

The National Alliance on Mental Illness (n.d.) states that serious mental illnesses affect one in every five children. According to Aitken (2016), childhood difficulties with mental illness often produce negative outcomes that can have an impact on an individual’s life well into adulthood. With these alarming numbers, it is clear that children’s mental health needs to be addressed as effectively and efficiently as possible. Typically developing children may be at risk for mental health difficulties for many different reasons, however Richardson, Mallette, O’Neal, and Mancini (2016) explain that children who are in military families experience unique stressors that increase their susceptibility to mental health issues. They state that youth from military families can be at a greater risk for symptoms of anxiety during “military transitional periods”, such as base transfers and deployment (Richardson et al., 2016). According to Richardson et al. (2016), symptoms of anxiety may occur simultaneously with symptoms of depression and emotion regulation difficulties.

Richardson et al. (2016) list risk factors for mental health issues in children who have a military family as: deployment, relocation, and having more than one military parent. They explain that deployment interrupts normal development in children. The authors also explain that there are intense feelings children commonly have when faced with a deployed parent, such as resentment, abandonment, isolation, and suicidal ideations (Richardson et al., 2016). According to Richardson et al. (2016), when living through deployment, children also often struggle with the level of safety their parent may be working in. The authors also place an importance on the effects of relocation. Richardson et al. (2016) explain that base transfers open children to challenges in dealing with new houses, creating new friendships, and school changes. These changes increase the susceptibility to academic struggles, drug use, and psychosocial instability (Richardson et al., 2016). The authors also stated that having more than one military parent increases the vulnerability to mental health issues.

Chandra, Martin, Hawkins, and Richardson (2010) sought to determine the effect of deployment on the functioning of the youth in a school setting. The author’s study consisted of interviews with school staff at 12 schools that had high levels of parental deployment. The questions asked during interviews focused on the following themes; academic, behavioural, emotional, and social issues within the children who had deployed parents.

Results from Chandra et al. (2010) study suggest that deployment has an effect on how a child functions within a school setting. They found that male children were likely to experience more external symptoms such as aggression, whereas female children had more internal symptoms, such as depression. Chandra et al. (2010) also found that the higher amount of deployments that children faced, the more intense the mental health problems were. The authors also explained that parent reintegration after deployment created a period where children often struggled. This could be explained by the change in rules and expectations and lack of attention from the previously deployed parent (Chandra et al., 2010). Another significant result from this study was that children often relied on the school as a sanctuary, reducing the time they had to spend at their homes. Chandra et al. (2010) explain that future research should consider the
support that the child receives at home and whether or not that support is coming from an
individual that is also not coping well with the deployment.

Previous research has noted the effectiveness of numerous therapies for working with
children who face mental health difficulties. In the current literature review, this author critically
examines the effectiveness of cognitive behaviour therapy, different techniques for cognitive
behaviour therapy, and family therapy for children who have struggle with mental health
impairment.

**Cognitive Behaviour Therapy**

According to Hofmann, Asnaani, Vonk, Sawyer, and Fang (2012), cognitive behaviour
therapy (CBT) is an intervention focusing on the idea that maladaptive thoughts sustain mental
disorders and behavioural difficulties. They also explain that CBT focuses on changing those
maladaptive thoughts to decrease the symptoms felt. Taylor and Montgomery (2007) explain that
CBT has been widely used for the treatment of depression in adolescents, but exactly how it
reduces the symptoms of depression is unknown. Based on previous research, the authors
hypothesize that CBT reduces the negative cognitions that feed an unhealthy self-esteem. They
go further to explain that self-esteem may be a controlling variable for symptoms of depression
(Taylor & Montgomery, 2007). In a systematic review, Taylor and Montgomery (2007) found
that CBT was effective in improving self-esteem and decreasing symptoms of depression. They
concluded that CBT can be an effective treatment for adolescents who have depression rooted
from an unhealthy self-esteem.

Crawford, Frank, Palitz, Davis, and Kendall (2017) found that many techniques of CBT
can produce significant positive effects for children and adolescents who have anxiety disorders.
One of these techniques is therapeutic homework. They found that assigning homework tasks
can help the client learn and generalize the skills taught in therapy. The authors found that
positive reinforcement can increase homework compliance. According to Crawford et al. (2017),
 exposure can be a beneficial technique when treating children who have symptoms of anxiety.
They explain that psychoeducation and techniques to manage anxiety should be taught and
strengthened before the use of exposure, in order to increase the likelihood of a positive
experience. They also state that a well-established therapeutic relationship is very important for
effective exposure therapy. It is imperative to include a session that reflects on the exposure
experience with the client in order to increase learning and improve generalization (Crawford et
al., 2017).

Hofmann et al. (2012) conducted a review of a large number of meta-analyses to
determine the effectiveness of CBT on many different populations. In their review, they found
that CBT had significant effects on anxiety, depression, general stress, and children with
depression. According to Hofmann et al. (2012), there are moderate results for the use of CBT
with addiction, bulimia, and personality disorders. However, although there are some studies that
do not produce significant effects while using CBT, the authors note that the amount of
evidence-based research with positive effects is extensive and proven to be of best practice for
many populations.
**Brief and intensive therapy.**

Wagner, Mildred, Gee, Black, and Brann (2017) describe a brief intervention model that includes a maximum of six therapy sessions for children and adolescents to be used as a short-term treatment for clients with severe and complex mental health needs. The intervention model promotes the use of specific CBT techniques such as psychoeducation, behavioural experiments, and exposure therapy, combined with a strengths-based approach to therapy. The authors sought to determine the effectiveness of this model for youth in a mental health location and hypothesized that the brief intervention model would reduce the symptoms the study’s participants had. The study included 158 participants aged 6 to 18 years. The participants included were pursuing help for a variety of mental health struggles. The brief intervention treatment during the study consisted of at most six one-hour to one and half hour sessions. In the study, each session began with a clearly defined goal and ended with the family and counsellor working together to determine if a future session was necessary. As previously mentioned, the therapy sessions relied heavily on including CBT strategies. Therapy sessions also focused on positive techniques to increase client efficacy. Results from the study showed that the brief intervention reduced mental health symptoms. Upon completion of the study, there was a 50% reduction of problematic behaviours. The authors noted that this model allows clients to be seen in a sensible time, reducing wait list times, and that this model could maximize the effectiveness of therapy.

In a meta-analysis conducted by Ost and Ollendick (2017), support for a new form of CBT was examined. In their meta-analysis, 23 studies were reviewed, which took place in North America, Europe, and Australia. Brief, Intensive and Concentrated (BIC) therapy, follows the core principles of CBT but reduces the number of sessions. The sessions are also delivered more frequently (one per week as opposed to biweekly or every three weeks). The authors found that BIC was more effective in treating children struggling with anxiety than the waitlist and placebo conditions. They also found that BIC therapy lead to 64% recovery from anxiety symptoms, and the effects were strongly maintained at a one year follow up. The authors also note that BIC is a more cost-effective way to deliver CBT. In summary, results indicate that BIC is an effective and favorable treatment for working with children who have symptoms of anxiety (Ost & Ollendick, 2017).

**Strengths-based therapy.**

According to Brownlee, Rawana, Franks, Harper, Bajwa, O’Brien, and Clarkson (2013), strength-based therapy was established on the basis that all clients have strengths, including youth and adolescents. The authors further explain that even clients with disabilities and diagnoses have the capability to have and use individual strengths (Brownlee et al, 2013). According to Kim and Franklin (2008), strength-based interventions are established based on the theory that clients know their difficulties well enough that they are able to create their own solutions that solve those problems. The fundamental techniques for strength-based interventions include complimenting the client, finding solutions, creating goals, and giving homework (Kim & Franklin, 2008). Strength-based interventions have demonstrated positive effects in numerous populations such as mental health problems, substance abuse, youth in crisis, and behaviour problems (Kim & Franklin, 2008). The authors note that strength-based interventions were not effective in increasing attendance in youth or improving grades (Kim & Franklin, 2008). However, they note that the interventions were effective in improving behaviour problems and
substance abuse, increasing credits earned, controlling conduct troubles, and decreasing the strength of negative feelings in youth. Kim and Franklin express concern for interpreting the results of their study because of the small number of studies reviewed and the small sample sizes in the research.

**Family Therapy**

Diamond and Siqueland (1995) explain that with clients of the child and adolescent populations, family therapy is deemed best practice. According to Richardson (2016), interventions that include the family unit produce more significant improvement for children in therapy. Goorden, Schawo, Bouwmans-Frijters, Van der Schee, Hendriks, and Hakkaart-van Roijen (2016) state that family based therapy doesn’t only focus on the individual that is struggling, but also focuses on the structures that surround the struggling individual. Richardson (2016) also states the importance of addressing patterns of interactions that sustain the problem behaviours and any family dysfunction that may occur in the family unit. It has been noted that improving and keeping a family balanced has been proven to decrease the problem behaviours and cultivating the development as a whole family unit (Richardson, 2016).

**Family therapy for depression.**

According to Diamond and Siqueland (1995), previous research has emphasized that there is a positive impact on child development when parents have a healthy relationship with their children. They identified the four common risk factors for adolescent depression as weak attachment to parents, a parental history of mental health disorders, unsuccessful parenting styles, and a prevalence of animosity in the parent-child relationship. Furthermore, the authors note that the capability for a child to develop typically relies on the ability of the parent-child negotiation in regards to independence and dependence (Diamond & Siqueland, 1995). They state it is evident that interpersonal family interactions have a strong correlation to the development of depression, where if an individual has numerous negative interactions with family members they have an increased risk of developing depression. The authors then go on to advocate for the effectiveness of family therapy to focus on the relational issues that have been proven to effect and increase depression.

Diamond and Siqueland (1995) explain that the goal of family therapy when working with youth who have depression is to reduce symptoms of depression and to change the maladaptive communications within the family. The authors explain that focusing on the interactions that are maintaining the depression will have a positive impact on the reduction of the symptoms of depression. During therapy, there is a focus on learning and practicing interpersonal and relational skills within the family to change the previous maladaptive techniques. The authors also explain that children who are depressed often have fewer meaningful conversations with their parents. By rebuilding and improving this relationship, the risk factors for depression decrease and the improvement of the family unit may help to prevent the youth from having a relapse of symptoms (Diamond & Siqueland, 1995).

**Family therapy for externalizing disorders, substance abuse, and delinquency.**

Baldwin, Christian, Berkeljon, and Shadish (2012) conducted a meta-analysis on family therapy used for substance abuse and delinquency in youth. The authors found that family
therapy produced more significant effects on reducing externalizing disorders, substance abuse, and delinquency compared to a control group that used CBT. The results of Baldwin et al. (2012)’s meta-analysis advocate for family therapy as an effective treatment for adolescents who have substance abuse problems or delinquency. However, they caution that these results are not significant enough and in turn require more research. They further go on to explain that the body of literature was to minor to produce statistically significant results.

**Critical Analysis**

Although there is extensive research on the previously listed therapies, there is extremely limited research on using these specific therapies to target the challenges of military children who are facing parental deployment. As previously mentioned, children who face parental deployment deal with unique stressors that non-military families do not. These stressors create an increased risk for mental health disorders, which strengthens the need for specific mental health research on this population. It is assumed that the effectiveness of these therapies will generalize across populations, however future research should evaluate the effectiveness of these therapies specifically with children from military families as they face unique stressors that directly relate to having a deployed parent.

Because children’s mental health is such a significant problem in society, it is important to have the most effective treatments in place. As examined in the literature review, CBT provided on a brief and intensive schedule has demonstrated positive effects for children who face a variety of mental health issues, specifically anxiety and depression. Brief CBT has also been shown to increase the effects of therapy by using a strength-based approach to therapy. Along with these treatments, the literature review examined the positive effects associated with family therapy and engaging the family in children’s treatment of mental health disorders. In order to promote effective and efficient treatment, the development of a best practice manual for therapeutic treatment with children who struggle with mental health issues will allow the agency staff to manage the needs of their clients and ensure the most effective treatment. The manual will be used as a resource before and during therapy sessions, by increasing the knowledge of the therapy technique in the mental health professional and by providing specific activities or homework for use with clients.
Chapter III: Method

Participants

This manual was designed to be used by mental health specialists with children who are facing mental health difficulties, specifically children aged 6 to 17 years with parents who are in the military. The manual was originally compiled using best practice procedures for children who may be struggling with depression, anxiety, and other mental health difficulties stemming from the challenges of being a military child. Consent will be obtained from the mental health professionals in accordance with agency policy and guidelines prior to implementing the techniques provided in the manual. The manual was designed specifically for children, but agency staff may use the manual as they see fit. To appropriately use this manual, it is strongly recommended that the mental health professional have knowledge in CBT and mental health difficulties in children.

The individual for whom the manual was originally written was a mental health professional who works with children and adolescents. She has an undergraduate degree in Psychology and is currently working towards a Masters in Counselling Psychology.

Design

The manual includes sections and subsections which provide information and techniques to use directly with clients in order to improve symptoms of mental health difficulties. It focuses on CBT skill building and provides psychoeducation throughout. Each section includes an informational paragraph on the type of therapy, importance of therapy, and best populations for use. Also included in each section are numerous activities and techniques that can be directly used with clients in therapy sessions.

It is important that the mental health professionals who implement the manual tailor the contents to the needs of each client. It is important that this occurs because not all of the techniques or activities may be appropriate for every client. It is recommended that implementation and use of this manual is followed by homework to ensure for significant learning, generalization, and engagement by the clients.

This manual was designed to be included in individual counselling sessions by providing activities that can be completed in session with the clients. The manual encourages parent involvement and offers specific activities that parents can do with children during and outside of therapy.

Measures

Due to time constraints, there were no measures completed to test the effectiveness of the manual. It is recommended that the mental health professionals using this manual use pre-and-post intervention measures to examine the effectiveness of therapy. Using measures before and after implementation of this manual will help the mental health professionals determine whether or not the manual was effective in decreasing the symptoms that their clients were having. Potential measures may include the Beck Depression Inventory, Beck Anxiety Inventory, or any other measure of symptoms that the mental health professionals deem efficient.
Chapter IV: Results

The Final Manual

The final product (Appendix A) consists of a best practice manual to be used by mental health professionals for children and adolescents who are struggling with mental health issues. The purpose of this manual is to provide a document that informs the mental health professionals of the best practices for working with children who struggle with mental health and provides them with activities that are effective for improvement of symptoms. The information compiled in the manual was based on agency advice and on current research provided in the literature review. The final product was broken up into two age groups; children aged 6 to 11 years and adolescents aged 12-17 years. The final manual is also comprised of two main sections, cognitive behaviour therapy (CBT) and family therapy.

The first aspect of the manual is the introduction. The introduction includes a preface which explains who the manual was designed to be used with and who it was designed to be used by. Also, there is a use of manual section, which focuses on how to properly use the manual in therapy sessions. Within each section, there is a first a breakdown of what the therapy is, tips for the proper and most effective implementation, and a section focusing on the best practices. For CBT, best practices explained are brief and intensive CBT and strength based therapy. The best practice for family therapy includes a description of using family therapy for depression.

After the breakdown, there is a manual for each section and age group. First, there is a CBT manual to be used with children aged 6-11 years. It includes a six-week breakdown of each session, focusing on what to cover, how to explain CBT to children, and activities for use with clients. These activities include some in-session activities and some homework activities. Then, there is a CBT manual to be used with adolescents aged 12-17 years. This manual follows the same breakdown as first manual, but includes more age specific activities and discussions. These manuals were created with the best practices (brief and intensive CBT and strength based therapy) to encourage the best outcome.

The family therapy section first includes a focus on what family therapy is, how to effectively implement and use family therapy, and a description of the best practices of family therapy based on empirical research. Then there are two manuals focusing on session ideas. The manuals are again broken down by age, 6 to 11 years and 12 to 17 years. The first manual includes session ideas to use with families who have children aged 6 to 11 years. The ideas are explained in detail and there are handouts provided when necessary. The manual for adolescents follows the same outline, with detailed session ideas and handouts when applicable.
Chapter V: Discussion

During placement, it was determined that there was a large number of children at the agency struggling with negative mental health symptoms due to the exposure of frequent parental deployments and relocations. This was determined to be the most significant problem to address as the agency did not have sufficient programming or resources to address the mental health needs of children struggling with deployment and relocation. The overall goal of this thesis was to create a resource based on the best practices for children and adolescents who struggle with mental health difficulties. The literature used in this thesis identified cognitive behaviour therapy (CBT), brief and intensive CBT, strength based therapy, and family therapy as the most effective approaches to combatting child and adolescent mental health difficulties. It was also determined by review of the literature that there is a need for specific information on mental health difficulties for children who come from military families. The final product is a best practice manual that focused on empirically validated therapies to address mental health issues in youth aged 6-17 years. This thesis contributes to the research for this specific population and provides a resource for mental health professionals with this specific clientele.

Strengths

One strength of this thesis is that it created a resource for mental health professionals that is based on empirical evidence to provide the agency with the best practices for working with children and adolescents who have mental health difficulties. As previously mentioned, this manual contributes to the limited research and activities for children and adolescents from military families who struggle with mental health difficulties due to the effects of parental deployment and frequent relocations.

Another strength of this manual is that it is an easy to use tool for mental health professionals. The manual provides the agency with a variety of age appropriate activities to use during session in a single easy to access manual. This prevents the professional from reviewing numerous resources for an extensive amount of time, resulting in a shorter preparation period for each therapy session.

Limitations

A significant limitation to this manual was that the content could not be evaluated for effectiveness during placement. Therefore, the manual should be evaluated in the future to determine effectiveness. The manual was also not reviewed and approved by the agency due to time constraints. Also, the activities included in the manual were not reviewed by any children. A limitation to this is that it is only assumed, not demonstrated, that children will find these activities enjoyable. Due to the limited amount of research specifically on children who come from deployed families and the effects of deployment, it is assumed but has not been demonstrated that these best practice therapies are effective for this population.

Multi-Level Challenges

These multi-level challenges focus on the issues and challenges that may arise from the use of this manual. First, at a client level, the agency may face low levels of engagement and commitment to therapy from the children. These children may feel like there is no way to improve their emotions because the parent will still be in the military and they may still
frequently be displaced. The agency will need to use effective therapy strategies from their previous knowledge of therapy to engage the clients in the material. At the program level, the mental health professions may struggle with including this manual in therapy sessions in the beginning, because they have had an existing way of structuring sessions for.

The next multi-level challenges discussed are at the agency level. As previously mentioned, the agency has been struggling with cuts to their funding resulting in only one therapist to focus on all children and adolescent mental health cases. The high case load faced by the therapist could negatively impact the quality of therapy that each client receives. At a societal level, the agency staff may find that children who come from military families often don’t reach out when they are struggling because of the stigma in the military community. The agency has been working hard to fight this stigma, and have reduced the stigma to some degree, but they may need to keep this challenge in mind when working with these clients.

**Contributions to the Field of Behavioural Psychology**

This thesis and manual contributed to the amount of research the agency has, as well as providing the agency with new activities to use during therapy sessions. This thesis has shown the importance of researching therapies for specific populations, such as children who come from military families. It was determined that there is a gap in the literature that needs to be addressed in order to reduce the amount of children who are struggling with negative mental health symptoms in this specific population. Also, this thesis helps to inform mental health professionals of the best practices for working with children and adolescents who have mental health issues. With the reduction of children from military families who struggle with negative mental health symptoms, there is a creation of resiliency for those children to overcome the hardships and stressors faced in their lives. This not only creates a stronger military family, but a child with positive mental health symptoms.

**Recommendations for Future Research**

As previously mentioned, a noteworthy limitation to this thesis is the failure to test the manual for effectiveness. It would be beneficial to determine how useful this manual is to both treatment providers and clients. Along with testing for efficacy, it may be relevant to have the mental health professionals utilizing the manual to review and provide suggestions to ensure maximum use of the resource within the agency.

Within the literature review, it was determined that children and adolescents often experience negative mental health effects when dealing with parental deployment and frequent locations. Even though this is known, there is little research on therapies and practices for dealing with these specific issues. It is strongly recommended that future research determines effective strategies for mental health professionals to help decrease these negative effects.
References


Appendix A: A Therapist Guide to Working with Children in Military Families who have Mental Health Difficulties: A Best Practice Manual


Created by: Tiarha Brant
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Part I: Introduction to the Manual

Preface

This manual was designed as a document to inform mental health professionals working with children of the current best practice therapies for children that come from military families who face a variety of mental health difficulties (most commonly anxiety and depression). The agency where this manual was developed focuses only on military families whose children are struggling due to frequent deployments and relocation. The therapeutic approaches outlined in the manual were determined to be best practice after an extensive literature review. Included in the manual is a brief psychoeducation on the therapy, tips to proper implementation, and activities for mental health professionals to use with their clients.

Use of Manual

The manual was created for a specific agency whose clientele include children and adolescents who face parental deployment. The agency indicated that many of children struggled with mental health difficulties, commonly symptoms of anxiety and depression. This manual, however, can be used in any agency if it is deemed helpful and relevant for the improvement of negative mental health symptoms. In order to properly use this manual in therapy sessions, it is important that the mental health professional have a strong knowledge in the concepts of CBT and Family Therapy.
Part II: Cognitive Behaviour Therapy – Using CBT with Children who have Mental Health Difficulties
What is Cognitive Behaviour Therapy?

- Cognitive behaviour therapy (CBT) is based on the notion that our thoughts, emotions, and behaviours are all connected and influence each other.

Tips for Proper Implementation

- It is important that you explain the CBT model, as age appropriate as possible, to allow clients to make the connections between their thoughts and their emotions.
- Provide examples of other connections to model the use of the CBT model.
- Ensure that the client truly understands how their thoughts, emotions, behaviours, and wellbeing are connected based on the CBT model.
- Use handouts as activities during therapy sessions to increase learning.
- Assign homework to promote learning and to create a bridge for the next session.

Empirically Proven Best Practices of CBT

1. Brief and Intensive CBT
• Following the CBT model in therapy, whereas the total number of sessions is approximately half of a standard CBT timeline (8 sessions of Brief and Intensive CBT [BICBT] vs 16 sessions CBT).
• BICBT is efficient when used in place of a wait list, and to decrease times on a wait list, and to decrease the drop out or no show rates for therapy. BICBT allows for not-for-profit agencies to increase the amount of clients they are seeing over time by decreasing the amount of sessions they have.

2. **Strength Based Therapy**
Strength Based Therapy (SBT) increases the focus to the client’s strengths and successes. SBT is effective in improving the client’s mood, increasing resiliency, and makes a successful outcome more likely.

CBT Session Manual for Children Aged 6-11
CBT: Session Manual Breakdown

Week One: Developing Rapport
Week Two: Introducing and Understanding Emotions
Week Three: The Impact of Thoughts on Emotions
Week Four: The Impact of Behaviours on Emotions
Week Five: Problem Solving
Week Six: Review
Week One: Developing Rapport

Purpose

During your first session with a new client, the focus is on establishing a positive relationship to create and encourage the best therapeutic environment. Also, it is important to establish the rules of therapy in your agency, confidentiality, and your expectations of the client.

Structure

1. Introduction & Opening
   - Introduce yourself and ask the client to do the same
   - Ask the client how they are doing (i.e. How was your day)

2. Relationship Building Conversation
   - Encourage the client to share information about him/herself that may be helpful or useful in therapy, but also allows a relationship to develop
   - If the child doesn’t respond, you may want to share information to encourage and model for the client
   - Topics of such conversations may include: where the client is from, relocation history, the client’s interests, dislikes, and hobbies, things they like about themselves, what their parent does in the military

3. “About You”
   - Work through the “About You” homework page with the client
   - It may be helpful for you to do a separate worksheet with your information to encourage the client
• Discuss the handout. Ask questions about the answers the client gives

4. Discuss Rules of Therapy
• Inform the client what they can expect by coming to see you
• Inform the client about confidentiality and the limits of confidentiality
• Have a conversation with the client about what you expect from them (i.e. Trying their best, being actively engaged, honesty)

5. Gather information on Emotions
• Work with the client to determine the emotions they struggle with and to establish when these emotions are felt the most (i.e. Client may struggle with anxiety when parent is deployed)

6. Discuss and Assign Homework
• Review the “Mood Thermometer” handout and explain that a thermometer can be used to help us determine the intensity of our moods.
• Work through an example, and ask your client to fill this out this week when they experience intense emotions. Remind them to bring it next week

7. Ending Remarks
Thank the client for coming and sharing with you. Tell them that you look forward to seeing them the next week
Week Two: Introducing and Understanding Emotions

Purpose
This week, it is important to determine your client’s knowledge of emotions and increase the awareness of emotions, why they happen, and why they are important.

Structure
1. Opening
   - Welcome the client back and ask them how their week has been
   - Review the homework (Mood Thermometer). Ask the client how they felt doing it and if/how it helped them
2. Introduction to Emotions
   - Ask the client to list the emotions they know
   - Ask the client how he/she can determine how other people are feeling
   - Discuss with them how you can notice facial expressions that are commonly associated with certain emotions. Have them work through the “How Do Feelings Look” worksheet
3. Intensity of Emotions
   - Based on the Mood Thermometer completed for homework, discuss with your client the difference between intense and non-intense emotions
   - Discuss with your client how emotions can constantly change to be positive and negative, and less or more intense. (i.e. Anxiety may be not intense when parent is home, yet when a parent is deployed the anxiety increases in intensity)
• Encourage your client to use (either physically or mentally) a mood thermometer to help them understand how intense their emotions are and to keep track of their intense emotions

4. Coping with Intense and Negative Feelings
   • Explain that when we experience intense emotions, we can do things to lessen the intensity of the emotion. Ask them if they have any ways to decrease the intensity of their emotions.
   • Provide them with techniques to help them decrease the intensity of their emotions (i.e. Deep breathing, counting to 3)
   • Ask your client what they do when they are feeling negative emotions such as sad, scared, worried. What are things they can tell themselves or do to make themselves feel better?

5. Introduce the CBT Model
   • Give your client the “Thoughts, Feelings, and Behaviours” worksheet and read it to them
   • Ask them what other kinds of thoughts they can think of.
   • Ask them to list as many feelings as they know
   • Ask them to state some other behaviours
   • Give them more examples of any of the three if they are struggling
   • Ask them to put a blue X for the thoughts, a green X beside the feelings, and a red X beside the behaviours. Help them work through any mistakes

6. Ending Remarks
• Ask your client if they have any questions and answer accordingly
• Ask your client to think about the difference between thoughts, emotions, and behaviours for the next week
• Thank them for coming and participating
Week Three: The Impact of Thoughts on Emotions

Purpose
Week three focuses on working through the CBT model, teaching your client how thoughts affect emotions. The goal is to encourage using thoughts to change moods and emotions.

Structure
1. Opening
   - Welcome the client back and ask them how their week has been
2. Review of Previous Week
   - Review the previous week (Feelings and the Introduction to CBT). Ask the client what they remember about last week and if they thought about the difference between thoughts, emotions, and behaviours
   - Draw the Cognitive Model on a piece of paper and explain the cycle of thoughts, behaviours, and emotions
3. Introduce the Relationship Between Thoughts and Emotions
   - Explain: Our thoughts, behaviours, and emotions are all connected and interact with each other. Thoughts can impact your actions and your mood.
   - Having certain thoughts, such as negative thoughts about your parent during their deployment, can make you feel more anxious or sad while they are away
   - Ask your client if they have any other examples of when their thoughts affected their mood or emotions, using the “Thought Problems” worksheet
4. Changing Thoughts to Improve Emotions
• Based on the “Thoughts Problems” worksheet, discuss alternative thoughts that your client can have that will help them change their emotions
• Create a list of 10 alternative thoughts your client can have when they are struggling with common negative thoughts and emotions

5. Ending Remarks
• Ask your client if they have any questions and answer accordingly
• Thank them for coming and participating
**Week Four: The Impact of Behaviours on Emotions**

**Purpose**

During the fourth session, the focus is still on the CBT model but teaching and explaining how your behaviours affect your emotions. The goal of this session is to encourage increasing positive behaviours to decrease negative emotions.

**Structure**

1. **Opening**
   - Welcome the client back and ask them how their week has been

2. **Review of the Previous Week**
   - Review the previous week (thoughts and how they affect emotions). Ask the client if they practiced any alternative thoughts and how it worked. Encourage them to continue and try to incorporate alternative thoughts in their everyday life.
   - Draw the Cognitive Model, and ask them to explain what they know about the model

3. **Introduce the Relationship Between Behaviours and Emotions**
   - Remind: Our thoughts, behaviours, and emotions are all connected and interact with each other.
   - Explain: The behaviours you engage in can have a direct relation to the emotions you’re feeling. Engaging in negative behaviours, such as not
   - For example, you are mad at your parent for leaving on deployment so you don’t talk to them when you call. This behaviour increases the intensity of your negative emotions,
because you likely get sadder that you didn’t get to talk to them

4. Engaging in Behaviours to Improve Emotions
   • Ask your client: Do you stop doing things because you feel sad, or do you feel sad because you stopped doing things? (The answer is both. This is a cycle that can be broken by increasing the amount of positive activities you engage in)
   • Increasing the amount of positive activities, also known as pleasant activities, can help you feel more positive emotions
   • Explain: Pleasant activities are everyday activities that you find joy in, such as reading a book, watching a movie, going for a walk, etc.

5. Activity Scheduling
   • With your client, complete the Weekly Schedule
   • Ask them to rate the things in their schedule from a 1 (not enjoyable) to a 10 (finds great pleasure)
   • Work with your client to create a list of enjoyable activities that they can engage in
   • Encourage your client to “schedule” five greatly pleasurable activities during next week and write them in the Weekly Schedule

6. Ending Remarks
   • Ask your client if they have any questions and answer accordingly
   • Remind your client to engage in these five pleasurable activities and encourage them to take note of how it affects their behaviour

Thank them for coming and participating
Week Five: Problem Solving

Purpose
This week, there is a focus on problem solving and coping strategies. These are both techniques that can help reduce and relieve anxiety and depression.

Structure
1. Opening
   - Welcome the client back and ask them how their week has been
2. Review of the Previous Week
   - Review the previous week (activity scheduling and improving emotions by behaviours). Ask the client if they scheduled and participated in any exciting activities. Discuss with them the importance of engaging in positive behaviours.
3. Introduction to Problem Solving
   - Discuss with your client the importance of problem solving on positive mental health. By using problem solving, your client will have the ability to be flexible and brainstorm new solutions when things get difficult. This can help manage anxiety and depression
   - Encourage your client to reflect on previous experiences and how problem solving could have helped their anxiety or depression in that situation
   - Discuss the steps to problem solving
     i. Identifying the problem
     ii. Identify (if possible) the cause of the problem
iii. Develop multiple solutions
iv. Evaluate the solution (strengths and limits)
v. Pick the best solution and implement
vi. Reflect on the experience

- Ask your client to choose a previous experience, and work through the steps to problem solving. Help them when necessary
- Ask your client to think of a problem that may happen in the future. Ask them to work through the problem solving steps and help them when necessary

4. Coping Strategies
- Discuss with your client strategies that help reduce their symptoms of anxiety or depression. Offer new suggestions when applicable
- Explain the importance of coping strategies on positive mental health

5. Assign Homework
- Ask the client to use the problem solving steps throughout the week when a problem occurs

6. Ending Remarks
- Ask your client if they have any questions and answer accordingly
- Thank them for coming and participating
Week Six: Review

Purpose
The final session will focus on encouraging the use of all the previously learned CBT techniques.

Structure
1. Opening
   • Welcome the client back and ask them how their week has been
2. Review of the Previous Week
   • Review the previous week (problem solving and coping strategies). Ask them their experience with problem solving and discuss the homework. Remind them about the importance of engaging in problem solving and coping strategies
3. Review Emotions
   • Talk about the quantity of emotions
   • Talk about the intensity of emotions, and review the Mood Thermometer
   • Review coping techniques for decreasing the intensity of emotions
   • Review the CBT model and work through a worksheet to ensure sufficient learning
4. Review the Impact of Thoughts on Emotions
   • Review the relationship between thoughts and emotions
   • Discuss how changing thoughts can improve emotions
   • Review about techniques for changing thoughts
5. Review the Impact of Behaviours on Emotions
• Discuss the relationship between behaviours, emotions, and thoughts
• Review behaviours that improve emotions
• Practice and discuss activity scheduling

6. Review Problem Solving
   • Review problem solving and the importance of problem solving
   • Remind your client the steps of problem solving
   • Review coping strategies

7. Ending Remarks
   • Have a conversation about how these sessions have helped client
   • Remind them to use these techniques as needed
   • Thank them for coping and participating in therapy
About You!

Everyone is unique! There are many special things about you and a lot of things you are good at.

Write or draw 4 things you are good at:

Write or draw 4 things you like doing:

Write or draw 4 of your favourite things (Examples → colours, movies, games, etc.)
Mood Thermometer

Emotions can be strong. A mood thermometer can be used to help us understand how intense our emotions are. Please rate your emotion using the thermometer.

10 – Very strong
9
8 – Strong
7
6
5 – Kind of Strong
4
3
2 – A little
1
0 – Not at all

What feeling or emotion are you feeling right now? ________________
Rate your feeling/emotion using the thermometer.
How Do Feelings Look?

A good way to tell how people feel is by noticing facial expressions. Draw the facial expressions in the circles to match the feelings. In the last two, pick your own two emotions to draw!

- Happy
- Sad
- Mad
- Scared
- Excited
- Nervous
- Proud
Thoughts, Feelings, and Behaviours

**Thoughts**
What are thoughts? Thoughts are the ideas we have in our heads (what our brains tell us). Sometimes we say things to ourselves in our heads (not out loud), and these are also thoughts. For example, you might think, “I did a great job on my homework.” Can you think of some other thoughts?

**Feelings**
Feelings are the emotions and sensations we have in our bodies and hearts (you already know a lot about feelings!). What are some feelings you know about?

**Actions**
Actions are the things we do with our bodies! For example, we walk, dance, talk, draw, laugh, cry, etc. Can you name some other actions?

**Thoughts, Feelings, and Behaviours Game**
This is a game to help you learn the difference between thoughts, feelings, and actions. Put a blue X the items that are thoughts. Put a green X next to the items that are feelings. Put a red X next to items that are actions.

<table>
<thead>
<tr>
<th>HAPPY</th>
<th>I CAN DO IT!</th>
<th>SHE’S MAD AT ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUNNING</td>
<td>IT’S MY FAULT</td>
<td>EATING ICE CREAM</td>
</tr>
<tr>
<td>I’M SMART!</td>
<td>WORRIED</td>
<td>TAKING A WALK</td>
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<tr>
<td>HITTING</td>
<td>HIDING</td>
<td>EXCITED</td>
</tr>
<tr>
<td>THEY DON’T LIKE ME</td>
<td>CRYING</td>
<td>I’LL BE OK</td>
</tr>
<tr>
<td>TAKING A DEEP BREATH PLAYING</td>
<td>SINGING</td>
<td>SCARED</td>
</tr>
<tr>
<td>MAD</td>
<td>LONELY</td>
<td>HOPPING ON ONE FOOT</td>
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</table>
Thought Problems

Sometimes we all have thoughts that either aren’t true or don’t help us to feel better or solve problems. Some of these thought problems involve thinking that everything has to be all or nothing (i.e. “One person made fun of me, so that means everyone hates me”). Other thought problems focus on the worst possible outcome (i.e. “If my mom goes out, I’m sure something terrible is going to happen to her”). We sometimes get stuck in negative thinking (i.e. “Nothing ever works out for me” or “I’ll never feel OK again”).

Please write or draw some problem thoughts that you’ve had recently.
## Weekly Schedule

<table>
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<th>Monday</th>
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CBT Session Manual for Children and Adolescents Aged 12-17
CBT: Session Manual Breakdown

Week One: Developing Rapport
Week Two: Introducing the CBT Model
Week Three: Core Beliefs
Week Four: Introduction and Understanding Cognitions
Week Five: Problem Solving
Week Six: Self-Evaluation and Review
Week One: Developing Rapport

Purpose

During your first session with a new client, the focus is on establishing a positive relationship to create and encourage the best therapeutic environment. Also, it is important to establish the rules of therapy in your agency, confidentiality, and your expectations of the client.

Structure

1. Introduction & Opening
   • Introduce yourself and ask the client to do the same
   • Ask the client how they are doing (i.e. How their day was)
2. Relationship Building Conversation
   • Encourage the client to share information about him/herself that may be helpful or useful in therapy, but also allows a relationship to develop
   • If the adolescent doesn’t respond, you may want to share information to encourage and model for the client
   • Topics of such conversations may include: where the client is from, relocation history, the client’s interests, dislikes, and hobbies, things they like about themselves, what their parent does in the military
3. Discuss Rules of Therapy
   • Inform the client what they can expect by coming to see you
   • Inform the client about confidentiality and the limits of confidentiality
• Have a conversation with the client about what you expect from them (i.e. Trying their best, being actively engaged, honesty)

4. Gather information on Emotions
  • Work with the client to determine the emotions they struggle with and to establish when these emotions are felt the most (i.e. Client may struggle with anxiety when parent is deployed)

5. Ending Remarks
  • Thank the client for coming and sharing with you. Tell them that you look forward to seeing them next week
Week Two: Introducing the CBT Model

Purpose
This week, the focus is on introducing and explaining the CBT model and encouraging your client to think about how the CBT model can be used in their life.

Structure
1. Introduction
   - Welcome the client back and ask the client how they are doing (i.e. How their day was)
2. Introducing the CBT Model
   - Introduce CBT. It is a therapy commonly used at identifying how your thoughts, behaviours, and emotions are connected and impact each other. Using CBT we can gain control over our emotions
   - Give your client the Therapist Aid ® “The Cognitive Behavioral Model” handout and discuss their thoughts about the handout
3. Thoughts
   - Discuss what thoughts are, why they are important, and how they can affect your emotions
   - Explain automatic thoughts: many thoughts are automatic and occur outside our awareness (like a reflex). According to Therapist Aid ®, we cannot access the accuracy of a thought when it occurs automatically because we don’t even realize that it occurs.
   - Discuss irrational beliefs (also known as cognitive distortions, which will be talked about in week four):
Unhelpful, illogical thoughts that are inconsistent with the present reality

- Ask your client to think of examples of thoughts, automatic thoughts, and irrational beliefs. Do this until there is a clear understanding of what a thought is

4. Emotions

- Explain: As a result of a situation, we experience emotions (or feelings). Emotions can often go unnoticed until they become too intense to ignore. Emotions can occur without our awareness, and even though we are not aware of them they can still impact our thoughts and behaviours
- Ask your client to give examples of emotions, both positive and negative. Identify the most common emotions that he/she struggles with

5. Behaviours

- Discuss with your client: after experiencing thoughts and an emotional reaction from a situation, we respond with a behaviour. This process can be effective and can also be negative.
- Ask your client to think of examples of when this process can be negative and to think of examples of when this process can be positive

6. Introduce Thought Records and Assign for Homework

- Explain to your client what a thought record is. They can be used to teach and understand interactions between thoughts, emotions, and behaviours using his/her own experience. These thought records will also help us to find irrational thoughts.
• Give your client the “Thought Record” and work through an example to complete the record. Then assign the “Thought Record” for homework. Ask the client to fill this out multiple times in the next week with their own real life experiences.

6. Ending Remarks
• Thank the client for coming and sharing with you. Tell them that you look forward to seeing them the next week.
Week Three: Core Beliefs

Purpose
During this session, the goal is to help clients understand the concept of core beliefs. This will help them see how our thoughts have a direct effect on emotions and behaviour.

Structure
3. Opening
- Welcome the client back and ask them how their week has been
- Review the homework (Thought Record). Ask the client how they felt doing it and if/how it helped them. Review their worksheet in detail

3. Introduce Core Beliefs
- Give your client the Therapist Aid® worksheet “Core Beliefs”
- Explain: According to CBT, life experiences create unique core beliefs. Core beliefs are deeply held beliefs that change how you interpret an experience
- A good way to help them understand is to think of core beliefs like a pair of sunglasses (Therapist Aid®). Each situation in your life has caused a tint/shade that causes you to interpret the world differently
- Examples of negative core beliefs ➔ I’m stupid, I’m ugly, I’m boring
- Ask your client to identify three positive and three negative core beliefs that they have
- Using one of the identified negative core beliefs, have them work through the “Core Beliefs” worksheet
Week Four: Introduction and Understanding Cognitions

Purpose

The focus during week four is helping your client understand cognitions, why they are important, and how they can be negatively impacting emotions and behaviours. This week is taking a deeper dive into the CBT model.

Structure

1. Opening
   - Welcome the client back and ask them how their week has been
   - Review the things discussed in previous weeks: CBT and core beliefs. Answer any questions and ensure that the client has a strong understanding of these concepts

2. Cognitive Distortions
   - Remind your client, from a previous week that cognitive distortions, previously mentioned as irrational beliefs, are unhealthy negative thinking patterns that can make negative emotions and behaviours more likely. They are common, but they are also irrational
   - Give your client the Therapist Aid ® “Cognitive Distortions” worksheet and have them read it. Ask them if there are any specific distortions they are aware that they have, or if there is someone they know who has one of these
   - Discuss the importance of cognitive distortions and how knowing what cognitive distortions you have can impact your emotions and behaviours

3. Cognitive Restructuring
• Explain to your client, that a way to work through and change these negative and irrational thoughts (cognitive distortions) is through cognitive restructuring. One technique of cognitive restructuring is known as putting your thoughts on trial.

• Putting your thoughts on trial refers to examining irrational thoughts by comparing the evidence for and against the irrational thought. During this exercise, opinions and assumptions are not allowed to be used as evidence. This exercise will help your client learn to look at things with multiple perspectives, focusing on rationality.

• Give your client the Therapist Aid® “Putting Thoughts on Trial” worksheet. Ask them to pick an irrational thought and fill out the worksheet accordingly.

• When they are finished, work through the example with them. Praise the client for effectively using this technique and encourage them to use this technique in the future when they find themselves struggling with irrational thoughts.

4. Multiple Examples

• With the knowledge of cognitive distortions and cognitive restructuring, work with your client to go through more examples of past and future experiences with the handouts.

• Ensure that the client has a strong knowledge. Again, encourage the client to use these when they find themselves struggling.

5. Link to CBT
• Create a conversation with your client about how negative cognitions affect emotions
• Discuss how negative cognitions also affect your behaviours
• Draw the CBT model and work through some examples to ensure clear consistent learning

6. Homework
• Ask your client to fill out each worksheet at least twice before the next session, using real life situations or examples that they can think of

7. Ending Remarks
• Thank the client for coming and sharing with you. Tell them that you look forward to seeing them the next week.
Week Five: Problem Solving

Purpose
This week, there is a focus on problem solving and coping strategies. These are both techniques that can help reduce and relieve anxiety and depression.

Structure
1. Opening
   - Welcome the client back and ask them how their week has been
2. Review of the Previous Week
   - Review the previous week (activity scheduling and improving emotions by behaviours). Ask the client if they scheduled and participated in any exciting activities. Discuss with them the importance of engaging in positive behaviours.
3. Introduction to Problem Solving
   - Discuss with your client the importance of problem solving on positive mental health. By using problem solving, your client will have the ability to be flexible and brainstorm new solutions when things get difficult. This can help manage anxiety and depression
   - Encourage your client to reflect on previous experiences and how problem solving could have helped their anxiety or depression in that situation
   - Discuss the steps to problem solving
     i. Identifying the problem
     ii. Identify (if possible) the cause of the problem
iii. Develop multiple solutions
iv. Evaluate the solution (strengths and limits)
v. Pick the best solution and implement
vi. Reflect on the experience
• Ask your client to choose a previous experience, and work through the steps to problem solving. Help them when necessary
• Ask your client to think of a problem that may happen in the future. Ask them to work through the problem solving steps and help them when necessary

4. Coping Strategies
• Discuss with your client strategies that help reduce their symptoms of anxiety or depression. Offer new suggestions when applicable
• Explain the importance of coping strategies on positive mental health

5. Assign Homework
• Ask the client to use the problem solving steps throughout the week when a problem occurs

6. Ending Remarks
• Ask your client if they have any questions and answer accordingly
  Thank them for coming and participating
Week Six: Review

Purpose
The final session will focus on encouraging the use of all the previously learned CBT techniques.

Structure
1. Opening
   - Welcome the client back and ask them how their week has been
2. Review of the Previous Week
   - Review the previous week (problem solving and coping strategies). Ask them their experience with problem solving and discuss the homework. Remind them about the importance of engaging in problem solving and coping strategies
3. Review Emotions
   - Talk about the quantity of emotions
   - Talk about the intensity of emotions, and review the Mood Thermometer
   - Review coping techniques for decreasing the intensity of emotions
   - Review the CBT model and work through a worksheet to ensure sufficient learning
4. Review the Impact of Thoughts on Emotions
   - Review the relationship between thoughts and emotions
   - Discuss how changing thoughts can improve emotions
   - Review about techniques for changing thoughts
5. Review the Impact of Behaviours on Emotions
• Discuss the relationship between behaviours, emotions, and thoughts
• Review behaviours that improve emotions
• Practice and discuss activity scheduling

6. Review Problem Solving
• Review problem solving and the importance of problem solving
• Remind your client the steps of problem solving
• Review coping strategies

7. Ending Remarks
• Have a conversation about how these sessions have helped client
• Remind them to use these techniques as needed
• Thank them for coping and participating in therapy
The Cognitive Behavioral Model

**Thoughts / Beliefs**
What a person thinks or believes about a situation. How the individual interprets an event.

**Situation**
Anything that happens to a person. Situations are ultimately outside of the individual's control, but they can be influenced by behaviors.

**Emotions**
How a person feels about a situation. Emotions are not necessarily based in logic, but they are influenced by thoughts and beliefs.

**Behavior / Response**
The person's actions and behaviors in response to their thoughts and feelings about a situation.
# Thought Record

<table>
<thead>
<tr>
<th>Situation</th>
<th>Thoughts</th>
<th>Emotions</th>
<th>Behaviours</th>
<th>Alternate Thoughts</th>
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Core Beliefs

Everyone looks at the world differently. Two people can have the same experience, yet have very different interpretations of what happened. **Core beliefs** are the deeply held beliefs that influence how we interpret our experiences.

Think of core beliefs like a pair of sunglasses. Everyone has a different “shade” that causes them to see things differently.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Core Belief</th>
<th>Consequence</th>
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</thead>
<tbody>
<tr>
<td>You meet a new person and think about asking them to go out for coffee.</td>
<td>I’m not worthy</td>
<td><strong>Thought:</strong> “Why would they ever go out with me?”</td>
</tr>
<tr>
<td></td>
<td>I’m not worthy</td>
<td><strong>Behavior:</strong> Does not ask the person to coffee</td>
</tr>
<tr>
<td></td>
<td>I am worthy</td>
<td><strong>Thought:</strong> “We might have fun if we go out together.”</td>
</tr>
<tr>
<td></td>
<td>I am worthy</td>
<td><strong>Behavior:</strong> Asks the person to coffee</td>
</tr>
</tbody>
</table>

Many people have negative core beliefs that cause harmful consequences. To begin challenging your negative core beliefs, you first need to identify what they are. Here are some common examples:

<table>
<thead>
<tr>
<th>I’m unlovable</th>
<th>I’m stupid</th>
<th>I’m boring</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m not good enough</td>
<td>I’m ugly</td>
<td>I’m worthless</td>
</tr>
<tr>
<td>I’m a bad person</td>
<td>I’m abnormal</td>
<td>I’m undeserving</td>
</tr>
</tbody>
</table>

What is one of your negative core beliefs? ____________________________________________

List three pieces of evidence contrary to your negative core belief.

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
Cognitive Distortions

Cognitive distortions are irrational thoughts that can influence your emotions. Everyone experiences cognitive distortions to some degree, but in their more extreme forms they can be harmful.

**Magnification and Minimization:** Exaggerating or minimizing the importance of events. One might believe their own achievements are unimportant, or that their mistakes are excessively important.

**Catastrophizing:** Seeing only the worst possible outcomes of a situation.

**Overgeneralization:** Making broad interpretations from a single or few events. "I felt awkward during my job interview. I am always so awkward."

**Magical Thinking:** The belief that acts will influence unrelated situations. "I am a good person—bad things shouldn't happen to me."

**Personalization:** The belief that one is responsible for events outside of their own control. "My mom is always upset. She would be fine if I did more to help her."

**Jumping to Conclusions:** Interpreting the meaning of a situation with little or no evidence.

**Mind Reading:** Interpreting the thoughts and beliefs of others without adequate evidence. "She would not go on a date with me. She probably thinks I'm ugly."

**Fortune Telling:** The expectation that a situation will turn out badly without adequate evidence.

**Emotional Reasoning:** The assumption that emotions reflect the way things really are. "I feel like a bad friend, therefore I must be a bad friend."

**Disqualifying the Positive:** Recognizing only the negative aspects of a situation while ignoring the positive. One might receive many compliments on an evaluation, but focus on the single piece of negative feedback.

"Should" Statements: The belief that things should be a certain way. "I should always be friendly."

**All-or-Nothing Thinking:** Thinking in absolutes such as "always", "never", or "every". "I never do a good enough job on anything."
# Putting Thoughts on Trial

In this exercise, you will put a thought on trial by acting as a defense attorney, prosecutor, and judge, to determine the accuracy of the thought.

**Prosecution and Defense:** Gather evidence in support of, and against, your thought. Evidence can only be used if it’s a verifiable fact. No interpretations, guesses, or opinions!

**Judge:** Come to a verdict regarding your thought. Is the thought accurate and fair? Are there other thoughts that could explain the facts?

<table>
<thead>
<tr>
<th>The Thought</th>
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<table>
<thead>
<tr>
<th>The Defense</th>
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<tbody>
<tr>
<td>evidence for the thought</td>
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<table>
<thead>
<tr>
<th>The Prosecution</th>
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<tbody>
<tr>
<td>evidence against the thought</td>
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<table>
<thead>
<tr>
<th>The Judge's Verdict</th>
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Part V: Family Therapy – Using Family Therapy with Children who have Mental Health Difficulties
Part V: Family Therapy – Using Family Therapy with Children who have Mental Health Difficulties

What is Family Therapy?

- Family Therapy is a type of therapy designed to address challenges or issues that are affecting the functioning of the family. Family therapy may take place in the form of CBT, behaviour therapy, etc.

Tips for Proper Implementation

- Evaluate how the family dynamics affect the problems faced by the clients, and work with the family to change those dynamics.
- Highlight, develop, and guide towards healthy alternative behaviours and conversations for the families.

Empirically Proven Best Practices of Family Therapy

1. Family Therapy for Depression

- Family Therapy for children who are showing signs of depression usually focuses on four main factors: weak attachment to caregivers, parental history of mental health disorders, unsuccessful parenting styles, or animosity in the relationship.
• Decreasing symptoms of depression has a positive correlation with reducing the amount of negative interactions with family members.
• The goal of Family Therapy for children who have symptoms of depression includes changing the maladaptive communications within the family unit.
• There should be a focus on learning, practicing, and reinforcing interpersonal and relational skills within the family and rebuilding the relationships.
Part VI: Family Therapy – Session Ideas for Children Aged 6-11

Family Therapy – Session Ideas for Children Aged 6-11
Session Ideas for Children Aged 6-11

Purpose
The purpose of these session topics is for you, as a therapist, to use these skills and encourage your clients to do the same. By using these skills, they are actively working on improving their communication and relationships within the family.

Family Therapy Topics
1. I Statements
   • An “I statement” can allow the individual to take responsibility to their own feelings and reduces the amount of defensiveness that will be felt by the other individual
   • Role play: Work through an example of the same conversation, one without the use of an I statement and one with. The example can include “You always leave us” when a child is told that their parent is going to be deployed again OR “I feel sad and worried when you leave” when the child is told that their parent will be deployed. Explain how rewording the statement changes you an individual can perceive it
   • Have each member of the family think of a time when they used a statement that could have been changed to an I statement. Work through these examples and create a conversation to promote the change of these statements
   • Acknowledge that this is a hard still, but practicing this skill can improve communication and conversations between each member of the family
2. Triggers
• Explain: Identifying your own and your family’s triggers can help you to avoid or sensitively discuss these triggers, reducing any negative conversations and situations you may find your family in. By knowing these triggers, you can effectively approach the situation/conversation in a more positive way that will encourage your relationship to grow.

• A trigger is a person, place, situation, or thing that contributes to an unwanted emotional or behavioural experience.

• Ask each person to identify 3 triggers, and discuss each trigger with the family when they are all ready.

3. Genogram

• Work with the clients to draw a graphic representation of the family tree. Include emotional relationships, not specifically blood relations.

• Include basic information such as name, gender, and date of birth, and specific information such as occupation or education, important life events, illnesses, social relationships, drug and alcohol use or abuse, living situations, or any other information that may be important to the relationships.

• Work with the family unit to determine any patterns that may be affecting the current emotions and troubles.

4. Fair Fighting Rules

• If beneficial for the family, start a conversation about rules of fair fighting. Fair fighting rules can reduce the negative conversations happening and create guidelines for families.
to engage in a conversation that may be a sore subject or produce negative feelings

- Ask each member to think of rules that would be included in their Fair Fight rules. Discuss each rule with the family, and if they are determined to be useful, write them down. If the family is struggling to think of rules, use the Therapist Aid ® “Fair Fighting Rules” worksheet to brainstorm.

- With the curated list of rules, practice this. Ask the family to think of a conversation or topic that usually creates a toxic fight. Remind them of the rules and ask them to practice using these skills while covering a previously negative topic. Praise the clients when necessary and encourage them to follow these rules for conversations in the future.

- Before ending the session, create a plan to follow these rules. It may be beneficial for the family to have a printed copy of the rules hung in a place where they can all see. It may also be helpful to assign someone as the “referee” to remind the family of the fair fighting rules.
Fair Fighting Rules

Before you begin, ask yourself why you feel upset.
Are you truly angry because your partner left the mustard on the counter? Or are you upset because you feel like you’re doing an uneven share of the housework, and this is just one more piece of evidence? Take time to think about your own feelings before starting an argument.

Discuss one issue at a time.
“You shouldn’t be spending so much money without talking to me” can quickly turn into “You don’t care about our family”. Now you need to resolve two problems instead of one. Plus, when an argument starts to get off topic, it can easily become about everything a person has ever done wrong. We’ve all done a lot wrong, so this can be especially cumbersome.

No degrading language.
Discuss the issue, not the person. No put-downs, swearing, or name-calling. Degrading language is an attempt to express negative feelings while making sure your partner feels just as bad. This will just lead to more character attacks while the original issue is forgotten.

Express your feelings with words and take responsibility for them.
“I feel angry.” “I feel hurt when you ignore my phone calls.” “I feel scared when you yell.” These are good ways to express how you feel. Starting with “I” is a good technique to help you take responsibility for your feelings (no, you can’t say whatever you want as long as it starts with “I”).

Take turns talking.
This can be tough, but be careful not to interrupt. If this rule is difficult to follow, try setting a timer allowing 1 minute for each person to speak without interruption. Don’t spend your partner’s minute thinking about what you want to say. Listen!

No stonewalling.
Sometimes, the easiest way to respond to an argument is to retreat into your shell and refuse to speak. This refusal to communicate is called stonewalling. You might feel better temporarily, but the original issue will remain unresolved and your partner will feel more upset. If you absolutely cannot go on, tell your partner you need to take a time-out. Agree to resume the discussion later.

No yelling.
Sometimes arguments are “won” by being the loudest, but the problem only gets worse.

Take a time-out if things get too heated.
In a perfect world we would all follow these rules 100% of the time, but it just doesn’t work like that. If an argument starts to become personal or heated, take a time-out. Agree on a time to come back and discuss the problem after everyone has cooled down.

Attempt to come to a compromise or an understanding.
There isn’t always a perfect answer to an argument. Life is just too messy for that. Do your best to come to a compromise (this will mean some give and take from both sides). If you can’t come to a compromise, merely understanding can help soothe the negative feelings.
Part VII: Family Therapy – Session Ideas for Children Aged 12-17

Family Therapy – Session Ideas for Children Aged 12-17
Session Ideas for Children Aged 12-17

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Family Therapy Topics

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   - Work with the clients to draw a graphic representation of the family tree. Include emotional relationships, not specifically blood relations.
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   - Work with the family unit to determine any patterns that may be affecting the current emotions and troubles.

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   - Explain: Identifying your own and your family’s triggers can help you to avoid or sensitively discuss these triggers, reducing any negative conversations and situations you may find your family in. By knowing these triggers, you can effectively approach the situation/conversation in a more positive way that will encourage your relationship to grow.
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• Role play: Work through an example of the same conversation, one without the use of an I statement and one with. The example can include “You always leave us” when a child is told that their parent is going to be deployed again OR “I feel sad and worried when you leave” when the child is told that their parent will be deployed. Explain how rewording the statement changes you an individual can perceive it
• Have each member of the family think of a time when they used a statement that could have been changed to an I statement. Work through these examples and create a conversation to promote the change of these statements
• Acknowledge that this is a hard still, but practicing this skill can improve communication and conversations between each member of the family

7. Communicating Assertively

• Discuss the importance of assertive communication with the family. Explain that assertive communication is a style of communicating where a person expresses positive and
negative ideas/feelings in an open, honest, and direct way. It is a method that respects others’ opinions and ideas and takes responsibility for our emotions and actions without blaming others.

- Give each family member the Therapist Aid® “Assertive Communication” worksheet and have them read it. Ask them to each think of one example of an assertive communication statement

- Have each member of the family individually work through the examples on the back. When they are finished, work through each person’s answers and offer guidance for a more effective statement when necessary

- Create a discussion with the family on the importance of assertive communication and the impact on relationships

8. Fair Fighting Rules

- If beneficial for the family, start a conversation about rules of fair fighting. Fair fighting rules can reduce the negative conversations happening and create guidelines for families to engage in a conversation that may be a sore subject or produce negative feelings

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Assertive Communication

**Assertive Communication**: A communication style in which a person stands up for their own needs and wants, while also taking into consideration the needs and wants of others, without behaving passively or aggressively.

**Traits of Assertive Communicators**

- Clearly state needs and wants
- Eye contact
- Listens to others without interruption
- Appropriate speaking volume
- Steady tone of voice
- Confident body language

**Assertiveness Tips**

**Respect yourself.** Your needs, wants, and rights are as important as anyone else’s. It’s fine to express what you want, so long as you are respectful toward the rights of others.

**Express your thoughts and feelings calmly.** Giving the silent treatment, yelling, threatening, and shaming are all great examples of what not to do. Take responsibility for your emotions, and express them in a calm and factual manner. Try starting sentences with “I feel...”.

**Plan what you’re going to say.** Know your wants and needs, and how you can express them, before entering a conversation. Come up with specific sentences and words you can use.

**Say “no” when you need to.** You can’t make everyone happy all the time. When you need to say “no”, do so clearly, without lying about the reasons. Offer to help find another solution.

**Examples of Assertive Communication**

“I’ve been feeling frustrated about doing most of the chores around the house. I understand that you’re busy, but I need help. How can we make this work?”

_The speaker takes responsibility for their feelings without blaming, and clearly describes their needs._

“I won’t be able to take you to the airport on Friday. I’ve had a long week, and I want to rest.”

_The speaker respects their own needs and wants by clearly saying “no”._

“I’m having a hard time sleeping when your music is on. What if you use headphones, or I can help you move the speakers to another room.”

_The speaker describes their needs, while also considering the needs and wants of the other person._
Assertive Communication

Practice
Tip: Before responding, consider what your wants and needs might be in each situation.

Your Partner: “I know you have plans for the weekend, but I really need you to watch the kids. I have a friend coming to town, and we made plans.”
Assertive Response:

Situation: You've just received your food at a restaurant, and it was prepared incorrectly. Your sandwich seems to have extra mayo, instead of no mayo.
Assertive Statement:

Your Friend: “Hey, can I borrow some money? I want to buy these shoes, but I left my wallet at home. I’ll pay you back soon, I swear. It won’t be like last time.”
Assertive Response:

Situation: Your neighbor is adding an expansion to their house, and the crew starts working, very loudly, at 5 AM. It has woken you up every day for a week.
Assertive Statement:
Fair Fighting Rules

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