

Building Relationships and Resilience: Emotion Coaching as an Efficient and Effective Social and Emotional Learning Strategy

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Ohio School Psychologists Fall Conference

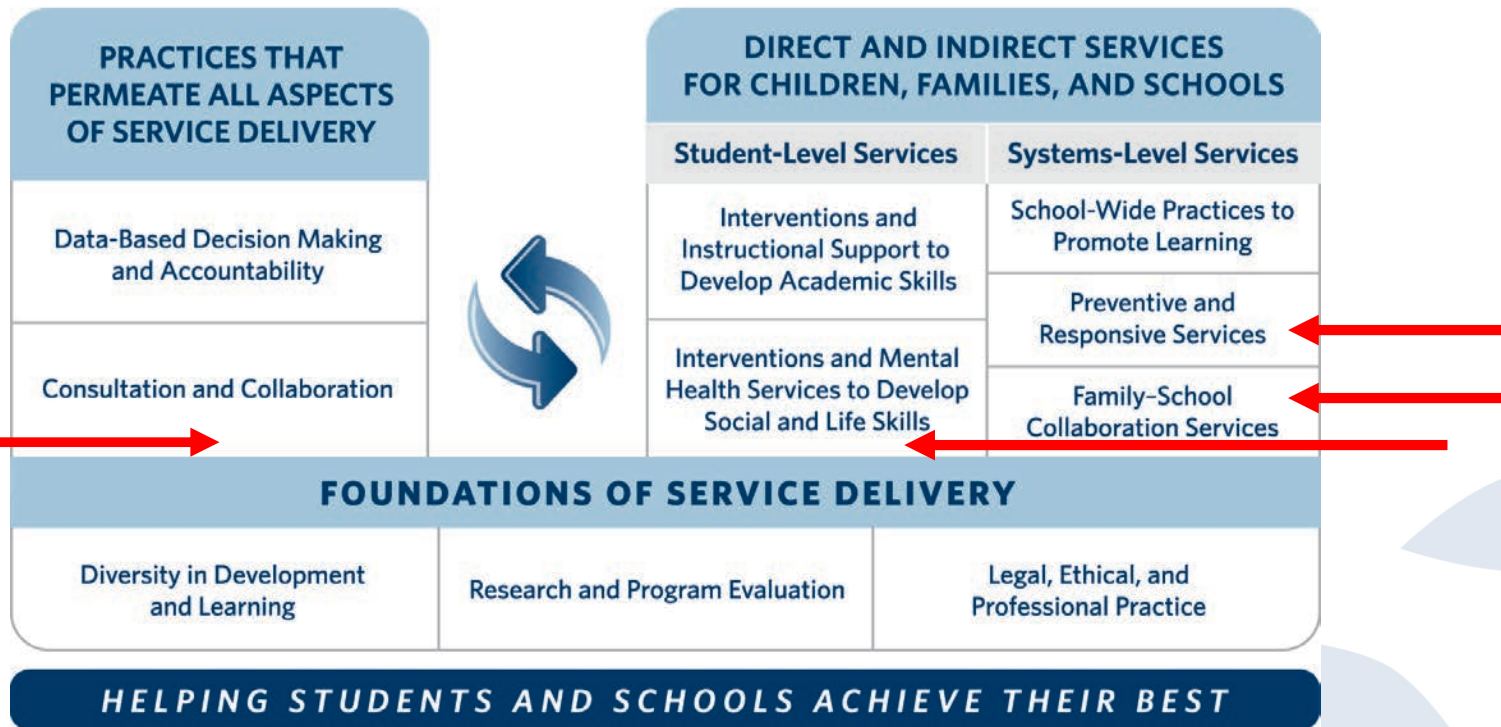
November 8, 2019

Objectives

- What Is Emotion Coaching?
- What does it look like?
- How do I engage in this process?
- Wait, I have feelings in this process too?!

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Model for Services by School Psychologists



Acknowledgements and Resources

Ohio School Psychologists Association

Resources

Disclosure

- Co-author of *Merrell's Strong Kids* and *Merrell's Strong Teens*, 1st and 2nd edition (Paul H. Brookes Publishing;
 - Royalties to *Kenneth W. Merrell Legacy Scholarship, University of Oregon*)
- Co-author of *Social and Emotional Learning in the Schools* (Guilford Press)
- No financial support for this presentation from Paul H. Brookes Publishing or Guilford Press

Our Schedule and Format

- Lecture, Reflection, Pair share, videos, movement breaks, mindful moments
- Please feel free to move as you need to!
- Managing our personal assistants (AKA technology)

Anger Embarrassed *Worry* Comfortable Content

Sadness IRRITATION Frustration Jealous Rejected

Happy Joy Calm Crabby Safe Relaxed Grateful

Disgusted Confident Gloomy CONCERNED Insecure

Cheerful Surprised Confused *Bored Furious*

Annoyed DISAPPOINTED Love Hurt Inadequate

Fear Hopeless Impatient Giddy Hopeful

Content Depressed Guilty Appreciated APATHETIC

Emotions

Emotions = Information

Tell us something about our environment, experience, needs

Prepares us to respond, adapt, seek assistance

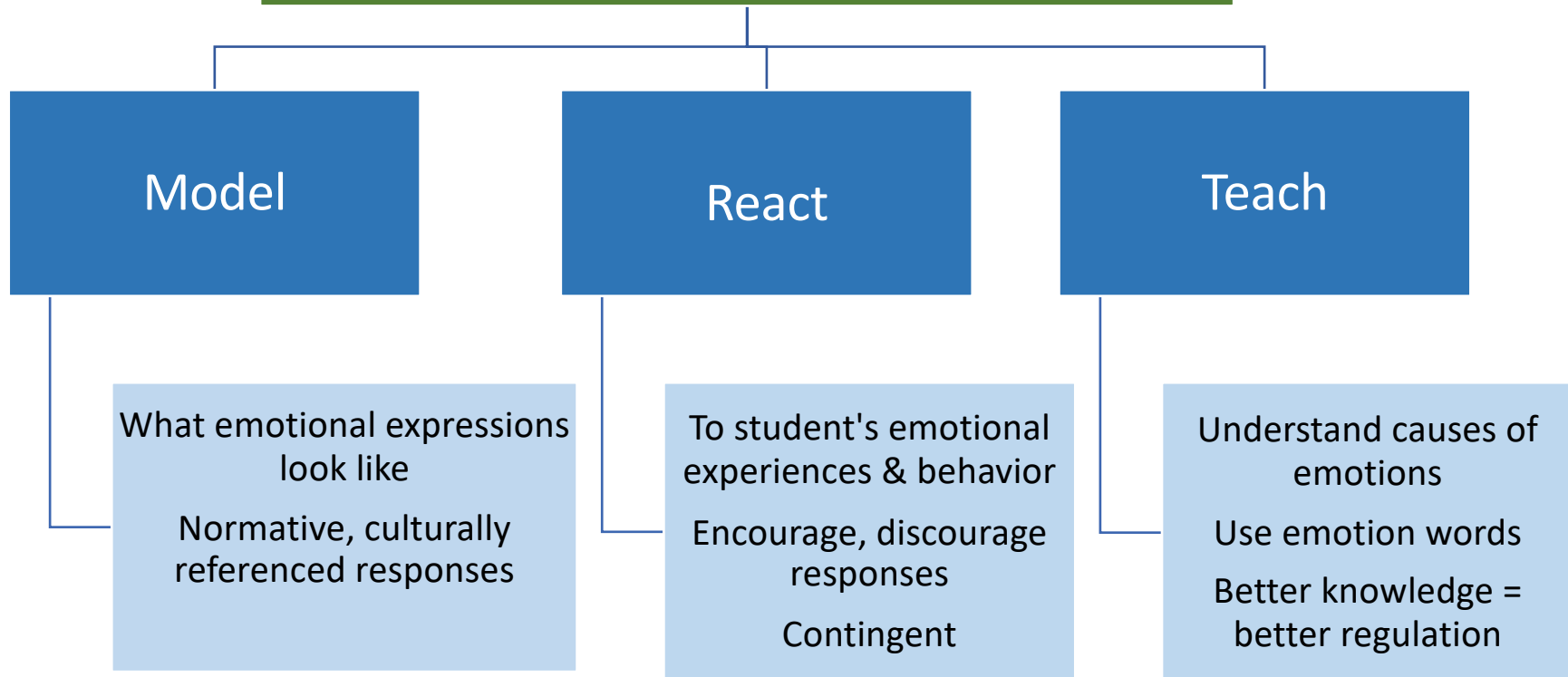
We experience more than one emotion at a time

(Shariff & Tracy, 2011)



Emotion Socialization

(Denham, Bassett, & Wyatt, 2007)



The Influence of Gender

Parents social boys and girls differently within cultural norms of masculinity and femininity

Men

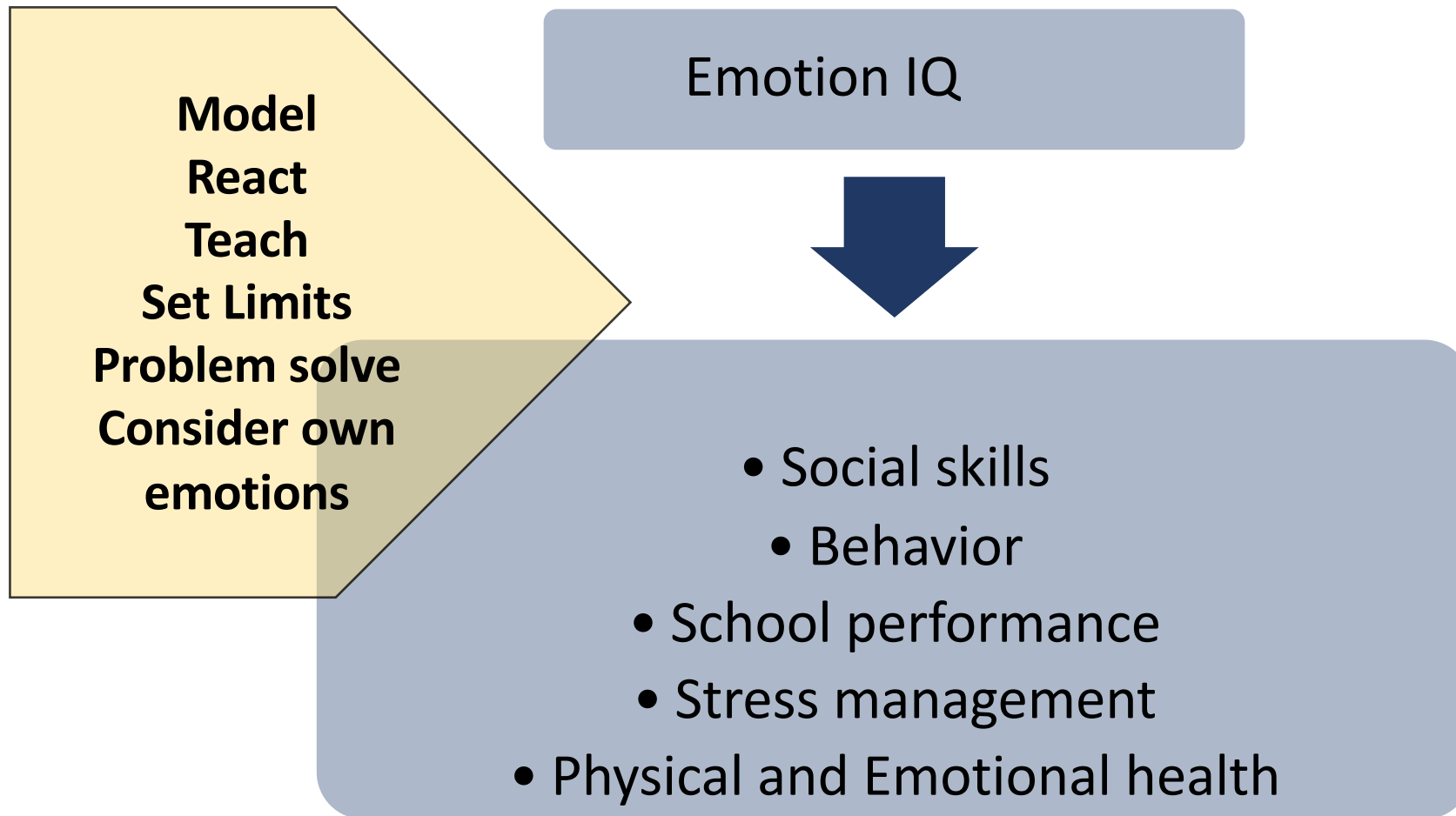
- Displays of sadness, worry are viewed more negatively
- Anger and more externalizing emotions (aggression) are viewed as more acceptable

Women

- Displays of anger, aggression are more negative
- Sadness and fear discussion are emphasized more

The Importance of Fathers (Gottman video summary)

- Dads play with kids differently than moms do
- Dads are preferred playmates for 2.5 y.o., 3:1
- Dad's are critical to emotional development b/c:
 - 1) Kids emotions are up and down more through very active play--- kids get more practice regulating
 - 2) Dads encourage independence more often
- Moms **can learn how to play** with kids in a similar manner
- *There is no toy that is more interesting to your child than you.*
- *Dads are providing something naturally that is different than moms.*



Denham et al., 2007; Durlak et al., 2011; Bierman et al., 2008
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Emotion Coaching

- A way for adults to **respond** to children's emotions and behavior
- Process emotions, respond to problems within a **dyad**
- Focus on **relationships** via empathy and attunement
- Should be used **in conjunction with** principles of effective behavior management practices, problem-solving

Emotion Coaching in 5 Steps (Gottman, 1996)

1. Be **aware** of emotions
2. Recognize emotions as **an opportunity to connect** and teach
3. **Label** emotions verbally
4. Communicate **empathy and understanding**
5. **Set limits**, help problem solve

- Video example

Emotion Coaching: A Closer Look

- Meta-emotion Philosophy: How you feel and think about emotions in yourself **and** child/student (Gottman et al., 1997; Lagace-Sequin, 2006)
- Use this information/awareness to engage in emotion socialization behaviors
- *Awareness, acceptance, and coaching of emotions were identified as component processes central to PMEP* (Katz, Miliken, & Stettler, 2012, p. 418)

4 Parenting Styles with Emotions (Gottman et al., 1997)

Dismissing

Emotions aren't important, ignore emotions, disengages, uncomfortable, let's get past it, might get out-of-control, downplay, may punish child for feeling anger

Disapproving

Judges, criticizes emotional expression, emphasize conformity, punishes expression, need to control "negative" emotions, emotions make one weak, emotions manipulate

Laissez-faire

Accepts all emotions, no teaching about emotions, no problem solving, no limits

Emotion Coaching

Value emotions, tunes in to them, listens, empathizes, doesn't fix or say how to feel, sets limits and problem solves

Results of Parenting Styles

(see Gottman et al., 2016; Katz, Maliken, & Stettler, 2012)

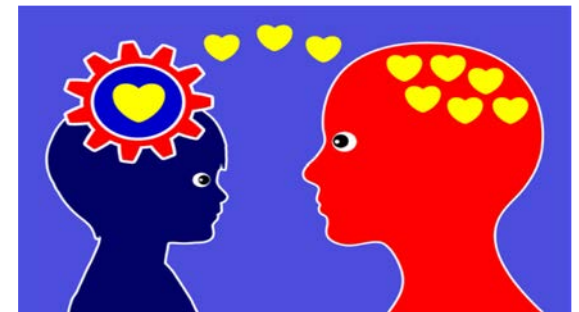
Type	Result
Dismissing	Learn that feelings are wrong, not valid. Think something is wrong with you. <u>Problems regulating</u> .
Disapproving	Same as above <u>Problems regulating</u>
Laissez-faire	<u>Problems regulating</u> emotions, attention, social relationships.
Emotion Coaching	Trust feelings, better: <u>emotion regulation</u> problems-solving, behavior, self-esteem, social skills, physical health, achievement.

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Adult-Child Relationship, Attachment

- Children engage in behaviors that signal needing to feel safe (attach) or to explore (using a secure attachment base)
- Adults respond, children learn to trust and in the responses and believe they will be available
- Relationships (experiences) and the brain interact to shape structure (Interpersonal neurobiology, Siegel, 2012; Immordino-Yang, Darling-Hammond, & Krone, 2018)
- Relationships, social interactions shape development, health
- Toxic stress = “strong, frequent, and/or prolonged adversity...without adequate adult support.” (<https://developingchild.harvard.edu>)
- Attach through attunement---“feel felt”
- *Learning requires healthy, helpful social interactions*

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Responsive Caregiving = Better Emotional Development

- Caregiver's responsiveness is valuable (Ainsworth, 1979)
- Temperament also a variable (Kagan et al., 1989)
 - Children who respond more intensely pose more challenges to parents (Chen et al., 2012)
- **Emotion Coaching supports relationships by using prosocial behavior (parents') to teach children regulation** (Gus et al., 2015)

Pair Share

Rethinking Behavior Management, Targeting Emotional Competence

Behavior alone is a clue to the riddle, not the answer. (Brackett, 2019)

- We see emotionality in context of behavior
 - All emotions are valid. Not all behaviors are acceptable. (Gottman et al., 1996)
- Consider emotions as a contributor, influencer to student behavior *and* identifying emotions, empathizing with them as a point of intervention
- EC can decrease need for traditional behavioral interventions



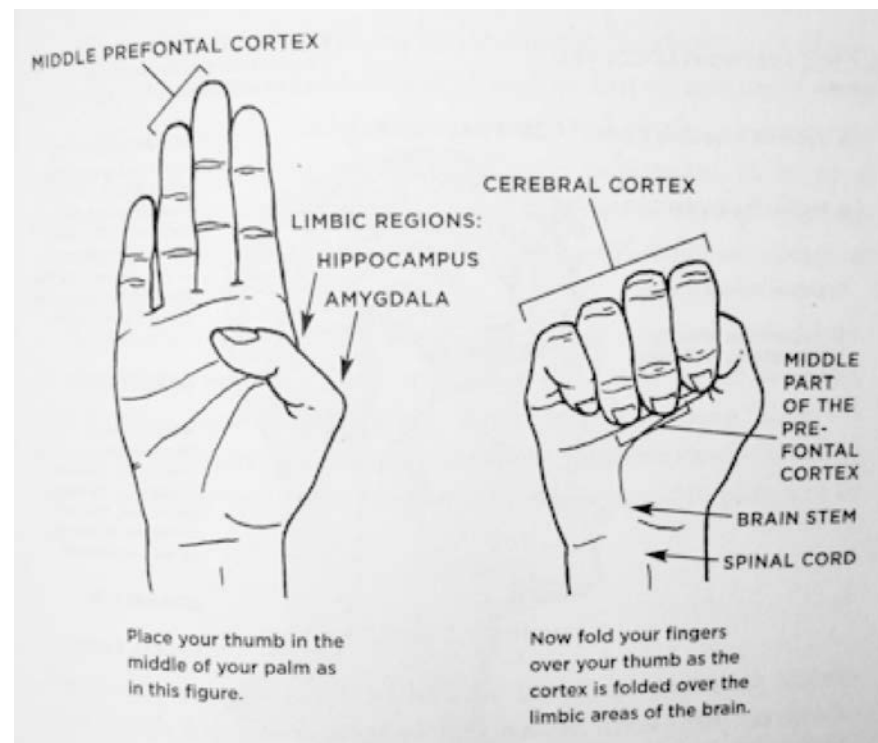
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Flipping Your Lid

(Dan Siegel: https://www.youtube.com/watch?v=G0T_2NNoC68)



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SEL Competencies

The process through which children and adults **acquire and effectively apply** the knowledge, attitudes, and skills necessary to:

- understand and manage **emotions**,
- set and achieve **positive goals**,
- feel and show **empathy** for others,
- establish and maintain positive **relationships**,
- and make **responsible decisions**.

Collaborative for Academic and Social and Emotional Learning (CASEL)

Social & Emotional Learning Core Competencies



The Opportunity

- Develop “21st Century Skills” (National Research Council, 2009)
- Evidence to support social-emotional competence, relationships are related to academics (Jones & Kahn, 2017)
- In order to learn, we must create environments that are conducive to healthy brain development.
- Home, schools, communities can support healthy development through relationships, programs, strategies, support.
- Prevention and early intervention works (Durlak et al., 2011)
- Educators are effective emotion socializers (Denham et al., 2012)

Evidence for PMEP/Emotion Coaching: General

(Gottman et al., 1996; Gottman & Declaire, 1997)

- Trust own feelings
- Better emotion regulation, problem-solving
- Higher self-esteem
- Better academic performance
- Better peer relationships
- Better health factors

Evidence: Issue Specific

- **At risk youth** (Ellis et al., 2014)
- **ADHD** (Chronis-Tuscano et al., 2014)
- **Anxiety** (Hurrell et al., 2015; Hurrell et al., 2017)
- **Attachment** (Chen et al., 2011)
- **Autism and externalizing problems** (Wilson et al., 2013)
- **Conduct problems** (Havinghurst et al., 2013; Katz & Windecker-Nelson, 2004)
- **Depression** (Katz & Hunter, 2007; Katz et al., 2014; Lenze et al., 2011)
- **Eating problems/disorders** (Kehoe et al., 2014; Robinson et al., 2014)
- **Maltreatment, domestic violence** (Shipman et al., 2007; Katz et al., 2008; Cunningham et al., 2009)
- **Emotional lability in ODD** (Dunsmore et al., 2012)
- **Parent Child Interaction Therapy** (Duncombe et al., 2016)
- **Regulation of emotions and behavior** (Shortt et al., 2010)
- **Somatic complaints** (Kehoe et al., 2015)

Evidence: Schools

- UK-based
- Attachment Aware Schools Project
- Uses EC as a primary component
- Trains educators, parents, community agencies
- Used with students at all tier levels

Benefits: Students

- Meta-emotions (Rose et al., 2017)
- Improved empathy (Digby et al., 2017)
- Better regulation (Gus et al., 2017)
- Better emotion literacy (Gus et al., 2017)
- Less aggression (Rose et al., 2017)
- Less physical restraint (Gus et al., 2017)
- Better reading and math progress (Gus et al., 2017)
- Teacher-student relationships (Gus et al., 2017)

Staff/School

- Fewer absences (Gus et al., 2017)
- Improved self-efficacy (Gus et al., 2017)
- Improved skills (Gus et al., 2017)
- Dismissed emotions less (Rose et al., 2015)
- More empathy (Digby et al., 2017)
- Better awareness, self-efficacy, self-regulation (Rose et al., 2015, Digby et al., 2017))
- Less use of rewards and consequences, fewer “exclusions” (Rose et al., 2015)
- Improved partnerships with other ecologies (Digby et al., 2017)
- Better communication (Digby et al., 2017)

Benefits: Parents

- Home-school communication (Rose et al., 2017)
- Parental engagement (Rose et al., 2017)
- Empathy (Rose et al., 2017)
- Parents perceive benefit (Rose et al., 2017)
- Use of punishment decreased (Gus et al., 2017)
- Lives felt more “normal” (Gus et al., 2017)
- Better awareness, self-efficacy, self-regulation (Rose et al., 2015)

Research Needs

- More application
- Feasibility
- How does this fit as a stand-alone/integrated SEL strategy?
- Assessment
- Attention to implementation science factors associated with implementing a strategy in a classroom
 - (e.g., fidelity, training and support, quality of implementation, sustainability, assessment, feedback loop, etc.)

Managing Expectations

- Emotion Coaching is a viable and effective strategy
- Very useful within a system of support
- Apply EC with intention, specific goals, and an assessment plan
- It is not a panacea for all problems, situations
- You do not have to emotion coach every emotional state
- Avoid a fragmented approach

Pair Share

Getting Started with Emotion Coaching

1. Be **aware** of emotions
2. Recognize emotions as **an opportunity to connect** and teach
3. **Label** emotions verbally
4. Communicate **empathy and understanding**
5. **Set limits**, help problem solve

Step 1a: Recognize Other's Emotions

What do you...

See

Body language

Behaviors

Hear

Tone

Language

Know about the child/teen's temperament and triggers

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Cultural and Age Considerations

- Cultural differences in emotion expression
- Age considerations
 - Preschool: emotion ID, limits, problem solving
 - Late pre to early elem: More complex emotions, use social contexts
 - Middle childhood (8-12): More masking, more logical, validate social and competency concerns, move into consultant role
 - Teens: Reflective listening, consultation, respect

Step 1b: Also, Recognize Your Emotions

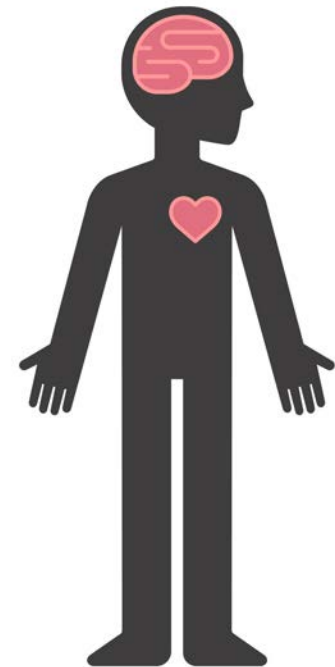
What do you feel in your body?

What are you thinking?

What emotions can you identify?

What are you doing?

What do you know about your temperament?



Barriers

(Gottman, 1997; Powell, Cooper, Hoffman, & Marvin, 2014)

- Our own histories with emotion/situations
- Our own “flooding”
- Our agendas
- The reality of our work in schools
- “Shark music” AKA state of mind
 - *I can't do this. Someone else has to.*
 - *I'm supposed to know how to do this, and I'm pretty sure I shouldn't need help. I'll give ideas on how to fix it right away.*
 - *This is not my problem. These kids have to figure it out themselves.*



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Classroom climate (Jennings et al., 2013)

Student self-control (Merritt et al., 2012)

Student achievement (Mashburn et al., 2008)

Relationships with parents, colleagues

Respect for others

Cultural sensitivity

Problem-solving

Decision making

Communication skills

(Karimazadeh et al., 2012)

Resilient, better self-regulation (Jennings & Greenberg, 2009)

Teaching self-efficacy (Wu & Hughes, 2015)

Job satisfaction (Quesenberry & Doughty, 2006)

Behavioral disruptions (Marzano et al., 2003)

Student aggression (Merrett et al., 2012)

Stress (Jennings & Greenberg, 2009)

Regulating Ourselves

- Educators work on their own SEL to use EC
- Your own work, trainings to include:
 - Self-assessment
 - Gottman and Schwartz-Gottman resource
 - CASEL
 - Reflective practice, supervision, consultation
 - Journaling
 - Recognizing your own cues
 - Regulation strategies
 - Practice to build self-efficacy

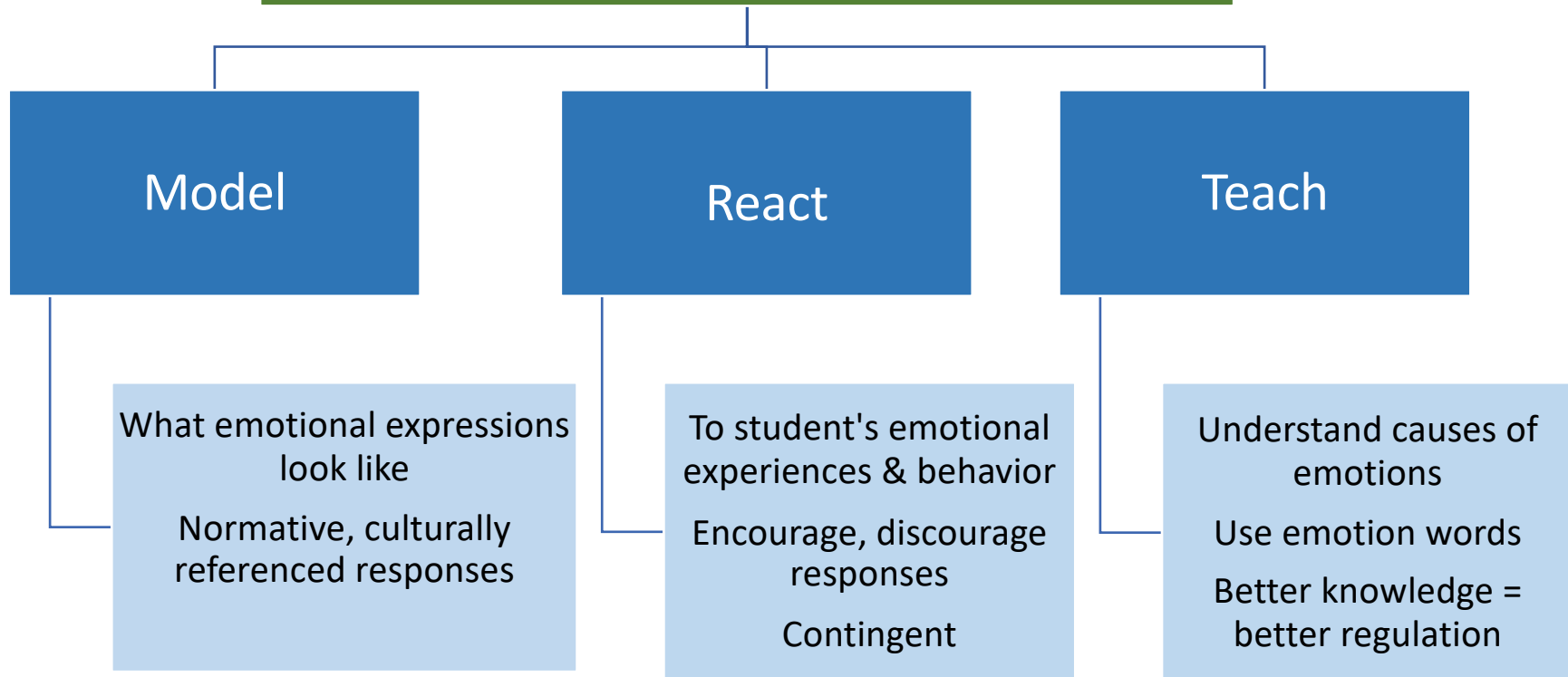
Pair Share

Step 2a: Emotions as an Opportunity to Connect and Teach

There is some association between exposure to moderate levels of negative emotions and emotion knowledge (e.g., Denham & Grout, 1992)

Emotion Socialization

(Denham, Bassett, & Wyatt, 2007)



Teachers as Socializers

- Are *emotion* socializers (Bassett et al., 2016; Sutton & Wheatley, 2003)
- Engage in similar practices as parents (Ahn, 2005; Denham, Bassett, & Miller, 2017)
- Model emotion responses to many students
- Need training in content knowledge, positive attitudes toward emotions (self and others) (Zinsser et al., 2014)

- Validating emotions is important for classroom climate and development (Bassett et al., 2016)
- Some evidence to support that as teachers validate more, more emotional expression occurs (e.g., verbalizing feelings, less regulation) (Bassett et al., 2016)
 - Ho: students see others being validated, increase sad emotion to illicit comfort

Teacher-Student Relationship

- Teacher-student relationship affects development (cognitive, academic, and social) (Myers & Morris, 2009; Pianta & Stuhlman, 2004)
- Children with externalizing problems may benefit most from positive relationship (Vitiello et al., 2012; those with internalizing problems less understood)
- Relationships improve with EC (e.g., Chen, Lin, Li, 2012)

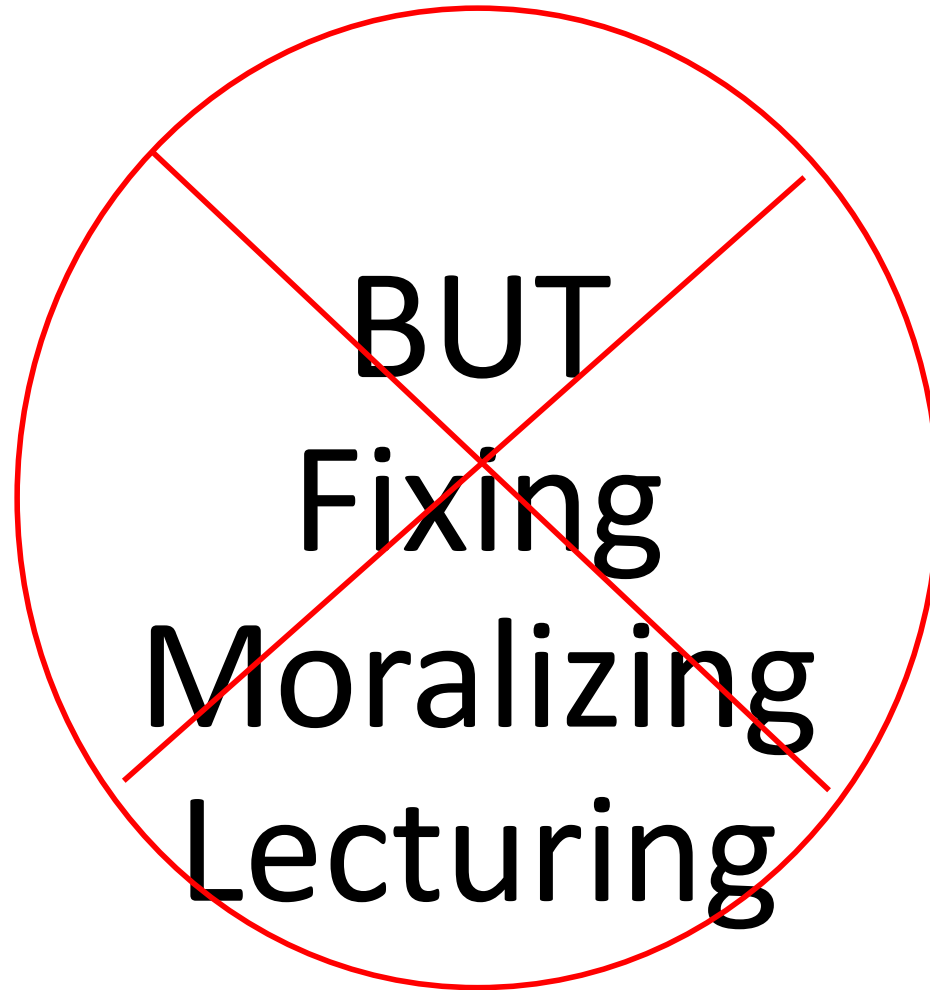
Non-examples and Examples

- Video

Step 2b: How: Connection Strategies

(Siegel & Payne-Bryson, 2015)

- **Goal:** To convey calm and safety, decrease vagus defense system, student can start to calm
- Comfort and attention: Eye contact, facial expression, tone of voice, posture, gestures, timing of response, intensity of response, bodily movement
- Stop talking and listen



Connection Strategies (Siegel & Payne Bryson, 2015)

- Appropriate eye contact
- Facial expression
- Tone/volume of voice
- Posture
- Gestures
- Timing response
- Intensity of response
- Body movement

Caveats

- Matching a student's tone, intensity...
 - Can work for some students and in some situations to convey empathy
 - We must stay regulated
 - Watch student's response to see if it is helpful or escalating the situation



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Step 3: Label Emotions

Label and verbalize the emotion you think is being experienced

”Name it to tame it” (Siegel and Payne Bryson)

Using our Detective Skills to Hypothesize the Emotion and Experience

What do you...

See

Body language

Behaviors

Hear

Tone

Language

Know about the child/teen's temperament and triggers

How might you feel in that situation?

How Do You Feel?



EXHAUSTED



CONFUSED



ECSTATIC



GUILTY



SUSPICIOUS



ANGRY



HYSTERICAL



FRUSTRATED



SAD



CONFIDENT



EMBARRASSED



HAPPY



MISCHIEVOUS



DISGUSTED



FRIGHTENED



ENRAGED



ASHAMED



CAUTIOUS



SMUG



DEPRESSED



OVERWHELMED



HOPEFUL



LONELY



LOVESTRUCK



JEALOUS



BORED



SURPRISED



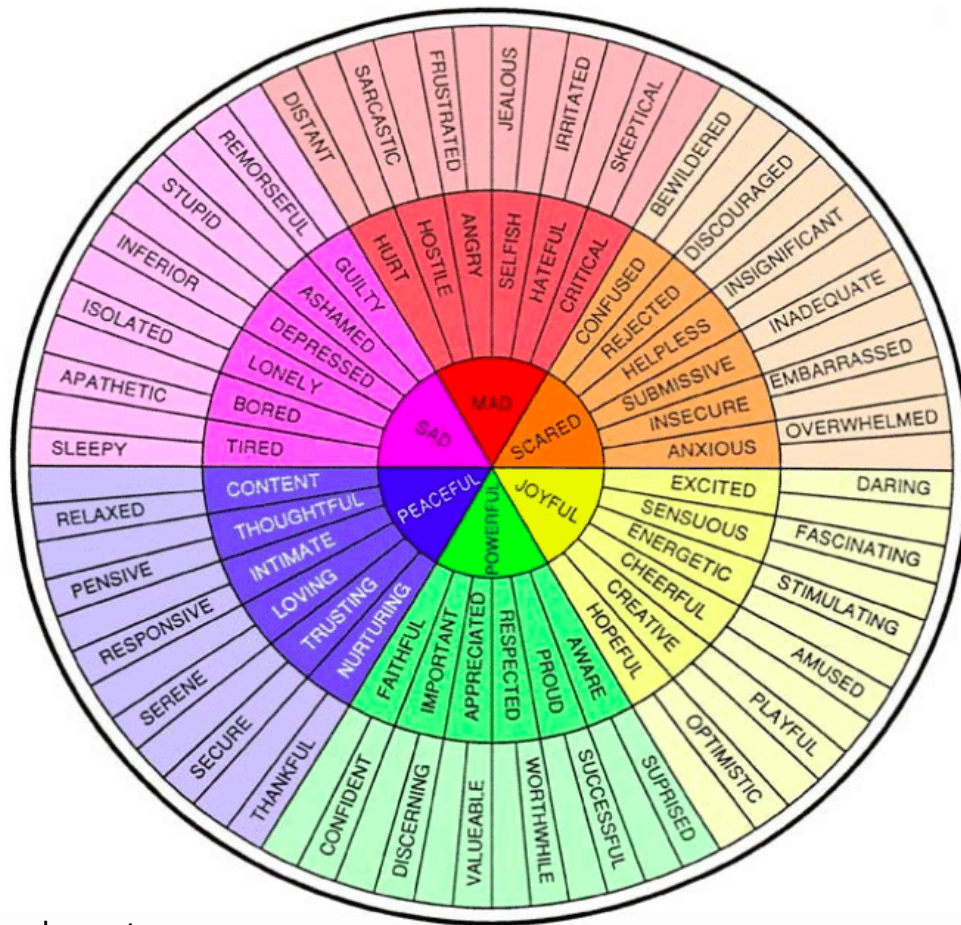
ANXIOUS



SHOCKED



SHY



From Simplemost

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Language

- *I wonder if...*
- *You seem...*
- *Looks like....*
- *Ugh, how frustrating!*

Video example

Practice

Challenges with asking “why” in the moment...

Our “smart” brain is having a hard time figuring out how we feel and articulating that

Can increase the stress response and interfere with regulation (in the moment)

At the same time, it is important for us to get to “why” to help with understanding and problem-solving

Step 4: Empathize, Understand, Validate

- ***What is empathy?***

Brene Brown narration:

<http://www.youtube.com/watch?v=1Evwgu369Jw>

Wiseman (1996)

- Perspective taking
 - Staying out of judgment
 - Recognizing emotions
 - Communicating you see emotions
-
- We may not have experienced that same situation, but we probably know the feeling.

Empathize, Understand, Validate

- Convey understanding through:
 - Connecting strategies
 - Our words
- Disagreeing with someone's perspective is generally unhelpful unless you have empathized, understood their perspective, and validated
- Reassurance can also be unhelpful at times

- *I wonder if you are feeling **worried** about the test.*
- *You seem really **excited** to start the activity! You are staying really close the group and asking me a lot when we will start.*
- *You seem very **frustrated** right now. Your voice is getting louder and louder.*
- *You're **enjoying** the debate.*
- *Sounds **irritating** and **annoying**.*
- *What a **relief**!*

Empathy, Understanding, and Validation

- Name the feeling + validate the feeling
 - All feelings are acceptable
- ***I imagine you felt X because...and because...and because*...**(Lafrance, 2018)
- ***That really made you angry. You wanted to hangout with Celia and she said she didn't want to and then you felt sad and mad at the same time.***

Anger

- Many emotions occur simultaneously. Anger is often the first clue.
- Anxiety—about not being a “good enough” teacher, what other think of us
- Disappointment—something isn’t going as we expected, wanted
- Frustration—that we are dealing with intense emotions and behavior at school
- Surprise—we were not expecting a shift in the schedule

Validation in the context of Anger

(Lafrance, 2018; www.mentalhealthfoundations.ca)

- What are you talking about?
- Why are you talking that way?
- I'm not disappointed, I'm angry!
- You don't get it.
- Validation whac-a-mole

Keep using validation strategies. Mirror affect as appropriate. Modify. Set limits. Check in.

Practice

Step 5: Limit Setting and Problem Solving

- Primary principles for positive behavior
- Schoolwide Systems
- General problem-solving approach
- Regulation strategies

Schoolwide positive behavioral supports

- What structures, routines are in place that will complement EC?
- What expectations, limits are in place in classrooms, school building?

Primary Principles for Positive Behavior (Gottman, 1997)

- Give clear directions
- Attend to prosocial behaviors
- Expect mistakes, shape behavior
- Praise for effort
- Try again
- Find ways to say yes
- Grant in fantasy what you cannot in reality
- Practice the behavior you want to see

Expectations, Limit Setting

- What is expected behavior?
- What needs to be done?
- Important to follow through, with flexibility

Problem Solving

- Problem = A behavior, a dilemma
- Our students are developing, may not have skills yet to fulfill our expectations
- Involve student in process
- Allow to make choices within the school requirements for rules/values

Regulation Strategies

- What skills do students have currently?
- What are they learning in the classroom?
- What can we teach, model?

Pair Share

Modifying for Time

- Can be brief
- Will not always have as much time in classroom
- Practice helps A LOT
 - Building competence to build efficiency
- Can always defer lengthier validation later
 - Let student know you will come back to it, follow through

How We Can Apply These Strategies

- Direct Application
 - In counseling, interventions, working with families
- Model
 - With students in classrooms, educators
- As part of consultation
 - With teachers, paras, admin
- Train
 - Brief to longer training sessions with educators and parents
- Coach
 - In-vivo
- Support
 - Regular discussions in small group/individuals

Integrating and Collaborating: Working Toward a Systematic and Ecological Approach

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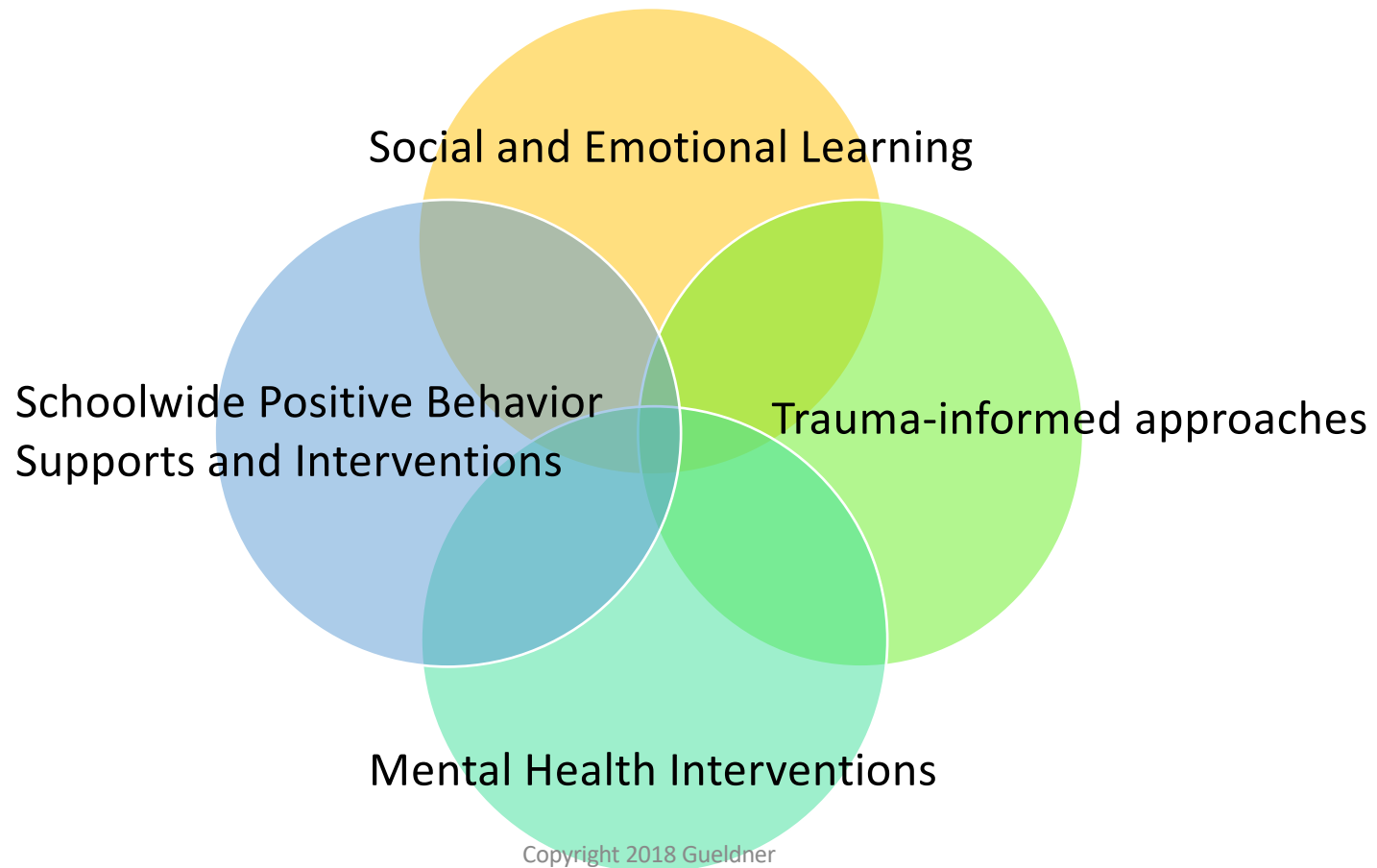
Objectives

- What about the big picture (SEL, MTSS)?
- How does an emotion coaching process fit in a SEL framework and as a strategy?
- What about family engagement?
- How do I/we get started?

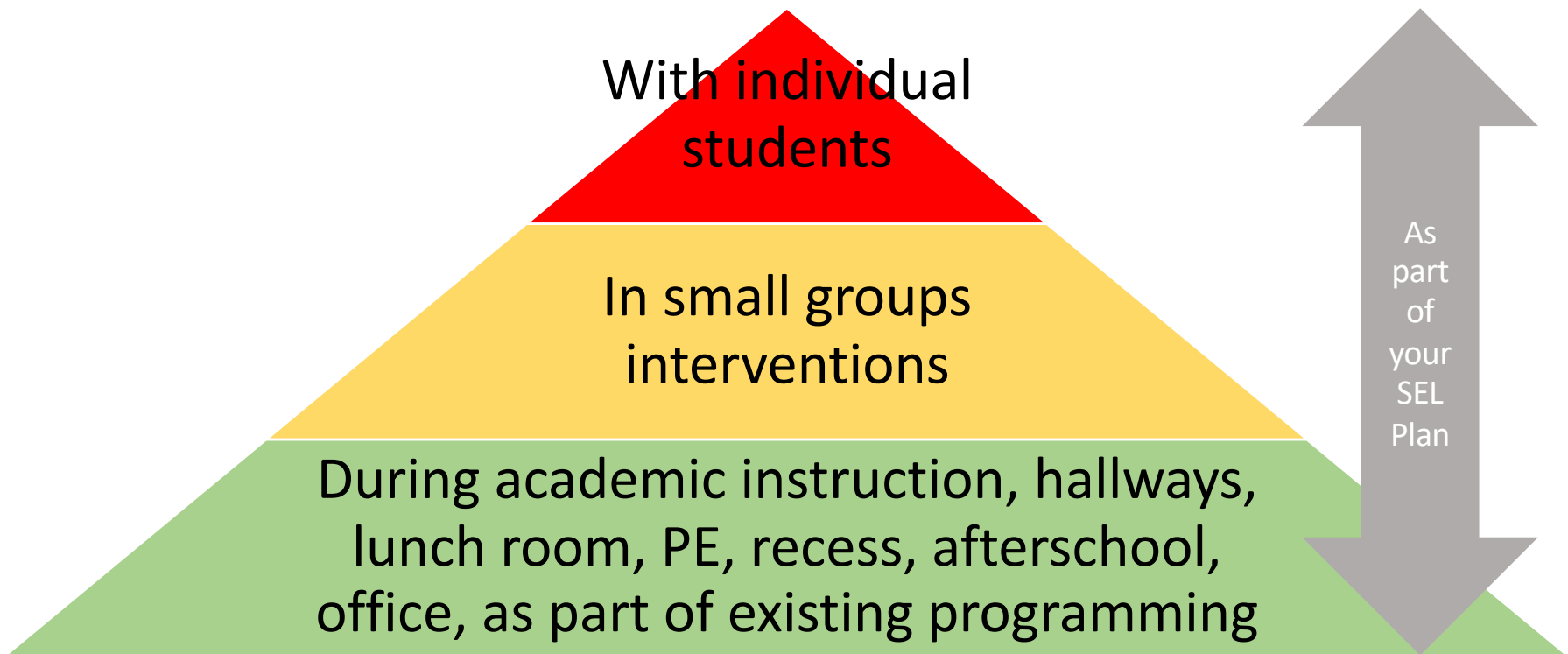
Our Schedule and Format

- Lecture, Reflection, Pair share, videos, movement breaks, mindful moments
- Please feel free to move as you need to!
- Managing our personal assistants (AKA technology)

Emotion Coaching in Frameworks



Emotion Coaching Across Tiers: In Everyday Moments



Social and Emotional Learning

<https://casel.org/impact/>

What Is Social and Emotional Learning?

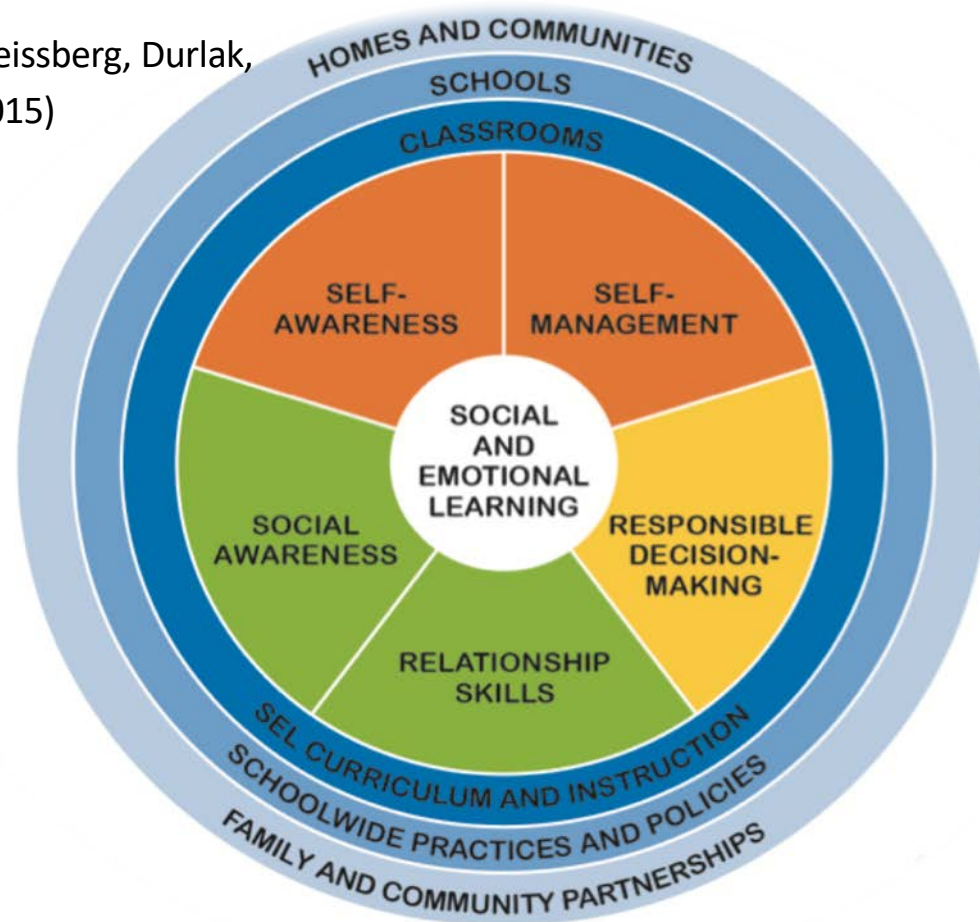
(Collaborative for Academic and Social and Emotional Learning)

*The process through which children and adults **acquire and effectively apply** the knowledge, attitudes, and skills necessary to:*

- *understand and manage **emotions**,*
 - *set and achieve **positive goals**,*
 - *feel and show **empathy** for others,*
- *establish and maintain positive **relationships**,*
 - *and make **responsible decisions**.*



What is SEL? (Weissberg, Durlak, Domitrovich, & Gullotta, 2015)



Collaborative for Academic, Social, and Emotional Learning www.casel.org
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Our Goal: Resilience



Benefits of Social and Emotional Learning

Good science links
Social & Emotional Learning
to the following:

STUDENT GAINS

- Social-emotional skills
- Improved attitudes about self, others, and school
- Positive classroom behavior
- 11 percentile-point gain on standardized achievement tests

- Conduct problems
- Aggressive behavior
- Emotional distress

REDUCED RISKS FOR FAILURE

Source: Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D., and Schellinger, K. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*, (82) 1, Pp. 405-432.

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Evidence: Academic Indicators

Study	Statistically Significant Results Related to Academic Indicators
Wilson et al., 2001	Improvements in attendance and dropout rates
Durlak et al., 2011	Improvements in achievement test scores, course grades, and grade point average
Sklad et al., 2012	Improvements in grade point average, reading achievement, standardized test, teacher-rated academic competence Academic achievement remained improved at follow up
Taylor et al, 2017	Improved academic performance at follow up (on average between 56 and 195 weeks)

Ohio and SEL (<http://education.ohio.gov/getattachment/Topics/Learning-in-Ohio/Social-and-Emotional-Learning/Social-and-Emotional-Learning-Standards/K-12-SEL-Standards-Full-Final.pdf.aspx?lang=en-US>)

- **Standards** adopted 6/24/19
- In response to current SEL activities in Ohio, to provide a framework for systematic integration
- Kindergarten through Grade 12
- Each district has authority to decide the extent to which standards will be used and how to implement
- Assessment tools available through DOE
- **Excellent online resources for Ohio!**
- Competencies are organized by the “CASEL 5”



Education.ohio.gov

Four Learning Domains



Foundational Knowledge & Skills

Literacy, numeracy and technology



Well-Rounded Content

Social studies, sciences, languages, arts, health, physical education, etc.



Leadership & Reasoning

Problem-solving, design thinking, creativity, information analytics



Social-Emotional Learning

Self-awareness & management, social awareness, relationship skills, responsible decision-making

Ohio's Kindergarten through Grade 12 Social and Emotional Learning Standards

Competency A: Self-Awareness

A1: Demonstrate an awareness of personal emotions

K-2	3-5	Middle Grades	High School
A1. 1.a Identify basic personal emotions	A1. 1.b Identify a range of personal emotions	A1. 1.c Identify, recognize and name personal complex emotions	A1. 1.d Identify complex emotions as an indicator of personal state of well-being
A1. 2.a Recognize emotions as natural and important	A1. 2.b Identify that emotions are valid, even if others feel differently	A1. 2.c Explain that emotions may vary based on the situation, including people and places	A1. 2.d Analyze ways emotions impact the social environment
A1. 3.a Identify appropriate time and place to safely process emotions, independently or with the guidance of a trusted adult	A1. 3.b Consider when it is necessary to process emotions in a safe place, independently or with the guidance of a trusted adult	A1. 3.c Utilize appropriate time and place to safely process emotions, independently, with a trusted adult or with peers	A1. 3.d Utilize appropriate time, place or support systems to reflect on personal emotions, independently, with a trusted adult or with peers
A1. 4.a Recognize that current events can impact emotions	A1. 4.b Describe how current events trigger emotions	A1. 4.c Explain how others' responses to current events can impact emotions	A1. 4.d Analyze why current events may trigger an emotional reaction and identify ways to regulate a response

Competency B: Self-Management

B1: Regulate emotions and behaviors by using thinking strategies that are consistent with brain development

K-2	3-5	Middle Grades	High School
B1. 1.a Identify personal behaviors or reactions when experiencing basic emotions	B1. 1.b Demonstrate strategies to express a range of emotions within the expectations of the setting	B1. 1.c Describe the relationship between thoughts, emotions and behavior and apply strategies to regulate response	B1. 1.d Utilize self-management strategies to regulate thoughts, emotions and behaviors within the context of the situation
B1. 2.a Describe verbal and nonverbal ways to express emotions in different settings	B1. 2.b Describe possible outcomes associated with verbal and nonverbal expression of emotions in different settings	B1. 2.c Analyze positive and negative consequences of expressing emotions in different settings	B1. 2.d Evaluate how emotions expressed in different settings impact the outcome of a situation
B1. 3.a Identify and begin to use strategies to regulate emotions and manage behaviors	B1. 3.b Apply strategies to regulate emotions and manage behaviors	B1. 3.c Apply productive self-monitoring strategies to reframe thoughts and behaviors	B1. 3.d Apply productive self-monitoring strategies to process emotions and reframe thoughts and behaviors

Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards*.

Pair Share

Describe, discuss your site's approach to an SEL framework at this time.

What are your thoughts about the new standards?

Social and Emotional Learning	Emotion Coaching
Based on theoretical models	Meta-emotion philosophy Emotion socialization
Goal: Teach/learn social and emotional competence	Facilitate social and emotional competence through a relationship dynamic with emotion ID, empathy, limit setting, problem solving
Used in a tiered system	Applied for universal, targeted, and intensive needs
Evidence to support it	Evidence in building skills, decrease symptoms, boost academics, improve relationships
Contextual Fit	How will EC fit with current programming?

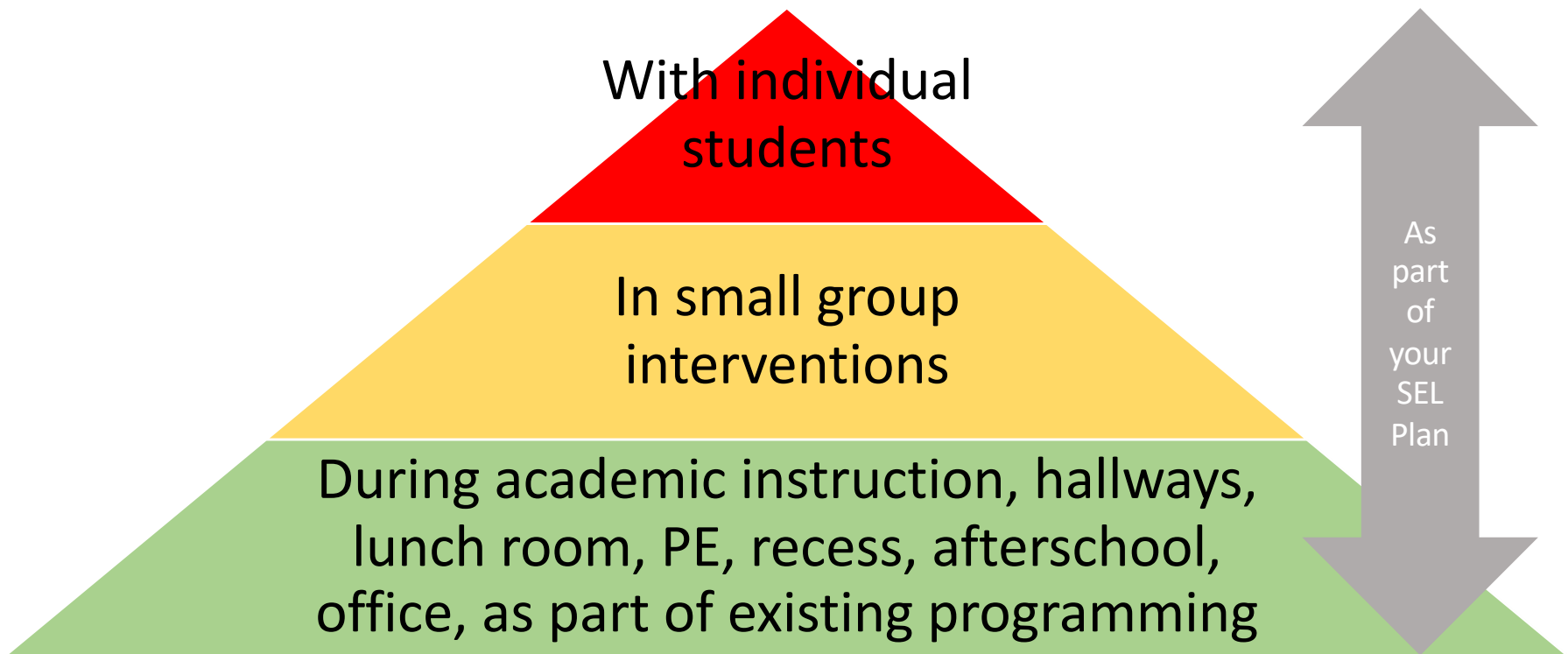
Social and Emotional Learning	Emotion Coaching
Programs and Strategies	EC as a strategy, Programs/strategies that have EC principles embedded
Applies behavior management strategies to support	Includes limit setting, problem-solving as part of the model
Principles of effective instruction	Lots of opportunities for practice
Infused into daily experiences, including academics	Many opportunities throughout the day to comment, coach, problem-solve, reflect
Importance for educators to understand, develop own SEL	Origins in meta-emotion philosophy Encourage adults to reflect, connect

Social and Emotional Learning	Emotion Coaching
Training, support can improve outcomes	Most educators will benefit from training, support
Value of adaptations and modifications	Consider student's age, skills, needs, cultural norms
Estimate time needed to implement	Time differences depending on context
Assessment, data-based decision making	Frequency of use, student responsiveness, self-efficacy, feasibility, need for behavioral intervention
Ecological application	How will your site include stakeholders (e.g., para-professionals, parents, administrators)

How We Can Apply an EC Framework/Approach

- Direct Application
 - In counseling, interventions, working with families
- Model
 - With students in classrooms, educators
- As part of consultation
 - With teachers, paras, admin
- Train
 - Brief to longer training sessions with educators and parents
- Coach
 - In-vivo
- Support
 - Regular discussions in small group/individuals

Emotion Coaching Across Tiers



Strategic Planning, Stages of Change

(summarized in Gueldner, Feuerborn, and Merrell, in press)



Readiness

- Assessment
- Commitment from stakeholders
- Building teams
- Training

Initial Implementation

- Fidelity
- Dosage
- Adaptations
- Differentiation
- Engaged?

Sustained Implementation

- Visibility
- Resources allocation
- Stakeholder involvement

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Strategic Planning, Implementation

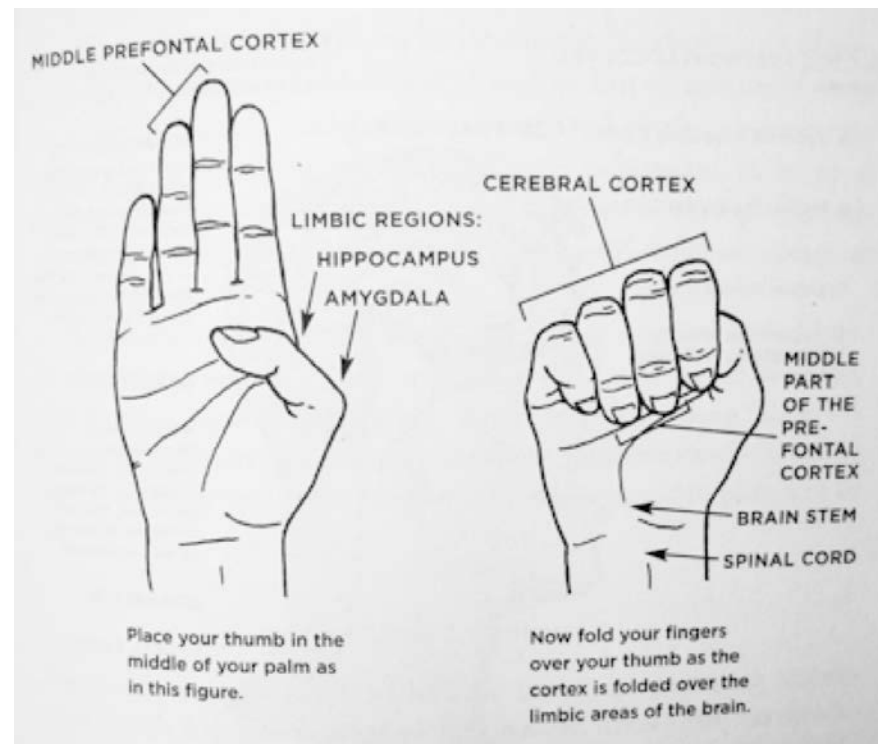
- **Where can strategies fit?**
 - Why are we using them? (Strategic plan)
 - Are they effective?
 - How do they fit with other programs and strategies (Coordinating)?
- What are **the other pieces** that make strategies effective?
 - (e.g., evidence-basis, fidelity, assessment, adaptations, data-based decision making, training)
- What do your students, educators, and families **need**?
- What mechanisms are in place to **assess effectiveness**?

When Students Say Things that Make Us Pause

(reviewed in Gueldner et al., in press)

- *That's stupid.*
- *I don't know what you're talking about. I never feel that way.*
- *I can't do anything right. I'm just stupid.*
- *When I lived in my car, I stayed up until at least 3 in the morning. There was no way I was going to let someone take our stuff.*
- *I think about hurting/killing myself/someone else....*

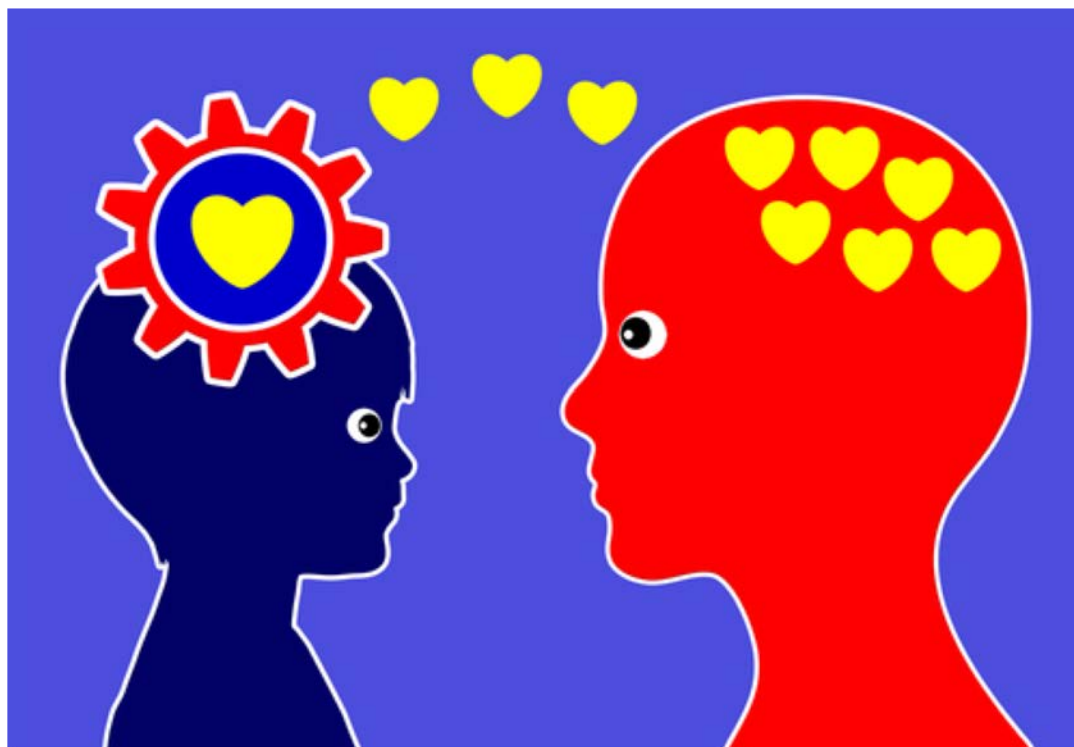
The Challenge in Responding



Reference: Siegel, 2012

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The Opportunity for Connection



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It's Inevitable. We Can Prepare!

- **Expect**

- It's going to happen.

- **Prepare**

- Pre-teach expectations and how you will respond.
- Give students option not to share
- Use a script
- Revisit often

- **Respond**

- Ask for clarification (*Tell me more about that feeling*)
- Validate emotions (*I can understand how you felt really angry. No wonder you were upset!)*
- Ask if other students have felt similar emotions
- Place limits on what is shared (violence, serious accidents, graphic descriptions of experiences). Tell student you will check in. *These are situations that are better discussed in private...I will check in with you after class. Your situation is really important.*

Consultation, Schoolwide Teams, Advocacy

- Consulting with a teacher on classroom strategies, including special education, ELL services
- Coordinating care between community-based providers, classroom teachers, administrators
- Advocating for personal reflection
- Advocating for "looking underneath the iceberg," value of emotions

Trainings

- **All** educators regarding emotional development, effective strategies to promote relationships, attachment, emotional development
- Parents, guardians, grandparents, community members

Pair Share

There are elements of an Emotion Coaching framework occurring in your work now. Describe what you or your site is currently doing.

Where do you see need and opportunity?

What might be a logical next step for growth--strategic planning, implementation, training, etc.?

1. Be **aware** of emotions
2. Recognize emotions as **an opportunity to connect** and teach
3. **Label** emotions verbally
4. Communicate **empathy and understanding**
5. **Set limits**, help **problem solve**

Challenges to Implementation, Effectiveness

- Educator work demands, stress (Denham, Bassett, & Zinsser, 2012)
- Safety concerns---address first
- In a coercive cycle, forgetting limit setting and problem solving
- Training, practice, prioritization (Krawczyk, 2017)
- Administrator support
- Educator self-efficacy, competence
 - Emotional competence is related to reactions to children's emotions (ignoring, punishing, minimizing; Ersay, 2007)
- More research and training opportunities needed

Adaptations

Cultural consciousness is vital for educators to assist students in achieving social-emotional learning objectives. Educators must be supported in understanding how school and classroom policies, practices and procedures may be inequitable to some student populations, perpetuating disparities in educational experiences and opportunity gaps.

~Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards.*

Ecological Validity Framework (Bernal, Bonilla, & Bellido, 1995)

Goal: Increase fit between client's experience and components of intervention

Domain	For Consideration
Language	Appropriate, culturally syntonic
Persons	Characteristics of client, therapist; How similarities/differences between client, therapist affect relationship
Metaphors	Symbols, concepts shared within culture
Content	Cultural knowledge; Appreciating values, customs, traditions in conjunction with treatment approach
Concepts	How are we conceptualizing the "problem"? How do we communicate this to our students, families? Reframe in context of cultural/ecological variables.
Goals	Do our goals align with those of our students, school staff, families?
Methods	Adaptations; Ways to deliver content. Do we include family in interventions?
Context	Current context of client, changing factors (e.g., acculturative stress, migration, development, etc.)

General Recommendations

- Get to know your emotion world
- Review and use resources
- Get to know your student population.
 - What are social norms?
 - What aspects of culture do we pay attention to when talking about/working with emotions?
- How does EC fit into current SEL framework?
 - Where is there potential?
 - Where are the challenges?
- Practice with a colleague, form a regular meeting group
- Consider measurement
- Obtain feedback, input, engage in iterative process

Support

With the professional development supports that will accompany these standards, Ohio is providing guidance for implementing the standards into instruction, so all teachers can reap the benefits of supporting students' social-emotional learning development. Resources are being identified and created, to accompany these standards to provide implementation and support documents for all of the adults in children's lives, including Trauma Informed Schools and Social-Emotional Learning and a summary of recent research on the importance of social-emotional learning.

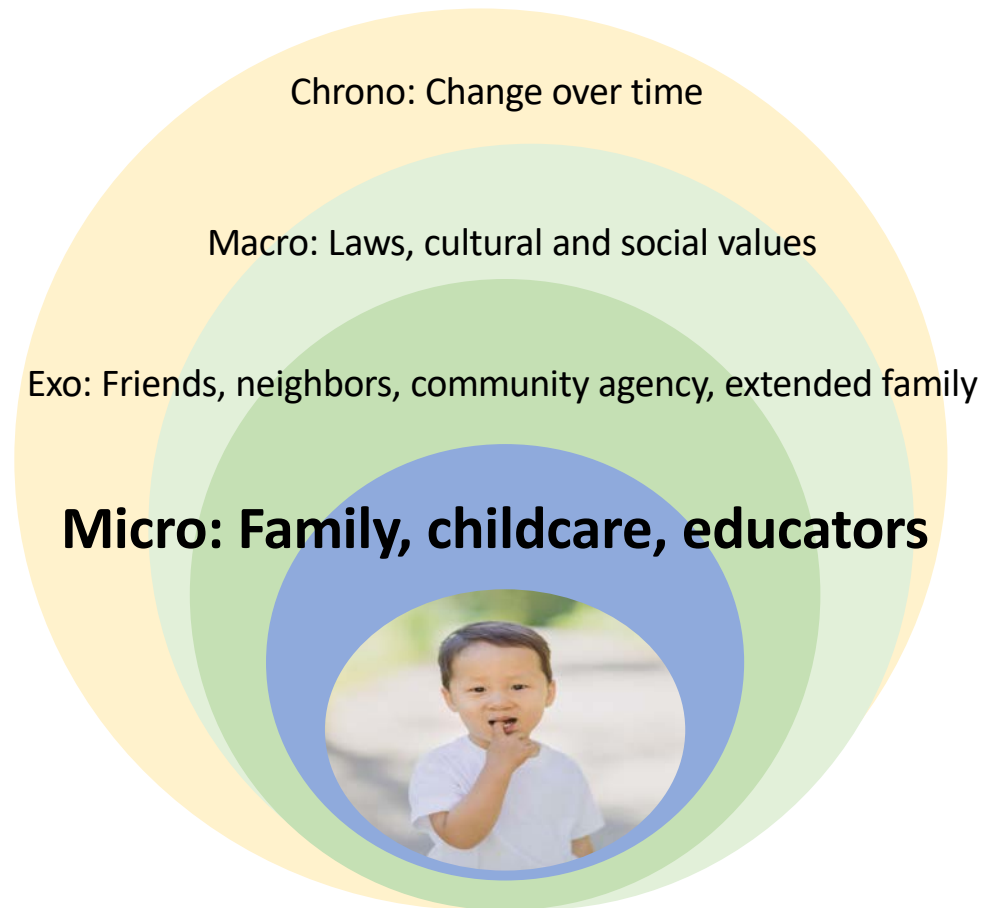
Engagement, Partnerships

Parents and families are critical in the development of social-emotional skills and competencies in young children as they grow. These standards were created with that very much in mind, as parents and family members are their children's first and most significant teachers. It is through building a strong partnership between families and schools, educators and communities that our children are supported to be lifelong learners who develop into adults who make significant contributions to the world.

~Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards.*



Collaborative for Academic, Social, and Emotional Learning www.casel.org



Bronfenbrenner and Ceci (1994) Ecological systems theory

Parent-School Collaboration

- Parent-teacher relationships lead to better overall development and competence in students (e.g., Mendez, 2010; Smith et al., 2019; Garbacz et al., 2018)
- More parent engagement in elementary school, declines in middle and high school (Smith et al., 2019)
- Barriers abound: Taking time off work, transportation, childcare, history of negative experiences, discrimination, unclear expectations (Herman et al., 2014), cultural differences in role of parents in education (Gonzales & Gabel, 2017)

Authentic, positive relationships with students and families only can occur when educators reflect on their positionality, power and privilege and develop cultural awareness and competency (Gallego & Cole, 2001; Artiles, 2003; Kozleski & Artiles, 2012). Educators effectively teach social-emotional learning when they can recognize and understand their lens of social-emotional learning may differ from that of their students and families and seek input from students and families regarding the social and emotional learning standards (Waitoller & Thorius, 2015).

~Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards*.

Pair Share

Describe a situation when school-family collaboration was very beneficial to a student.

Describe the methods your site currently uses to partner with families.

Describe the extent to which you are able to engage in personal reflection, training regarding “positionality, power, and privilege.”

Characteristics of Successful School-Family Partnerships

(Albright & Weissberg, 2010)

Priority

Planful

Proactive

Persistent

Positive communication

Personalized

Practical, specific strategies

Program monitoring, modifications

Types of parent engagement (Albright & Weissberg, 2010; Epstein, 1995; Hoover-Dempsey et al., 2005)

- **Home-based:** reading to child, other academic activities, educational events at school, community
- **School-based:** PTA meetings, family nights, fundraising, advisory councils, volunteering, workshops, observing, parents as leaders, collaborate with community agencies
 - Parents/families are invited, key participants/partners
 - Classrooms support participation, are welcoming
 - Parents share decisions in curriculum choices
- **Home-school:** in person or technology communication (e.g., newsletters, website, handbook, personal contact, progress journals, notes, home visiting)
 - What is happening in the classroom that can be reinforced at school?
 - What are some strategies that can be used?
 - How is my child doing?
 - How are families included in all SEL information, planning, decision-making?

Example of parent engagement in Chicago: from NBC Today Show:
Education Nation:

https://www.youtube.com/watch?v=ubo6L0qQv6Q&list=PLvzOwE5lWqhRPzheyprYHcA8SZl9Qvnpz&index=1&feature=plpp_video

School-family Partnerships and SEL (Albright and Weissberg, 2010; www.casel.org)

CASEL Program Guides: <https://casel.org/guide/programs/>; Look for “Family Context” Indicator

Incredible Years Series: Homework at home with parents, letters to parents, “parental involvement is strongly encouraged.”

Promoting Alternative Thinking Strategies (PATHS): “Suggestions for engaging parents,” parent letters, handouts

School-family Partnerships and SEL (Albright and Weissberg, 2010; www.casel.org)

Responsive Classroom: "Guidelines for working with families...teachers are encouraged to connect with parents individually on a regular basis in order to share updates and expectations about the child's development."

RULER: "Provide adult family members with strategies for extending and promoting social and emotional development at home."

Second Step: Family Guide so give parents information to use same strategies at home

Common Threads

Facilitating, building:

- Relationships
- Trust
- Knowledge
- Skills
- Effective communication
- Inclusivity
- Respect
- Understanding
- Cooperation
- Appreciation
- Equity

Options for Application

- Consult program materials
- Consider the information you wish families could have to coordinate school-family partnerships around SEL and specific strategies, such as those that include emotion coaching
- Ask what families would like
- Use methods of engagement that would work for your families
 - Newsletters, weekly updates on strategies, parent, educator workshops, classroom observation, etc.
- Model effective communication, empathy, problem-solving

Pair Share

Describe how school-family-community partnerships will play a role in overall SEL planning and implementation at your site.

Where is there room for growth?

Who can you work with to move this important work forward?

Final Thoughts

- Look to your SEL framework, guidelines
- Consider strengths of current programming, needs
- Work with a team that includes multiple stakeholders to work through the big picture, and the adoption of a strategy/program like Emotion Coaching
- See this journey as a marathon, not a sprint.

Activity

Closing

Materials

Contact:

Barbara Gueldner

Barbara@successfulkidstoday.com

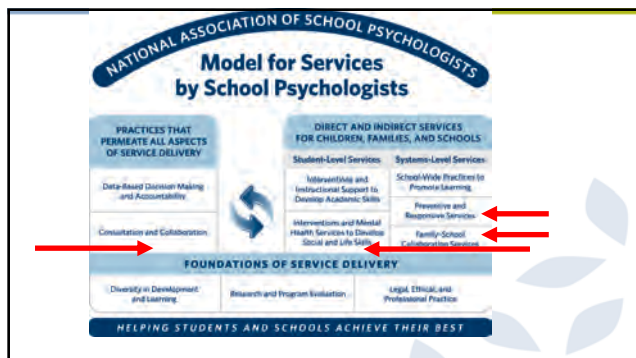
Building Relationships and Resilience: Emotion Coaching as an Efficient and Effective Social and Emotional Learning Strategy

Barbara Guedner, PhD, MSE
Licensed Psychologist, Nationally Certified School Psychologist
Ohio School Psychologists Fall Conference
November 8, 2019

Objectives

- What Is Emotion Coaching?
- What does it look like?
- How do I engage in this process?
- Wait, I have feelings in this process too?!

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Acknowledgements and Resources

Ohio School Psychologists Association

Resources

Disclosure

- Co-author of *Merrell's Strong Kids* and *Merrell's Strong Teens*, 1st and 2nd edition (Paul H. Brookes Publishing;
 - Royalties to *Kenneth W. Merrell Legacy Scholarship, University of Oregon*)
- Co-author of *Social and Emotional Learning in the Schools* (Guilford Press)
- No financial support for this presentation from Paul H. Brookes Publishing or Guilford Press

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Our Schedule and Format

- Lecture, Reflection, Pair share, videos, movement breaks, mindful moments
- Please feel free to move as you need to!
- Managing our personal assistants (AKA technology)

Anger Embarrassed Worry Comfortable Content
 Sadness Irritation Frustration Jealous Rejected
 Happy Joy Calm Crabby Safe Relaxed Grateful
 Disgusted Confident Gloomy CONCERNED Insecure
 Cheerful Surprised Confused Bored Furious
 Annoyed DISAPPOINTED Love Hurt Inadequate
 Fear Hopeless Impatient Giddy Hopeful
 Content Depressed Guilty Appreciated APATHETIC

Emotions

Emotions = Information

Tell us something about our environment, experience, needs

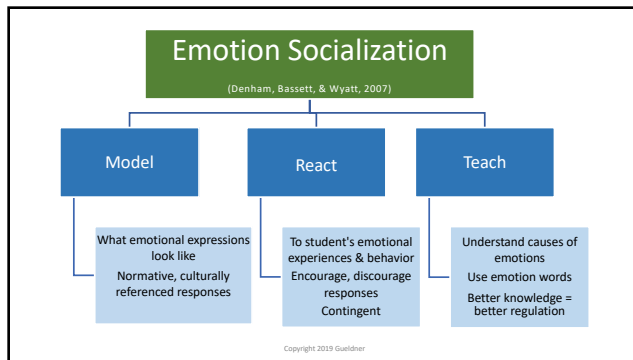
Prepares us to respond, adapt, seek assistance

We experience more than one emotion at a time

(Shariff & Tracy, 2011)

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The Influence of Gender

Parents social boys and girls differently within cultural norms of masculinity and femininity

Men

- Displays of sadness, worry are viewed more negatively
- Anger and more externalizing emotions (aggression) are viewed as more acceptable

Women

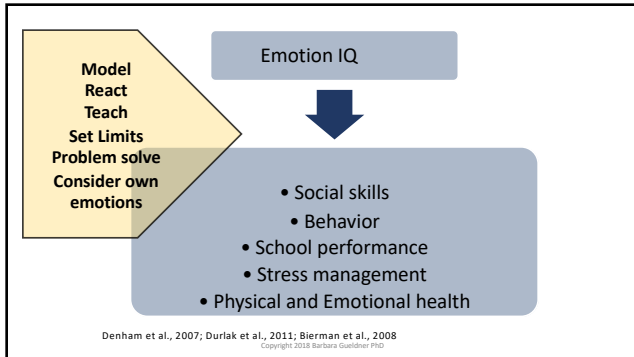
- Displays of anger, aggression are more negative
- Sadness and fear discussion are emphasized more

The Importance of Fathers (Gottman video summary)

- Dads play with kids differently than moms do
- Dads are preferred playmates for 2.5 y.o., 3:1
- Dad's are critical to emotional development b/c:
 - 1) Kids emotions are up and down more through very active play--- kids get more practice regulating
 - 2) Dads encourage independence more often
- Moms **can learn how to play** with kids in a similar manner

- *There is no toy that is more interesting to your child than you.*
- *Dads are providing something naturally that is different than moms.*

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Emotion Coaching

- A way for adults to **respond** to children's emotions and behavior
- Process emotions, respond to problems within a **dyad**
- Focus on **relationships** via empathy and attunement
- Should be used **in conjunction with** principles of effective behavior management practices, problem-solving

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Emotion Coaching in 5 Steps (Gottman, 1996)

1. Be **aware** of emotions
2. Recognize emotions as **an opportunity to connect** and teach
3. **Label** emotions verbally
4. Communicate **empathy and understanding**
5. **Set limits**, help problem solve

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- Video example

Emotion Coaching: A Closer Look

- Meta-emotion Philosophy: How you feel and think about emotions in yourself **and** child/student (Gottman et al., 1997; Lagace-Sequin, 2006)
- Use this information/awareness to engage in emotion socialization behaviors
- *Awareness, acceptance, and coaching of emotions were identified as component processes central to PMEP* (Katz, Milliken, & Stettler, 2012, p. 418)

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4 Parenting Styles with Emotions (Gottman et al., 1997)

Dismissing

Emotions aren't important, ignore emotions, disengages, uncomfortable, let's get past it, might get out-of-control, downplay, may punish child for feeling anger

Disapproving

Judges, criticizes emotional expression, emphasize conformity, punishes expression, need to control "negative" emotions, emotions make one weak, emotions manipulate

Laissez-faire

Accepts all emotions, no teaching about emotions, no problem solving, no limits

Emotion Coaching

Value emotions, tunes in to them, listens, empathizes, doesn't fix or say how to feel, sets limits and **problem solves**

Results of Parenting Styles

(see Gottman et al., 2016; Katz, Maliken, & Stettler, 2012)

Type	Result
Dismissing	Learn that feelings are wrong, not valid. Think something is wrong with you. <u>Problems regulating.</u>
Disapproving	Same as above <u>Problems regulating</u>
Laissez-faire	<u>Problems regulating</u> emotions, attention, social relationships.
Emotion Coaching	Trust feelings, better: <u>emotion regulation</u> problems-solving, behavior, self-esteem, social skills, physical health, achievement.

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Adult-Child Relationship, Attachment

- Children engage in behaviors that signal needing to feel safe (attach) or to explore (using a secure attachment base)
- Adults respond, children learn to trust and in the responses and believe they will be available
- Relationships (experiences) and the brain interact to shape structure (Interpersonal neurobiology, Siegel, 2012; Immordino-Yang, Darling-Hammond, & Krone, 2018)
- Relationships, social interactions shape development, health
- Toxic stress = "strong, frequent, and/or prolonged adversity...without adequate adult support." (<https://developingchild.harvard.edu>)
- Attach through attunement—"feel felt"
- *Learning requires healthy, helpful social interactions*



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Responsive Caregiving = Better Emotional Development

- Caregiver's responsiveness is valuable (Ainsworth, 1979)
- Temperament also a variable (Kagan et al., 1989)
 - Children who respond more intensely pose more challenges to parents (Chen et al., 2012)
- **Emotion Coaching supports relationships by using prosocial behavior (parents') to teach children regulation** (Gus et al., 2015)

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Pair Share

Rethinking Behavior Management, Targeting Emotional Competence

Behavior alone is a clue to the riddle, not the answer. (Brackett, 2019)

- We see emotionality in context of behavior
 - All emotions are valid. Not all behaviors are acceptable. (Gottman et al., 1996)
- Consider emotions as a contributor, influencer to student behavior *and* identifying emotions, empathizing with them as a point of intervention
- EC can decrease need for traditional behavioral interventions

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Flipping Your Lid

(Dan Siegel: https://www.youtube.com/watch?v=GOT_2NNc68)



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SEL Competencies

The process through which children and adults **acquire and effectively apply** the knowledge, attitudes, and skills necessary to:

- understand and manage **emotions**,
 - set and achieve **positive goals**,
 - feel and show **empathy** for others,
 - establish and maintain positive **relationships**,
 - and make **responsible decisions**.
- Collaborative for Academic and Social and Emotional Learning (CASEL)

Social & Emotional Learning Core Competencies



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The Opportunity

- Develop “21st Century Skills” (National Research Council, 2009)
- Evidence to support social-emotional competence, relationships are related to academics (Jones & Kahn, 2017)
- In order to learn, we must create environments that are conducive to healthy brain development.
- Home, schools, communities can support healthy development through relationships, programs, strategies, support.
- Prevention and early intervention works (Durlak et al., 2011)
- Educators are effective emotion socializers (Denham et al., 2012)

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Evidence for PMEP/Emotion Coaching: General

(Gottman et al., 1996; Gottman & Declaire, 1997)

- Trust own feelings
- Better emotion regulation, problem-solving
- Higher self-esteem
- Better academic performance
- Better peer relationships
- Better health factors

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Evidence: Issue Specific

- At risk youth (Ellis et al., 2014)
- ADHD (Chronis-Tuscano et al., 2014)
- Anxiety (Hurrell et al., 2015; Hurrell et al., 2017)
- Attachment (Chen et al., 2011)
- Autism and externalizing problems (Wilson et al., 2013)
- Conduct problems (Havinghurst et al., 2013; Katz & Windecker-Nelson, 2004)
- Depression (Katz & Hunter, 2007; Katz et al., 2014; Lenze et al., 2011)
- Eating problems/disorders (Kehoe et al., 2014; Robinson et al., 2014)
- Maltreatment, domestic violence (Shipman et al., 2007; Katz et al., 2008; Cunningham et al., 2009)
- Emotional lability in ODD (Dunsmore et al., 2012)
- Parent Child Interaction Therapy (Duncombe et al., 2016)
- Regulation of emotions and behavior (Shortt et al., 2010)
- Somatic complaints (Kehoe et al., 2015)

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Evidence: Schools

- UK-based
- Attachment Aware Schools Project
- Uses EC as a primary component
- Trains educators, parents, community agencies
- Used with students at all tier levels

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Benefits: Students

- Meta-emotions (Rose et al., 2017)
- Improved empathy (Digby et al., 2017)
- Better regulation (Gus et al., 2017)
- Better emotion literacy (Gus et al., 2017)
- Less aggression (Rose et al., 2017)
- Less physical restraint (Gus et al., 2017)
- Better reading and math progress (Gus et al., 2017)
- Teacher-student relationships (Gus et al., 2017)

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Staff/School

- Fewer absences (Gus et al., 2017)
- Improved self-efficacy (Gus et al., 2017)
- Improved skills (Gus et al., 2017)
- Dismissed emotions less (Rose et al., 2015)
- More empathy (Digby et al., 2017)
- Better awareness, self-efficacy, self-regulation (Rose et al., 2015, Digby et al., 2017)
- Less use of rewards and consequences, fewer "exclusions" (Rose et al., 2015)
- Improved partnerships with other ecologies (Digby et al., 2017)
- Better communication (Digby et al., 2017)

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Benefits: Parents

- Home-school communication (Rose et al., 2017)
- Parental engagement (Rose et al., 2017)
- Empathy (Rose et al., 2017)
- Parents perceive benefit (Rose et al., 2017)
- Use of punishment decreased (Gus et al., 2017)
- Lives felt more "normal" (Gus et al., 2017)
- Better awareness, self-efficacy, self-regulation (Rose et al., 2015)

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Research Needs

- More application
- Feasibility
- How does this fit as a stand-alone/integrated SEL strategy?
- Assessment
- Attention to implementation science factors associated with implementing a strategy in a classroom
 - (e.g., fidelity, training and support, quality of implementation, sustainability, assessment, feedback loop, etc.)

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Managing Expectations

- Emotion Coaching is a viable and effective strategy
- Very useful within a system of support
- Apply EC with intention, specific goals, and an assessment plan
- It is not a panacea for all problems, situations
- You do not have to emotion coach every emotional state
- Avoid a fragmented approach

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Pair Share

Getting Started with Emotion Coaching

1. Be **aware** of emotions
2. Recognize emotions as **an opportunity to connect** and teach
3. **Label** emotions verbally
4. Communicate **empathy and understanding**
5. **Set limits**, help problem solve

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Step 1a: Recognize Other's Emotions

What do you...

See

Body language
Behaviors

Hear

Tone
Language

Know about the child/teen's temperament and triggers

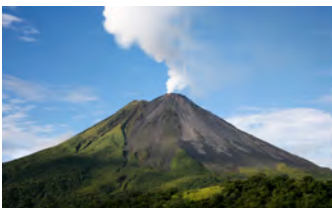
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Cultural and Age Considerations

- Cultural differences in emotion expression
- Age considerations
 - Preschool: emotion ID, limits, problem solving
 - Late pre to early elem: More complex emotions, use social contexts
 - Middle childhood (8-12): More masking, more logical, validate social and competency concerns, move into consultant role
 - Teens: Reflective listening, consultation, respect

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Step 1b: Also, Recognize Your Emotions

What do you feel in your body?

What are you thinking?

What emotions can you identify?

What are you doing?

What do you know about your temperament?



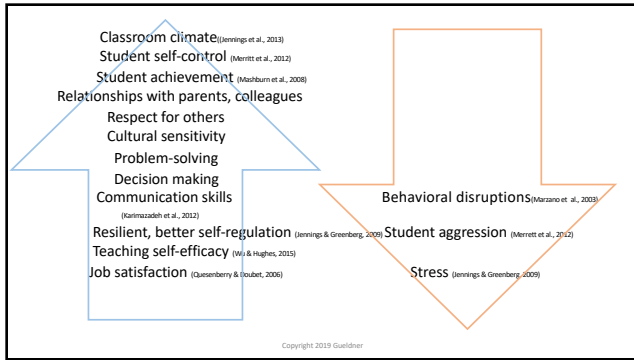
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Barriers

(Gottman, 1997; Powell, Cooper, Hoffman, & Marvin, 2014)

- Our own histories with emotion/situations
- Our own "flooding"
- Our agendas
- The reality of our work in schools
- "Shark music" AKA state of mind
 - *I can't do this. Someone else has to.*
 - *I'm supposed to know how to do this, and I'm pretty sure I shouldn't need help. I'll give ideas on how to fix it right away.*
 - *This is not my problem. These kids have to figure it out themselves.*





Regulating Ourselves

- Educators work on their own SEL to use EC
- Your own work, trainings to include:
 - Self-assessment
 - Gottman and Schwartz-Gottman resource
 - CASEL
 - Reflective practice, supervision, consultation
 - Journaling
 - Recognizing your own cues
 - Regulation strategies
 - Practice to build self-efficacy

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Pair Share

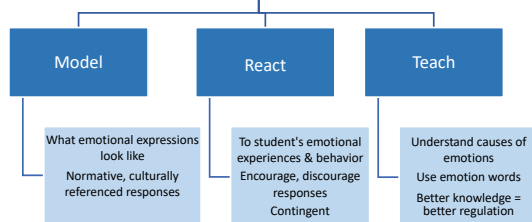
Step 2a: Emotions as an Opportunity to Connect and Teach

There is some association between exposure to moderate levels of negative emotions and emotion knowledge (e.g., Denham & Grout, 1992)

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Emotion Socialization

(Denham, Bassett, & Wyatt, 2007)



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Teachers as Socializers

- Are *emotion* socializers (Bassett et al., 2016; Sutton & Wheatley, 2003)
- Engage in similar practices as parents (Ahn, 2005; Denham, Bassett, & Miller, 2017)
- Model emotion responses to many students
- Need training in content knowledge, positive attitudes toward emotions (self and others) (Zinsser et al., 2014)

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- Validating emotions is important for classroom climate and development (Bassett et al., 2016)

- Some evidence to support that as teachers validate more, more emotional expression occurs (e.g., verbalizing feelings, less regulation) (Bassett et al., 2016)
 - Ho: students see others being validated, increase sad emotion to illicit comfort

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Teacher-Student Relationship

- Teacher-student relationship affects development (cognitive, academic, and social) (Myers & Morris, 2009; Pianta & Stuhlmman, 2004)
- Children with externalizing problems may benefit most from positive relationship (Vitiello et al., 2012; those with internalizing problems less understood)
- Relationships improve with EC (e.g., Chen, Lin, Li, 2012)

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Non-examples and Examples

- Video

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Step 2b: How: Connection Strategies

(Siegel & Payne-Bryson, 2015)

- **Goal:** To convey calm and safety, decrease vagus defense system, student can start to calm
- Comfort and attention: Eye contact, facial expression, tone of voice, posture, gestures, timing of response, intensity of response, bodily movement
- Stop talking and listen

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~~BUT
Fixing
Moralizing
Lecturing~~

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Connection Strategies (Siegel & Payne Bryson, 2015)

- Appropriate eye contact
- Facial expression
- Tone/volume of voice
- Posture
- Gestures
- Timing response
- Intensity of response
- Body movement

Caveats

- Matching a student's tone, intensity...
 - Can work for some students and in some situations to convey empathy
- We must stay regulated
- Watch student's response to see if it is helpful or escalating the situation

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Step 3: Label Emotions

Label and verbalize the emotion you think is being experienced

"Name it to tame it" (Siegel and Payne Bryson)

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Using our Detective Skills to Hypothesize the Emotion and Experience

What do you...

See

Body language
Behaviors

Hear

Tone
Language

Know about the child/teen's temperament and triggers

How might you feel in that situation?

[illegible]

Copyright 2019 Gueldner

[illegible]

From Simplest

Copyright 2019 Guildner

[illegible]

Language

- *I wonder if...*
- *You seem...*
- *Looks like....*
- *Ugh, how frustrating!*

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Video example

Copyright 2019 Guellder

Practice

Challenges with asking “why” in the moment...

Our “smart” brain is having a hard time figuring out how we feel and articulating that

Can increase the stress response and interfere with regulation (in the moment)

At the same time, it is important for us to get to “why” to help with understanding and problem-solving

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Step 4: Empathize, Understand, Validate

- *What is empathy?*

Brene Brown narration:

<http://www.youtube.com/watch?v=1Evwgu369Jw>

Wiseman (1996)

- Perspective taking
- Staying out of judgment
- Recognizing emotions
- Communicating you see emotions

- We may not have experienced that same situation, but we probably know the feeling.

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Empathize, Understand, Validate

- Convey understanding through:

- Connecting strategies
- Our words

- Disagreeing with someone’s perspective is generally unhelpful unless you have empathized, understood their perspective, and validated

- Reassurance can also be unhelpful at times

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- I wonder if you are feeling **worried** about the test.
- You seem really **excited** to start the activity! You are staying really close the group and asking me a lot when we will start.
- You seem very **frustrated** right now. Your voice is getting louder and louder.
- You're **enjoying** the debate.
- Sounds **irritating** and **annoying**.
- What a **relief**!

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Empathy, Understanding, and Validation

- Name the feeling + validate the feeling
 - All feelings are acceptable
- ***I imagine you felt X because...and because...and because***... (Lafrance, 2018)
- ***That really made you angry. You wanted to hangout with Celia and she said she didn't want to and then you felt sad and mad at the same time.***

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Anger

- Many emotions occur simultaneously. Anger is often the first clue.
- Anxiety—about not being a “good enough” teacher, what other think of us
- Disappointment—something isn't going as we expected, wanted
- Frustration—that we are dealing with intense emotions and behavior at school
- Surprise—we were not expecting a shift in the schedule

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Validation in the context of Anger

(Lafrance, 2018; www.mentalhealthfoundations.ca)

- What are you talking about?
- Why are you talking that way?
- I'm not disappointed, I'm angry!
- You don't get it.
- Validation whac-a-mole

Keep using validation strategies. Mirror affect as appropriate.
Modify. Set limits. Check in.

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Practice

Step 5: Limit Setting and Problem Solving

- Primary principles for positive behavior
- Schoolwide Systems
- General problem-solving approach
- Regulation strategies

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Schoolwide positive behavioral supports

- What structures, routines are in place that will complement EC?
- What expectations, limits are in place in classrooms, school building?

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Primary Principles for Positive Behavior (Gottman, 1997)

- Give clear directions
- Attend to prosocial behaviors
- Expect mistakes, shape behavior
- Praise for effort
- Try again
- Find ways to say yes
- Grant in fantasy what you cannot in reality
- Practice the behavior you want to see

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Expectations, Limit Setting

- What is expected behavior?
- What needs to be done?
- Important to follow through, with flexibility

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Problem Solving

- Problem = A behavior, a dilemma
- Our students are developing, may not have skills yet to fulfill our expectations
- Involve student in process
- Allow to make choices within the school requirements for rules/values

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Regulation Strategies

- What skills do students have currently?
- What are they learning in the classroom?
- What can we teach, model?

Pair Share

Modifying for Time

- Can be brief
- Will not always have as much time in classroom
- Practice helps A LOT
 - Building competence to build efficiency
- Can always defer lengthier validation later
 - Let student know you will come back to it, follow through

Copyright 2018 Barbara Guelchner, PhD

How We Can Apply These Strategies

- Direct Application
 - In counseling, interventions, working with families
- Model
 - With students in classrooms, educators
- As part of consultation
 - With teachers, paras, admin
- Train
 - Brief to longer training sessions with educators and parents
- Coach
 - In-vivo
- Support
 - Regular discussions in small group/individuals

Integrating and Collaborating: Working Toward a Systematic and Ecological Approach

Barbara Guelchner, PhD, MSE
Licensed Psychologist, Nationally Certified School Psychologist
Ohio School Psychologists Fall Conference
November 8, 2019

Objectives

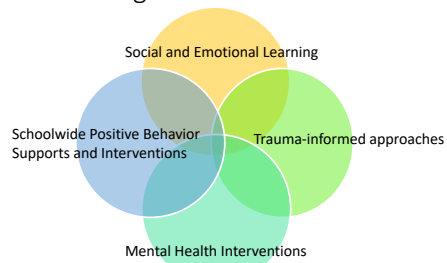
- What about the big picture (SEL, MTSS)?
- How does an emotion coaching process fit in a SEL framework and as a strategy?
- What about family engagement?
- How do I/we get started?

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Our Schedule and Format

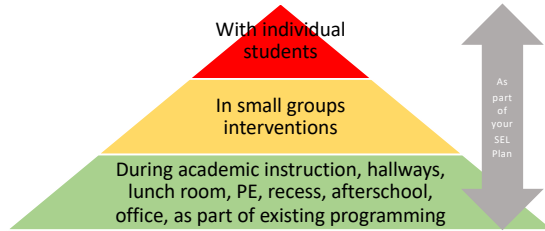
- Lecture, Reflection, Pair share, videos, movement breaks, mindful moments
- Please feel free to move as you need to!
- Managing our personal assistants (AKA technology)

Emotion Coaching in Frameworks



Copyright 2018 Gaultier

Emotion Coaching Across Tiers: In Everyday Moments



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Social and Emotional Learning

<https://casel.org/impact/>

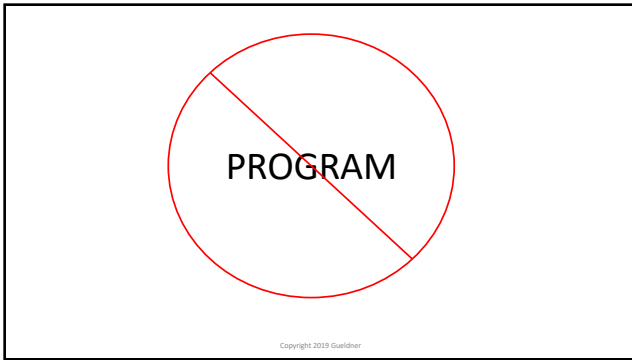
What Is Social and Emotional Learning?

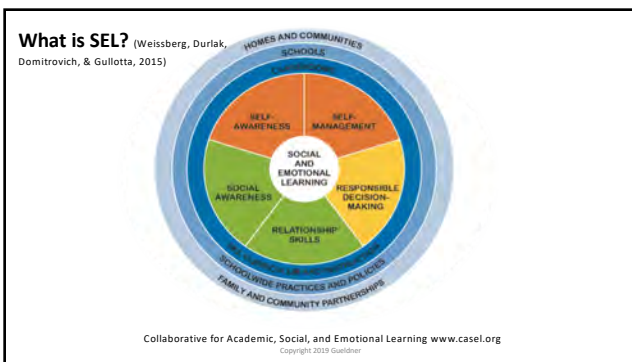
(Collaborative for Academic and Social and Emotional Learning)

*The process through which children and adults **acquire and effectively apply** the knowledge, attitudes, and skills necessary to:*

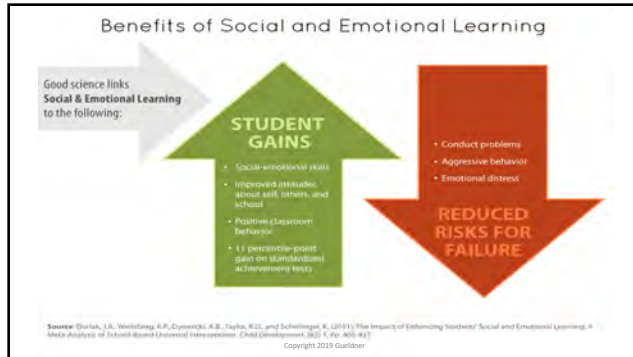
- understand and manage **emotions**,
- set and achieve **positive goals**,
- feel and show **empathy** for others,
- establish and maintain positive **relationships**,
- and make **responsible decisions**.

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Evidence: Academic Indicators

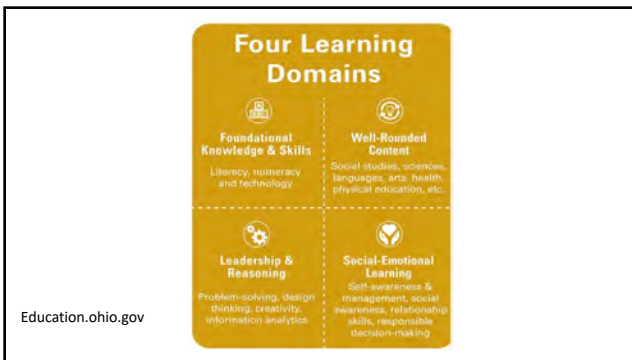
Study	Statistically Significant Results Related to Academic Indicators
Wilson et al., 2001	Improvements in attendance and dropout rates
Durlak et al., 2011	Improvements in achievement test scores, course grades, and grade point average
Sklad et al., 2012	Improvements in grade point average, reading achievement, standardized test, teacher-rated academic competence Academic achievement remained improved at follow up
Taylor et al, 2017	Improved academic performance at follow up (on average between 56 and 195 weeks)

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Ohio and SEL (<http://education.ohio.gov/getattachment/Topics/Learning-in-Ohio/Social-and-Emotional-Learning/Social-and-Emotional-Learning-Standards/K-12-SEL-Standards-Full-Final.pdf.aspx?lang=en-US>)

- **Standards adopted 6/24/19**
- In response to current SEL activities in Ohio, to provide a framework for systematic integration
- Kindergarten through Grade 12
- Each district has authority to decide the extent to which standards will be used and how to implement
- Assessment tools available through DOE
- **Excellent online resources for Ohio!**
- Competencies are organized by the "CASEL 5"





Ohio's Kindergarten through Grade 12 Social and Emotional Learning Standards

Competency A: Self-Awareness			
A1: Demonstrate an awareness of personal emotions			
K-2	3-5	Middle Grades	High School
A1.1.a Identify basic personal emotions	A1.1.b Identify a range of personal emotions	A1.1.c Identify, recognize and name personal complex emotions	A1.1.d Identify complex emotions as an indicator of personal state of well-being
A1.2.a Recognize emotions as natural and important	A1.2.b Identify that emotions are valid, even if others feel differently	A1.2.c Explain that emotions may vary based on the situation, including people and places	A1.2.d Analyze ways emotions impact the social environment
A1.3.a Identify appropriate time and place to safely process emotions, independently or with the guidance of a trusted adult	A1.3.b Consider when it is necessary to process emotions in a safe place, independently or with the guidance of a trusted adult	A1.3.c Utilize appropriate time and place to safely process emotions, independently, with a trusted adult or with peers	A1.3.d Utilize appropriate time, place or support systems to reflect on personal emotions, independently, with a trusted adult or with peers
A1.4.a Recognize that current events can impact emotions	A1.4.b Describe how current events trigger emotions	A1.4.c Explain how others' responses to current events can impact emotions	A1.4.d Analyze why current events may trigger an emotional reaction and identify ways to regulate a response

8 | Ohio's K-12 Social and Emotional Learning Standards | June 2019

Ohio Department of Education (2019). Ohio's K-12 Social and Emotional Learning Standards.

Competency B: Self-Management			
B1: Regulate emotions and behaviors by using thinking strategies that are consistent with brain development			
K-2	3-5	Middle Grades	High School
B1.1.a Identify personal behaviors or reactions when experiencing basic emotions	B1.1.b Demonstrate strategies to express a range of emotions within the expectations of the setting	B1.1.c Describe the relationship between thoughts, emotions, and behavior and apply strategies to regulate response	B1.1.d Utilize self-management strategies to regulate thoughts, emotions and behaviors within the context of the situation
B1.2.a Describe verbal and nonverbal ways to express emotions in different settings	B1.2.b Describe possible outcomes associated with verbal and nonverbal expression of emotions in different settings	B1.2.c Analyze positive and negative consequences of expressing emotions in different settings	B1.2.d Evaluate how emotions expressed in different settings impact the outcome of a situation
B1.3.a Identify and begin to use strategies to regulate emotions and manage behaviors	B1.3.b Apply strategies to regulate emotions and manage behaviors	B1.3.c Apply productive self-monitoring strategies to reframe thoughts and behaviors	B1.3.d Apply productive self-monitoring strategies to process emotions and reframe thoughts and behaviors

Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards*.

Pair Share

Describe, discuss your site's approach to an SEL framework at this time.

What are your thoughts about the new standards?

Social and Emotional Learning	Emotion Coaching
Based on theoretical models	Meta-emotion philosophy Emotion socialization
Goal: Teach/learn social and emotional competence	Facilitate social and emotional competence through a relationship dynamic with emotion ID, empathy, limit setting, problem solving
Used in a tiered system	Applied for universal, targeted, and intensive needs
Evidence to support it	Evidence in building skills, decrease symptoms, boost academics, improve relationships
Contextual Fit	How will EC fit with current programming?

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Social and Emotional Learning	Emotion Coaching
Programs and Strategies	EC as a strategy, Programs/strategies that have EC principles embedded
Applies behavior management strategies to support	Includes limit setting, problem-solving as part of the model
Principles of effective instruction	Lots of opportunities for practice
Infused into daily experiences, including academics	Many opportunities throughout the day to comment, coach, problem-solve, reflect
Importance for educators to understand, develop own SEL	Origins in meta-emotion philosophy Encourage adults to reflect, connect

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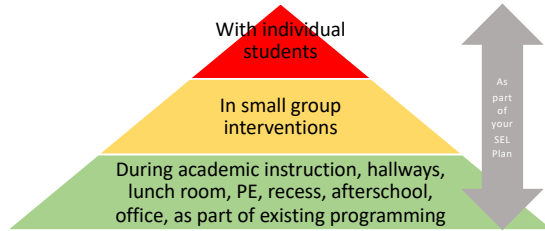
Social and Emotional Learning	Emotion Coaching
Training, support can improve outcomes	Most educators will benefit from training, support
Value of adaptations and modifications	Consider student's age, skills, needs, cultural norms
Estimate time needed to implement	Time differences depending on context
Assessment, data-based decision making	Frequency of use, student responsiveness, self-efficacy, feasibility, need for behavioral intervention
Ecological application	How will your site include stakeholders (e.g., para-professionals, parents, administrators)

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How We Can Apply an EC Framework/Approach

- Direct Application
 - In counseling, interventions, working with families
- Model
 - With students in classrooms, educators
- As part of consultation
 - With teachers, paras, admin
- Train
 - Brief to longer training sessions with educators and parents
- Coach
 - In-vivo
- Support
 - Regular discussions in small group/individuals

Emotion Coaching Across Tiers



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Strategic Planning, Stages of Change

(summarized in Gueldner, Feuerborn, and Merrell, in press)



Readiness

- Assessment
- Commitment from stakeholders
- Building teams
- Training

Initial Implementation

- Fidelity
- Dosage
- Adaptations
- Differentiation
- Engaged?

Sustained Implementation

- Visibility
- Resources allocation
- Stakeholder involvement

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Strategic Planning, Implementation

- Where can strategies fit?
 - Why are we using them? (Strategic plan)
 - Are they effective?
 - How do they fit with other programs and strategies (Coordinating)?
- What are the other pieces that make strategies effective?
 - (e.g., evidence-basis, fidelity, assessment, adaptations, data-based decision making, training)
- What do your students, educators, and families need?
- What mechanisms are in place to assess effectiveness?

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When Students Say Things that Make Us Pause

(reviewed in Gueldner et al., in press)

- *That's stupid.*
- *I don't know what you're talking about. I never feel that way.*
- *I can't do anything right. I'm just stupid.*
- *When I lived in my car, I stayed up until at least 3 in the morning. There was no way I was going to let someone take our stuff.*
- *I think about hurting/killing myself/someone else....*

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The Challenge in Responding



Reference: Siegel, 2012

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The Opportunity for Connection



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It's Inevitable. We Can Prepare!

- **Expect**
 - It's going to happen.
- **Prepare**
 - Pre-teach expectations and how you will respond.
 - Give students option not to share
 - Use a script
 - Revisit often
- **Respond**
 - Ask for clarification (*Tell me more about that feeling*)
 - Validate emotions (*I can understand how you felt really angry. No wonder you were upset!*)
 - Ask if other students have felt similar emotions
 - Place limits on what is shared (violence, serious accidents, graphic descriptions of experiences). Tell student you will check in. *These are situations that are better discussed in private...I will check in with you after class. Your situation is really important.*

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Consultation, Schoolwide Teams, Advocacy

- Consulting with a teacher on classroom strategies, including special education, ELL services
- Coordinating care between community-based providers, classroom teachers, administrators
- Advocating for personal reflection
- Advocating for "looking underneath the iceberg," value of emotions

Trainings

- **All** educators regarding emotional development, effective strategies to promote relationships, attachment, emotional development
- Parents, guardians, grandparents, community members

Pair Share

There are elements of an Emotion Coaching framework occurring in your work now. Describe what you or your site is currently doing.

Where do you see need and opportunity?

What might be a logical next step for growth--strategic planning, implementation, training, etc.?

1. Be **aware** of emotions
2. Recognize emotions as **an opportunity to connect** and teach
3. **Label** emotions verbally
4. Communicate **empathy and understanding**
5. **Set limits**, help **problem solve**

Challenges to Implementation, Effectiveness

- Educator work demands, stress (Denham, Bassett, & Zinsser, 2012)
- Safety concerns---address first
- In a coercive cycle, forgetting limit setting and problem solving
- Training, practice, prioritization (Krawczyk, 2017)
- Administrator support
- Educator self-efficacy, competence
 - Emotional competence is related to reactions to children's emotions (ignoring, punishing, minimizing; Ersay, 2007)
- More research and training opportunities needed

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Adaptations

Cultural consciousness is vital for educators to assist students in achieving social-emotional learning objectives. Educators must be supported in understanding how school and classroom policies, practices and procedures may be inequitable to some student populations, perpetuating disparities in educational experiences and opportunity gaps.

~Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards.*

Ecological Validity Framework (Bernal, Bonilla, & Bellido, 1995)

Goal: Increase fit between client's experience and components of intervention

Domain	For Consideration
Language	Appropriate, culturally syntonic
Persons	Characteristics of client, therapist; How similarities/differences between client, therapist affect relationship
Metaphors	Symbols, concepts shared within culture
Content	Cultural knowledge; Appreciating values, customs, traditions in conjunction with treatment approach
Concepts	How are we conceptualizing the "problem"? How do we communicate this to our students, families? Reframe in context of cultural/ecological variables.
Goals	Do our goals align with those of our students, school staff, families?
Methods	Adaptations; Ways to deliver content. Do we include family in interventions?
Context	Current context of client, changing factors (e.g., acculturative stress, migration, development, etc.)

General Recommendations

- Get to know your emotion world
- Review and use resources
- Get to know your student population.
 - What are social norms?
 - What aspects of culture do we pay attention to when talking about/working with emotions?
- How does EC fit into current SEL framework?
 - Where is there potential?
 - Where are the challenges?
- Practice with a colleague, form a regular meeting group
- Consider measurement
- Obtain feedback, input, engage in iterative process

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Support

With the professional development supports that will accompany these standards, Ohio is providing guidance for implementing the standards into instruction, so all teachers can reap the benefits of supporting students' social-emotional learning development. Resources are being identified and created, to accompany these standards to provide implementation and support documents for all of the adults in children's lives, including Trauma Informed Schools and Social-Emotional Learning and a summary of recent research on the importance of social-emotional learning.

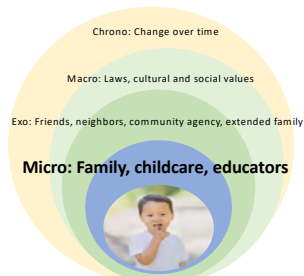
Engagement, Partnerships

Parents and families are critical in the development of social-emotional skills and competencies in young children as they grow. These standards were created with that very much in mind, as parents and family members are their children's first and most significant teachers. It is through building a strong partnership between families and schools, educators and communities that our children are supported to be lifelong learners who develop into adults who make significant contributions to the world.

~Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards.*



Collaborative for Academic, Social, and Emotional Learning www.casel.org



Bronfenbrenner and Ceci (1994) Ecological systems theory

Parent-School Collaboration

- Parent-teacher relationships lead to better overall development and competence in students (e.g., Mendez, 2010; Smith et al., 2019; Garbacz et al., 2018)
- More parent engagement in elementary school, declines in middle and high school (Smith et al., 2019)
- Barriers abound: Taking time off work, transportation, childcare, history of negative experiences, discrimination, unclear expectations (Herman et al., 2014), cultural differences in role of parents in education (Gonzales & Gabel, 2017)

Authentic, positive relationships with students and families only can occur when educators reflect on their positionality, power and privilege and develop cultural awareness and competency (Gallego & Cole, 2001; Artiles, 2003; Kozleski & Artiles, 2012). Educators effectively teach social-emotional learning when they can recognize and understand their lens of social-emotional learning may differ from that of their students and families and seek input from students and families regarding the social and emotional learning standards (Waitoller & Thorius, 2015).

~Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards.*

Pair Share

Describe a situation when school-family collaboration was very beneficial to a student.

Describe the methods your site currently uses to partner with families.

Describe the extent to which you are able to engage in personal reflection, training regarding "positionality, power, and privilege."

Characteristics of Successful School-Family Partnerships

(Albright & Weissberg, 2010)

Priority
Planful
Proactive
Persistent
Positive communication
Personalized
Practical, specific strategies
Program monitoring, modifications

Types of parent engagement

(Albright & Weissberg, 2010; Epstein, 1995; Hoover-Dempsey et al., 2005)

- **Home-based:** reading to child, other academic activities, educational events at school, community
- **School-based:** PTA meetings, family nights, fundraising, advisory councils, volunteering, workshops, observing, parents as leaders, collaborate with community agencies
 - Parents/families are invited, key participants/partners
 - Classrooms support participation, are welcoming
 - Parents share decisions in curriculum choices
- **Home-school:** in person or technology communication (e.g., newsletters, website, handbook, personal contact, progress journals, notes, home visiting)
 - What is happening in the classroom that can be reinforced at school?
 - What are some strategies that can be used?
 - How is my child doing?
 - How are families included in all SEL information, planning, decision-making?

Example of parent engagement in Chicago: from NBC Today Show: Education Nation:

https://www.youtube.com/watch?v=ubo6L0gQv6Q&list=PLvzOwE5IWq_hRPzhEYprYHcA8SZl9Qvnpz&index=1&feature=plpp_video

School-family Partnerships and SEL (Albright and Weissberg, 2010; www.casel.org)

CASEL Program Guides: <https://casel.org/guide/programs/>; Look for "Family Context" Indicator

Incredible Years Series: Homework at home with parents, letters to parents, "parental involvement is strongly encouraged."

Promoting Alternative Thinking Strategies (PATHS): "Suggestions for engaging parents," parent letters, handouts

School-family Partnerships and SEL (Albright and Weissberg, 2010; www.casel.org)

Responsive Classroom: "Guidelines for working with families...teachers are encouraged to connect with parents individually on a regular basis in order to share updates and expectations about the child's development."

RULER: "Provide adult family members with strategies for extending and promoting social and emotional development at home."

Second Step: Family Guide so give parents information to use same strategies at home

Common Threads

Facilitating, building:

- Relationships
- Trust
- Knowledge
- Skills
- Effective communication
- Inclusivity
- Respect
- Understanding
- Cooperation
- Appreciation
- Equity

Options for Application

- Consult program materials
- Consider the information you wish families could have to coordinate school-family partnerships around SEL and specific strategies, such as those that include emotion coaching
- Ask what families would like
- Use methods of engagement that would work for your families
 - Newsletters, weekly updates on strategies, parent, educator workshops, classroom observation, etc.
- Model effective communication, empathy, problem-solving

Pair Share

Describe how school-family-community partnerships will play a role in overall SEL planning and implementation at your site.

Where is there room for growth?

Who can you work with to move this important work forward?

Final Thoughts

- Look to your SEL framework, guidelines
- Consider strengths of current programming, needs
- Work with a team that includes multiple stakeholders to work through the big picture, and the adoption of a strategy/program like Emotion Coaching
- See this journey as a marathon, not a sprint.

Activity

Closing

Materials

Contact:

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Building Relationships and Resilience: Emotion Coaching as an Efficient and Effective Social and Emotional Learning Strategy

Barbara Gueldner, PhD, MSE
Licensed Psychologist, Nationally Certified School Psychologist
Ohio School Psychologists Fall Conference
November 8, 2019

Objectives

- What Is Emotion Coaching?
- What does it look like?
- How do I engage in this process?
- Wait, I have feelings in this process too?!

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Acknowledgements and Resources

Ohio School Psychologists Association

Resources

Disclosure

- Co-author of *Merrell's Strong Kids and Merrell's Strong Teens*, 1st and 2nd edition (Paul H. Brookes Publishing;
 - Royalties to Kenneth W. Merrell Legacy Scholarship, University of Oregon)
- Co-author of *Social and Emotional Learning in the Schools* (Guilford Press)
- No financial support for this presentation from Paul H. Brookes Publishing or Guilford Press

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Our Schedule and Format

- Lecture, Reflection, Pair share, videos, movement breaks, mindful moments
- Please feel free to move as you need to!
- Managing our personal assistants (AKA technology)

Anger Embarrassed Worry Comfortable Content
 Sadness IRRITATION Frustration Jealous Rejected
 Happy Joy Calm Crabby Safe Relaxed Grateful
 Disgusted Confident Gloomy CONCERNED Insecure
 Cheerful Surprised Confused Bored Furious
 Annoyed DISAPPOINTED Love Hurt Inadequate
 Fear Hopeless Impatient Giddy Hopeful
 Content Depressed Guilty Appreciated APATHETIC

Emotions

Emotions = Information

Tell us something about our environment, experience, needs

Prepares us to respond, adapt, seek assistance

We experience more than one emotion at a time

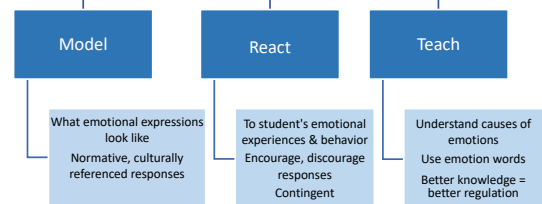
(Shariff & Tracy, 2011)

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Emotion Socialization

(Denham, Bassett, & Wyatt, 2007)



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The Influence of Gender

Parents social boys and girls differently within cultural norms of masculinity and femininity

Men

- Displays of sadness, worry are viewed more negatively
- Anger and more externalizing emotions (aggression) are viewed as more acceptable

Women

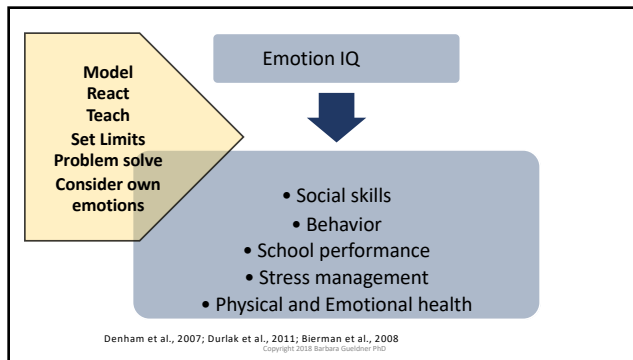
- Displays of anger, aggression are more negative
- Sadness and fear discussion are emphasized more

The Importance of Fathers (Gottman video summary)

- Dads play with kids differently than moms do
- Dads are preferred playmates for 2.5 y.o., 3:1
- Dad's are critical to emotional development b/c:
 - 1) Kids emotions are up and down more through very active play--- kids get more practice regulating
 - 2) Dads encourage independence more often
- Moms **can learn how to play** with kids in a similar manner

- There is no toy that is more interesting to your child than you.*
- Dads are providing something naturally that is different than moms.*

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Emotion Coaching

- A way for adults to **respond** to children's emotions and behavior
- Process emotions, respond to problems within a **dyad**
- Focus on **relationships** via empathy and attunement
- Should be used **in conjunction with** principles of effective behavior management practices, problem-solving

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Emotion Coaching in 5 Steps (Gottman, 1996)

1. Be **aware** of emotions
2. Recognize emotions as **an opportunity to connect** and teach
3. **Label** emotions verbally
4. Communicate **empathy and understanding**
5. **Set limits**, help problem solve

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- Video example

Emotion Coaching: A Closer Look

- Meta-emotion Philosophy: How you feel and think about emotions in yourself **and** child/student (Gottman et al., 1997; Lagace-Sequin, 2006)
- Use this information/awareness to engage in emotion socialization behaviors
- *Awareness, acceptance, and coaching of emotions were identified as component processes central to PME* (Katz, Miliken, & Stettler, 2012, p. 418)

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4 Parenting Styles with Emotions (Gottman et al., 1997)

Dismissing

Emotions aren't important, ignore emotions, disengages, uncomfortable, let's get past it, might get out-of-control, downplay, may punish child for feeling anger

Disapproving

Judges, criticizes emotional expression, emphasize conformity, punishes expression, need to control "negative" emotions, emotions make one weak, emotions manipulate

Laissez-faire

Accepts all emotions, no teaching about emotions, no problem solving, no limits

Emotion Coaching

Value emotions, tunes in to them, listens, empathizes, doesn't fix or say how to feel, sets limits and problem solves

Results of Parenting Styles

(see Gottman et al., 2016; Katz, Maliken, & Stettler, 2012)

Type	Result
Dismissing	Learn that feelings are wrong, not valid. Think something is wrong with you. <u>Problems regulating.</u>
Disapproving	Same as above <u>Problems regulating</u>
Laissez-faire	<u>Problems regulating</u> emotions, attention, social relationships.
Emotion Coaching	Trust feelings, better: <u>emotion regulation</u> problems-solving, behavior, self-esteem, social skills, physical health, achievement.

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Adult-Child Relationship, Attachment

- Children engage in behaviors that signal needing to feel safe (attach) or to explore (using a secure attachment base)
- Adults respond, children learn to trust and in the responses and believe they will be available
- Relationships (experiences) and the brain interact to shape structure (Interpersonal neurobiology, Siegel, 2012; Immordino-Yang, Darling-Hammond, & Krone, 2018)
- Relationships, social interactions shape development, health
- Toxic stress = "strong, frequent, and/or prolonged adversity...without adequate adult support." (<https://developingchild.harvard.edu>)
- Attach through attunement---"feel felt"
- Learning requires healthy, helpful social interactions



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Responsive Caregiving = Better Emotional Development

- Caregiver's responsiveness is valuable (Ainsworth, 1979)
- Temperament also a variable (Kagan et al., 1989)
 - Children who respond more intensely pose more challenges to parents (Chen et al., 2012)
- **Emotion Coaching supports relationships by using prosocial behavior (parents') to teach children regulation** (Gus et al., 2015)

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Pair Share

Rethinking Behavior Management, Targeting Emotional Competence

Behavior alone is a clue to the riddle, not the answer. (Brackett, 2019)

- We see emotionality in context of behavior
 - All emotions are valid. Not all behaviors are acceptable. (Gottman et al., 1996)
- Consider emotions as a contributor, influencer to student behavior *and* identifying emotions, empathizing with them as a point of intervention
- EC can decrease need for traditional behavioral interventions

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Flipping Your Lid

(Dan Siegel: https://www.youtube.com/watch?v=G0T_2NNoC68)



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SEL Competencies

The process through which children and adults **acquire and effectively apply** the knowledge, attitudes, and skills necessary to:

- understand and manage **emotions**,
 - set and achieve **positive goals**,
 - feel and show **empathy** for others,
 - establish and maintain positive **relationships**,
 - and make **responsible decisions**.
- Collaborative for Academic and Social and Emotional Learning (CASEL)

Social & Emotional Learning Core Competencies



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The Opportunity

- Develop "21st Century Skills" (National Research Council, 2009)
- Evidence to support social-emotional competence, relationships are related to academics (Jones & Kahn, 2017)
- In order to learn, we must create environments that are conducive to healthy brain development.
- Home, schools, communities can support healthy development through relationships, programs, strategies, support.
- Prevention and early intervention works (Durlak et al., 2011)
- Educators are effective emotion socializers (Denham et al., 2012)

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Evidence for PMEP/Emotion Coaching: General

(Gottman et al., 1996; Gottman & Declaire, 1997)

- Trust own feelings
- Better emotion regulation, problem-solving
- Higher self-esteem
- Better academic performance
- Better peer relationships
- Better health factors

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Evidence: Issue Specific

- At risk youth (Ellis et al., 2014)
- ADHD (Chronis-Tuscano et al., 2014)
- Anxiety (Hurrell et al., 2015; Hurrell et al., 2017)
- Attachment (Chen et al., 2011)
- Autism and externalizing problems (Wilson et al., 2013)
- Conduct problems (Havinghurst et al., 2013; Katz & Windecker-Nelson, 2004)
- Depression (Katz & Hunter, 2007; Katz et al., 2014; Lenze et al., 2011)
- Eating problems/disorders (Kehoe et al., 2014; Robinson et al., 2014)
- Maltreatment, domestic violence (Shipman et al., 2007; Katz et al., 2008; Cunningham et al., 2009)
- Emotional lability in ODD (Dunsmore et al., 2012)
- Parent Child Interaction Therapy (Duncombe et al., 2016)
- Regulation of emotions and behavior (Shott et al., 2010)
- Somatic complaints (Kehoe et al., 2015)

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Evidence: Schools

- UK-based
- Attachment Aware Schools Project
- Uses EC as a primary component
- Trains educators, parents, community agencies
- Used with students at all tier levels

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Benefits: Students

- Meta-emotions (Rose et al., 2017)
- Improved empathy (Digby et al., 2017)
- Better regulation (Gus et al., 2017)
- Better emotion literacy (Gus et al., 2017)
- Less aggression (Rose et al., 2017)
- Less physical restraint (Gus et al., 2017)
- Better reading and math progress (Gus et al., 2017)
- Teacher-student relationships (Gus et al., 2017)

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Staff/School

- Fewer absences (Gus et al., 2017)
- Improved self-efficacy (Gus et al., 2017)
- Improved skills (Gus et al., 2017)
- Dismissed emotions less (Rose et al., 2015)
- More empathy (Digby et al., 2017)
- Better awareness, self-efficacy, self-regulation (Rose et al., 2015, Digby et al., 2017)
- Less use of rewards and consequences, fewer "exclusions" (Rose et al., 2015)
- Improved partnerships with other ecologies (Digby et al., 2017)
- Better communication (Digby et al., 2017)

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Benefits: Parents

- Home-school communication (Rose et al., 2017)
- Parental engagement (Rose et al., 2017)
- Empathy (Rose et al., 2017)
- Parents perceive benefit (Rose et al., 2017)
- Use of punishment decreased (Gus et al., 2017)
- Lives felt more "normal" (Gus et al., 2017)
- Better awareness, self-efficacy, self-regulation (Rose et al., 2015)

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Research Needs

- More application
- Feasibility
- How does this fit as a stand-alone/integrated SEL strategy?
- Assessment
- Attention to implementation science factors associated with implementing a strategy in a classroom
 - (e.g., fidelity, training and support, quality of implementation, sustainability, assessment, feedback loop, etc.)

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Managing Expectations

- Emotion Coaching is a viable and effective strategy
- Very useful within a system of support
- Apply EC with intention, specific goals, and an assessment plan
- It is not a panacea for all problems, situations
- You do not have to emotion coach every emotional state
- Avoid a fragmented approach

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Pair Share

Getting Started with Emotion Coaching

1. Be **aware** of emotions
2. Recognize emotions as **an opportunity to connect** and teach
3. **Label** emotions verbally
4. Communicate **empathy and understanding**
5. **Set limits**, help problem solve

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Step 1a: Recognize Other's Emotions

What do you...

See

Body language
Behaviors

Hear

Tone
Language

Know about the child/teen's temperament and triggers

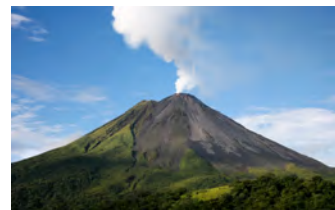
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Cultural and Age Considerations

- Cultural differences in emotion expression
- Age considerations
 - Preschool: emotion ID, limits, problem solving
 - Late pre to early elem: More complex emotions, use social contexts
 - Middle childhood (8-12): More masking, more logical, validate social and competency concerns, move into consultant role
 - Teens: Reflective listening, consultation, respect

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Step 1b: Also, Recognize Your Emotions

What do you feel in your body?

What are you thinking?

What emotions can you identify?

What are you doing?

What do you know about your temperament?



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Barriers

(Gottman, 1997; Powell, Cooper, Hoffman, & Marvin, 2014)

• Our own histories with emotion/situations

• Our own “flooding”

• Our agendas

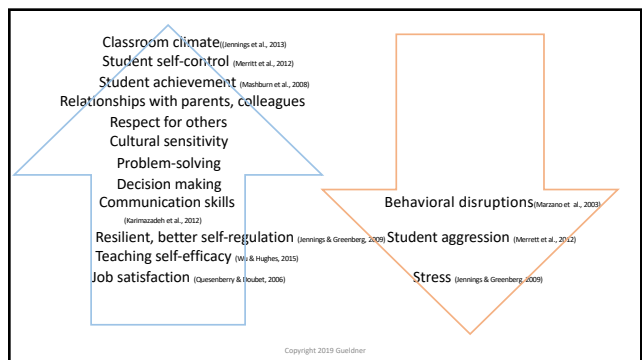
• The reality of our work in schools

• “Shark music” AKA state of mind

- *I can't do this. Someone else has to.*
- *I'm supposed to know how to do this, and I'm pretty sure I shouldn't need help. I'll give ideas on how to fix it right away.*
- *This is not my problem. These kids have to figure it out themselves.*



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Regulating Ourselves

- Educators work on their own SEL to use EC
- Your own work, trainings to include:
 - Self-assessment
 - Gottman and Schwartz-Gottman resource
 - CASEL
 - Reflective practice, supervision, consultation
 - Journaling
 - Recognizing your own cues
 - Regulation strategies
 - Practice to build self-efficacy

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Pair Share

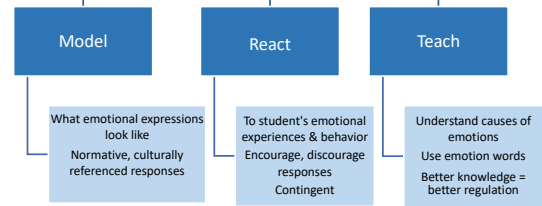
Step 2a: Emotions as an Opportunity to Connect and Teach

There is some association between exposure to moderate levels of negative emotions and emotion knowledge (e.g., Denham & Grout, 1992)

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Emotion Socialization

(Denham, Bassett, & Wyatt, 2007)



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Teachers as Socializers

- Are *emotion* socializers (Bassett et al., 2016; Sutton & Wheatley, 2003)
- Engage in similar practices as parents (Ahn, 2005; Denham, Bassett, & Miller, 2017)
- Model emotion responses to many students
- Need training in content knowledge, positive attitudes toward emotions (self and others) (Zinsner et al., 2014)

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- Validating emotions is important for classroom climate and development (Bassett et al., 2016)
- Some evidence to support that as teachers validate more, more emotional expression occurs (e.g., verbalizing feelings, less regulation) (Bassett et al., 2016)
 - Ho: students see others being validated, increase sad emotion to illicit comfort

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Teacher-Student Relationship

- Teacher-student relationship affects development (cognitive, academic, and social) (Myers & Morris, 2009; Pianta & Stuhlman, 2004)
- Children with externalizing problems may benefit most from positive relationship (Vitiello et al., 2012; those with internalizing problems less understood)
- Relationships improve with EC (e.g., Chen, Lin, Li, 2012)

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Non-examples and Examples

- Video

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Step 2b: How: Connection Strategies

(Siegel & Payne-Bryson, 2015)

- **Goal:** To convey calm and safety, decrease vagus defense system, student can start to calm
- **Comfort and attention:** Eye contact, facial expression, tone of voice, posture, gestures, timing of response, intensity of response, bodily movement
- Stop talking and listen

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~~BUT
Fixing
Moralizing
Lecturing~~

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Connection Strategies (Siegel & Payne Bryson, 2015)

- Appropriate eye contact
- Facial expression
- Tone/volume of voice
- Posture
- Gestures
- Timing response
- Intensity of response
- Body movement

Caveats

- Matching a student's tone, intensity...
 - Can work for some students and in some situations to convey empathy
 - We must stay regulated
 - Watch student's response to see if it is helpful or escalating the situation

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Step 3: Label Emotions

Label and verbalize the emotion you think is being experienced

"Name it to tame it" (Siegel and Payne Bryson)

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Using our Detective Skills to Hypothesize the Emotion and Experience

What do you...

See

Body language
Behaviors

Hear

Tone
Language

Know about the child/teen's temperament and triggers

How might you feel in that situation?



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From Simplest

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Language

- *I wonder if...*
- *You seem...*
- *Looks like....*
- *Ugh, how frustrating!*

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Video example

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Practice

Challenges with asking “why” in the moment...

Our “smart” brain is having a hard time figuring out how we feel and articulating that

Can increase the stress response and interfere with regulation (in the moment)

At the same time, it is important for us to get to “why” to help with understanding and problem-solving

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Step 4: Empathize, Understand, Validate

• What is empathy?

Brene Brown narration:

<http://www.youtube.com/watch?v=1Ewgu369Jw>

Wiseman (1996)

- Perspective taking
- Staying out of judgment
- Recognizing emotions
- Communicating you see emotions

- We may not have experienced that same situation, but we probably know the feeling.

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Empathize, Understand, Validate

• Convey understanding through:

- Connecting strategies
- Our words

- Disagreeing with someone’s perspective is generally unhelpful unless you have empathized, understood their perspective, and validated

- Reassurance can also be unhelpful at times

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- *I wonder if you are feeling **worried** about the test.*
- *You seem really **excited** to start the activity! You are staying really close the group and asking me a lot when we will start.*
- *You seem very **frustrated** right now. Your voice is getting louder and louder.*
- *You’re **enjoying** the debate.*
- *Sounds **irritating** and **annoying**.*
- *What a **relief**!*

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Empathy, Understanding, and Validation

• Name the feeling + validate the feeling

- All feelings are acceptable

• *I imagine you felt X because...and because...and because...* (LaFrance, 2018)

• *That really made you angry. You wanted to hangout with Celia and she said she didn’t want to and then you felt sad and mad at the same time.*

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Anger

- Many emotions occur simultaneously. Anger is often the first clue.

- Anxiety—about not being a “good enough” teacher, what other think of us
- Disappointment—something isn’t going as we expected, wanted
- Frustration—that we are dealing with intense emotions and behavior at school
- Surprise—we were not expecting a shift in the schedule

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Validation in the context of Anger

(Lafrance, 2018; www.mentalhealthfoundations.ca)

- What are you talking about?
- Why are you talking that way?
- I'm not disappointed, I'm angry!
- You don't get it.
- Validation whac-a-mole

Keep using validation strategies. Mirror affect as appropriate. Modify. Set limits. Check in.

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Practice

Step 5: Limit Setting and Problem Solving

- Primary principles for positive behavior
- Schoolwide Systems
- General problem-solving approach
- Regulation strategies

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Schoolwide positive behavioral supports

- What structures, routines are in place that will complement EC?
- What expectations, limits are in place in classrooms, school building?

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Primary Principles for Positive Behavior (Gottman, 1997)

- Give clear directions
- Attend to prosocial behaviors
- Expect mistakes, shape behavior
- Praise for effort
- Try again
- Find ways to say yes
- Grant in fantasy what you cannot in reality
- Practice the behavior you want to see

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Expectations, Limit Setting

- What is expected behavior?
- What needs to be done?
- Important to follow through, with flexibility

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Problem Solving

- Problem = A behavior, a dilemma
- Our students are developing, may not have skills yet to fulfill our expectations
- Involve student in process
- Allow to make choices within the school requirements for rules/values

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Regulation Strategies

- What skills do students have currently?
- What are they learning in the classroom?
- What can we teach, model?

Pair Share

Modifying for Time

- Can be brief
- Will not always have as much time in classroom
- Practice helps A LOT
 - Building competence to build efficiency
- Can always defer lengthier validation later
 - Let student know you will come back to it, follow through

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How We Can Apply These Strategies

- Direct Application
 - In counseling, interventions, working with families
- Model
 - With students in classrooms, educators
- As part of consultation
 - With teachers, paras, admin
- Train
 - Brief to longer training sessions with educators and parents
- Coach
 - In-vivo
- Support
 - Regular discussions in small group/individuals

Integrating and Collaborating: Working Toward a Systematic and Ecological Approach

Barbara Gueldner, PhD, MSE
Licensed Psychologist, Nationally Certified School Psychologist
Ohio School Psychologists Fall Conference
November 8, 2019

Objectives

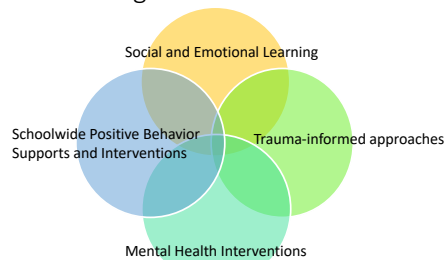
- What about the big picture (SEL, MTSS)?
- How does an emotion coaching process fit in a SEL framework and as a strategy?
- What about family engagement?
- How do I/we get started?

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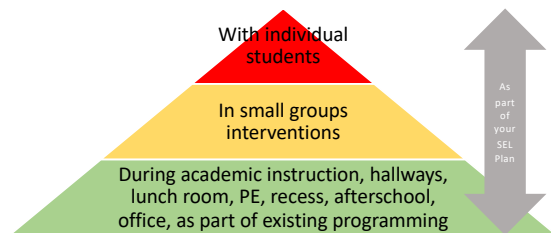
Our Schedule and Format

- Lecture, Reflection, Pair share, videos, movement breaks, mindful moments
- Please feel free to move as you need to!
- Managing our personal assistants (AKA technology)

Emotion Coaching in Frameworks



Emotion Coaching Across Tiers: In Everyday Moments



Social and Emotional Learning

<https://casel.org/impact/>

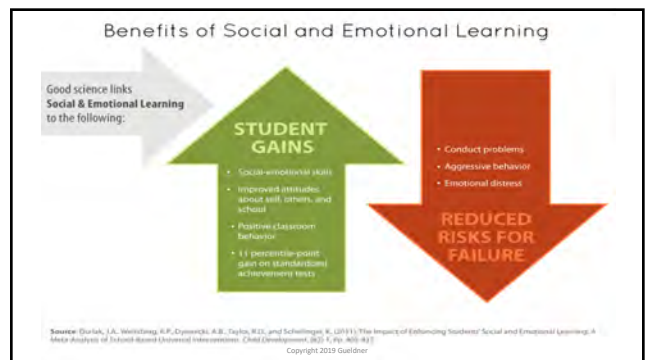
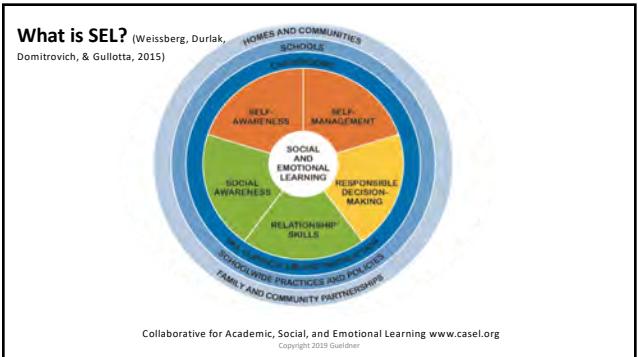
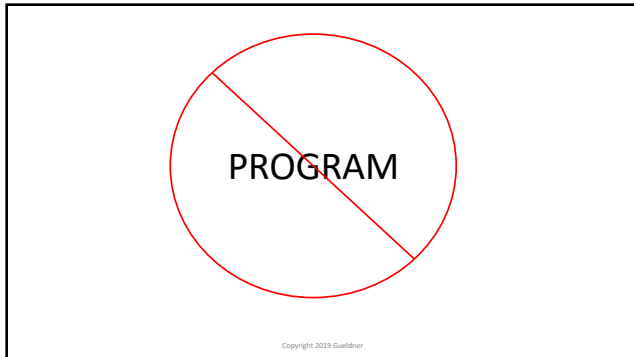
What Is Social and Emotional Learning?

(Collaborative for Academic and Social and Emotional Learning)

*The process through which children and adults **acquire and effectively apply** the knowledge, attitudes, and skills necessary to:*

- understand and manage **emotions**,
- set and achieve **positive goals**,
- feel and show **empathy** for others,
- establish and maintain positive **relationships**,
- and make **responsible decisions**.

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Evidence: Academic Indicators

Study	Statistically Significant Results Related to Academic Indicators
Wilson et al., 2001	Improvements in attendance and dropout rates
Durlak et al., 2011	Improvements in achievement test scores, course grades, and grade point average
Sklad et al., 2012	Improvements in grade point average, reading achievement, standardized test, teacher-rated academic competence
	Academic achievement remained improved at follow up
Taylor et al, 2017	Improved academic performance at follow up (on average between 56 and 195 weeks)

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(Guelldner, Feuerborn, & Merrell, 2019)

- Ohio and SEL** (<http://education.ohio.gov/getattachment/Topics/Learning-in-Ohio/Social-and-Emotional-Learning/Social-and-Emotional-Learning-Standards/K-12-SEL-Standards-Full-Final.pdf.aspx?lang=en-US>)
- **Standards** adopted 6/24/19
 - In response to current SEL activities in Ohio, to provide a framework for systematic integration
 - Kindergarten through Grade 12
 - Each district has authority to decide the extent to which standards will be used and how to implement
 - Assessment tools available through DOE
 - **Excellent online resources for Ohio!**
 - Competencies are organized by the "CASEL 5"



Education.ohio.gov



Education.ohio.gov

Ohio's Kindergarten through Grade 12 Social and Emotional Learning Standards

Competency A: Self-Awareness

K-2	3-5	Middle Grades	High School
A1.1.a Identify basic personal emotions	A1.1.b Identify a range of personal emotions	A1.1.c Identify, recognize and name personal complex emotions	A1.1.d Identify complex emotions as an indicator of personal state of well-being
A1.2.a Recognize emotions as natural and important	A1.2.b Identify that emotions are valid, even if others feel differently	A1.2.c Explain that emotions may vary based on the situation, including people and places	A1.2.d Analyze ways emotions impact the social environment
A1.3.a Identify appropriate time and place to safely process emotions, independently or with the guidance of a trusted adult	A1.3.b Consider when it is necessary to process emotions in a safe place, independently or with the guidance of a trusted adult	A1.3.c Utilize appropriate time and place to safely process emotions, independently, with a trusted adult or with peers	A1.3.d Utilize appropriate time, place or support systems to reflect on personal emotions, independently, with a trusted adult or with peers
A1.4.a Recognize that current events can impact emotions	A1.4.b Describe how current events trigger emotions	A1.4.c Explain how others' responses to current events can impact emotions	A1.4.d Analyze why current events may trigger an emotional reaction and identify ways to regulate a response

8 | Ohio's K-12 Social and Emotional Learning Standards | June 2019

Ohio Department of Education
Ohio Department of Education (2019). Ohio's K-12 Social and Emotional Learning Standards.

Competency B: Self-Management

B1: Regulate emotions and behaviors by using thinking strategies that are consistent with brain development

K-2	3-5	Middle Grades	High School
B1.1.a Identify personal behaviors or reactions when experiencing basic emotions	B1.1.b Demonstrate strategies to express a range of emotions within the expectations of the setting	B1.1.c Describe the relationship between thoughts, emotions and behavior and apply strategies to regulate response	B1.1.d Utilize self-management strategies to regulate thoughts, emotions and behaviors within the context of the situation
B1.2.a Describe verbal and nonverbal ways to express emotions in different settings	B1.2.b Describe possible outcomes associated with verbal and nonverbal expression of emotions in different settings	B1.2.c Analyze positive and negative consequences of expressing emotions in different settings	B1.2.d Evaluate how emotions expressed in different settings impact the outcome of a situation
B1.3.a Identify and begin to use strategies to regulate emotions and manage behaviors	B1.3.b Apply strategies to regulate emotions and manage behaviors	B1.3.c Apply productive self-monitoring strategies to reframe thoughts and behaviors	B1.3.d Apply productive self-monitoring strategies to process emotions and reframe thoughts and behaviors

Ohio Department of Education (2019). Ohio's K-12 Social and Emotional Learning Standards.

Pair Share

Describe, discuss your site's approach to an SEL framework at this time.

What are your thoughts about the new standards?

Social and Emotional Learning	Emotion Coaching
Based on theoretical models	Meta-emotion philosophy Emotion socialization
Goal: Teach/learn social and emotional competence	Facilitate social and emotional competence through a relationship dynamic with emotion ID, empathy, limit setting, problem solving
Used in a tiered system	Applied for universal, targeted, and intensive needs
Evidence to support it	Evidence in building skills, decrease symptoms, boost academics, improve relationships
Contextual Fit	How will EC fit with current programming?

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Social and Emotional Learning	Emotion Coaching
Programs and Strategies	EC as a strategy, Programs/strategies that have EC principles embedded
Applies behavior management strategies to support	Includes limit setting, problem-solving as part of the model
Principles of effective instruction	Lots of opportunities for practice
Infused into daily experiences, including academics	Many opportunities throughout the day to comment, coach, problem-solve, reflect
Importance for educators to understand, develop own SEL	Origins in meta-emotion philosophy Encourage adults to reflect, connect

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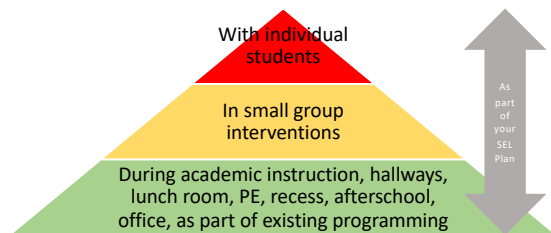
Social and Emotional Learning	Emotion Coaching
Training, support can improve outcomes	Most educators will benefit from training, support
Value of adaptations and modifications	Consider student's age, skills, needs, cultural norms
Estimate time needed to implement	Time differences depending on context
Assessment, data-based decision making	Frequency of use, student responsiveness, self-efficacy, feasibility, need for behavioral intervention
Ecological application	How will your site include stakeholders (e.g., para-professionals, parents, administrators)

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How We Can Apply an EC Framework/Approach

- Direct Application
 - In counseling, interventions, working with families
- Model
 - With students in classrooms, educators
- As part of consultation
 - With teachers, paras, admin
- Train
 - Brief to longer training sessions with educators and parents
- Coach
 - In-vivo
- Support
 - Regular discussions in small group/individuals

Emotion Coaching Across Tiers



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Strategic Planning, Stages of Change

(summarized in Guelndner, Feuerborn, and Merrell, in press)



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Readiness

- Assessment
- Commitment from stakeholders
- Building teams
- Training

Initial Implementation

- Fidelity
- Dosage
- Adaptations
- Differentiation
- Engaged?

Sustained Implementation

- Visibility
- Resources allocation
- Stakeholder involvement

Strategic Planning, Implementation

- **Where can strategies fit?**
 - Why are we using them? (Strategic plan)
 - Are they effective?
 - How do they fit with other programs and strategies (Coordinating)?
- What are **the other pieces** that make strategies effective?
 - (e.g., evidence-basis, fidelity, assessment, adaptations, data-based decision making, training)
- What do your students, educators, and families **need**?
- What mechanisms are in place to **assess effectiveness**?

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When Students Say Things that Make Us Pause

(reviewed in Gueldner et al., in press)

- *That's stupid.*
- *I don't know what you're talking about. I never feel that way.*
- *I can't do anything right. I'm just stupid.*
- *When I lived in my car, I stayed up until at least 3 in the morning. There was no way I was going to let someone take our stuff.*
- *I think about hurting/killing myself/someone else....*

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The Challenge in Responding



Reference: Siegel, 2012

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The Opportunity for Connection



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It's Inevitable. We Can Prepare!

- **Expect**
 - It's going to happen.
- **Prepare**
 - Pre-teach expectations and how you will respond.
 - Give students option not to share
 - Use a script
 - Revisit often
- **Respond**
 - Ask for clarification (*Tell me more about that feeling*)
 - Validate emotions (*I can understand how you felt really angry. No wonder you were upset!*)
 - Ask if other students have **felt** similar emotions
 - Place limits on what is shared (violence, serious accidents, graphic descriptions of experiences). Tell student you will check in. *These are situations that are better discussed in private...I will check in with you after class. Your situation is really important.*

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Consultation, Schoolwide Teams, Advocacy

- Consulting with a teacher on classroom strategies, including special education, ELL services
- Coordinating care between community-based providers, classroom teachers, administrators
- Advocating for personal reflection
- Advocating for "looking underneath the iceberg," value of emotions

Trainings

- **All** educators regarding emotional development, effective strategies to promote relationships, attachment, emotional development
- Parents, guardians, grandparents, community members

Pair Share

There are elements of an Emotion Coaching framework occurring in your work now. Describe what you or your site is currently doing.

Where do you see need and opportunity?

What might be a logical next step for growth--strategic planning, implementation, training, etc.?

1. Be **aware** of emotions
2. Recognize emotions as **an opportunity to connect** and teach
3. **Label** emotions verbally
4. Communicate **empathy and understanding**
5. **Set limits**, help **problem solve**

Challenges to Implementation, Effectiveness

- Educator work demands, stress (Denham, Bassett, & Zinsner, 2012)
- Safety concerns---address first
- In a coercive cycle, forgetting limit setting and problem solving
- Training, practice, prioritization (Krawczyk, 2017)
- Administrator support
- Educator self-efficacy, competence
 - Emotional competence is related to reactions to children's emotions (ignoring, punishing, minimizing; Essey, 2007)
- More research and training opportunities needed

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Adaptations

Cultural consciousness is vital for educators to assist students in achieving social-emotional learning objectives. Educators must be supported in understanding how school and classroom policies, practices and procedures may be inequitable to some student populations, perpetuating disparities in educational experiences and opportunity gaps.

~Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards.*

Ecological Validity Framework (Bernal, Bonilla, & Bellido, 1995)

Goal: Increase fit between client's experience and components of intervention

Domain	For Consideration
Language	Appropriate, culturally syntonc
Persons	Characteristics of client, therapist; How similarities/differences between client, therapist affect relationship
Metaphors	Symbols, concepts shared within culture
Content	Cultural knowledge; Appreciating values, customs, traditions in conjunction with treatment approach
Concepts	How are we conceptualizing the "problem"? How do we communicate this to our students, families? Reframe in context of cultural/ecological variables.
Goals	Do our goals align with those of our students, school staff, families?
Methods	Adaptations; Ways to deliver content. Do we include family in interventions?
Context	Current context of client, changing factors (e.g., acculturative stress, migration, development, etc.)

General Recommendations

- Get to know your emotion world
- Review and use resources
- Get to know your student population.
 - What are social norms?
 - What aspects of culture do we pay attention to when talking about/working with emotions?
- How does EC fit into current SEL framework?
 - Where is there potential?
 - Where are the challenges?
- Practice with a colleague, form a regular meeting group
- Consider measurement
- Obtain feedback, input, engage in iterative process

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Support

With the professional development supports that will accompany these standards, Ohio is providing guidance for implementing the standards into instruction, so all teachers can reap the benefits of supporting students' social-emotional learning development. Resources are being identified and created, to accompany these standards to provide implementation and support documents for all of the adults in children's lives, including Trauma Informed Schools and Social-Emotional Learning and a summary of recent research on the importance of social-emotional learning.

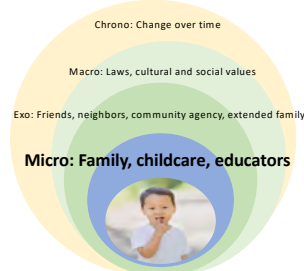
Engagement, Partnerships

Parents and families are critical in the development of social-emotional skills and competencies in young children as they grow. These standards were created with that very much in mind, as parents and family members are their children's first and most significant teachers. It is through building a strong partnership between families and schools, educators and communities that our children are supported to be lifelong learners who develop into adults who make significant contributions to the world.

~Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards.*



Collaborative for Academic, Social, and Emotional Learning www.casel.org



Bronfenbrenner and Ceci (1994) Ecological systems theory

Parent-School Collaboration

- Parent-teacher relationships lead to better overall development and competence in students (e.g., Mendez, 2010; Smith et al., 2019; Garbacz et al., 2018)
- More parent engagement in elementary school, declines in middle and high school (Smith et al., 2019)
- **Barriers abound:** Taking time off work, transportation, childcare, history of negative experiences, discrimination, unclear expectations (Herman et al., 2014), cultural differences in role of parents in education (Gonzales & Gabel, 2017)

Authentic, positive relationships with students and families only can occur when educators reflect on their positionality, power and privilege and develop cultural awareness and competency (Gallego & Coie, 2001; Artiles, 2003; Kozleski & Artiles, 2012). Educators effectively teach social-emotional learning when they can recognize and understand their lens of social-emotional learning may differ from that of their students and families and seek input from students and families regarding the social and emotional learning standards (Waitoller & Thorius, 2015).

~Ohio Department of Education (2019). *Ohio's K-12 Social and Emotional Learning Standards.*

Pair Share

Describe a situation when school-family collaboration was very beneficial to a student.

Describe the methods your site currently uses to partner with families.

Describe the extent to which you are able to engage in personal reflection, training regarding "positionality, power, and privilege."

Characteristics of Successful School-Family Partnerships

(Albright & Weissberg, 2010)

- Priority
- Planful
- Proactive
- Persistent
- Positive communication
- Personalized
- Practical, specific strategies
- Program monitoring, modifications

Types of parent engagement

(Albright & Weissberg, 2010; Epstein, 1995; Hoover-Dempsey et al., 2005)

- **Home-based:** reading to child, other academic activities, educational events at school, community
- **School-based:** PTA meetings, family nights, fundraising, advisory councils, volunteering, workshops, observing, parents as leaders, collaborate with community agencies
 - Parents/families are invited, key participants/partners
 - Classrooms support participation, are welcoming
 - Parents share decisions in curriculum choices
- **Home-school:** in person or technology communication (e.g., newsletters, website, handbook, personal contact, progress journals, notes, home visiting)
 - What is happening in the classroom that can be reinforced at school?
 - What are some strategies that can be used?
 - How is my child doing?
 - How are families included in all SEL information, planning, decision-making?

Example of parent engagement in Chicago: from NBC Today Show: Education Nation:

https://www.youtube.com/watch?v=ubo6L0qQv6Q&list=PLvzOwE5IWq_hRPzheyprYHcA8SZI9Qvnpz&index=1&feature=plpp_video

School-family Partnerships and SEL

(Albright and Weissberg, 2010; www.casel.org)

CASEL Program Guides: <https://casel.org/guide/programs/>; Look for "Family Context" Indicator

Incredible Years Series: Homework at home with parents, letters to parents, "parental involvement is strongly encouraged."

Promoting Alternative Thinking Strategies (PATHS): "Suggestions for engaging parents," parent letters, handouts

School-family Partnerships and SEL

(Albright and Weissberg, 2010; www.casel.org)

Responsive Classroom: "Guidelines for working with families...teachers are encouraged to connect with parents individually on a regular basis in order to share updates and expectations about the child's development."

RULER: "Provide adult family members with strategies for extending and promoting social and emotional development at home."

Second Step: Family Guide so give parents information to use same strategies at home

Common Threads

Facilitating, building:

- Relationships
- Trust
- Knowledge
- Skills
- Effective communication
- Inclusivity
- Respect
- Understanding
- Cooperation
- Appreciation
- Equity

Options for Application

- Consult program materials
- Consider the information you wish families could have to coordinate school-family partnerships around SEL and specific strategies, such as those that include emotion coaching
- Ask what families would like
- Use methods of engagement that would work for your families
 - Newsletters, weekly updates on strategies, parent, educator workshops, classroom observation, etc.
- Model effective communication, empathy, problem-solving

Pair Share

Describe how school-family-community partnerships will play a role in overall SEL planning and implementation at your site.

Where is there room for growth?

Who can you work with to move this important work forward?

Final Thoughts

- Look to your SEL framework, guidelines
- Consider strengths of current programming, needs
- Work with a team that includes multiple stakeholders to work through the big picture, and the adoption of a strategy/program like Emotion Coaching
- See this journey as a marathon, not a sprint.

Activity

Closing

Materials

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School-Based CBT for Depressed Children and Adolescents

Mark A. Reinecke, PhD
Child Mind Institute
San Francisco Bay Area

OSPA
Columbus, Ohio
November 2019



1



2



3

Educational Objectives

You will be familiar with:

- Diagnosis and assessment of major depression and suicide among youth
- Factors contributing to vulnerability for depression among youth
- The Socio-Cognitive Model of depression
- Cognitive-behavioral case formulation and assessment
- Modular CBT techniques and strategies



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Disclosures

- Nothing to disclose



5

Contributors

➤ David Brent, Peter Lewinsohn, Greg Clarke, Aaron Beck


➤ John March, Susan Silva, John Curry, John Fairbank, Karen Wells, Paul Rohde, Nili Benazon, Golda Ginsburg, Michael Sweeney, Norah Feeney, Jeanette Kolker, Randy LaGrone, Anne Simons, Betsy Kennard, Chris Kratochvil,

➤ Rachel Jacobs, Kelsey Howard, Lev Gottlieb, Sarah O'Dor, Emily Becker-Weidman, Greg Rogers, Allison Clarke, Michal Rischall



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Child & Adolescent Depression: An Overview



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Epidemiology (1)

- Depression 2-7%
- Dysthymia 5-10%
- Separation Anxiety Disorder 2-5%
- Generalized Anxiety Disorder 3-4%
- Simple Phobia 2-3%
- ADHD 6-10%
- Oppositional Disorder 6-10%
- Conduct Disorder 3-5%



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Epidemiology (2)

- Prepubertal: males = females
- Adolescence: females rise, males stable
- Dysthymia > Major Depression
- Moderate stability
- High recurrence rates



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Lifetime Prevalence Major Depression

	Males	Females
• Adolescents	12%	24%
• Adults	14%	23%

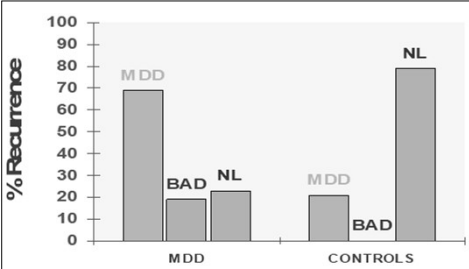
Kessler et al. (2005)
Lewinsohn et al. (1993)

➤ How can we understand the gender difference in rate, recurrence?


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Seven Year Follow Up of MDE



Rao et al (1995), JAACAP, 34:566-578

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Substance Abuse



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Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 4,859	Unintentional Injury 1,261	Unintentional Injury 787	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,084	Malignant Neoplasms 26,875	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Short Gestation 3,827	Congenital Anomalies 433	Malignant Neoplasms 449	Suicide 436	Suicide 5,723	Suicide 7,386	Malignant Neoplasms 10,963	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 427,927	Malignant Neoplasms 598,638
3	SDS 1,500	Malignant Neoplasms 577	Congenital Anomalies 593	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,977	Unintentional Injury 23,177	Unintentional Injury 23,860	Malignant Neoplasms 131,962	Unintentional Injury 315,134
4	Maternal Pregnancy Comp. 1,402	Homicide 339	Homicide 139	Homicide 147	Malignant Neoplasms 1,411	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	CHRONIC Respiratory Disease 17,810	Cancer-vascular 121,650	CHRONIC Respiratory Disease 254,591
5	Unintentional Injury 2,219	Heart Disease 139	Heart Disease 77	Congenital Anomalies 150	Heart Disease 349	Heart Disease 3,440	Homicide 3,369	Liver Disease 5,364	Diabetes Mellitus 24,251	Alzheimer's Disease 114,463	Cancer-vascular 142,142
6	Pharynx/Oesophagus 841	Influenza & Pneumonia 100	CHRONIC Respiratory Disease 82	Heart Disease 111	Congenital Anomalies 388	Liver Disease 825	Diabetes Mellitus 13,467	Liver Disease 13,468	Diabetes Mellitus 56,452	Alzheimer's Disease 116,313	
7	Rectal Supp 583	Septicemia 70	Influenza & Pneumonia 48	CHRONIC Respiratory Disease 75	Diabetes Mellitus 211	Diabetes Mellitus 752	Diabetes Mellitus 2,349	Diabetes Mellitus 6,353	Diabetes Mellitus 12,210	Unintentional Injury 53,141	Diabetes Mellitus 80,569
8	Respiratory Disease 488	Peritonsil Period 69	Septicemia 40	Cancer-vascular 50	CHRONIC Respiratory Disease 208	Cancer-vascular 975	CHRONIC Respiratory Disease 4,307	Diabetes Mellitus 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537	
9	Circulatory System Disease 460	CHRONIC Respiratory Disease 30	Cancer-vascular 38	Influenza & Pneumonia 189	HW 545	HW 571	Septicemia 2,472	Septicemia 5,594	Septicemia 41,090	Septicemia 50,040	
10	Necrotic Hemorrhage 398	CHRONIC Respiratory Disease 51	Benign Neoplasms 31	Septicemia 31	Complicated Pregnancy 154	Complicated Pregnancy 412	Homicide 2,152	Hypertitis 5,650	Septicemia 30,405	Suicide 44,985	

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Causes of Death Among 15 to 19 Year-Olds (2003)	
CAUSE	# OF DEATHS
Accidents	6646 #1
Homicide	1899 #2
Suicide	1611 #3
Cancer	732
Heart Disease	347
Congenital Anomalies	255
Chronic Lower Respiratory Disease	74
Stroke	68
Influenza and Pneumonia	66
Blood Poisoning	57
	1599

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Causes of Death Among 15 to 24 Year-Olds (2016)

CAUSE	# OF DEATHS
Accidents	13859 #1
Homicide	5172 #3
Suicide	5723 #2
Cancer	1431
Heart Disease	949
Congenital Anomalies	388
Diabetes	211
Respiratory	206
Influenza and Pneumonia	189
Complicated Pregnancy	184

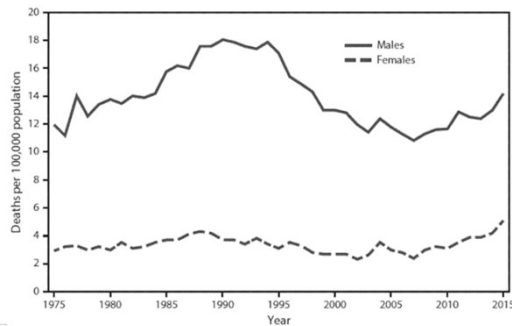
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CDC 2018

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Adolescent Suicide Rates (CDC, 2017)



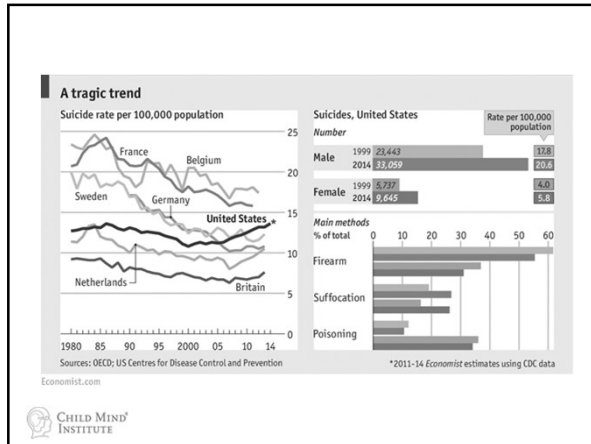
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Adolescent Suicide Rates

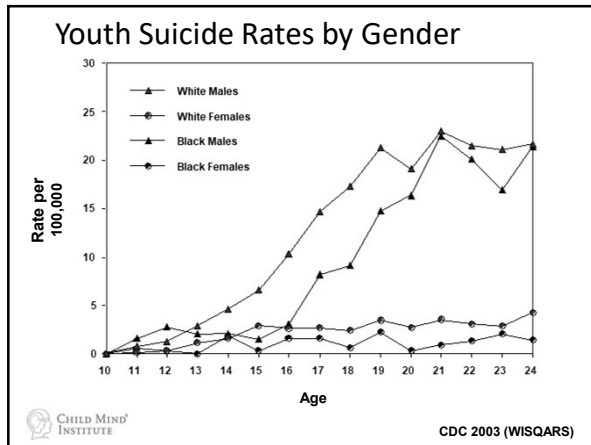
- Suicide rates decreased between 1990 and 2003 as antidepressant prescriptions increased
- Suicide rates *increased* 18% from 2003-2004 due to decreased antidepressant use
- Rate doubled for 15-19 year-old females between 2007 and 2015
- Rate increased by 30% for 15-19 year-old males between 2007 and 2015



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Why the Increase?

- Black Box warnings
- Economic pressure on families
- Insurance, access to treatment
- Shift from cocaine to opioids, pain killers
- Social media

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**Major Depression
An Important Social Problem**

- Common: Point prevalence of 2-7%
- Leading cause of disability worldwide
- 20m Americans affected (compared to 13.5m with coronary heart disease)
- Mortality rate elevated 2.6x

➤ Depression is a social policy priority



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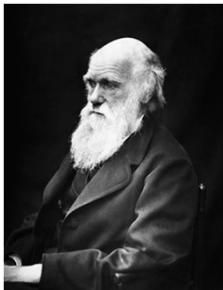
Diagnostic Criteria for Depression

1. Depressed or irritable mood
2. Anhedonia, loss of interest or pleasure
3. Weight or appetite change
4. Sleep difficulties
5. Psychomotor agitation or retardation
6. Fatigue
7. Worthlessness or guilt
8. Concentration or memory problems
9. Thoughts of death or suicide



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Evolution and Depression: Is Depression Adaptive?



"Pain or suffering of any kind, if long continued, causes depression and lessens the power of action; yet it is well adapted to make a creature guard itself against any great or sudden evil."

Charles Darwin (1887)



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Is Depression Adaptive?

- Adaptive warning mechanism
- Functionally similar to pain
- Inhibits individual from pursuing unattainable goals
- Decreased motivation; energy saved until new goal identified

Neese, R. *Arch. Gen Psychiat.* (2000)



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Goal Adjustment Capacity

- 97 girls; 15-19 years old
 - Longitudinal assessment; 19 months
 - Assess disengagement from personally salient unattainable goals and re-engagement with new goals
- Mildly depressed youth disengage more easily from unattainable goals
- Those who disengage easily are *less* likely to experience more severe depression later; lower c-reactive protein (associated with inflammation)

Wrosch, C. & Miller, G. (2009) JPSP



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The Three Rivers

- Developmental experience
"It's the environment, how you're raised"
- Biological processes
"It's all in your brain"
- Cognition
"It's all how you look at it"



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Vulnerability for Depression

1. Biological (Genetic) Factors
2. Negative Life Events
3. Early Experience & Insecure Attachment
4. Affect Regulation
5. Social Behavior; Social Support
6. Cognitive Biases / Deficits



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Biological Systems (Negative Valence – Loss)

- Genes: MAOA, COMT, DAT1, 5HTTR, 5HTRs
- Brain: Amygdala, DLPFC, VMPFC, Insula, Cingulate, Hippocampus, Striatum
- Physiology: ANS, HPA



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Biological Systems (Positive Valence – Reward)

- Genes: DAT, DRD2, TREK1
- Brain: Anterior Insula, Lateral Hypothalamus, Medial OFC, Nucleus Accumbens, Ventromedial PFC
- Physiology: Endocannabinoids, Glutamate, FosB, Orexin, Dopamine



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Cognitive Vulnerability-I

1. Beck Tacit Beliefs or Schema, Cognitive Distortions, Sociotropy, Autonomy, Automatic Thoughts
2. Rehm Self-Control Deficits, Self Reinforcement
3. D’Zurilla Social Problem-Solving Deficits
4. Garber Affect Regulation



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Cognitive Vulnerability-II

5. Seligman Learned Helplessness – Perceptions of Contingency
6. Abramson Negative Attributional Style
7. Lewinsohn Loss of Social Reinforcement
8. Alloy Depressive Realism; Perceptions of Control and Worth



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Cognitive Vulnerability-III


9. Freeman Decreased mastery and pleasure
9. Joiner Excessive Reassurance Seeking
10. Nolen-Hoeksema Ruminative Style
11. Ingram Self-focused Attention
12. Higgins Self-Concept Discrepancy
- Strauman



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Cognitive Vulnerability-IV (provisional)

1.	Gotlib Joorman	Perceptual disengagement from distressing stimuli
2.	Reinecke Breiter	Sensitivity to reward, loss




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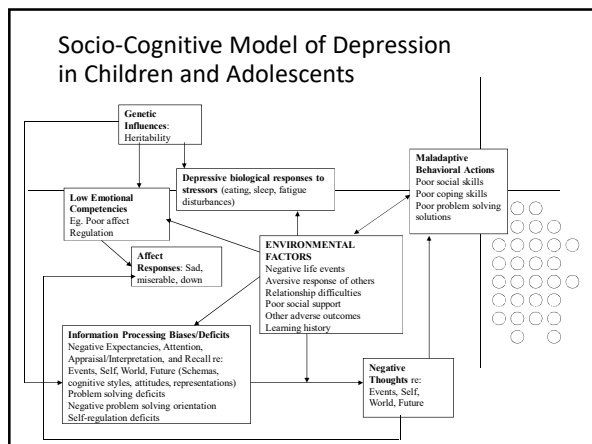
Cognitive Vulnerability – Unitary Construct?

Ginsburg et al. JCCAP (2010)

- Factor structure of self-report scales assessing depression-relevant cognitions (BHS, CNCEQ, CTI-C, DAS, SPST-R)
- 390 adolescents with major depression
- Four factor solution:
 - Cognitive Distortions and Maladaptive Beliefs (DAS, CNCEQ)
 - Cognitive Avoidance (SPST-R; ICS, AS, NPO)
 - Positive Outlook (CTI-C, BHS)
 - Solution-Focused Thinking (SPST-R; PPO, RPS)
- Maladaptive cognitions were positively related to severity of depression and predicted treatment response.



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Assessment

- Children's Depression Rating Scale (CDRS-R)
- Reynolds Adolescent Depression Scale (RAD5-2)
- Children's Depression Inventory (CDI-2)
- Reynolds Suicide Ideation Questionnaire (RSIQ)
- Columbia Suicide Severity Rating Scale (C-SSRS)



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Measures of Cognitive Mediators

- Automatic Thoughts Questionnaire (ATQ)
- Young-Brown Schema Questionnaire (YBSQ-R)
- Dysfunctional Attitudes Scale (DAS)
- Social Problem-Solving Inventory (SPSI-R)
- Attributional Style Questionnaire (ASQ)
- Inventory of Parent & Peer Attachment (IPPA)
- Cognitive Bias Questionnaire (CBQ, CNCEQ)



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Core Cognitive Vulnerabilities

Depression

1. Negative Attributional Style (Alloy et al., 2008)
2. Dysfunctional Attitudes (Beck, 1987)
3. Ruminative Style (Nolen-Hoeksema et al., 2008)

Anxiety

1. Anxiety Sensitivity (McNally, 1994)
2. Intolerance of Uncertainty (Dugas et al., 2004)
3. Fear of Negative Evaluation (Watson & Friend, 1999)



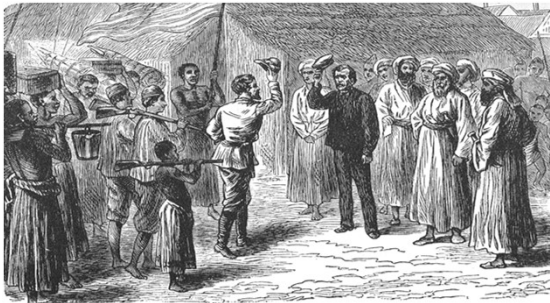
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Therapeutic Relationship in CBT

1. Accurate empathy
2. Warmth
3. Genuineness
4. Rapport, "harmonious accord", acceptance
5. Collaboration
6. Empiricist orientation
7. Patient and parent feel "understood"



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Adult "Frames" in Child Development

- Nurturant Frame
- Protective Frame
- Instrumental Frame
- Feedback Frame
- Modeling Frame
- Discourse-Conversation Frame
- Memory Frame



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Modular CBT
(Reinecke, 2002; Curry & Reinecke, 2003)

- Empirically-supported techniques
- Formulation based
- Flexible, individually-tailored
- Prescriptive interventions
- Targets identified vulnerability and maintaining factors
- Addresses social environment in which beliefs and coping skills are acquired and function

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CBT Individual Modules

1. Mood Monitoring
2. Goal-Setting
3. Behavioral Activation/Pleasant Activities
4. Problem-Solving
5. Cognitive Restructuring
6. Relaxation
7. Affect Regulation
8. Social Interaction
9. Assertion
10. Communication



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CBT Family Modules

1. Rationale and Goal-Setting
2. Psychoeducation about CBT
3. High Expectations and Low Reinforcement
4. Family Problem-Solving
5. Family Communication (EE)
6. Attachment and Re-commitment
7. Contingency Management



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Core versus Non-Core Modules

- Core modules are hypothesized to be relevant for most depressed adolescents, can be placed first
- Core = "Required" across cases and sites, to reduce site x treatment interactions
- Transdiagnostic interventions (Barlow)?
- Address strength or deficit?



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CBT Formulation Variables

1. Automatic thoughts, Images
2. Schema, Tacit beliefs, Assumptions (If ____; Then ____)
3. Attributional Style, Hopelessness, Helplessness
4. Problem Solving, Problem-Solving Motivation, Self-Efficacy
5. Sociotropy-Autonomy
6. Ruminative Style, Disengagement
7. Distortions, Perceptual & Memory Bias, Reward-Loss Sensitivity
8. Attachment Style (Secure, Insecure, Disorganized)
9. Affect Regulation, "Mood Repair"
10. Self-Discrepancy
11. Social Skills, Social Support
12. Major & Minor Life Events
13. Coping (positive & maladaptive)
14. Family Environment



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CBT Modules in Practice



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Psychoeducation / Socialization

➤ Nature of depression:

- Basic human emotion; mood fluctuations are normal
- Cognitive, affective, physiological, and behavioral components

➤ Etiological mechanisms:

- Biological vulnerabilities
- Learning history (negative events, stress)
- Cognitive biases (negative filter)



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Rationale

- Presentation of the model, basic concepts
- Process and procedures of CBT
- What we will be doing and why
- Assess understanding and acceptance



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Behavioral Activation

- Increasing pleasant, non-harmful activities
- Rekindling hedonic capacity
- Challenging the belief that activities cannot be enjoyable
- Pleasant Activity Scheduling
 - Mastery, Pleasure, Social, Value



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Increasing Pleasant Activities

- Generate list of activities the adolescent likes or would like to do
- Obtain a baseline
- Select 2-3 target activities to increase
- Rate mood daily
- Note connection between activities and mood

Lewinsohn Pleasant Activity Schedule. In: E. Beckham & W. Leber (Eds.) (1985). Handbook of depression. Homewood: Dorsey Press.



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Sample PES Items (Lewinsohn)

- | | |
|---|---|
| 1. Being in the country | 11. Being at the beach |
| 2. Wearing expensive or formal clothes | 12. Doing art work (painting, sculpture, drawing, movie-making, etc.) |
| 3. Making contributions to religious, charitable, or other groups | 13. Rock climbing or mountaineering |
| 4. Talking about sports | 14. Reading the Scriptures or other sacred works |
| 5. Meeting someone new of the same sex | 15. Playing golf |
| 6. Taking tests when well prepared | 16. Taking part in military activities |
| 7. Going to a rock concert | 17. Re-arranging or redecorating my room or house |
| 8. Playing baseball or softball | 18. Going naked |
| 9. Planning trips or vacations | 19. Going to lectures or hearing speak |
| 10. Buying things for myself | |



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Cognitive Restructuring

➤ Cognitive Triad:

- Self
- World
- Future

➤ Dysfunctional Thought Record (DTR)

- Situation
- Automatic thought (AT)
- Mood rating (*both* positive and negative)
- Rational response (RR)



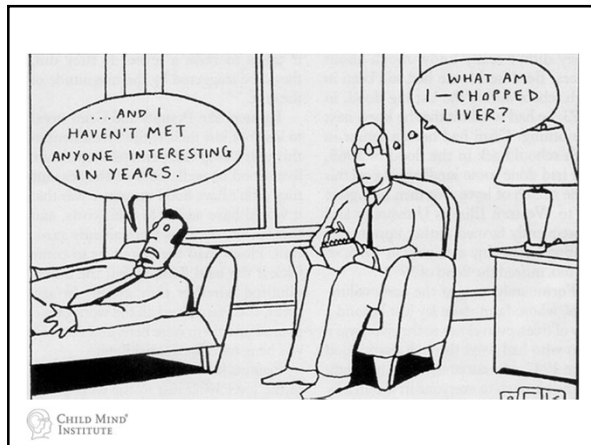
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Cognitive Distortions (Beck & Ellis)

- All or None Thinking
- Catastrophizing
- Disqualifying the positive
- Negative filter
- Fortune telling
- Mind reading
- Perfectionism
- Should statements
- Probability overestimation
- Magnification
- Minification
- Overgeneralization



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Disputing Maladaptive Thoughts

- Socratic method
- Treat thoughts as hypotheses, not facts
- Generate alternative hypotheses
- Construct and conduct behavioral experiments
- Evaluate the evidence
- Revise the thought (Rational Response)



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Adolescent Egocentrism (Elkind)

- Misapplication of Hypothetico-Deductive Reasoning
1. Personal Fable
 2. Imaginary Audience
 3. Illusion of Invulnerability



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The Who "Baba O'Riley" c 1972

Sally, take my hand
We'll travel south cross land
Put out the fire
And don't look past my shoulder.

The exodus is here
The happy ones are near
Let's get together
Before we get much older.

Teenage wasteland
It's only teenage wasteland.
Teenage wasteland
Oh, yeah
Its only teenage wasteland
They're all wasted!



69



CHILD MIND
INSTITUTE

70

Pearl Jam "Nothingman" c 1992

once divided...nothing left to subtract...
 some words when spoken...can't be taken back...
 walks on his own...with thoughts he can't help thinking...
 future's above...but in the past he's slow and sinking...
 caught a bolt 'a lightnin'...cursed the day he let it go...
 nothingman... nothingman
 isn't it something?
 nothingman...
 she once believed...in every story he had to tell...
 one day she stiffened...took the other side...
 empty stares...from each corner of a shared prison cell...
 one just escapes...one's left inside the well...
 and he who forgets...will be destined to remember...
 nothingman...nothingman
 isn't it something?
 nothingman...

CHILD MIND
INSTITUTE

71



CHILD MIND
INSTITUTE

72

Green Day "I Walk Alone" c.2002

I walk a lonely road
The only one that I have ever known
Don't know where it goes
But it's home to me and I walk alone

I walk this empty street
On the Boulevard of broken dreams
Where the city sleeps
And I'm the only one and I walk alone

I walk alone I walk alone I walk alone

My shadow's the only one that walks beside me
My shallow hearts the only thing that's beating
Sometimes I wish someone out there would find me
'Til then I walk alone I walk alone I walk alone



73



74

74

The Neighbourhood "Everybody's Watching Me" c.2013

I told you I would tell you everything you want to know
You want me to tell you now
You pressure me to shout it
Need to hear about it

Think that I would count you out
I let you find it on your own

Then I found myself alone
Uh oh, where can I go?
Everybody's watching me
Uh oh, where can I go?



75

75

Edward Hopper "Nighthawks" c 1942



76

Disputing Automatic Thoughts "Three Essential Questions"

1. What's the evidence? For and against.
2. Is there another, more adaptive, way of looking at this? "On the other hand"
3. So what?
 - Decatastrophize
 - What is the solution?



77


Franklin's Socratic Questioning

- Build the argument through gentle queries
- Drop "any abrupt contradiction" style
- Be a "humble enquirer" by asking innocent questions
- Draw the person into making concessions that gradually prove your point




78

The Disputatious Style




"Being disputatious [is] a very bad habit." [Confronting people produces] "disgusts and perhaps enmities." "Persons of good sense, I have since observed, seldom fall into it, except lawyers, university men, and men of all sorts that have been bred at Edinburgh."



79

Tacit Beliefs / Schemata

- Generalized, tacit beliefs
- Organize perception, memory, problem solving
- Learning history may shape an individual's core views of self, others, future
 1. I am unlovable, vulnerable, unworthy, flawed, lack efficacy
 2. World is unsafe, others are unreliable
 3. No hope for my future



80

Social Problem-Solving

(D'Zurilla, Nezu, Curry)

R

Relax

I

Identify the problem

B

Brainstorm possible solutions

E


Evaluate each one

Y

'Yes' to one (or two)

E

Encourage yourself, reinforce



81

Dear Problem-Solver #1

Dear Problem Solver,

Last Saturday I was driving my father's car to the store. I was close to being late so I was going pretty fast. As I turned a corner the car slid over and I scraped a tree. I got the steering under control, but was pretty shook up. After I stopped I looked at the car. There is a big scratch on the passenger side. After work I brought the car home. The next day Dad went on a trip. He's coming home in 3 days, and doesn't know about the scratch. I'm afraid to tell him because he might ground me. I need to get to school and to work, and I invited my girlfriend to a club next weekend. She's been looking forward to it for weeks. What should I do?

Sincerely,
Scared in Sandusky



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Dear Problem-Solver #2

Dear Problem Solver,

My problem is my math teacher. She's a real pain. Last week she was on my case for not getting my work done. She said she didn't care that I had to work extra hours at my job. She said it was my responsibility. She just doesn't seem to like me. She says I have an "attitude." The truth is, I just don't like math and I never have. Why do we have to take algebra anyway? What a waste. Now I'm behind in the course and I can't follow what the teacher is saying and if I flunk I won't graduate. It's getting bad. What should I do?

Sincerely,
Anxious in Akron



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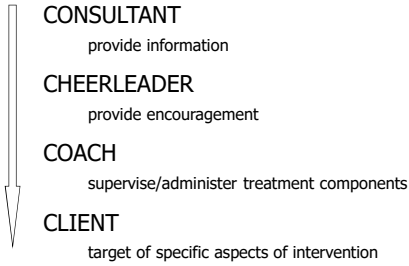
Problem Solving Worksheet

1. Relax: The method I used to relax and calm my feelings was:
2. Identify: The problem I tried to solve was:
3. Brainstorm: The possible solutions I thought of were:
4. Evaluate: The consequences I considered were:
5. Yes to One: The solution I decided was:
6. Encourage: To encourage myself I:



84

Level of Parental Involvement



85

Family CBT Strategies

- Contingency contracting
- Communication training
- Means-End Problem Solving
- Negotiation skills
- Criticism-Demands : Affection-Support



86

Pragmatic Family Therapy



87

Relapse Prevention

1. Identify preferred modules
2. Identify high risk settings, events
3. Transfer of responsibility for treatment
4. Develop relapse prevention plan
5. Fading sessions
6. Booster sessions



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Advanced CBT Strategies



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Facilitating Secure Attachment

- Elicit positive relationship history, memory
- Discuss current relationship
- Develop "image" of desired relationship
- Discuss *behaviors* that would rekindle a more positive relationship
- Emphasize:
 1. Reliability (Predictable)
 2. Responsiveness
 3. Affection, Kindness (Non-punitive)




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Affect Regulation

“Keeping Feelings Under Control”


1. Emotions Thermometer or Volcano
2. Label endpoints
3. Identify physiological, behavioral, or psychological cues of escalation
4. Identify “critical point”
5. Plan specific actions, coping strategies
6. Involve parents
7. Rehearsal and reinforcement
8. Identify 1 or 2 high risk scenarios, prepare



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Affect Regulation

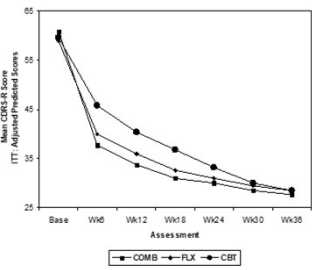
“Mount Sad”




92

Does Modular CBT Work?

TADS Week 36 ITT Results



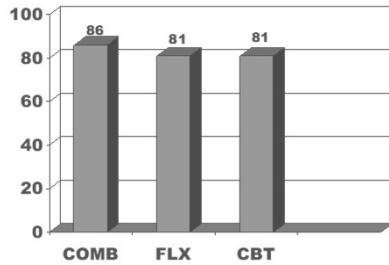
Assessment	COMB (Mean Score)	FLX (Mean Score)	CBT (Mean Score)
Base	~58	~58	~58
Wk0	~42	~40	~38
Wk12	~38	~35	~32
Wk18	~35	~32	~30
Wk24	~32	~30	~28
Wk30	~30	~28	~26
Wk36	~28	~26	~24



TADS

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Much/Very Much Improved: Week 36

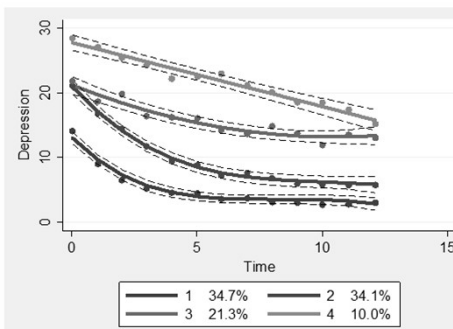


TADS

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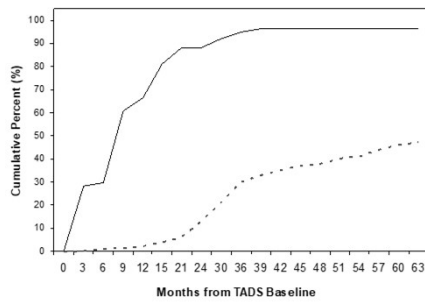
Trajectories of Treatment Response

Growth Mixture Modeling / Latent Class Analysis
Clarke (2015)




95

Recovery & Recurrence Rates




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Teen Suicide

97

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Mental Illness: A Risk Factor for Teen Suicide

- Key suicide risk factor for all age groups is an undiagnosed, untreated or ineffectively treated mental disorder
- 90% of people who die by suicide have a mental disorder
- In teens, suicide risk is most clearly linked to 7 mental disorders, often with overlapping symptoms:
 - Major Depressive Disorder
 - Bipolar Disorder
 - Generalized Anxiety Disorder
 - Substance Use Disorders
 - Conduct Disorder
 - Eating Disorders
 - Schizophrenia

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Common Diagnoses Among Suicidal Teens

	MALE (N=213)	FEMALE (N=46)
Depression	50%	69%
Antisocial	43%	24%
Substance Abuse	38%	17%
Anxiety	19%	48%

Approximately 2/3 of 16-19 year-old male suicide completers have a history of substance or alcohol abuse

Brent et al. 1999, Shaffer et al. 1996

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Frequency of Suicidal Thoughts and Attempts

	RATE	N
Ideation	19.0%	3.8 million
Attempt	8.8%	1.8 million
Attempt received medical attention	2.6%	520,000
Completed Suicide	.008%	1,611

Anderson 2002; Grunbaum et al. 2002 (15-19 year old high school students)



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Episodes of Suicidal Thoughts Per Year

1	45%
2	24%
3 or More	31%

Reifman & Windle 1995; "How often have you thought about killing yourself?"; past year, N=698; last 6 months, N=283)



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Number of Teen Suicide Attempts per Year

1	53%
2 or 3	30%
4 or More	17%

- **Similar findings in patient studies**
- **1 attempt increases risk of another 15-fold**

Barter et al. 1968, Brent 1993, CDC 2002 (YRBS 2001 Codebook), Goldacre & Hawton 1985, Goldston et al. 1999, Hawton et al. 1982, Hulten 2001, Kotila 1992, Lewinsohn et al. 1994, McIntire et al. 1977, Spirito 1992, Spirito et al. 2003, Wichstrom 2000



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CDC
Risk Factors for Suicide - I

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies



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CDC
Risk Factors for Suicide - II

- Cultural and religious beliefs (e.g., belief that suicide is noble resolution)
- Local epidemics of suicide
- Isolation, feeling of being cut off from others
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help, stigma



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CDC
Protective Factors for Suicide

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation



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Psychological Vulnerability

1. Hopelessness, Pessimism
2. Impulsivity
 1. Aggression
 2. Affect regulation deficits
 3. Emotional lability
3. Impaired Problem Solving Skills
 1. Low assertiveness
 2. Social problem-solving deficits (NPO, ICS, AS)



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Social Vulnerability

- Parental psychiatric illness
- Family history of suicide
 - (11.6% of 1st degree relatives; 15.6% of “aggressive suicides”, Serotonin?)
- History of abuse, neglect, bullying
- Chaotic, punitive home environment
- Grief
- Disconnection, “drifting”, “anomie”
- Homosexuality



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Availability of Lethal Means

- Guns
 - Odds Ratio 10.4 if guns in home
 - Rate of suicide increased most during 1st year after purchase; 75/100,00)
- Bridges
- Train tracks



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Teen Suicide Clusters Contagion

- Goethe "Sorrows of Young Werther" (1774)
- 5% of adolescent suicides
- Media exposure, community response
- Peers, classmates (often *not* close friends)



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"What a torment it is to see so much loveliness passing and repassing before us, and yet not dare to lay hold of it!"

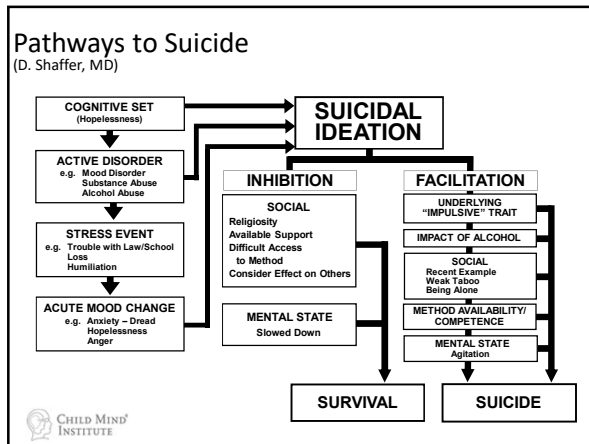
- Johann Wolfgang von Goethe, *The Sorrows of Young Werther*, 1774



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QPR Gatekeeper Training

Question Persuade Refer

Ask a question, save a life

- Screening and triage
- QPR is not a risk assessment
- QPR is not a form of counseling or treatment
- QPR does offer hope through positive action
- Appropriate for nursing staff, teachers



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CDC Suicide Prevention Strategies

Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none"> • Strengthen household financial security • Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none"> • Coverage of mental health conditions in health insurance policies • Reduce provider shortages in underserved areas • Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none"> • Reduce access to lethal means among persons at risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none"> • Peer norm programs • Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none"> • Social-emotional learning programs • Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none"> • Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none"> • Postvention • Safe reporting and messaging about suicide



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Inventories to Assess Suicidality

Beck Depression Inventory (Items “2” and “9”)

Reynolds Adolescent Depression Scale (RADs)

Children’s Depression Rating Scale (CDRS)

Beck Hopelessness Scale (BHS)

Scale for Suicide Ideation (SSI)

Reynolds Suicide Ideation Questionnaire (RSIQ)

Columbia Scale (C-SSRS)



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C-SSRS

This version of the C-SSRS has been modified for use by LA County
Department of Mental Health on 9/26/15

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Since Last Visit SCREENED: Clinical
Version 3.0/08

Prusoff, B.A., Brent, D., Lewin, C., Gould, M., Stanley, R., Brown, G., Fisher, P., Rohlfing, J.,
Burke, A., Oquendo, M., Mann, J.

Disclaimer:

This scale is intended to be used by individuals who have received training in its administration. The questions contained
in the Columbia-Suicide Severity Rating Scale are suggested guides. Administering the instrument, if the presence of
suicidal ideation is believed, depends on the judgment of the individual administering the scale.

Definitions of behavioral suicidal events in this scale are based on those used in *The Columbia Suicide History
Rating*, developed by John Mann, MD and Martin Oquendo, MD, Core Center for the Investigation of Mental Disorders
(CCIMD), New York State Psychiatric Institute, 1011 Riverside Drive, New York, NY 10032. Copyright © A.
Mann, MD, and M. Oquendo, MD. All rights reserved. This scale is intended for research and clinical use only. It is not to be
used for research or clinical purposes. © 2008 The Research Foundation for Mental Hygiene, Inc.

An update of the C-SSRS content Kelly Posner, PhD, New York State Psychiatric Institute, 1011 Riverside Drive, New
York, New York, 10032. Copyright and training requirements remain the property of the Research Foundation for Mental Hygiene, Inc.
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Adolescent Mental Health Screening “Every Teen, Every Encounter”

- Institute of Medicine
- US Preventative Services Task Force
- American Academy of Pediatrics
- American Medical Association
- Society for Adolescent and Medicine
- American Academy of Family Physicians
- NAMI



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Assess "Intent"

1. Preparation
2. Sense of "confidence" in carrying it out
3. Level of secretiveness
4. Motivation
 - Escape, surcease, solve-problems
 - End pain and suffering, relief
 - Get back at someone, make them pay



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Assess "Perceived Lethality"

- Clarify method
(Firearm, Jumping, Pills, Hanging, Auto, Train)
- "How deadly did you think this would be?"
(Level of lethality may be misjudged)



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Cognitive Vulnerabilities: Key Targets in Treatment

1. Hopelessness, helplessness, pessimism
2. Maladaptive beliefs about oneself, others, the future (e.g., abandonment, unlovability, rejection)
3. "Suicidogenic beliefs"
4. Impaired problem-solving, low motivation
5. Non-specific autobiographical recall, perceptual bias
6. Morbid, self-punitive perfectionism.



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TASA Protocol

Treatment of Adolescent Suicide Attempters

- Safety plan
- Case management
- Chain analysis of attempt
- Address suicidal, depressive cognitions
- Enhance affect regulation

Brown et al. (2005)



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Chain Analysis

1. Precipitating event
2. Motive
3. Negative affect
4. Hopelessness
5. Emotion regulation
6. Environmental response



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Address Environmental Factors

- Availability of means (e.g., guns, pills)
- Family conflict (lack of support)
- Peer problems
- Academic stressors
- Social skills, supports



123

Regular Follow-Up Helps

Long-Term Contact May Reduce Risk

- 834 inpatients (MDD or suicide)
- Randomized to follow-up contact / no-contact
- Letter + 24 contacts over 5 years
- Significant reduction: 1.7% vs 3.6%



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On the Edge



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Summary

- Adolescent suicide is multiply determined, multiple pathways
- Statistical prediction of risk is not possible
- Model-based interventions (Shaffer; Bridge, Goldstein & Brent) facilitate formulation
- Evidence-based practices (CBT, DBT, IPT) are promising; stay close to the data
- Flexible, modular approaches allow for individually-tailored, “prescriptive”, “precision” treatment



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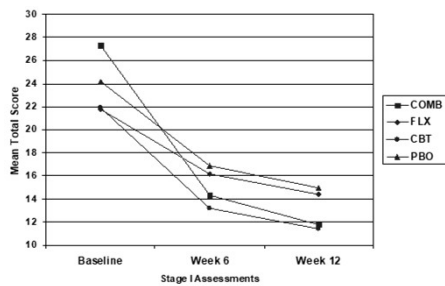
Teen Suicide Prevention

- What can help:
 - 1) Annual school-wide depression, suicide screenings
 - 2) Regular screenings by medical professionals; "Every child, every encounter"
 - 3) Teen resources: "Text a Tip", "Safe2Say", Change the Culture
 - 4) Suicide training for adults: QPR
 - 5) Embed suicide education in coursework, workshops
 - 6) Every parent talks explicitly about suicide risk with their teens; parent seminars
 - 7) Rapid referral network of trained clinicians; make treatment easily available, free (i.e., CWD-A)
 - 8) Increased funding for mental health clinician workforce
 - 9) More suicide research funding



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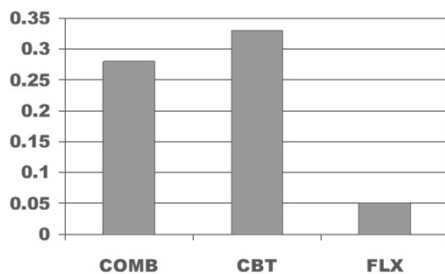
SIQ : ITT Adjusted Means



TADS

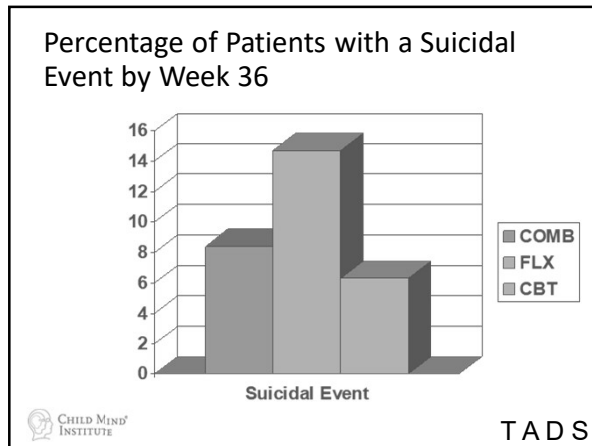
128

Acute Effect Size for RSIQ (ITT)

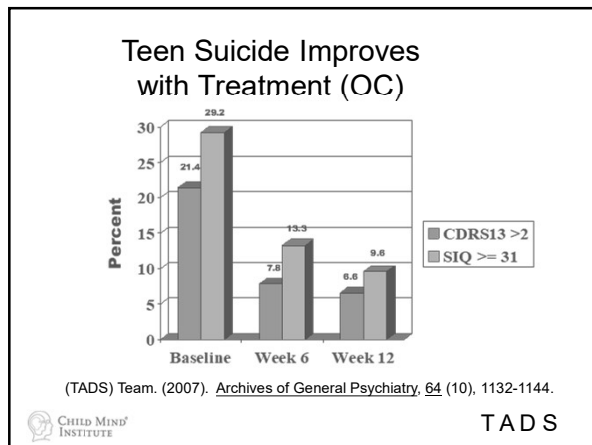


TADS

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Does CBT Work?

"Robust" Early Support

- Reinecke et al. (1998)
ES = 1.02 n=6 (CBT only)
- Lewinsohn & Clarke (1999)
ES = 1.27 n=12
- Michael & Crowley (2002)
ES = 0.72 n=14

CHILD MIND INSTITUTE

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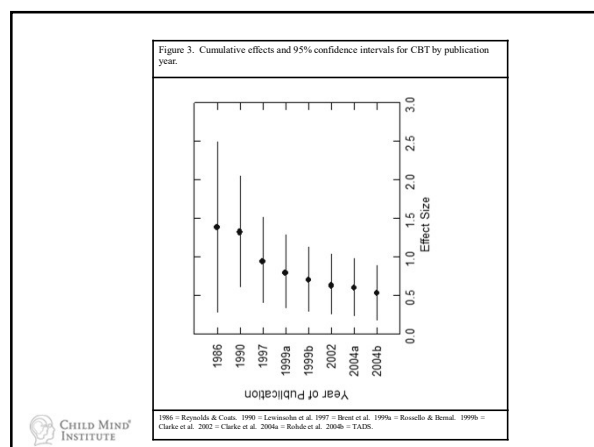
The Broader View of the Literature "Curb Your Enthusiasm"

- Weisz, McCarthy, & Valeri (2006)
Review of 35 controlled studies (31 of CBT)
Effect size = .34 $Z=4.57$ $P<.01$
Effects show generality and specificity

"Effects are significant, but modest in their strength, breadth, and durability"



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Why the Decline?

(Klein, Jacobs, & Reinecke, 2007)

- A common pattern in outcome research
- Increasingly severe, chronic, comorbid, and functionally impaired participants
- More stringent control conditions, randomization
- Fixed effects requires homogeneity of ES across samples (RRM may be preferred)
- ITT rather than completer analysis
- Reliance on published, peer-reviewed findings



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A Comprehensive Review "The Kids Are All Right"

- Review of 750 treatment protocols from 435 studies.
- Scored on 5-level level of evidence
- 21 controlled studies
- "Level 1: Best Support"

Effect size = .87 (CBT Alone)
1.47 (CBT + Rx)
.95 (CBT with parents)



Chorpita, B. et al. (2011) . Evidence-based treatments for children and adolescents: An updated review of indicators of efficacy and effectiveness. *Clinical psychology: Science & practice*, 18 (2): 154-181.

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A More Recent Review

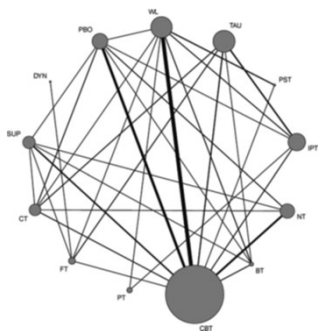
- Zhou et al. (2015) *World Psychiatry*
- 52 RCT's, 116 Conditions, 9 treatments, 3805 patients
- Post-treatment: Only CBT and IPT consistently more effective than controls (SMD= -.47 to -.96)
- Follow-Up: Only CBT and IPT consistently more effective than controls (SMD= -.26 to -1.05)

"...IPT and CBT should be considered the best available psychotherapies for depression in children and adolescents"



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Zhou et al. (2015) Network Meta-Analysis



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Current Standards CBT is "A Recommended Treatment"

- American Psychological Association Clinical Practice Guidelines (2018)
- AACAP Work Group on Quality Issues (2007)
- NICE - National Institute for Health and Care Excellence (2005)
- BEST - Cincinnati Children's Hospital Medical Center Best Evidence Statement (2010)
- Society for Clinical Child and Adolescent Psychology (Level One, "Works Well")
- US Preventive Services Task Force (2009)
- CPG-Ministry of Health and Social Policy-Spain (2010)
- GLAD-PC - Group Guidelines for Adolescent Depression in Primary Care (2007)



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Modular CBT for Depression

- Curry, J. & Reinecke, M. (2003). Modular therapy for adolescents with major depression. In M. Reinecke, F. Dattilio, & A. Freeman (Eds.) *Cognitive therapy with children and adolescents*, 2nd Ed. New York: Guilford Press.
- Reinecke, M. & Ginsburg (2008). Cognitive-behavioral treatment of depression during childhood and adolescence. In J. Abela & B. Hankin (Eds.) *Handbook of depression in children and adolescence*. New York: Guilford Press.
- Reinecke, M. & Curry, J. (2008). Adolescents. In M. Whisman (Ed.) *Adapting cognitive therapy for depression: Managing complexity and comorbidity*. New York: Guilford.
- Curry, J. & Reinecke, M. (2010). Major depression. In J. Thomas & M. Hersen (Eds.) *Handbook of clinical psychology competencies*. New York: Springer.
- Beidel & Reinecke, M. (2014). Cognitive-behavioral treatment for anxiety and depression. In M. Dulcan (Ed.) *American Psychiatric Publishing textbook of child and adolescent psychiatry*. Washington, DC: American Psychiatric Publishing.



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Teen Suicide Readings

- Brent, D. et al. (2009). The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of suicidal events in an open treatment trial. J. Am. Acad. Child Adol. Psychiat., 48, 987-996.
- Bridge, J. et al. (2006). Adolescent suicide and suicidal behavior. J. Child Psychol Psychiat., 47, 372-394.
- Goldston, D. (2003) Measuring suicidal behavior and risk in adolescents. Washington, DC: American Psychological Association.
- Gould, M. et al. (2011). Youth suicide risk and preventive interventions. J. Am. Acad. Child Adol. Psychiat., 42, 386-405.
- Spirito, A. et al. (2011). Addressing adolescent suicidal behavior: Cognitive-behavioral strategies. In P. Kendall (ed.) Child and adolescent therapy: Cognitive-behavioral procedures. New York: Guilford.



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Evidence-Based Treatments

**American Psychological Association
Division 12
Clinical Psychology**

**American Psychological Association
Division 53
Clinical Child & Adolescent Psychology**

www.clinicalchildpsychology.org

www.childmind.org

www.effectivechildtherapy.com



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**Academy of Cognitive Therapy
www.academyofct.org**

- Board certification in cognitive therapy
- International, multidisciplinary
- Listserve and newsletter
- International referral list
- Training resources



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Transforming Children's Lives



The Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Our teams work every day to deliver the highest standards of care, advance the science of the developing brain and empower parents, professionals and policymakers to support children when and where they need it most.




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Our Work

Research




We are at the forefront of neuroscience efforts to find objective biological measures of mental illness that will lead to earlier diagnosis, more individualized treatment methods, and new and better interventions.

Clinical Care




We provide world-class clinical care to children struggling with mental health and learning disorders. We have helped thousands of children get the help they need in our offices and in their communities.

Public Education



We equip millions of parents, educators and policymakers with the information they need to end the stigma and misinformation that cause so many children to miss out on life-changing treatment.



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Contact Us!

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School-Based CBT for Depressed Children and Adolescents

Mark A. Reinecke, PhD
Child Mind Institute
San Francisco Bay Area

OSPA
Columbus, Ohio
November 2019



1



2



3

Educational Objectives

You will be familiar with:

- Diagnosis and assessment of major depression and suicide among youth
- Factors contributing to vulnerability for depression among youth
- The Socio-Cognitive Model of depression
- Cognitive-behavioral case formulation and assessment
- Modular CBT techniques and strategies



4

Disclosures

- Nothing to disclose



5

Contributors

- David Brent, Peter Lewinsohn, Greg Clarke, Aaron Beck
- John March, Susan Silva, John Curry, John Fairbank, Karen Wells, Paul Rohde, Nili Benazon, Golda Ginsburg, Michael Sweeney, Norah Feeney, Jeanette Kolker, Randy LaGrone, Anne Simons, Betsy Kennard, Chris Kratochvil,
- Rachel Jacobs, Kelsey Howard, Lev Gottlieb, Sarah O'Dor, Emily Becker-Weidman, Greg Rogers, Allison Clarke, Michal Rischall



6

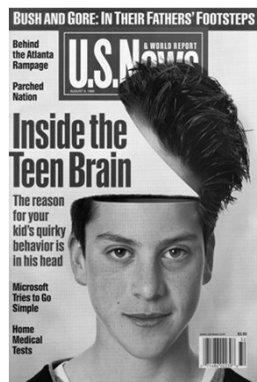
Child & Adolescent Depression: An Overview



7



8



9

Epidemiology (1)

• Depression	2-7%
• Dysthymia	5-10%
• Separation Anxiety Disorder	2-5%
• Generalized Anxiety Disorder	3-4%
• Simple Phobia	2-3%
• ADHD	6-10%
• Oppositional Disorder	6-10%
• Conduct Disorder	3-5%



10

Epidemiology (2)

- Prepubertal: males = females
- Adolescence: females rise, males stable
- Dysthymia > Major Depression
- Moderate stability
- High recurrence rates



11



12

Lifetime Prevalence Major Depression

	Males	Females
• Adolescents	12%	24%
• Adults	14%	23%

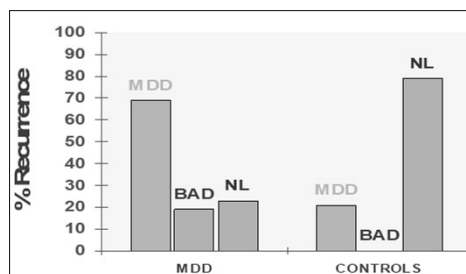
Kessler et al. (2005)
Lewinsohn et al. (1993)

➤ How can we understand the gender difference in rate, recurrence?



13

Seven Year Follow Up of MDE



Rao et al (1995), JAACAP, 34:566-578



14

Substance Abuse



15



16

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 4,815	Unintentional Injury 787	Unintentional Injury 847	Unintentional Injury 11,895	Unintentional Injury 25,575	Malignant Neoplasms 41,291	Malignant Neoplasms 116,304	Heart Disease 307,118	Heart Disease 425,290		
2	Stroke 3,927	Congenital Anomalies 433	Malignant Neoplasms 449	Unintentional Injury 436	Unintentional Injury 5,723	Unintentional Injury 7,386	Heart Disease 34,057	Heart Disease 78,610	Malignant Neoplasms 425,291	Malignant Neoplasms 598,028	
3	IDS 1,500	Malignant Neoplasms 377	Congenital Anomalies 203	Malignant Neoplasms 451	Unintentional Injury 5,172	Unintentional Injury 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,865	Chronic Low Respiratory Disease 151,492	Unintentional Injury 183,376
4	Maternal Pregnancy Comp. 1,462	Unintentional Injury 329	Unintentional Injury 128	Unintentional Injury 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Unintentional Injury 7,020	Unintentional Injury 8,437	Chronic Low Respiratory Disease 121,030	Chronic Low Respiratory Disease 154,596	
5	Unintentional Injury 1,215	Heart Disease 118	Heart Disease 77	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Unintentional Injury 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 142,142	
6	Pneumonia/Cont. Respiratory Disease 841	Influenza & Pneumonia 103	Chronic Low Respiratory Disease 88	Heart Disease 111	Congenital Anomalies 388	Unintentional Injury 925	Liver Disease 2,851	Diabetes Mellitus 13,448	Diabetes Mellitus 14,251	Alzheimer's Disease 116,303	
7	Bacterial Infection 583	Septicemia 70	Influenza & Pneumonia 48	Chronic Low Respiratory Disease 75	Diabetes Mellitus 214	Diabetes Mellitus 2,049	Diabetes Mellitus 3,353	Chronic Low Respiratory Disease 12,310	Unintentional Injury 51,141	Diabetes Mellitus 80,808	
8	Respiratory Disease 488	Perinatal Period 49	Septicemia 40	Chronic Low Respiratory Disease 50	Chronic Low Respiratory Disease 206	Chronic Low Respiratory Disease 575	Chronic Low Respiratory Disease 1,851	Chronic Low Respiratory Disease 4,307	Septicemia 7,759	Influenza & Pneumonia 51,517	
9	Circulatory System Disease 460	Chronic Low Respiratory Disease 55	Chronic Low Respiratory Disease 39	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HW 546	HW 971	Septicemia 2,472	Septicemia 5,940	Nephritis 50,040	
10	Neonatal Respiratory Disease 398	Chronic Low Respiratory Disease 51	Septicemia 31	Septicemia 18	Septicemia 18	Septicemia 18	Septicemia 18	Septicemia 18	Septicemia 18	Septicemia 18	



17

Causes of Death Among 15 to 19 Year-Olds (2003)

CAUSE	# OF DEATHS
Accidents	6646 #1
Homicide	1899 #2
Suicide	1611 #3
Cancer	732
Heart Disease	347
Congenital Anomalies	255
Chronic Lower Respiratory Disease	74
Stroke	68
Influenza and Pneumonia	66
Blood Poisoning	57

Anderson & Smith 2003



18

Causes of Death Among 15 to 24 Year-Olds (2016)

CAUSE	# OF DEATHS
Accidents	13859 #1
Homicide	5172 #3
Suicide	5723 #2
Cancer	1431
Heart Disease	949
Congenital Anomalies	388
Diabetes	211
Respiratory	206
Influenza and Pneumonia	189
Complicated Pregnancy	184

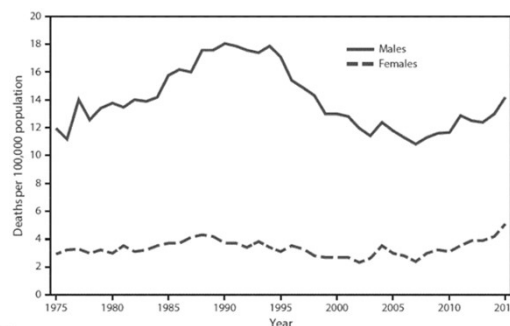
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CDC 2018

19

Adolescent Suicide Rates (CDC, 2017)



20

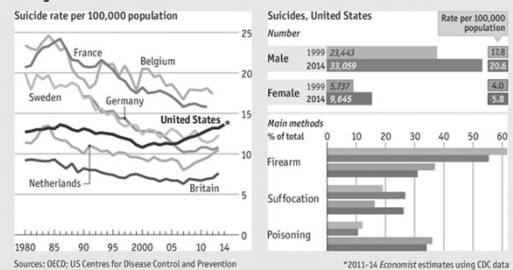
Adolescent Suicide Rates

- Suicide rates decreased between 1990 and 2003 as antidepressant prescriptions increased
- Suicide rates *increased* 18% from 2003-2004 due to decreased antidepressant use
- Rate doubled for 15-19 year-old females between 2007 and 2015
- Rate increased by 30% for 15-19 year-old males between 2007 and 2015



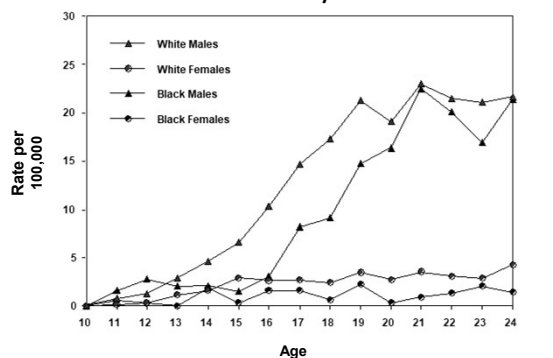
21

A tragic trend



22

Youth Suicide Rates by Gender



CDC 2003 (WISQARS)

23

Why the Increase?

- Black Box warnings
- Economic pressure on families
- Insurance, access to treatment
- Shift from cocaine to opioids, pain killers
- Social media



24



25



26

Major Depression An Important Social Problem

- Common: Point prevalence of 2-7%
- Leading cause of disability worldwide
- 20m Americans affected (compared to 13.5m with coronary heart disease)
- Mortality rate elevated 2.6x
- Depression is a social policy priority



27

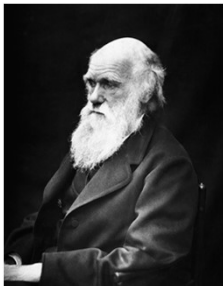
Diagnostic Criteria for Depression

1. Depressed or irritable mood
2. Anhedonia, loss of interest or pleasure
3. Weight or appetite change
4. Sleep difficulties
5. Psychomotor agitation or retardation
6. Fatigue
7. Worthlessness or guilt
8. Concentration or memory problems
9. Thoughts of death or suicide



28

Evolution and Depression: Is Depression Adaptive?



"Pain or suffering of any kind, if long continued, causes depression and lessens the power of action; yet it is well adapted to make a creature guard itself against any great or sudden evil."

Charles Darwin (1887)



29

Is Depression Adaptive?

- Adaptive warning mechanism
- Functionally similar to pain
- Inhibits individual from pursuing unattainable goals
- Decreased motivation; energy saved until new goal identified

Neese, R. *Arch. Gen Psychiat.* (2000)



30

Goal Adjustment Capacity

- 97 girls; 15-19 years old
 - Longitudinal assessment; 19 months
 - Assess disengagement from personally salient unattainable goals and re-engagement with new goals
- Mildly depressed youth disengage more easily from unattainable goals
- Those who disengage easily are *less* likely to experience more severe depression later; lower c-reactive protein (associated with inflammation)

Wrosch, C. & Miller, G. (2009) JPSP



31



32

The Three Rivers

- Developmental experience
"It's the environment, how you're raised"
- Biological processes
"It's all in your brain"
- Cognition
"It's all how you look at it"



33

Vulnerability for Depression

1. Biological (Genetic) Factors
2. Negative Life Events
3. Early Experience & Insecure Attachment
4. Affect Regulation
5. Social Behavior; Social Support
6. Cognitive Biases / Deficits



34

Biological Systems (Negative Valence – Loss)

- Genes: MAOA, COMT, DAT1, 5HTTR, 5HTRs
- Brain: Amygdala, DLPFC, VMPFC, Insula, Cingulate, Hippocampus, Striatum
- Physiology: ANS, HPA



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Biological Systems (Positive Valence – Reward)

- Genes: DAT, DRD2, TREK1
- Brain: Anterior Insula, Lateral Hypothalamus, Medial OFC, Nucleus Accumbens, Ventromedial PFC
- Physiology: Endocannabinoids, Glutamate, FosB, Orexin, Dopamine



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Cognitive Vulnerability-I

1. Beck Tacit Beliefs or Schema, Cognitive Distortions, Sociotropy, Autonomy, Automatic Thoughts
2. Rehm Self-Control Deficits, Self Reinforcement
3. D'Zurilla Social Problem-Solving Deficits
4. Garber Affect Regulation



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Cognitive Vulnerability-II

5. Seligman Learned Helplessness – Perceptions of Contingency
6. Abramson Negative Attributional Style
7. Lewinsohn Loss of Social Reinforcement
8. Alloy Depressive Realism; Perceptions of Control and Worth



38

Cognitive Vulnerability-III

9. Freeman Decreased mastery and pleasure
9. Joiner Excessive Reassurance Seeking
10. Nolen-Hoeksema Ruminative Style
11. Ingram Self-focused Attention
12. Higgins Strauman Self-Concept Discrepancy



39

Cognitive Vulnerability-IV (provisional)

1. Gotlib Joorman Perceptual disengagement from distressing stimuli
2. Reinecke Breiter Sensitivity to reward, loss



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Cognitive Vulnerability – Unitary Construct?

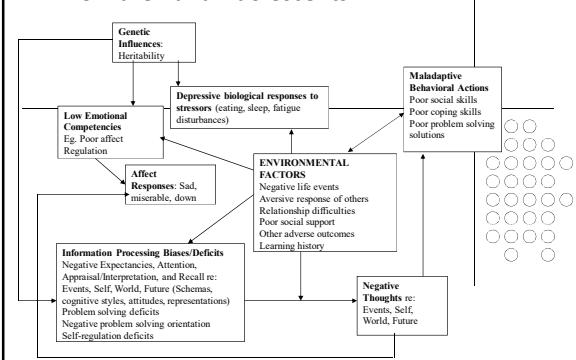
Ginsburg et al. JCCAP (2010)

- Factor structure of self-report scales assessing depression-relevant cognitions (BHS, CNCEQ, CTI-C, DAS, SPSI-R)
- 390 adolescents with major depression
- Four factor solution:
 1. Cognitive Distortions and Maladaptive Beliefs (DAS, CNCEQ)
 2. Cognitive Avoidance (SPSI-R; ICS, AS, NPO)
 3. Positive Outlook (CTI-C, BHS)
 4. Solution-Focused Thinking (SPSI-R; PPO, RPS)
- Maladaptive cognitions were positively related to severity of depression and predicted treatment response.



41

Socio-Cognitive Model of Depression in Children and Adolescents



42

Assessment

- Children's Depression Rating Scale (CDRS-R)
- Reynolds Adolescent Depression Scale (RADS-2)
- Children's Depression Inventory (CDI-2)
- Reynolds Suicide Ideation Questionnaire (RSIQ)
- Columbia Suicide Severity Rating Scale (C-SSRS)



43

Measures of Cognitive Mediators

- Automatic Thoughts Questionnaire (ATQ)
- Young-Brown Schema Questionnaire (YBSQ-R)
- Dysfunctional Attitudes Scale (DAS)
- Social Problem-Solving Inventory (SPSI-R)
- Attributional Style Questionnaire (ASQ)
- Inventory of Parent & Peer Attachment (IPPA)
- Cognitive Bias Questionnaire (CBQ, CNCEQ)



44

Core Cognitive Vulnerabilities

Depression

1. Negative Attributional Style (Alloy et al., 2008)
2. Dysfunctional Attitudes (Beck, 1987)
3. Ruminative Style (Nolen-Hoeksema et al., 2008)

Anxiety

1. Anxiety Sensitivity (McNally, 1994)
2. Intolerance of Uncertainty (Dugas et al., 2004)
3. Fear of Negative Evaluation (Watson & Friend, 1999)



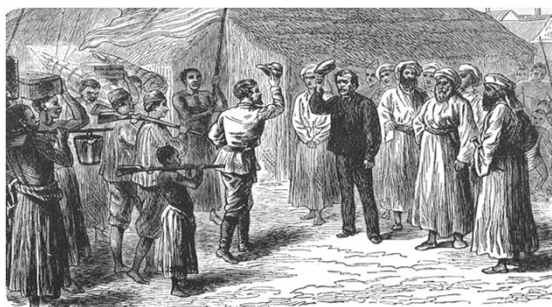
45

Therapeutic Relationship in CBT

1. Accurate empathy
2. Warmth
3. Genuineness
4. Rapport, "harmonious accord", acceptance
5. Collaboration
6. Empiricist orientation
7. Patient and parent feel "understood"



46



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Adult "Frames" in Child Development

- Nurturant Frame
- Protective Frame
- Instrumental Frame
- Feedback Frame
- Modeling Frame
- Discourse-Conversation Frame
- Memory Frame



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50

Modular CBT

(Reinecke, 2002; Curry & Reinecke, 2003)

- Empirically-supported techniques
- Formulation based
- Flexible, individually-tailored
- Prescriptive interventions
- Targets identified vulnerability and maintaining factors
- Addresses social environment in which beliefs and coping skills are acquired and function



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CBT Individual Modules

1. Mood Monitoring
2. Goal-Setting
3. Behavioral Activation/Pleasant Activities
4. Problem-Solving
5. Cognitive Restructuring
6. Relaxation
7. Affect Regulation
8. Social Interaction
9. Assertion
10. Communication



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CBT Family Modules

1. Rationale and Goal-Setting
2. Psychoeducation about CBT
3. High Expectations and Low Reinforcement
4. Family Problem-Solving
5. Family Communication (EE)
6. Attachment and Re-commitment
7. Contingency Management



53

Core versus Non-Core Modules

- Core modules are hypothesized to be relevant for most depressed adolescents, can be placed first
- Core = “Required” across cases and sites, to reduce site x treatment interactions
- Transdiagnostic interventions (Barlow)?
- Address strength or deficit?



54

CBT Formulation Variables

1. Automatic thoughts, Images
2. Schema, Tacit beliefs, Assumptions (If ____; Then ____)
3. Attributional Style, Hopelessness, Helplessness
4. Problem Solving, Problem-Solving Motivation, Self-Efficacy
5. Sociotropy-Autonomy
6. Ruminative Style, Disengagement
7. Distortions, Perceptual & Memory Bias, Reward-Loss Sensitivity
8. Attachment Style (Secure, Insecure, Disorganized)
9. Affect Regulation, "Mood Repair"
10. Self-Discrepancy
11. Social Skills, Social Support
12. Major & Minor Life Events
13. Coping (positive & maladaptive)
14. Family Environment



55



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CBT Modules in Practice



57

Psychoeducation / Socialization

➤ Nature of depression:

- Basic human emotion; mood fluctuations are normal
- Cognitive, affective, physiological, and behavioral components

➤ Etiological mechanisms:

- Biological vulnerabilities
- Learning history (negative events, stress)
- Cognitive biases (negative filter)



58

Rationale

- Presentation of the model, basic concepts
- Process and procedures of CBT
- What we will be doing and why
- Assess understanding and acceptance



59

Behavioral Activation

- Increasing pleasant, non-harmful activities
- Rekindling hedonic capacity
- Challenging the belief that activities cannot be enjoyable
- Pleasant Activity Scheduling
 - Mastery, Pleasure, Social, Value



60

Increasing Pleasant Activities

- Generate list of activities the adolescent likes or would like to do
- Obtain a baseline
- Select 2-3 target activities to increase
- Rate mood daily
- Note connection between activities and mood

Lewinsohn Pleasant Activity Schedule. In: E. Beckham & W. Leber (Eds.) (1985). Handbook of depression. Homewood: Dorsey Press.



61

Sample PES Items (Lewinsohn)

- | | |
|---|---|
| 1. Being in the country | 11. Being at the beach |
| 2. Wearing expensive or formal clothes | 12. Doing art work (painting, sculpture, drawing, movie-making, etc.) |
| 3. Making contributions to religious, charitable, or other groups | 13. Rock climbing or mountaineering |
| 4. Talking about sports | 14. Reading the Scriptures or other sacred works |
| 5. Meeting someone new of the same sex | 15. Playing golf |
| 6. Taking tests when well prepared | 16. Taking part in military activities |
| 7. Going to a rock concert | 17. Re-arranging or redecorating my room or house |
| 8. Playing baseball or softball | 18. Going naked |
| 9. Planning trips or vacations | 19. Going to lectures or hearing speak |
| 10. Buying things for myself | |



62

62

Cognitive Restructuring

➤ Cognitive Triad:

- Self
- World
- Future

➤ Dysfunctional Thought Record (DTR)

- Situation
- Automatic thought (AT)
- Mood rating (*both* positive and negative)
- Rational response (RR)



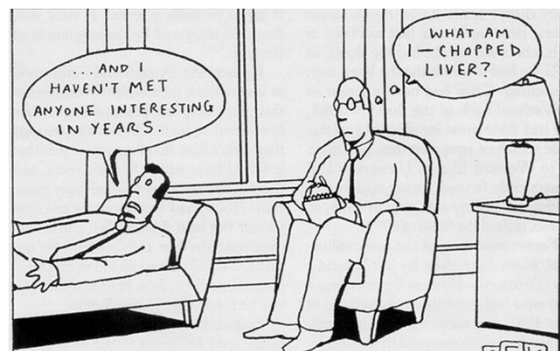
63

Cognitive Distortions (Beck & Ellis)

- | | |
|------------------------------|------------------------------|
| • All or None Thinking | • Perfectionism |
| • Catastrophizing | • Should statements |
| • Disqualifying the positive | • Probability overestimation |
| • Negative filter | • Magnification |
| • Fortune telling | • Minification |
| • Mind reading | • Overgeneralization |



64



65

Disputing Maladaptive Thoughts

- Socratic method
- Treat thoughts as hypotheses, not facts
- Generate alternative hypotheses
- Construct and conduct behavioral experiments
- Evaluate the evidence
- Revise the thought (Rational Response)



66

Adolescent Egocentrism (Elkind)

- Misapplication of Hypothetico-Deductive Reasoning
1. Personal Fable
 2. Imaginary Audience
 3. Illusion of Invulnerability



67



68

The Who "Baba O'Riley" c 1972

Sally, take my hand
We'll travel south cross land
Put out the fire
And don't look past my shoulder.

The exodus is here
The happy ones are near
Let's get together
Before we get much older.

Teenage wasteland
It's only teenage wasteland.
Teenage wasteland
Oh, yeah
It's only teenage wasteland
They're all wasted!



69



70

Pearl Jam "Nothingman" c 1992

once divided...nothing left to subtract...
some words when spoken...can't be taken back...
walks on his own...with thoughts he can't help thinking...
future's above...but in the past he's slow and sinking...
caught a bolt 'a lightnin'...cursed the day he let it go...
nothingman... nothingman
isn't it something?
nothingman...
she once believed...in every story he had to tell...
one day she stiffened...took the other side...
empty stares...from each corner of a shared prison cell...
one just escapes...one's left inside the well...
and he who forgets...will be destined to remember...
nothingman...nothingman
isn't it something?
nothingman...



71



72

Green Day "I Walk Alone" c.2002

I walk a lonely road
 The only one that I have ever known
 Don't know where it goes
 But it's home to me and I walk alone

I walk this empty street
 On the Boulevard of broken dreams
 Where the city sleeps
 And I'm the only one and I walk alone

I walk alone I walk alone I walk alone

My shadow's the only one that walks beside me
 My shallow hearts the only thing that's beating
 Sometimes I wish someone out there would find me
 'Til then I walk alone I walk alone I walk alone



73



74

74

The Neighbourhood "Everybody's Watching Me" c.2013

I told you I would tell you everything you want to know
 You want me to tell you now
 You pressure me to shout it
 Need to hear about it

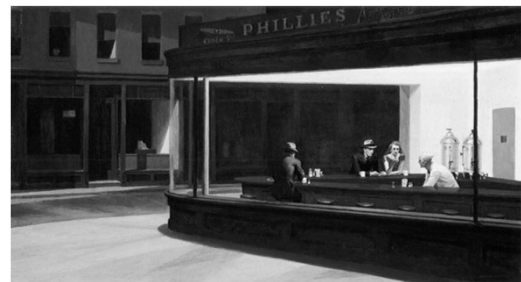
Think that I would count you out
 I let you find it on your own

Then I found myself alone
 Uh oh, where can I go?
 Everybody's watching me
 Uh oh, where can I go?



75

75

Edward Hopper "Nighthawks" c.1942

76

Disputing Automatic Thoughts "Three Essential Questions"

1. What's the evidence? For and against.
2. Is there another, more adaptive, way of looking at this? "On the other hand"
3. So what?
 - Decatastrophize
 - What is the solution?



77

Franklin's Socratic Questioning

- Build the argument through gentle queries
- Drop "any abrupt contradiction" style
- Be a "humble enquirer" by asking innocent questions
- Draw the person into making concessions that gradually prove your point



78

The Disputatious Style



"Being disputatious [is] a very bad habit." [Confronting people produces] "disgusts and perhaps enmities." "Persons of good sense, I have since observed, seldom fall into it, except lawyers, university men, and men of all sorts that have been bred at Edinburgh."



79

Tacit Beliefs / Schemata

- Generalized, tacit beliefs
- Organize perception, memory, problem solving
- Learning history may shape an individual's core views of self, others, future
 1. I am unlovable, vulnerable, unworthy, flawed, lack efficacy
 2. World is unsafe, others are unreliable
 3. No hope for my future



80

Social Problem-Solving

(D'Zurilla, Nezu, Curry)

- R Relax
- I Identify the problem
- B Brainstorm possible solutions
- E Evaluate each one
- Y 'Yes' to one (or two)
- E Encourage yourself, reinforce



81

Dear Problem-Solver #1

Dear Problem Solver,

Last Saturday I was driving my father's car to the store. I was close to being late so I was going pretty fast. As I turned a corner the car slid over and I scraped a tree. I got the steering under control, but was pretty shook up. After I stopped I looked at the car. There is a big scratch on the passenger side. After work I brought the car home. The next day Dad went on a trip. He's coming home in 3 days, and doesn't know about the scratch. I'm afraid to tell him because he might ground me. I need to get to school and to work, and I invited my girlfriend to a club next weekend. She's been looking forward to it for weeks. What should I do?

Sincerely,
Scared in Sandusky



82

Dear Problem-Solver #2

Dear Problem Solver,

My problem is my math teacher. She's a real pain. Last week she was on my case for not getting my work done. She said she didn't care that I had to work extra hours at my job. She said it was my responsibility. She just doesn't seem to like me. She says I have an "attitude." The truth is, I just don't like math and I never have. Why do we have to take algebra anyway? What a waste. Now I'm behind in the course and I can't follow what the teacher is saying and if I flunk I won't graduate. It's getting bad. What should I do?

Sincerely,
Anxious in Akron



83

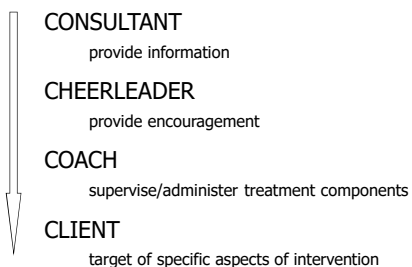
Problem Solving Worksheet

1. Relax: The method I used to relax and calm my feelings was:
2. Identify: The problem I tried to solve was:
3. Brainstorm: The possible solutions I thought of were:
4. Evaluate: The consequences I considered were:
5. Yes to One: The solution I decided was:
6. Encourage: To encourage myself I:



84

Level of Parental Involvement



85

Family CBT Strategies

- Contingency contracting
- Communication training
- Means-End Problem Solving
- Negotiation skills
- Criticism-Demands : Affection-Support



86

Pragmatic Family Therapy



87

Relapse Prevention

1. Identify preferred modules
2. Identify high risk settings, events
3. Transfer of responsibility for treatment
4. Develop relapse prevention plan
5. Fading sessions
6. Booster sessions



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Advanced CBT Strategies



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Facilitating Secure Attachment

- Elicit positive relationship history, memory
- Discuss current relationship
- Develop "image" of desired relationship
- Discuss *behaviors* that would rekindle a more positive relationship
- Emphasize:
 1. Reliability (Predictable)
 2. Responsiveness
 3. Affection, Kindness (Non-punitive)



90

Affect Regulation "Keeping Feelings Under Control"

1. Emotions Thermometer or Volcano
2. Label endpoints
3. Identify physiological, behavioral, or psychological cues of escalation
4. Identify "critical point"
5. Plan specific actions, coping strategies
6. Involve parents
7. Rehearsal and reinforcement
8. Identify 1 or 2 high risk scenarios, prepare



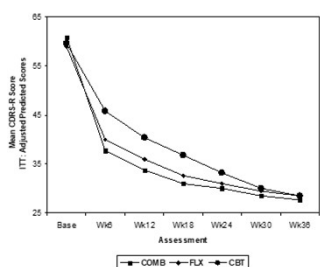
91

Affect Regulation "Mount Sad"



92

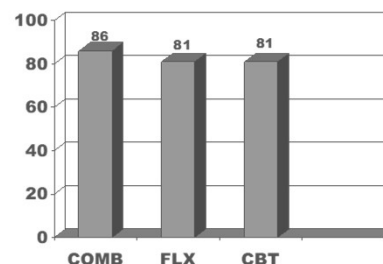
Does Modular CBT Work? TADS Week 36 ITT Results



TADS

93

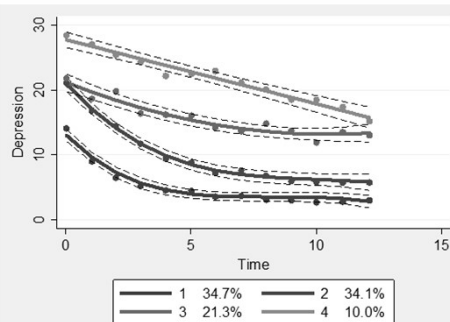
Much/Very Much Improved: Week 36



TADS

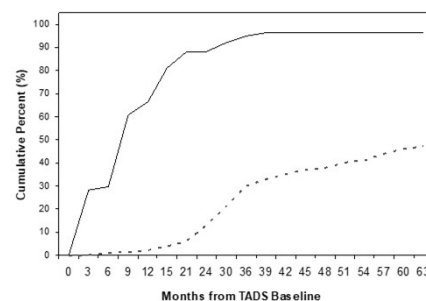
94

Trajectories of Treatment Response Growth Mixture Modeling / Latent Class Analysis Clarke (2015)



95

Recovery & Recurrence Rates



96

Teen Suicide



97

97

Mental Illness: A Risk Factor for Teen Suicide

- Key suicide risk factor for all age groups is an undiagnosed, untreated or ineffectively treated mental disorder
- 90% of people who die by suicide have a mental disorder
- In teens, suicide risk is most clearly linked to 7 mental disorders, often with overlapping symptoms:

Major Depressive Disorder	Conduct Disorder
Bipolar Disorder	Eating Disorders
Generalized Anxiety Disorder	Schizophrenia
Substance Use Disorders	



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Common Diagnoses Among Suicidal Teens

	MALE (N=213)	FEMALE (N=46)
Depression	50%	69%
Antisocial	43%	24%
Substance Abuse	38%	17%
Anxiety	19%	48%

Approximately 2/3 of 16-19 year-old male suicide completers have a history of substance or alcohol abuse



Brent et al. 1999, Shaffer et al. 1996

99

Frequency of Suicidal Thoughts and Attempts

	RATE	N
Ideation	19.0%	3.8 million
Attempt	8.8%	1.8 million
Attempt received medical attention	2.6%	520,000
Completed Suicide	.008%	1,611

Anderson 2002; Grunbaum et al. 2002 (15-19 year old high school students)



100

Episodes of Suicidal Thoughts Per Year

1	45%
2	24%
3 or More	31%

Reifman & Windle 1995; "How often have you thought about killing yourself?"; past year, N=698; last 6 months, N=283)



101

Number of Teen Suicide Attempts per Year

1	53%
2 or 3	30%
4 or More	17%

- **Similar findings in patient studies**
- **1 attempt increases risk of another 15-fold**

Barter et al. 1968, Brent 1993, CDC 2002 (YRBS 2001 Codebook), Goldacre & Hawton 1985, Goldston et al. 1999, Hawton et al. 1982, Hulten 2001, Kotila 1992, Lewinsohn et al. 1994, McIntire et al. 1977, Spirito 1992, Spirito et al. 2003, Wichstrom 2000



102

CDC Risk Factors for Suicide - I

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies



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CDC Risk Factors for Suicide - II

- Cultural and religious beliefs (e.g., belief that suicide is noble resolution)
- Local epidemics of suicide
- Isolation, feeling of being cut off from others
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help, stigma



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CDC Protective Factors for Suicide

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation



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Psychological Vulnerability

1. Hopelessness, Pessimism
2. Impulsivity
 1. Aggression
 2. Affect regulation deficits
 3. Emotional lability
3. Impaired Problem Solving Skills
 1. Low assertiveness
 2. Social problem-solving deficits (NPO, ICS, AS)



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Social Vulnerability

- Parental psychiatric illness
- Family history of suicide
 - (11.6% of 1st degree relatives; 15.6% of “aggressive suicides”, Serotonin?)
- History of abuse, neglect, bullying
- Chaotic, punitive home environment
- Grief
- Disconnection, “drifting”, “anomie”
- Homosexuality



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Availability of Lethal Means

- Guns
 - Odds Ratio 10.4 if guns in home
 - Rate of suicide increased most during 1st year after purchase; 75/100,00)
- Bridges
- Train tracks



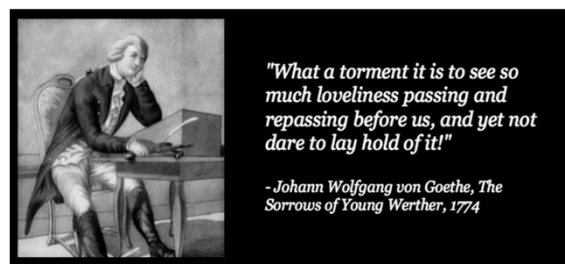
108

Teen Suicide Clusters Contagion

- Goethe "Sorrows of Young Werther" (1774)
- 5% of adolescent suicides
- Media exposure, community response
- Peers, classmates (often *not* close friends)



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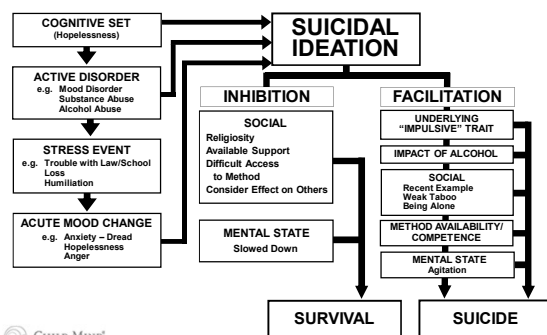


111



Pathways to Suicide

(D. Shaffer, MD)



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QPR Gatekeeper Training

Question Persuade Refer

Ask a question, save a life

- Screening and triage
- QPR is not a risk assessment
- QPR is not a form of counseling or treatment
- QPR does offer hope through positive action
- Appropriate for nursing staff, teachers



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CDC

Suicide Prevention Strategies

Strategy	Approach
Strengthen economic supports	•Strengthen household financial security •Housing stabilization policies
Strengthen access and delivery of suicide care	•Coverage of mental health conditions in health insurance policies •Reduce provider shortages in underserved areas •Safer suicide care through systems change
Create protective environments	•Reduce access to lethal means among persons at risk of suicide •Organizational policies and culture •Community-based policies to reduce excessive alcohol use
Promote connectedness	•Peer norm programs •Community engagement activities
Teach coping and problem-solving skills	•Social-emotional learning programs •Parenting skill and family relationship programs
Identify and support people at risk	•Gatekeeper training •Crisis intervention •Treatment for people at risk of suicide •Treatment to prevent re-attempts
Lessen harms and prevent future risk	•Postvention •Safe reporting and messaging about suicide



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Inventories to Assess Suicidality

Beck Depression Inventory (Items “2” and “9”)

Reynolds Adolescent Depression Scale (RADS)

Children’s Depression Rating Scale (CDRS)

Beck Hopelessness Scale (BHS)

Scale for Suicide Ideation (SSI)

Reynolds Suicide Ideation Questionnaire (RSIQ)

Columbia Scale (C-SSRS)



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C-SSRS

This version of the C-SSRS has been modified for use by LA County
Department of Mental Health on 9/26/15

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Since Last Visit SCREENED: Clinical
Version 3/14/09

Primm, K.; Brown, R.; Lavin, C.; Gould, M.; Stanley, R.; Brown, G.; Fisher, P.; Zeleny, J.;
Borke, A.; Oquendo, M.; Mann, J.

Disclaimer

This scale is intended to be used by individuals who have received training in its administration. The questions contained
in the Columbia Suicide Severity Rating Scale are suggested guides. Ultimately, the determination of the presence of
suicidal ideation or behavior depends on the judgment of the individual administering the scale.

Definitions of relevant suicidal events in this scale are based on those used in *The Columbia Suicide History
Pages*, developed by John Mann, MD and Robert Oquendo, MD, Center for the Study of Suicide, Columbia University
(2005). New York State Psychiatric Institute, 1055 Riverside Drive, New York, NY 10032. Oquendo, M. A.,
Grunbaum, B., & Mann, J. J. Risk factors for suicidal ideation: utility and limitations of research instruments. In *Risk, Res.*
(2012) *Handbook of Suicide in Clinical Practice*, pp. 103–120 (2012).

For reprint of the C-SSRS contact: Kelly Pines, PhD, New York State Psychiatric Institute, 1055 Riverside Drive, New
York, New York 10032. requests and printing requirements: kelly.pines@nyspqi.org or kelly.pines@nyspqi.edu
© 2009 The Research Foundation for Mental Hygiene, Inc.



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Adolescent Mental Health Screening “Every Teen, Every Encounter”

- Institute of Medicine
- US Preventative Services Task Force
- American Academy of Pediatrics
- American Medical Association
- Society for Adolescent and Medicine
- American Academy of Family Physicians
- NAMI



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Assess “Intent”

1. Preparation
2. Sense of “confidence” in carrying it out
3. Level of secretiveness
4. Motivation
 - Escape, surcease, solve-problems
 - End pain and suffering, relief
 - Get back at someone, make them pay



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Assess “Perceived Lethality”

- Clarify method
(Firearm, Jumping, Pills, Hanging, Auto, Train)
- “How deadly did you think this would be?”
(Level of lethality may be misjudged)



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Cognitive Vulnerabilities: Key Targets in Treatment

1. Hopelessness, helplessness, pessimism
2. Maladaptive beliefs about oneself, others, the future (e.g., abandonment, unlovability, rejection)
3. “Suicidogenic beliefs”
4. Impaired problem-solving, low motivation
5. Non-specific autobiographical recall, perceptual bias
6. Morbid, self-punitive perfectionism.



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TASA Protocol

Treatment of Adolescent Suicide Attempters

- Safety plan
- Case management
- Chain analysis of attempt
- Address suicidal, depressive cognitions
- Enhance affect regulation

Brown et al. (2005)



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Chain Analysis

1. Precipitating event
2. Motive
3. Negative affect
4. Hopelessness
5. Emotion regulation
6. Environmental response



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Address Environmental Factors

- Availability of means (e.g., guns, pills)
- Family conflict (lack of support)
- Peer problems
- Academic stressors
- Social skills, supports



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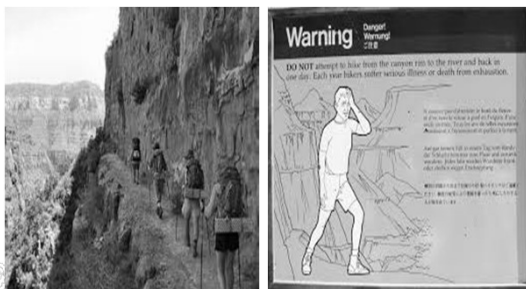
Regular Follow-Up Helps Long-Term Contact May Reduce Risk

- 834 inpatients (MDD or suicide)
- Randomized to follow-up contact / no-contact
- Letter + 24 contacts over 5 years
- Significant reduction: 1.7% vs 3.6%



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On the Edge



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Summary

- Adolescent suicide is multiply determined, multiple pathways
- Statistical prediction of risk is not possible
- Model-based interventions (Shaffer; Bridge, Goldstein & Brent) facilitate formulation
- Evidence-based practices (CBT, DBT, IPT) are promising; stay close to the data
- Flexible, modular approaches allow for individually-tailored, "prescriptive", "precision" treatment



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Teen Suicide Prevention

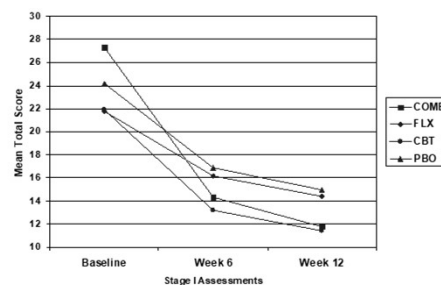
• What can help:

- 1) Annual school-wide depression, suicide screenings
- 2) Regular screenings by medical professionals; "Every child, every encounter"
- 3) Teen resources: "Text a Tip", "Safe2Say", Change the Culture
- 4) Suicide training for adults: QPR
- 5) Embed suicide education in coursework, workshops
- 6) Every parent talks explicitly about suicide risk with their teens; parent seminars
- 7) Rapid referral network of trained clinicians; make treatment easily available, free (i.e., CWD-A)
- 8) Increased funding for mental health clinician workforce
- 9) More suicide research funding



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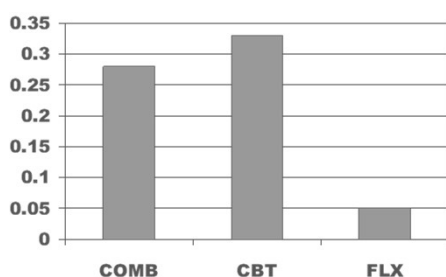
SIQ : ITT Adjusted Means



TADS

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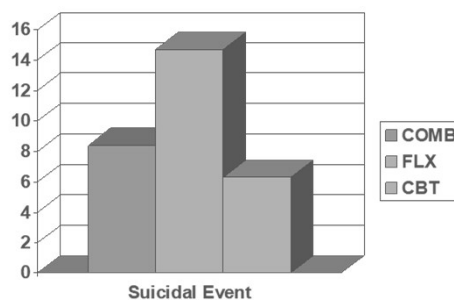
Acute Effect Size for RSIQ (ITT)



TADS

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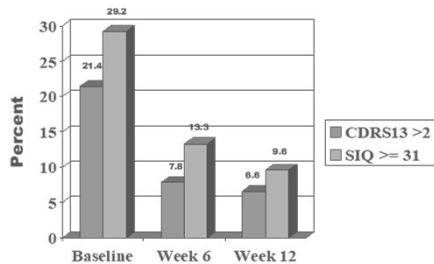
Percentage of Patients with a Suicidal Event by Week 36



TADS

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Teen Suicide Improves with Treatment (OC)



(TADS) Team. (2007). *Archives of General Psychiatry*, 64 (10), 1132-1144.



TADS

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Does CBT Work?

"Robust" Early Support

- Reinecke et al. (1998)
ES = 1.02 n=6 (CBT only)
- Lewinsohn & Clarke (1999)
ES = 1.27 n=12
- Michael & Crowley (2002)
ES = 0.72 n=14



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The Broader View of the Literature "Curb Your Enthusiasm"

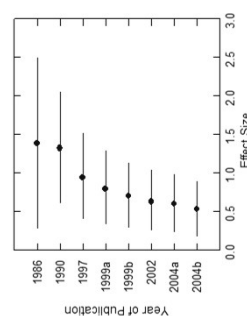
- Weisz, McCarty, & Valeri (2006)
Review of 35 controlled studies (31 of CBT)
Effect size = .34 $Z=4.57$ $P<.01$
Effects show generality and specificity

"Effects are significant, but modest in their strength, breadth, and durability"



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Figure 3. Cumulative effects and 95% confidence intervals for CBT by publication year.



1986 = Reynolds & Coats, 1990 = Lewinsohn et al., 1997 = Brent et al., 1999a = Rounsello & Bernal, 1999b = Clarke et al., 2002 = Clarke et al., 2004a = Rabideau et al., 2004b = TADS.



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Why the Decline?

(Klein, Jacobs, & Reinecke, 2007)

- A common pattern in outcome research
- Increasingly severe, chronic, comorbid, and functionally impaired participants
- More stringent control conditions, randomization
- Fixed effects requires homogeneity of ES across samples (RRM may be preferred)
- ITT rather than completer analysis
- Reliance on published, peer-reviewed findings



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A Comprehensive Review

"The Kids Are All Right"

- Review of 750 treatment protocols from 435 studies.
- Scored on 5-level level of evidence
- 21 controlled studies
- "Level 1: Best Support"

Effect size = .87 (CBT Alone)
1.47 (CBT + Rx)
.95 (CBT with parents)

Chorpita, B. et al. (2011). Evidence-based treatments for children and adolescents: An updated review of indicators of efficacy and effectiveness. *Clinical psychology: Science & practice*, 18 (2): 154-181.



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A More Recent Review

- Zhou et al. (2015) *World Psychiatry*
- 52 RCT's, 116 Conditions, 9 treatments, 3805 patients
- Post-treatment: Only CBT and IPT consistently more effective than controls (SMD= -.47 to -.96)
- Follow-Up: Only CBT and IPT consistently more effective than controls (SMD= -.26 to -1.05)

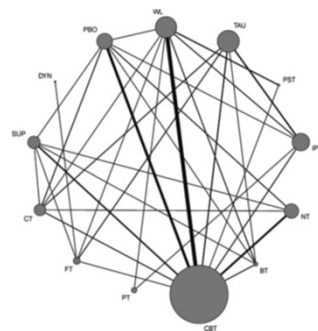
"...IPT and CBT should be considered the best available psychotherapies for depression in children and adolescents"



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Zhou et al. (2015)

Network Meta-Analysis



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Current Standards CBT is "A Recommended Treatment"

- American Psychological Association Clinical Practice Guidelines (2018)
- AACAP Work Group on Quality Issues (2007)
- NICE - National Institute for Health and Care Excellence (2005)
- BEST - Cincinnati Children's Hospital Medical Center Best Evidence Statement (2010)
- Society for Clinical Child and Adolescent Psychology (Level One, "Works Well")
- US Preventive Services Task Force (2009)
- CPG-Ministry of Health and Social Policy-Spain (2010)
- GLAD-PC - Group Guidelines for Adolescent Depression in Primary Care (2007)



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Modular CBT for Depression

Curry, J. & Reinecke, M. (2003). Modular therapy for adolescents with major depression. In M. Reinecke, F. Dattilio, & A. Freeman (Eds.) *Cognitive therapy with children and adolescents*, 2nd Ed. New York: Guilford Press.

Reinecke, M. & Ginsburg (2008). Cognitive-behavioral treatment of depression during childhood and adolescence. In J. Abela & B. Hankin (Eds.) *Handbook of depression in children and adolescence*. New York: Guilford Press.

Reinecke, M. & Curry, J. (2008). Adolescents. In M. Whisman (Ed.) *Adapting cognitive therapy for depression: Managing complexity and comorbidity*. New York: Guilford.

Curry, J. & Reinecke, M. (2010). Major depression. In J. Thomas & M. Hersen (Eds.) *Handbook of clinical psychology competencies*. New York: Springer.

Beidel & Reinecke, M. (2014). Cognitive-behavioral treatment for anxiety and depression. In M. Dulcan (Ed.) *American Psychiatric Publishing textbook of child and adolescent psychiatry*. Washington, DC: American Psychiatric Publishing.



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Teen Suicide Readings

• Brent, D. et al. (2009). The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of suicidal events in an open treatment trial. *J. Am. Acad. Child Adol. Psychiat.*, 48, 987-996.

• Bridge, J. et al. (2006). Adolescent suicide and suicidal behavior. *J. Child Psychol Psychiat.*, 47, 372-394.

• Goldston, D. (2003) *Measuring suicidal behavior and risk in adolescents*. Washington, DC: American Psychological Association.

• Gould, M. et al. (2011). Youth suicide risk and preventive interventions. *J. Am. Acad. Child Adol. Psychiat.*, 42, 386-405.

• Spirito, A. et al. (2011). Addressing adolescent suicidal behavior: Cognitive-behavioral strategies. In P. Kendall (ed.) *Child and adolescent therapy: Cognitive-behavioral procedures*. New York: Guilford.



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Evidence-Based Treatments

**American Psychological Association
Division 12
Clinical Psychology**

**American Psychological Association
Division 53
Clinical Child & Adolescent Psychology**

www.clinicalchildpsychology.org

www.childmind.org

www.effectivechildtherapy.com



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Academy of Cognitive Therapy www.academyofct.org

- Board certification in cognitive therapy
- International, multidisciplinary
- Listserv and newsletter
- International referral list
- Training resources



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Transforming Children's Lives



The Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Our teams work every day to deliver the highest standards of care, advance the science of the developing brain and empower parents, professionals and policymakers to support children when and where they need it most.




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Our Work

Research




We are at the forefront of neuroscience efforts to find objective biological measures of mental illness that will lead to earlier diagnosis, more individualized treatment methods, and new and better interventions.

Clinical Care




We provide world-class clinical care to children struggling with mental health and learning disorders. We have helped thousands of children get the help they need in our offices and in their communities.

Public Education



We equip millions of parents, educators and policymakers with the information they need to end the stigma and misinformation that cause so many children to miss out on life-changing treatment.



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Contact Us!

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 E-Mail: mark.reinecke@childmind.org



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School-Based CBT for Depressed Children and Adolescents

Mark A. Reinecke, PhD

Child Mind Institute

San Francisco Bay Area

OSPA

Columbus, Ohio

November 2019





Educational Objectives

You will be familiar with:

- Diagnosis and assessment of major depression and suicide among youth
- Factors contributing to vulnerability for depression among youth
- The Socio-Cognitive Model of depression
- Cognitive-behavioral case formulation and assessment
- Modular CBT techniques and strategies

Disclosures

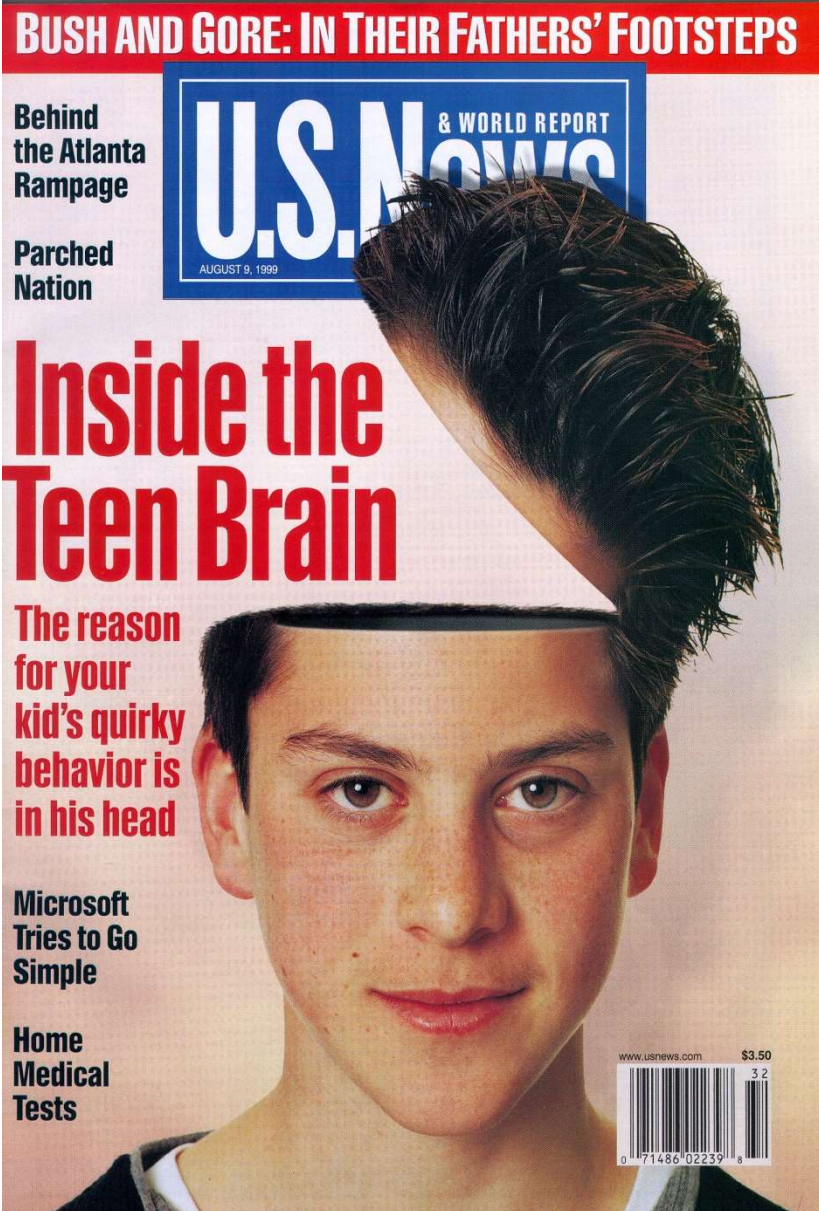
- Nothing to disclose

Contributors

- David Brent, Peter Lewinsohn, Greg Clarke, Aaron Beck
- John March, Susan Silva, John Curry, John Fairbank, Karen Wells, Paul Rohde, Nili Benazon, Golda Ginsburg, Michael Sweeney, Norah Feeney, Jeanette Kolker, Randy LaGrone, Anne Simons, Betsy Kennard, Chris Kratochvil,
- Rachel Jacobs, Kelsey Howard, Lev Gottlieb, Sarah O'Dor, Emily Becker-Weidman, Greg Rogers, Allison Clarke, Michal Rischall

Child & Adolescent Depression: An Overview





Epidemiology (1)

- Depression 2-7%
- Dysthymia 5-10%
- Separation Anxiety Disorder 2-5%
- Generalized Anxiety Disorder 3-4%
- Simple Phobia 2-3%
- ADHD 6-10%
- Oppositional Disorder 6-10%
- Conduct Disorder 3-5%

Epidemiology (2)

- Prepubertal: males = females
- Adolescence: females rise, males stable
- Dysthymia > Major Depression
- Moderate stability
- High recurrence rates



Lifetime Prevalence Major Depression

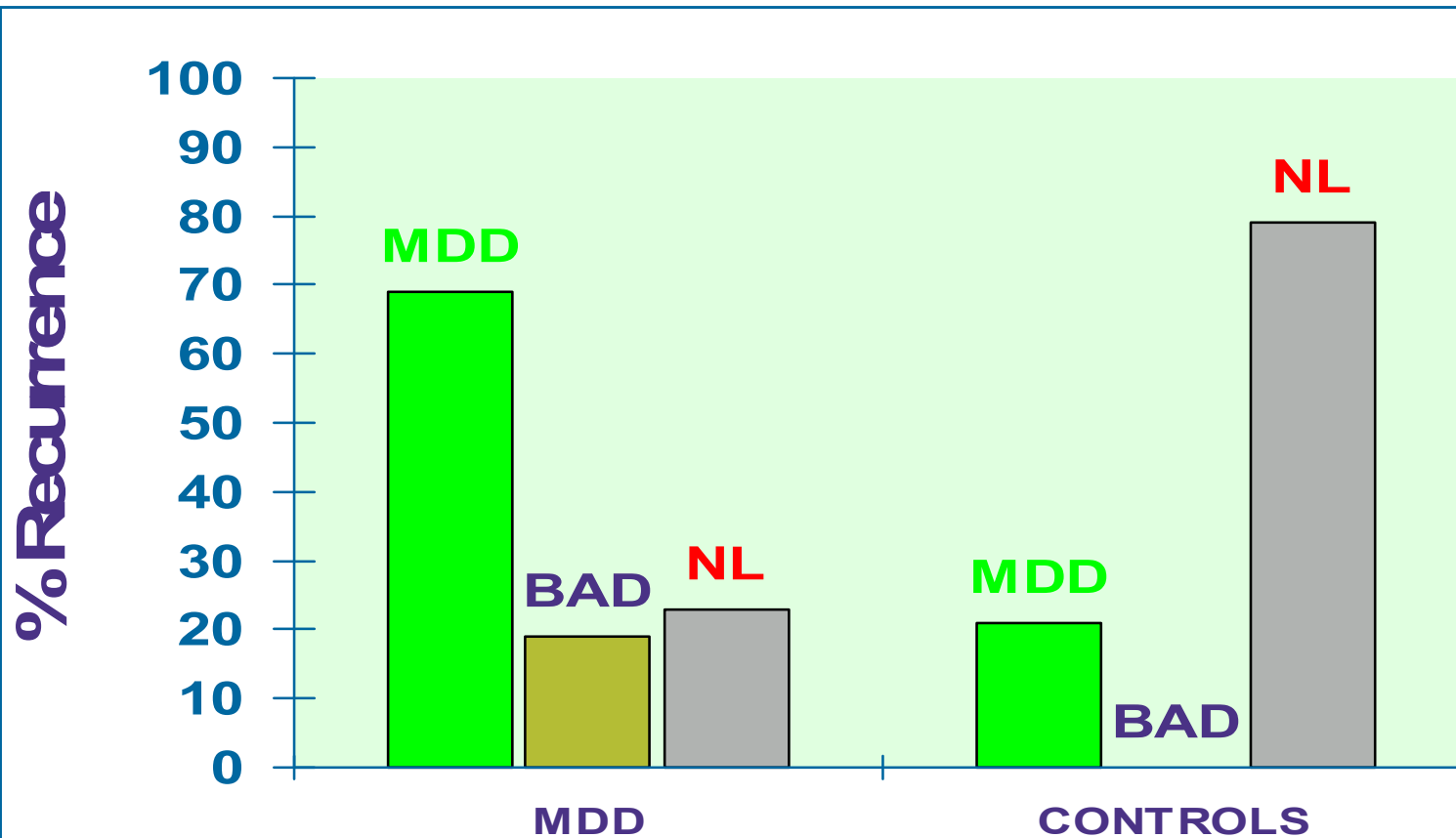
	Males	Females
• Adolescents	12%	24%
• Adults	14%	23%

Kessler et al. (2005)

Lewinsohn et al. (1993)

➤ How can we understand the gender difference in rate, recurrence?

Seven Year Follow Up of MDE



Rao et al (1995), JAACAP, 34:566-578



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Substance Abuse





Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 4,816	Unintentional Injury 1,261	Unintentional Injury 787	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Short Gestation 3,927	Congenital Anomalies 433	Malignant Neoplasms 449	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	SIDS 1,500	Malignant Neoplasms 377	Congenital Anomalies 203	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	Chronic Low. Respiratory Disease 131,002	Unintentional Injury 161,374
4	Maternal Pregnancy Comp. 1,402	Homicide 339	Homicide 139	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	Chronic Low. Respiratory Disease 17,810	Cerebro-vascular 121,630	Chronic Low. Respiratory Disease 154,596
5	Unintentional Injury 1,219	Heart Disease 118	Heart Disease 77	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebro-vascular 142,142
6	Placenta Cord. Membranes 841	Influenza & Pneumonia 103	Chronic Low. Respiratory Disease 68	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	Bacterial Sepsis 583	Septicemia 70	Influenza & Pneumonia 48	Chronic Low Respiratory Disease 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebro-vascular 5,353	Cerebro-vascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Respiratory Distress 488	Perinatal Period 60	Septicemia 40	Cerebro-vascular 50	Chronic Low Respiratory Disease 206	Cerebro-vascular 575	Cerebro-vascular 1,851	Chronic Low. Respiratory Disease 4,307	Suicide 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
9	Circulatory System Disease 460	Cerebro-vascular 55	Cerebro-vascular 38	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095	Nephritis 50,046
10	Neonatal Hemorrhage 398	Chronic Low Respiratory Disease 51	Benign Neoplasms 31	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405	Suicide 44,965

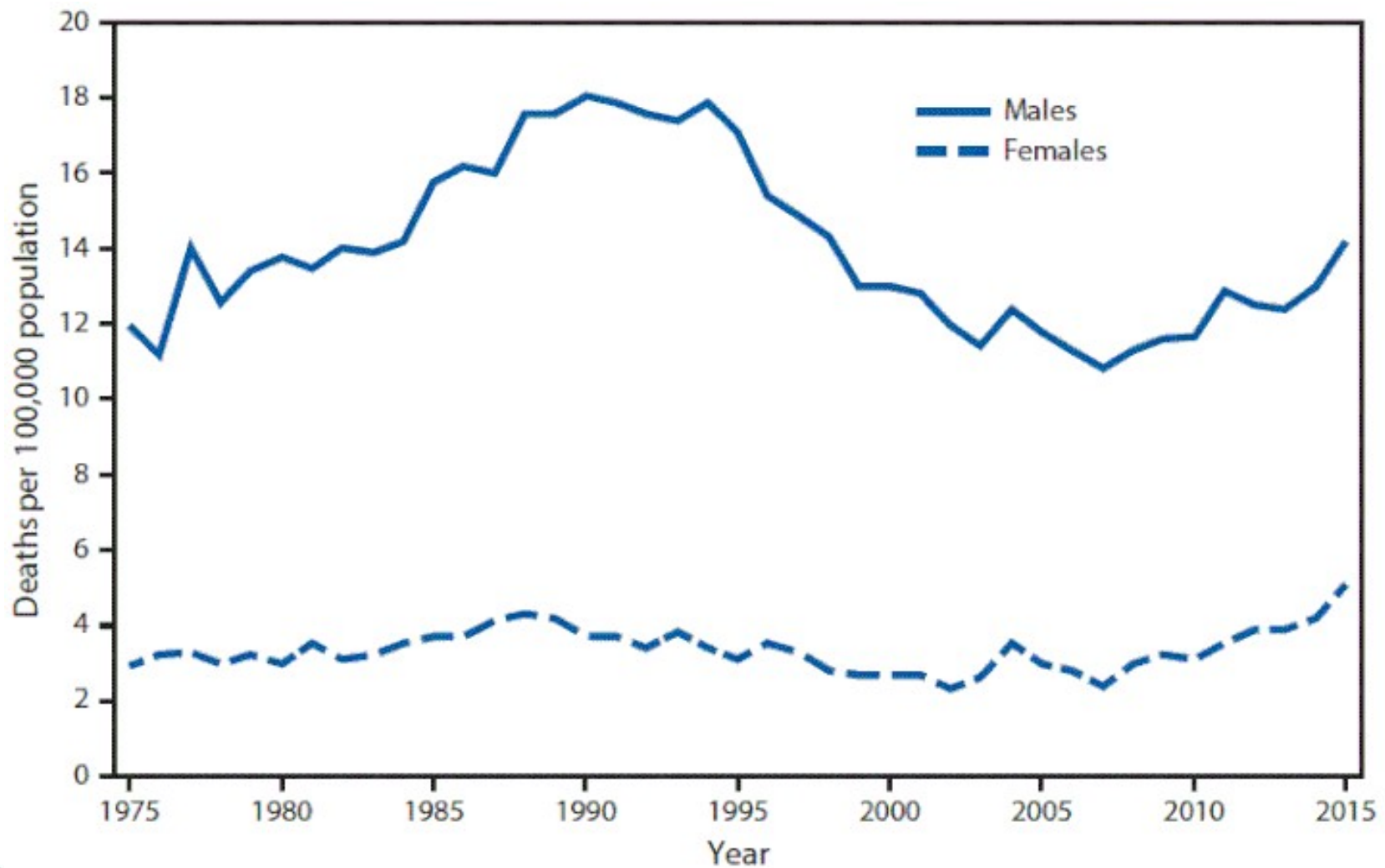
Causes of Death Among 15 to 19 Year-Olds (2003)

CAUSE	# OF DEATHS	
Accidents	6646	#1
Homicide	1899	#2
Suicide	1611	#3
Cancer	732	} 1599
Heart Disease	347	
Congenital Anomalies	255	
Chronic Lower Respiratory Disease	74	
Stroke	68	
Influenza and Pneumonia	66	
Blood Poisoning	57	

Causes of Death Among 15 to 24 Year-Olds (2016)

CAUSE	# OF DEATHS	
Accidents	13859	#1
Homicide	5172	#3
Suicide	5723	#2
Cancer	1431	} 3558
Heart Disease	949	
Congenital Anomalies	388	
Diabetes	211	
Respiratory	206	
Influenza and Pneumonia	189	
Complicated Pregnancy	184	

Adolescent Suicide Rates (CDC, 2017)

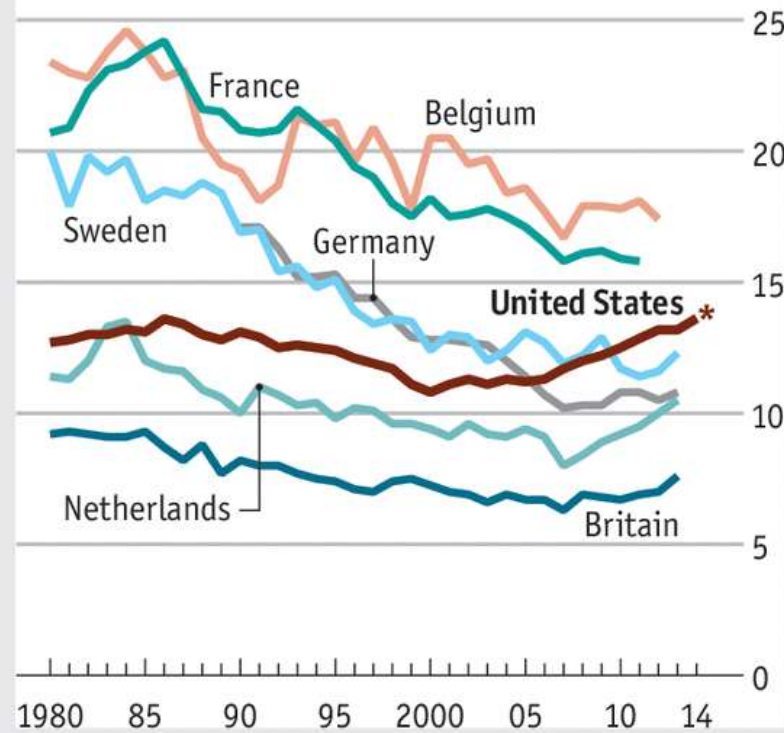


Adolescent Suicide Rates

- Suicide rates **decreased** between 1990 and 2003 as antidepressant prescriptions increased
- Suicide rates **increased** 18% from 2003-2004 due to decreased antidepressant use
- Rate **doubled** for 15-19 year-old females between 2007 and 2015
- Rate **increased** by 30% for 15-19 year-old males between 2007 and 2015

A tragic trend

Suicide rate per 100,000 population



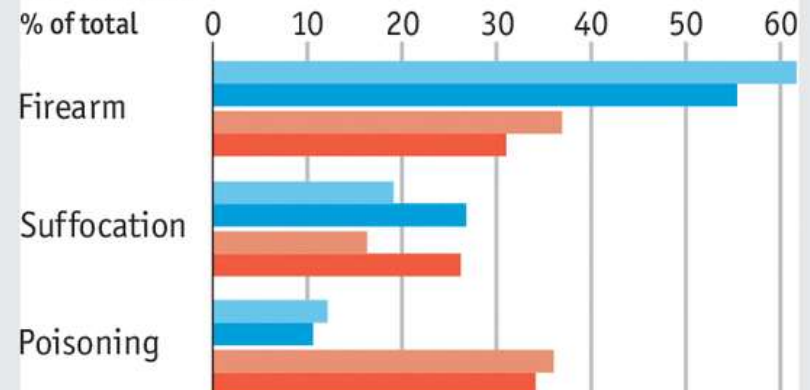
Sources: OECD; US Centres for Disease Control and Prevention

Suicides, United States

Number

		Rate per 100,000 population	
Male	1999	23,443	17.8
	2014	33,059	20.6
Female	1999	5,737	4.0
	2014	9,645	5.8

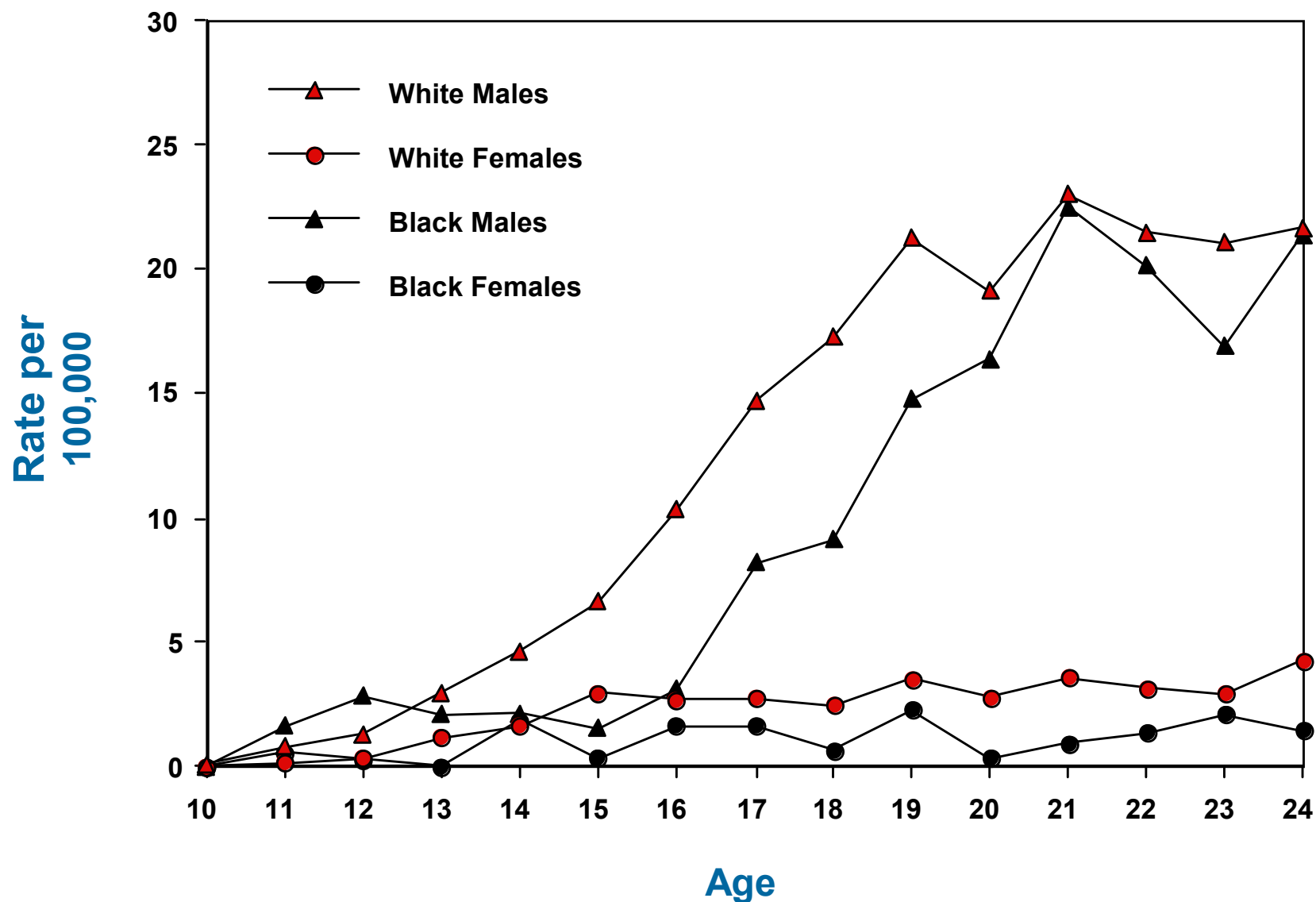
Main methods



*2011-14 *Economist* estimates using CDC data

Economist.com

Youth Suicide Rates by Gender



Why the Increase?

- Black Box warnings
- Economic pressure on families
- Insurance, access to treatment
- Shift from cocaine to opioids, pain killers
- Social media





Major Depression

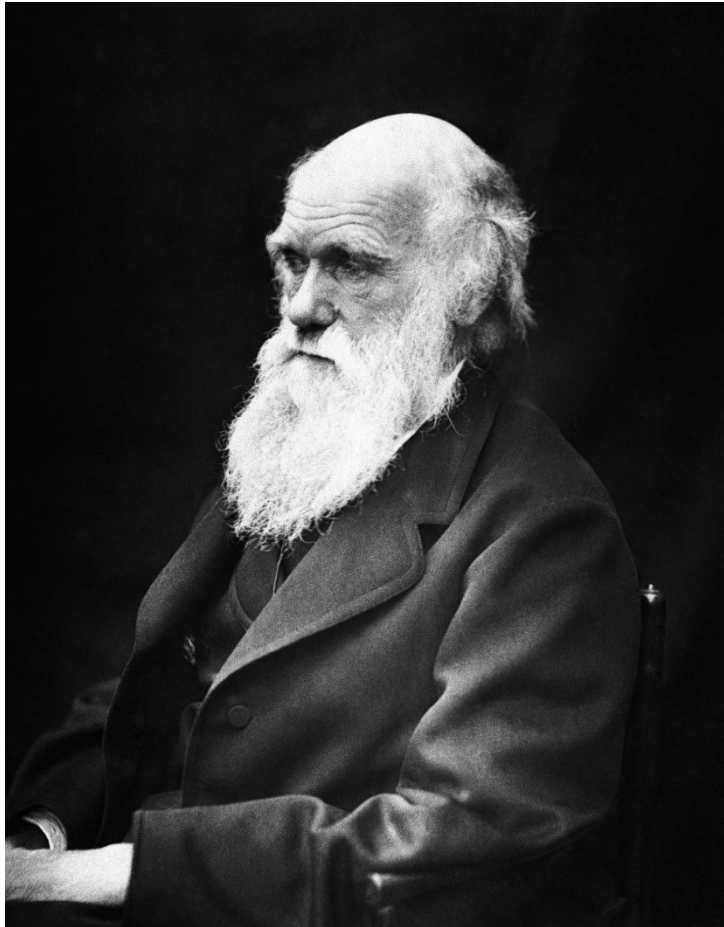
An Important Social Problem

- Common: Point prevalence of 2-7%
- Leading cause of disability worldwide
- 20m Americans affected (compared to 13.5m with coronary heart disease)
- Mortality rate elevated 2.6x
- Depression is a social policy priority

Diagnostic Criteria for Depression

1. Depressed or irritable mood
2. Anhedonia, loss of interest or pleasure
3. Weight or appetite change
4. Sleep difficulties
5. Psychomotor agitation or retardation
6. Fatigue
7. Worthlessness or guilt
8. Concentration or memory problems
9. Thoughts of death or suicide

Evolution and Depression: Is Depression Adaptive?



“Pain or suffering of any kind, if long continued, causes depression and lessens the power of action; yet it is well adapted to make a creature guard itself against any great or sudden evil.”

Charles Darwin (1887)



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Is Depression Adaptive?

- Adaptive warning mechanism
- Functionally similar to pain
- Inhibits individual from pursuing unattainable goals
- Decreased motivation; energy saved until new goal identified

Neese, R. Arch. Gen Psychiat. (2000)

Goal Adjustment Capacity

- 97 girls; 15-19 years old
 - Longitudinal assessment; 19 months
 - Assess disengagement from personally salient unattainable goals and re-engagement with new goals
- Mildly depressed youth disengage more easily from unattainable goals
- Those who disengage easily are *less likely to experience more severe depression later*; lower c-reactive protein (associated with inflammation)

Wrosch, C. & Miller, G. (2009) JPSP



The Three Rivers

- Developmental experience

“It’s the environment, how you’re raised”

- Biological processes

“It’s all in your brain”

- Cognition

“It’s all how you look at it”

Vulnerability for Depression

1. Biological (Genetic) Factors
2. Negative Life Events
3. Early Experience & Insecure Attachment
4. Affect Regulation
5. Social Behavior; Social Support
6. Cognitive Biases / Deficits

Biological Systems (Negative Valence – Loss)

- **Genes:** MAOA, COMT, DAT1, 5HTTR, 5HTRs
- **Brain:** Amygdala, DLPFC, VMPFC, Insula, Cingulate, Hippocampus, Striatum
- **Physiology:** ANS, HPA

Biological Systems (Positive Valence – Reward)

- **Genes:** DAT, DRD2, TREK1
- **Brain:** Anterior Insula, Lateral Hypothalamus, Medial OFC, Nucleus Accumbens, Ventromedial PFC
- **Physiology:** Endocannabinoids, Glutamate, FosB, Orexin, Dopamine

Cognitive Vulnerability-I

1. Beck Tacit Beliefs or Schema, Cognitive Distortions, Sociotropy, Autonomy, Automatic Thoughts
2. Rehm Self-Control Deficits, Self Reinforcement
3. D'Zurilla Social Problem-Solving Deficits
4. Garber Affect Regulation

Cognitive Vulnerability-II

- | | | |
|----|-----------|--|
| 5. | Seligman | Learned Helplessness –
Perceptions of Contingency |
| 6. | Abramson | Negative Attributional Style |
| 7. | Lewinsohn | Loss of Social Reinforcement |
| 8. | Alloy | Depressive Realism;
Perceptions of Control and
Worth |

Cognitive Vulnerability-III

- | | | |
|-----|---------------------|--------------------------------|
| 9. | Freeman | Decreased mastery and pleasure |
| 9. | Joiner | Excessive Reassurance Seeking |
| 10. | Nolen-Hoeksema | Ruminative Style |
| 11. | Ingram | Self-focused Attention |
| 12. | Higgins
Strauman | Self-Concept Discrepancy |

Cognitive Vulnerability-IV (provisional)

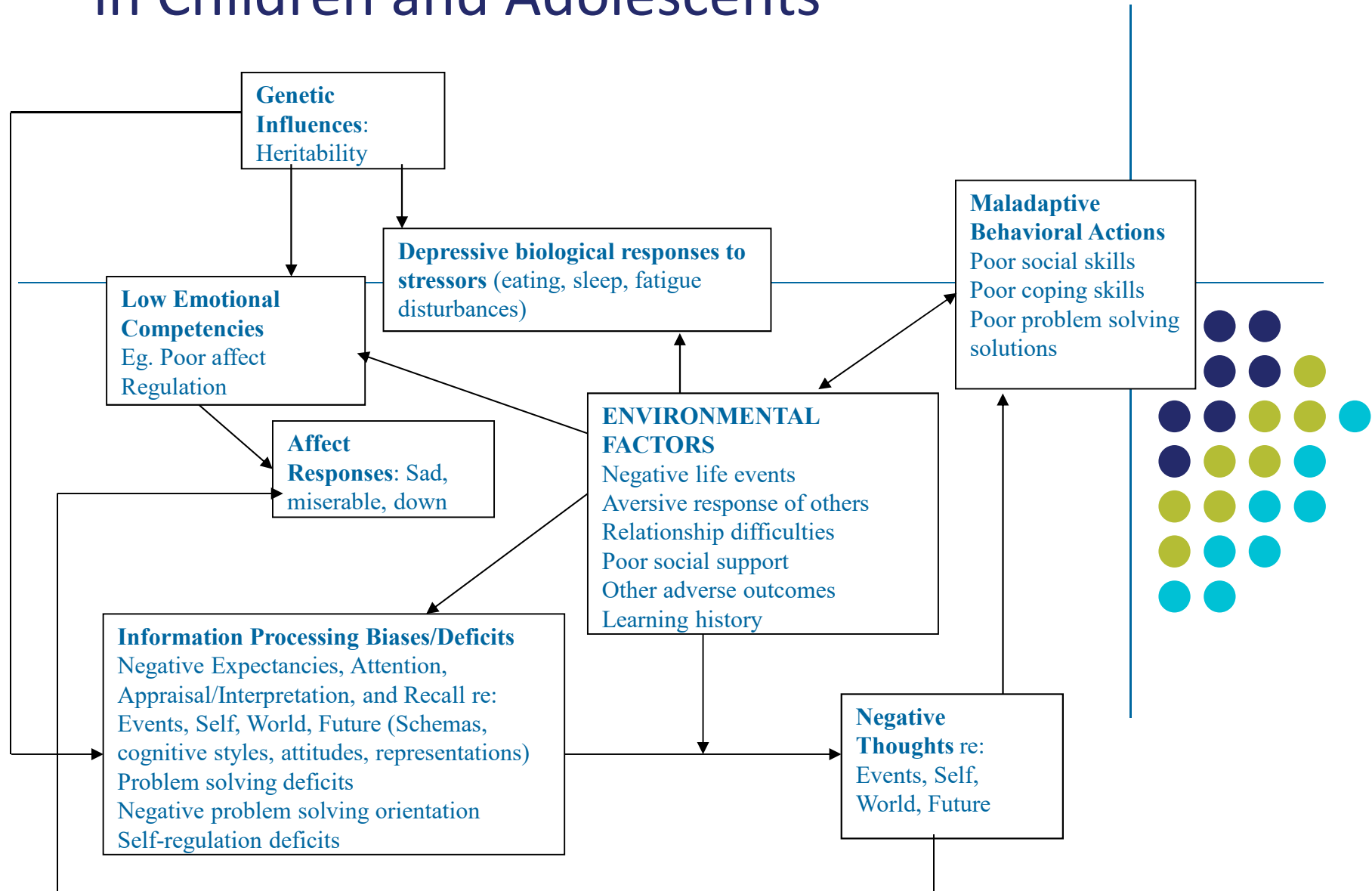
1. Gotlib
Joorman Perceptual disengagement
from distressing stimuli
2. Reinecke
Breiter Sensitivity to reward, loss

Cognitive Vulnerability – Unitary Construct?

Ginsburg et al. JCCAP (2010)

- Factor structure of self-report scales assessing depression-relevant cognitions (BHS, CNCEQ, CTI-C, DAS, SPSI-R)
- 390 adolescents with major depression
- Four factor solution:
 1. Cognitive Distortions and Maladaptive Beliefs (DAS, CNCEQ)
 2. Cognitive Avoidance (SPSI-R; ICS, AS, NPO)
 3. Positive Outlook (CTI-C, BHS)
 4. Solution-Focused Thinking (SPSI-R; PPO, RPS)
- Maladaptive cognitions were positively related to **severity** of depression and **predicted treatment response**.

Socio-Cognitive Model of Depression in Children and Adolescents



Assessment

- Children's Depression Rating Scale (CDRS-R)
- Reynolds Adolescent Depression Scale (RADRS-2)
- Children's Depression Inventory (CDI-2)
- Reynolds Suicide Ideation Questionnaire (RSIQ)
- Columbia Suicide Severity Rating Scale (C-SSRS)

Measures of Cognitive Mediators

- Automatic Thoughts Questionnaire (ATQ)
- Young-Brown Schema Questionnaire (YBSQ-R)
- Dysfunctional Attitudes Scale (DAS)
- Social Problem-Solving Inventory (SPSI-R)
- Attributional Style Questionnaire (ASQ)
- Inventory of Parent & Peer Attachment (IPPA)
- Cognitive Bias Questionnaire (CBQ, CNCEQ)

Core Cognitive Vulnerabilities

Depression

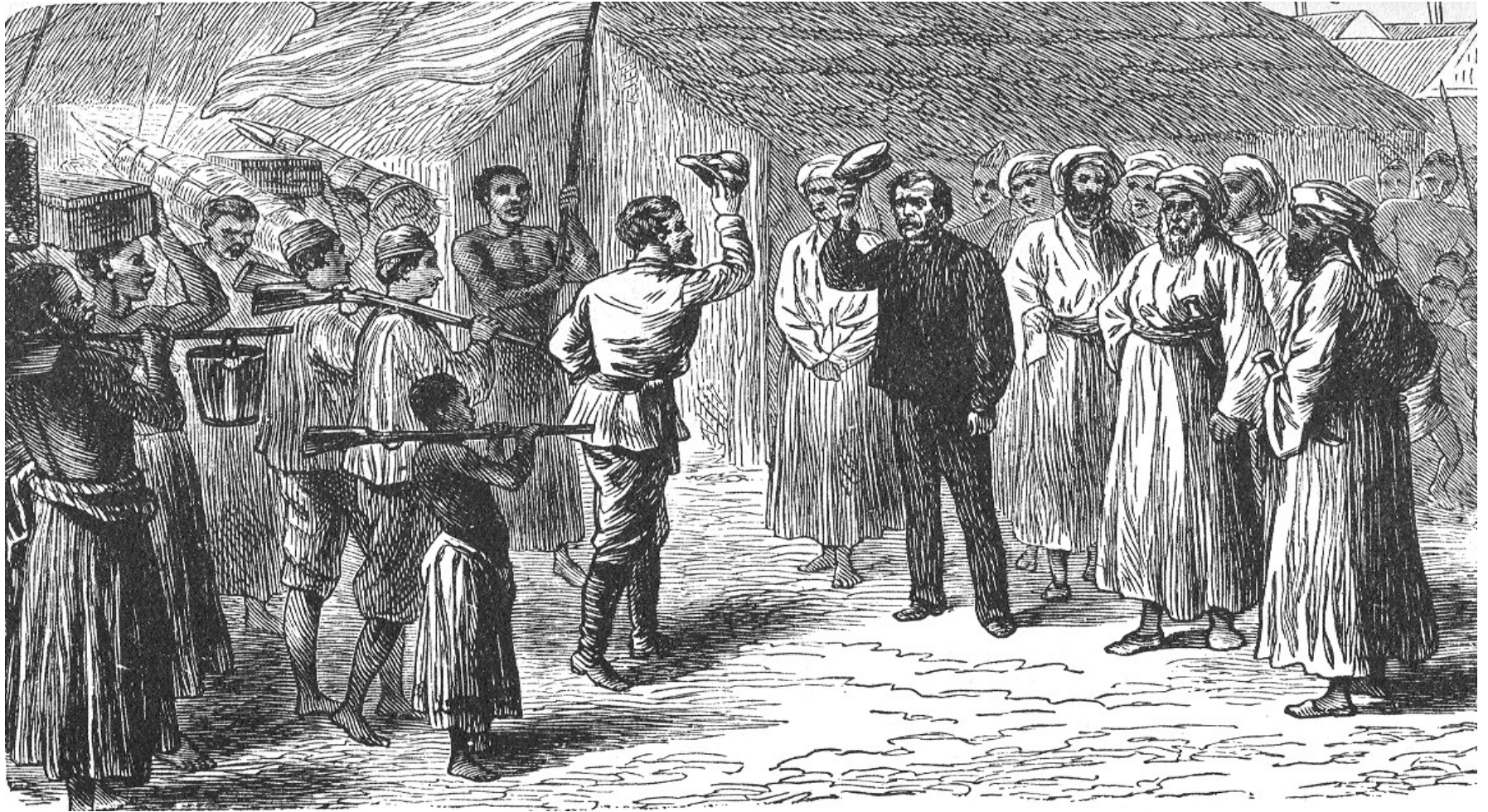
1. Negative Attributional Style (Alloy et al., 2008)
2. Dysfunctional Attitudes (Beck, 1987)
3. Ruminative Style (Nolen-Hoeksema et al., 2008)

Anxiety

1. Anxiety Sensitivity (McNally, 1994)
2. Intolerance of Uncertainty (Dugas et al., 2004)
3. Fear of Negative Evaluation (Watson & Friend, 1999)

Therapeutic Relationship in CBT

1. Accurate empathy
2. Warmth
3. Genuineness
4. Rapport, “harmonious accord”, acceptance
5. Collaboration
6. Empiricist orientation
7. Patient and parent feel “understood”



Adult “Frames” in Child Development

- Nurturant Frame
- Protective Frame
- Instrumental Frame
- Feedback Frame
- Modeling Frame
- Discourse-Conversation Frame
- Memory Frame





Modular CBT

(Reinecke, 2002; Curry & Reinecke, 2003)

- Empirically-supported techniques
- Formulation based
- Flexible, individually-tailored
- Prescriptive interventions
- Targets identified vulnerability and maintaining factors
- Addresses social environment in which beliefs and coping skills are acquired and function

CBT Individual Modules

1. Mood Monitoring
2. Goal-Setting
3. Behavioral Activation/Pleasant Activities
4. Problem-Solving
5. Cognitive Restructuring
6. Relaxation
7. Affect Regulation
8. Social Interaction
9. Assertion
10. Communication

CBT Family Modules

1. Rationale and Goal-Setting
2. Psychoeducation about CBT
3. High Expectations and Low Reinforcement
4. Family Problem-Solving
5. Family Communication (EE)
6. Attachment and Re-commitment
7. Contingency Management

Core versus Non-Core Modules

- Core modules are hypothesized to be relevant for most depressed adolescents, can be placed first
- Core = “Required” across cases and sites, to reduce site x treatment interactions
- Transdiagnostic interventions (Barlow)?
- Address strength or deficit?

CBT Formulation Variables

1. Automatic thoughts, Images
2. Schema, Tacit beliefs, Assumptions (If____; Then____)
3. Attributional Style, Hopelessness, Helplessness
4. Problem Solving, Problem-Solving Motivation, Self-Efficacy
5. Sociotropy-Autonomy
6. Ruminative Style, Disengagement
7. Distortions, Perceptual & Memory Bias, Reward-Loss Sensitivity
8. Attachment Style (Secure, Insecure, Disorganized)
9. Affect Regulation, “Mood Repair”
10. Self-Discrepancy
11. Social Skills, Social Support
12. Major & Minor Life Events
13. Coping (positive & maladaptive)
14. Family Environment



CBT Modules in Practice

Psychoeducation / Socialization

➤ Nature of depression:

- Basic human emotion; mood fluctuations are normal
- Cognitive, affective, physiological, and behavioral components

➤ Etiological mechanisms:

- Biological vulnerabilities
- Learning history (negative events, stress)
- Cognitive biases (negative filter)

Rationale

- Presentation of the model, basic concepts
- Process and procedures of CBT
- What we will be doing and why
- Assess understanding and acceptance

Behavioral Activation

- Increasing pleasant, non-harmful activities
- Rekindling hedonic capacity
- Challenging the belief that activities cannot be enjoyable
- Pleasant Activity Scheduling
 - **Mastery, Pleasure, Social, Value**

Increasing Pleasant Activities

- Generate list of activities the adolescent likes or would like to do
- Obtain a baseline
- Select 2-3 target activities to increase
- Rate mood daily
- Note connection between activities and mood

Lewinsohn Pleasant Activity Schedule. In: E. Beckham & W. Leber (Eds.) (1985). Handbook of depression. Homewood: Dorsey Press.

Sample PES Items (Lewinsohn)

1. Being in the country
2. Wearing expensive or formal clothes
3. Making contributions to religious, charitable, or other groups
4. Talking about sports
5. Meeting someone new of the same sex
6. Taking tests when well prepared
7. Going to a rock concert
8. Playing baseball or softball
9. Planning trips or vacations
10. Buying things for myself
11. Being at the beach
12. Doing art work (painting, sculpture, drawing, movie-making, etc.)
13. Rock climbing or mountaineering
14. Reading the Scriptures or other sacred works
15. Playing golf
16. Taking part in military activities
17. Re-arranging or redecorating my room or house
18. Going naked
19. Going to lectures or hearing speak

Cognitive Restructuring

➤ Cognitive Triad:

- Self
- World
- Future

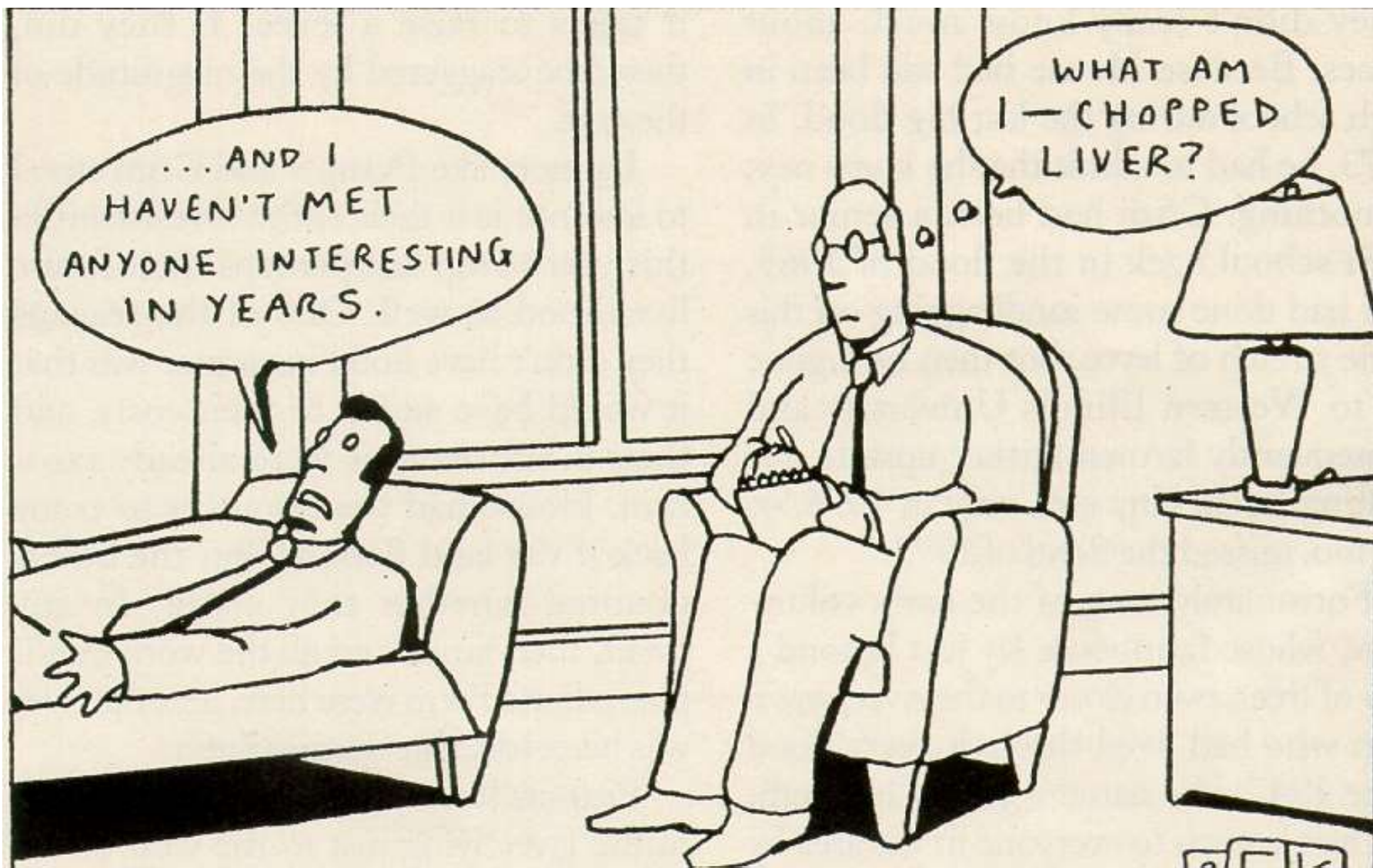
➤ Dysfunctional Thought Record (DTR)

- Situation
- Automatic thought (AT)
- Mood rating (*both* positive and negative)
- Rational response (RR)

Cognitive Distortions

(Beck & Ellis)

- All or None Thinking
- Catastrophizing
- Disqualifying the positive
- Negative filter
- Fortune telling
- Mind reading
- **Perfectionism**
- Should statements
- Probability overestimation
- Magnification
- Minification
- Overgeneralization



Disputing Maladaptive Thoughts

- Socratic method
- Treat thoughts as hypotheses, not facts
- Generate alternative hypotheses
- Construct and conduct behavioral experiments
- Evaluate the evidence
- Revise the thought (Rational Response)

Adolescent Egocentrism (Elkind)

- Misapplication of Hypothetico-Deductive Reasoning
 1. Personal Fable
 2. Imaginary Audience
 3. Illusion of Invulnerability



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The Who "Baba O'Riley" c 1972

Sally, take my hand
We'll travel south cross land
Put out the fire
And don't look past my shoulder.

The exodus is here
The happy ones are near
Let's get together
Before we get much older.

Teenage wasteland
It's only teenage wasteland.
Teenage wasteland
Oh, yeah
Its only teenage wasteland
They're all wasted!



Pearl Jam "Nothingman" c 1992

once divided...nothing left to subtract...
some words when spoken...can't be taken back...
walks on his own...with thoughts he can't help thinking...
future's above...but in the past he's slow and sinking...
caught a bolt 'a lightnin'...cursed the day he let it go...
nothingman... nothingman
isn't it something?
nothingman...
she once believed...in every story he had to tell...
one day she stiffened...took the other side...
empty stares...from each corner of a shared prison cell...
one just escapes...one's left inside the well...
and he who forgets...will be destined to remember...
nothingman...nothingman
isn't it something?
nothingman...



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Green Day "I Walk Alone" © 2002

I walk a lonely road
The only one that I have ever known
Don't know where it goes
But it's home to me and I walk alone

I walk this empty street
On the Boulevard of broken dreams
Where the city sleeps
And I'm the only one and I walk alone

I walk alone I walk alone I walk alone

My shadow's the only one that walks beside me
My shallow hearts the only thing that's beating
Sometimes I wish someone out there would find me
'Til then I walk alone I walk alone I walk alone



The Neighbourhood "Everybody's Watching Me" c.2013

I told you I would tell you everything you want to know
You want me to tell you now
You pressure me to shout it
Need to hear about it

Think that I would count you out
I let you find it on your own

Then I found myself alone
Uh oh, where can I go?
Everybody's watching me
Uh oh, where can I go?

Edward Hopper "Nighthawks" c 1942



Disputing Automatic Thoughts

“Three Essential Questions”

1. What's the evidence? For and against.
2. Is there another, more adaptive, way of looking at this? “On the other hand”
3. So what?
 - Decatastrophize
 - What is the solution?

Franklin's Socratic Questioning

- Build the argument through gentle queries
- Drop “any abrupt contradiction” style
- Be a “humble enquirer” by asking innocent questions
- Draw the person into making concessions that gradually prove your point

The Disputatious Style



“Being disputatious [is] a very bad habit.” [Confronting people produces] “disgusts and perhaps enmities.” “Persons of good sense, I have since observed, seldom fall into it, except lawyers, university men, and men of all sorts that have been bred at Edinburgh.”

Tacit Beliefs / Schemata

- Generalized, tacit beliefs
- Organize perception, memory, problem solving
- Learning history may shape an individual's core views of self, others, future
 1. I am **unlovable, vulnerable, unworthy, flawed**, lack efficacy
 2. World is **unsafe**, others are **unreliable**
 3. **No hope** for my future

Social Problem-Solving

(D'Zurilla, Nezu, Curry)

- R Relax
- I Identify the problem
- B Brainstorm possible solutions
- E Evaluate each one
- Y 'Yes' to one (or two)
- E Encourage yourself, reinforce

Dear Problem-Solver #1

Dear Problem Solver,

Last Saturday I was driving my father's car to the store. I was close to being late so I was going pretty fast. As I turned a corner the car slid over and I scraped a tree. I got the steering under control, but was pretty shook up. After I stopped I looked at the car. There is a big scratch on the passenger side. After work I brought the car home. The next day Dad went on a trip. He's coming home in 3 days, and doesn't know about the scratch. I'm afraid to tell him because he might ground me. I need to get to school and to work, and I invited my girlfriend to a club next weekend. She's been looking forward to it for weeks. What should I do?

Sincerely,
Scared in Sandusky

Dear Problem-Solver #2

Dear Problem Solver,

My problem is my math teacher. She's a real pain. Last week she was on my case for not getting my work done. She said she didn't care that I had to work extra hours at my job. She said it was my responsibility. She just doesn't seem to like me. She says I have an "attitude." The truth is, I just don't like math and I never have. Why do we have to take algebra anyway? What a waste. Now I'm behind in the course and I can't follow what the teacher is saying and if I flunk I won't graduate. It's getting bad. What should I do?

Sincerely,

Anxious in Akron

Problem Solving Worksheet

1. **Relax:** The method I used to relax and calm my feelings was:
2. **Identify:** The problem I tied to solve was:
3. **Brainstorm:** The possible solutions I thought of were:
4. **Evaluate:** The consequences I considered were:
5. **Yes to One:** The solution I decided was:
6. **Encourage:** To encourage myself I:

Level of Parental Involvement



CONSULTANT

provide information

CHEERLEADER

provide encouragement

COACH

supervise/administer treatment components

CLIENT

target of specific aspects of intervention

Family CBT Strategies

- Contingency contracting
- Communication training
- Means-End Problem Solving
- Negotiation skills
- Criticism-Demands : Affection-Support

Pragmatic Family Therapy



Relapse Prevention

1. Identify preferred modules
2. Identify high risk settings, events
3. Transfer of responsibility for treatment
4. Develop relapse prevention plan
5. Fading sessions
6. Booster sessions

Advanced CBT Strategies

Facilitating Secure Attachment

- Elicit positive relationship history, memory
- Discuss current relationship
- Develop “image” of desired relationship
- Discuss *behaviors* that would rekindle a more positive relationship
- Emphasize:
 1. Reliability (Predictable)
 2. Responsiveness
 3. Affection, Kindness (Non-punitive)

Affect Regulation

“Keeping Feelings Under Control”

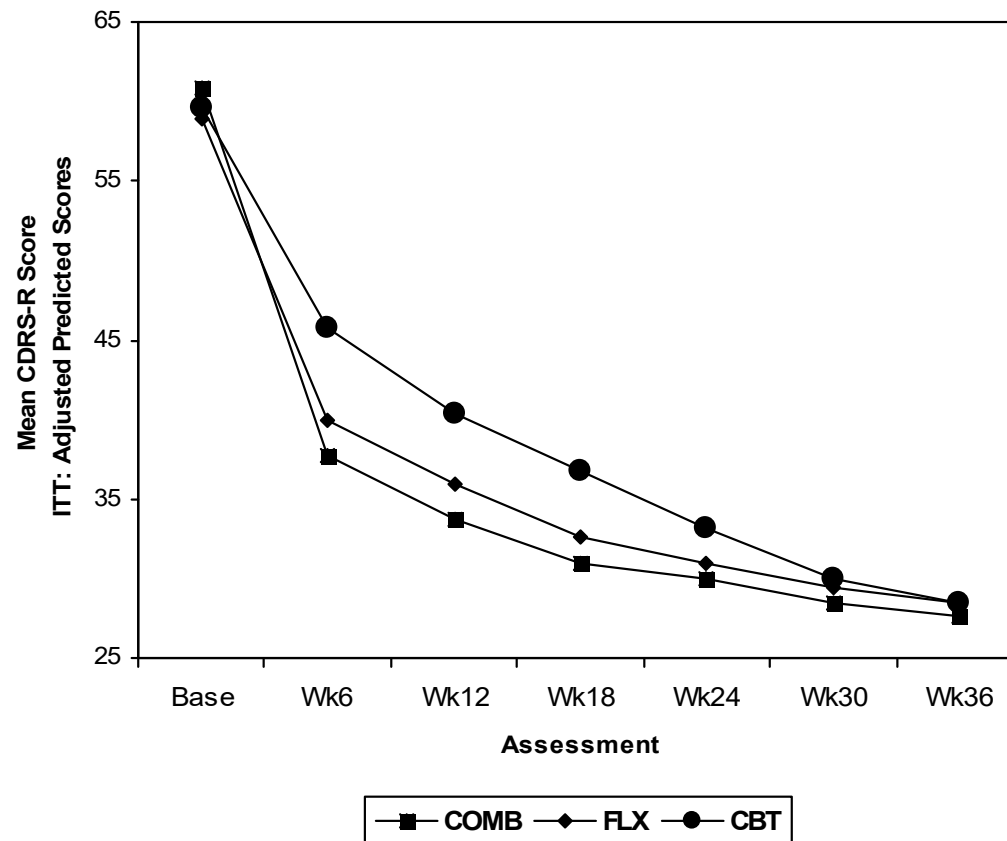
1. Emotions Thermometer or Volcano
2. Label endpoints
3. Identify physiological, behavioral, or psychological cues of escalation
4. Identify “critical point”
5. Plan specific actions, coping strategies
6. Involve parents
7. Rehearsal and reinforcement
8. Identify 1 or 2 high risk scenarios, prepare

Affect Regulation “Mount Sad”

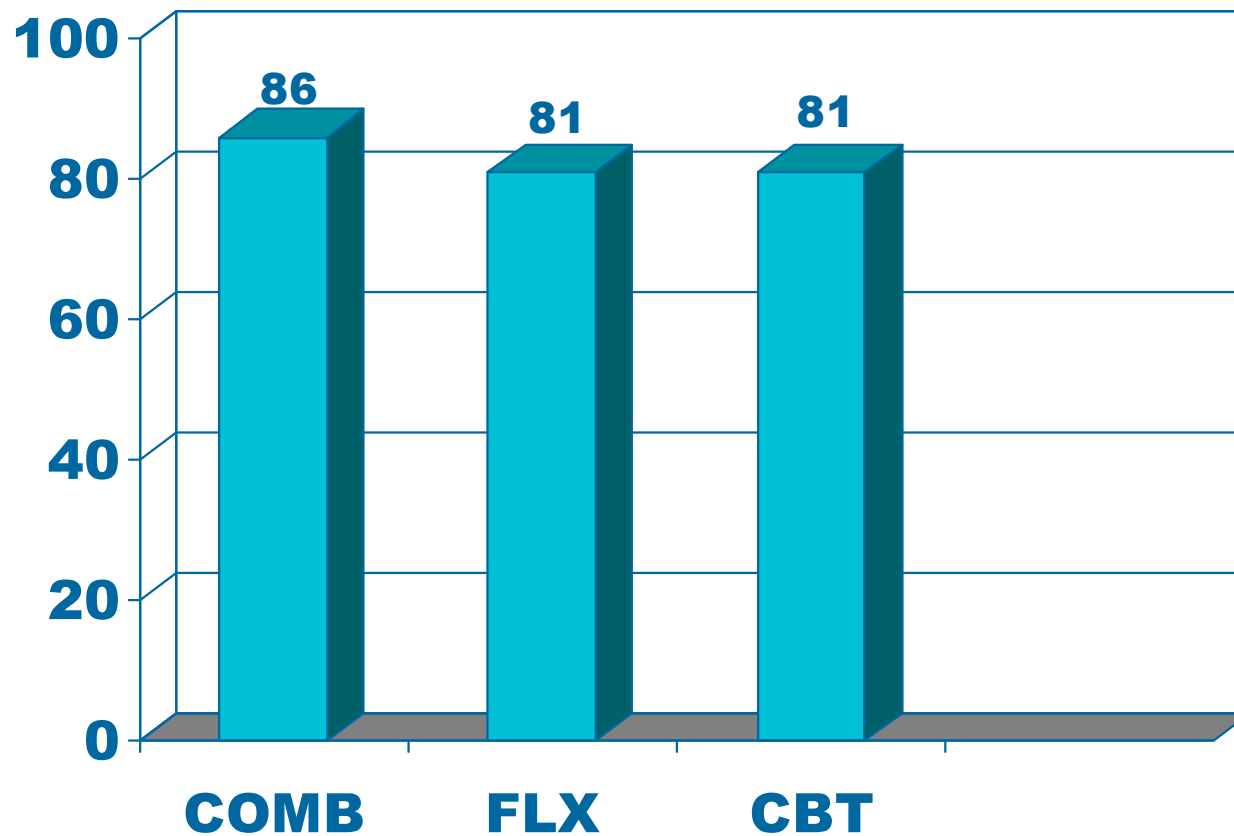


Does Modular CBT Work?

TADS Week 36 ITT Results



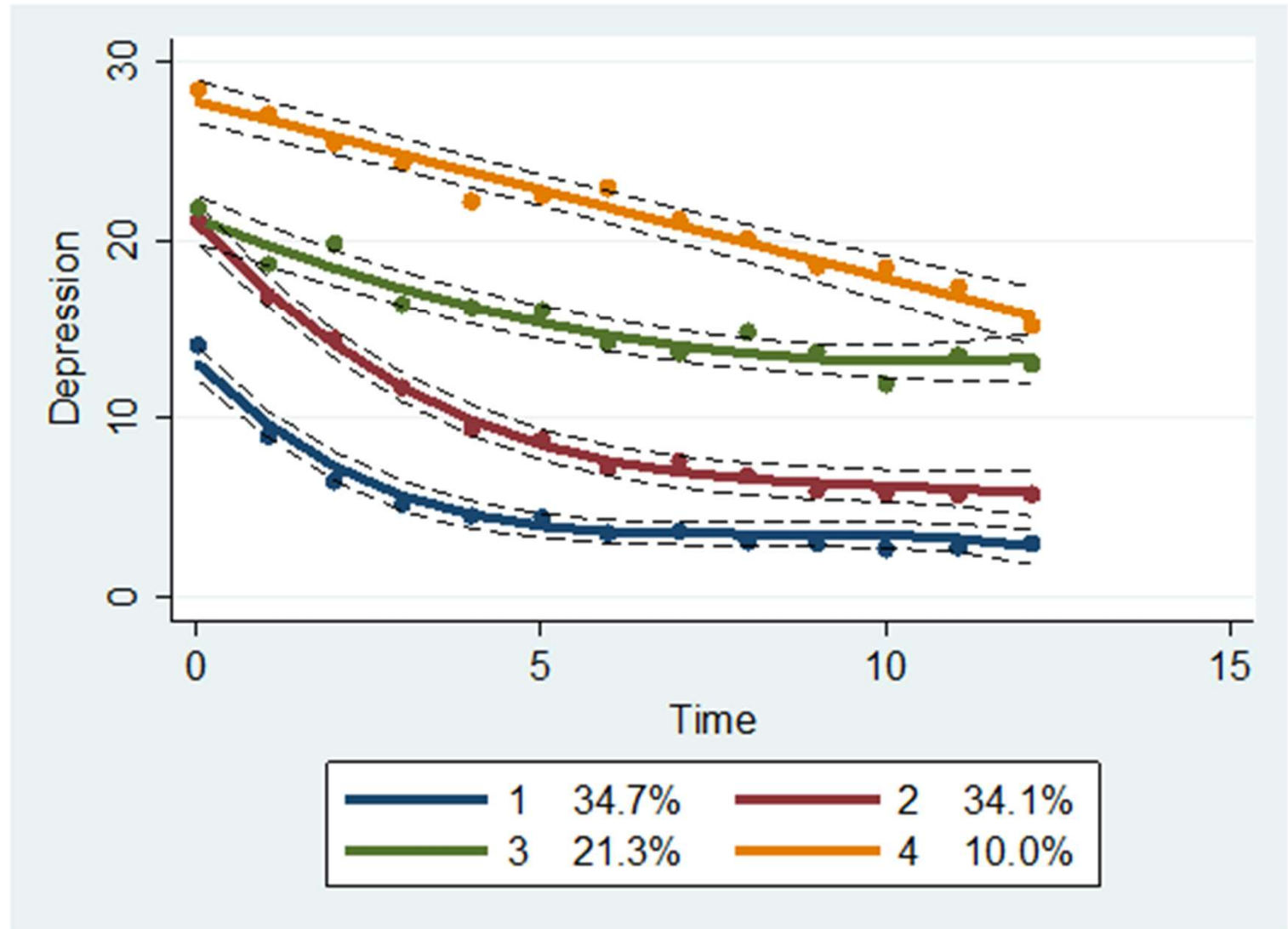
Much/Very Much Improved: Week 36



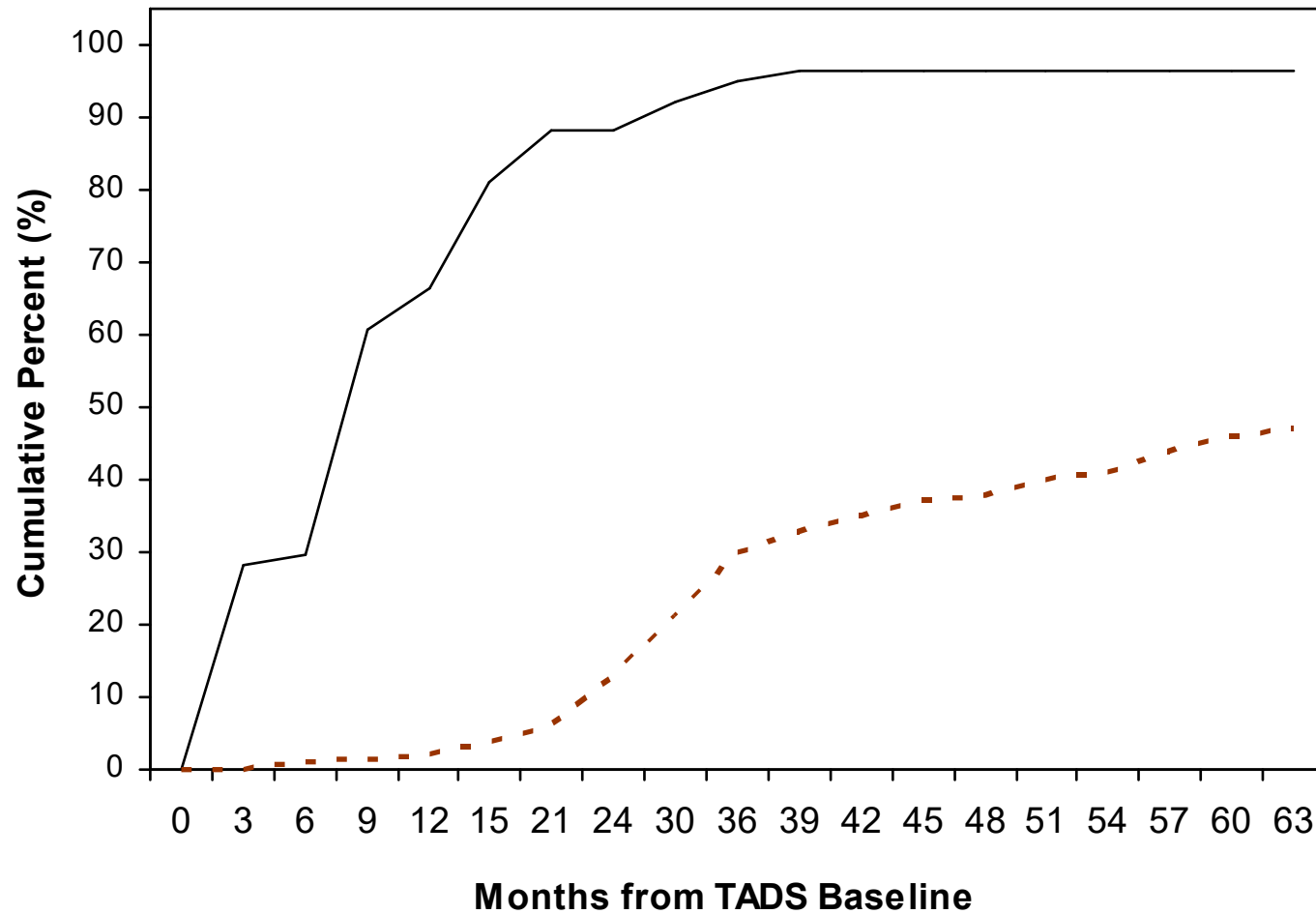
Trajectories of Treatment Response

Growth Mixture Modeling / Latent Class Analysis

Clarke (2015)



Recovery & Recurrence Rates



Teen Suicide

Mental Illness: A Risk Factor for Teen Suicide

- Key suicide risk factor for all age groups is an undiagnosed, untreated or ineffectively treated mental disorder
- 90% of people who die by suicide have a mental disorder
- In teens, suicide risk is most clearly linked to 7 mental disorders, often with overlapping symptoms:

Major Depressive Disorder

Conduct Disorder

Bipolar Disorder

Eating Disorders

Generalized Anxiety Disorder

Schizophrenia

Substance Use Disorders

Common Diagnoses Among Suicidal Teens

	MALE (N=213)	FEMALE (N=46)
Depression	50%	69%
Antisocial	43%	24%
Substance Abuse	38%	17%
Anxiety	19%	48%

Approximately 2/3 of 16-19 year-old male suicide completers have a history of substance or alcohol abuse

Frequency of Suicidal Thoughts and Attempts

	RATE	N
Ideation	19.0%	3.8 million
Attempt	8.8%	1.8 million
Attempt received medical attention	2.6%	520,000
Completed Suicide	.008%	1,611

Anderson 2002; Grunbaum et al. 2002 (15-19 year old high school students)

Episodes of Suicidal Thoughts Per Year

1	45%
2	24%
3 or More	31%

Reifman & Windle 1995; *"How often have you thought about killing yourself?"; past year, N=698; last 6 months, N=283)

Number of Teen Suicide Attempts per Year

1	53%
2 or 3	30%
4 or More	17%

- *Similar findings in patient studies*
- *1 attempt increases risk of another 15-fold*

Barter et al. 1968, Brent 1993, CDC 2002 (YRBS 2001 Codebook), Goldacre & Hawton 1985, Goldston et al. 1999, Hawton et al. 1982, Hulten 2001, Kotila 1992, Lewinsohn et al. 1994, McIntire et al. 1977, Spirito 1992, Spirito et al. 2003, Wichstrom 2000

CDC

Risk Factors for Suicide - I

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly clinical depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies

CDC

Risk Factors for Suicide - II

- Cultural and religious beliefs (e.g., belief that suicide is noble resolution)
- Local epidemics of suicide
- Isolation, feeling of being cut off from others
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help, stigma

CDC

Protective Factors for Suicide

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation

Psychological Vulnerability

1. Hopelessness, Pessimism
2. Impulsivity
 1. Aggression
 2. Affect regulation deficits
 3. Emotional lability
3. Impaired Problem Solving Skills
 1. Low assertiveness
 2. Social problem-solving deficits (NPO, ICS, AS)

Social Vulnerability

- Parental psychiatric illness
- Family history of suicide
 - (11.6% of 1st degree relatives; 15.6% of “aggressive suicides”, Serotonin?)
- History of abuse, neglect, bullying
- Chaotic, punitive home environment
- Grief
- Disconnection, “drifting”, “anomie”
- Homosexuality

Availability of Lethal Means

- Guns
 - Odds Ratio 10.4 if guns in home
 - Rate of suicide increased most during 1st year after purchase; 75/100,00)
- Bridges
- Train tracks

Teen Suicide Clusters Contagion

- Goethe “Sorrows of Young Werther” (1774)
- 5% of adolescent suicides
- Media exposure, community response
- Peers, classmates (often *not* close friends)

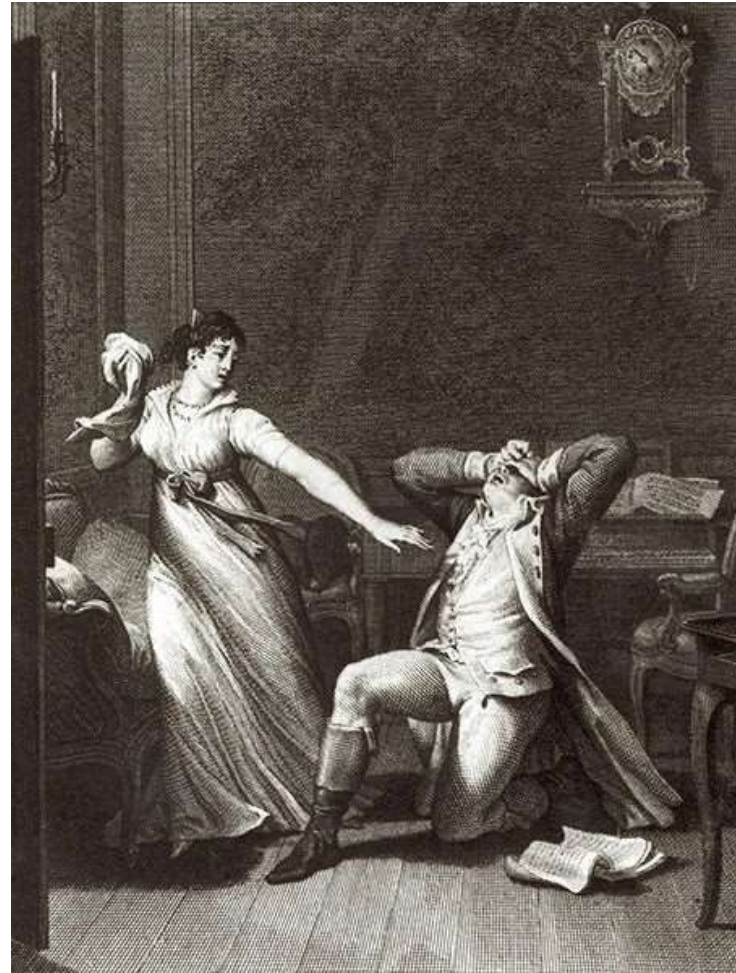
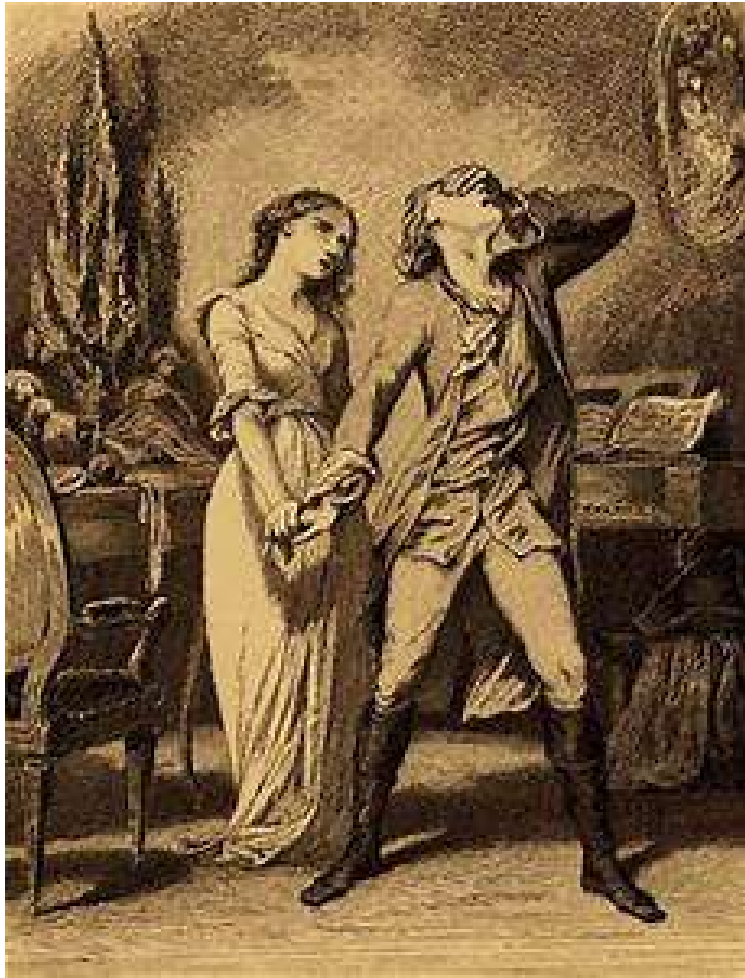


"What a torment it is to see so much loveliness passing and repassing before us, and yet not dare to lay hold of it!"

- Johann Wolfgang von Goethe, The Sorrows of Young Werther, 1774

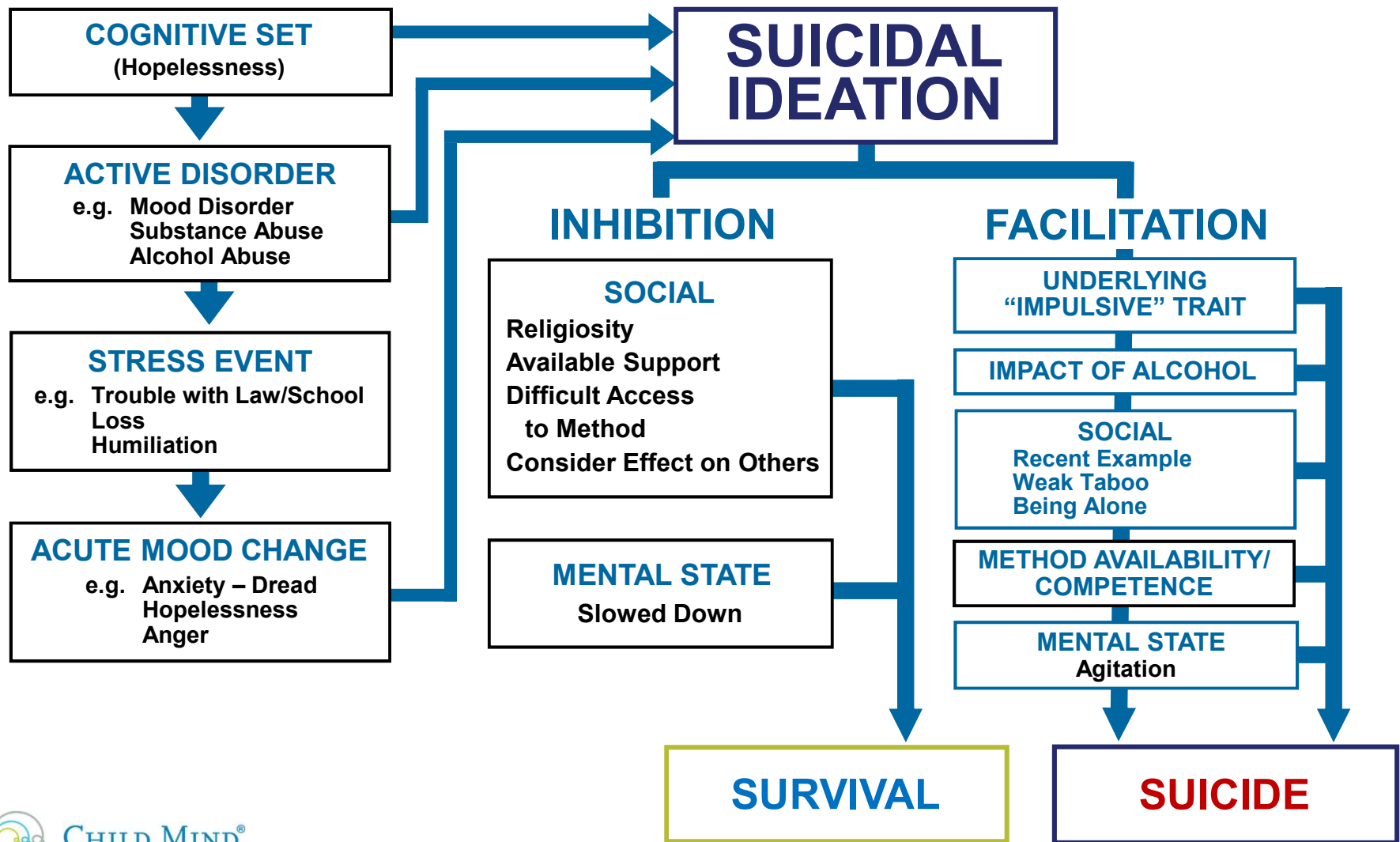


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Pathways to Suicide

(D. Shaffer, MD)



QPR Gatekeeper Training

Question Persuade Refer

Ask a question, save a life

- Screening and triage
- QPR is not a risk assessment
- QPR is not a form of counseling or treatment
- QPR does offer hope through positive action
- Appropriate for nursing staff, teachers

CDC

Suicide Prevention Strategies

Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none">•Strengthen household financial security•Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none">•Coverage of mental health conditions in health insurance policies•Reduce provider shortages in underserved areas•Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none">•Reduce access to lethal means among persons at risk of suicide•Organizational policies and culture•Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none">•Peer norm programs•Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none">•Social-emotional learning programs•Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none">•Gatekeeper training•Crisis intervention•Treatment for people at risk of suicide•Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none">•Postvention•Safe reporting and messaging about suicide

Inventories to Assess Suicidality

Beck Depression Inventory (Items “2” and “9”)

Reynolds Adolescent Depression Scale (RADs)

Children’s Depression Rating Scale (CDRS)

Beck Hopelessness Scale (BHS)

Scale for Suicide Ideation (SSI)

Reynolds Suicide Ideation Questionnaire (RSIQ)

Columbia Scale (C-SSRS)

C-SSRS

This version of the C-SSRS has been modified for use by LA County
Department of Mental Health on 9/28/15

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Since Last Visit SCREENER - Clinical

Version 1/14/09

*Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.;
Barker, A.; Oquendo, M.; Mann, J.*

Disclaimer:

This scale is intended to be used by individuals who have received training in its administration. The questions contained in the Columbia-Suicide Severity Rating Scale are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.

*Definitions of behavioral suicidal events in this scale are based on those used in **The Columbia Suicide History Form**, developed by John Mann, MD and Mario Oquendo, MD, Center for the Neuroscience of Mental Disorders (CONMD), New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032. (Oquendo M. A., Holbenston B. & Mann J. J., Risk factors for suicidal behavior: utility and limitations of research instruments. In M.B. First [Ed.] *Standardized Evaluation in Clinical Practice*, pp. 103 -130, 2003.)*

*For reprints of the C-SSRS contact Kelly Posner, Ph.D., New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; inquiries and training requirements contact posnerk@nypsi.columbia.edu
© 2008 The Research Foundation for Mental Hygiene, Inc.*

Adolescent Mental Health Screening “Every Teen, Every Encounter”

- Institute of Medicine
- US Preventative Services Task Force
- American Academy of Pediatrics
- American Medical Association
- Society for Adolescent and Medicine
- American Academy of Family Physicians
- NAMI

Assess “Intent”

1. Preparation
2. Sense of “confidence” in carrying it out
3. Level of secretiveness
4. Motivation
 - Escape, surcease, solve-problems
 - End pain and suffering, relief
 - Get back at someone, make them pay

Assess “Perceived Lethality”

- Clarify method
(Firearm, Jumping, Pills, Hanging, Auto, Train)
- “How deadly did you think this would be?”
(Level of lethality may be misjudged)

Cognitive Vulnerabilities: Key Targets in Treatment

1. Hopelessness, helplessness, pessimism
2. Maladaptive beliefs about oneself, others, the future (e.g., abandonment, unlovability, rejection)
3. “Suicidogenic beliefs”
4. Impaired problem-solving, low motivation
5. Non-specific autobiographical recall, perceptual bias
6. Morbid, self-punitive perfectionism.



TASA Protocol

Treatment of Adolescent Suicide Attempters

- Safety plan
- Case management
- Chain analysis of attempt
- Address suicidal, depressive cognitions
- Enhance affect regulation

Brown et al. (2005)

Chain Analysis

1. Precipitating event
2. Motive
3. Negative affect
4. Hopelessness
5. Emotion regulation
6. Environmental response

Address Environmental Factors

- Availability of means (e.g., guns, pills)
- Family conflict (lack of support)
- Peer problems
- Academic stressors
- Social skills, supports

Regular Follow-Up Helps

Long-Term Contact May Reduce Risk

- 834 inpatients (MDD or suicide)
- Randomized to follow-up contact / no-contact
- Letter + 24 contacts over 5 years
- Significant reduction: 1.7% vs 3.6%

On the Edge



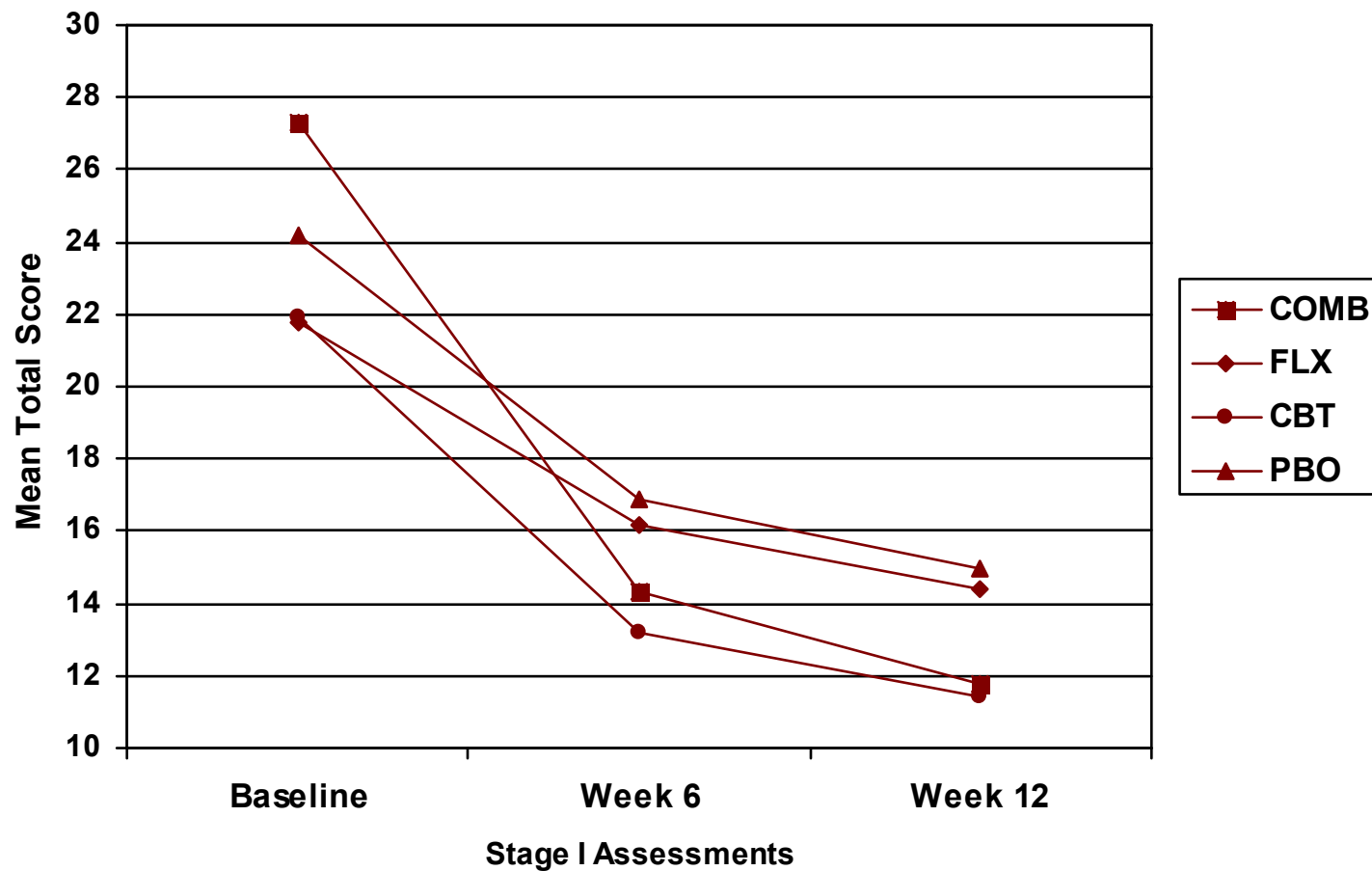
Summary

- Adolescent suicide is multiply determined, multiple pathways
- Statistical prediction of risk is not possible
- Model-based interventions (Shaffer; Bridge, Goldstein & Brent) facilitate formulation
- Evidence-based practices (CBT, DBT, IPT) are promising; stay close to the data
- Flexible, modular approaches allow for individually-tailored, “prescriptive”, “precision” treatment

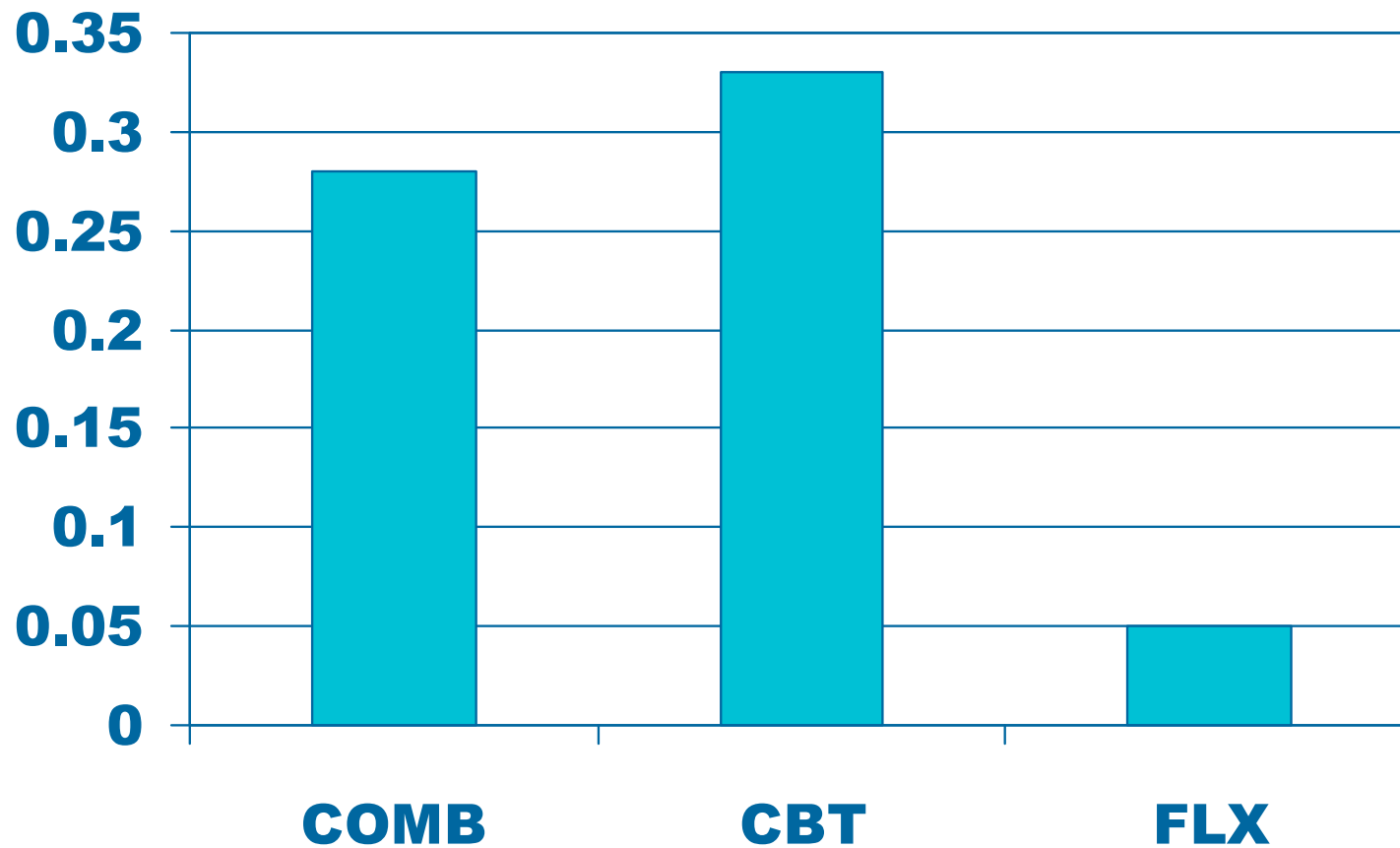
Teen Suicide Prevention

- What can help:
 - 1) Annual school-wide depression, suicide screenings
 - 2) Regular screenings by medical professionals; “Every child, every encounter”
 - 3) Teen resources: “Text a Tip”, “Safe2Say”, Change the Culture
 - 4) Suicide training for adults: QPR
 - 5) Embed suicide education in coursework, workshops
 - 6) Every parent talks explicitly about suicide risk with their teens; parent seminars
 - 7) Rapid referral network of trained clinicians; make treatment easily available, free (i.e., CWD-A)
 - 8) Increased funding for mental health clinician workforce
 - 9) More suicide research funding

SIQ : ITT Adjusted Means



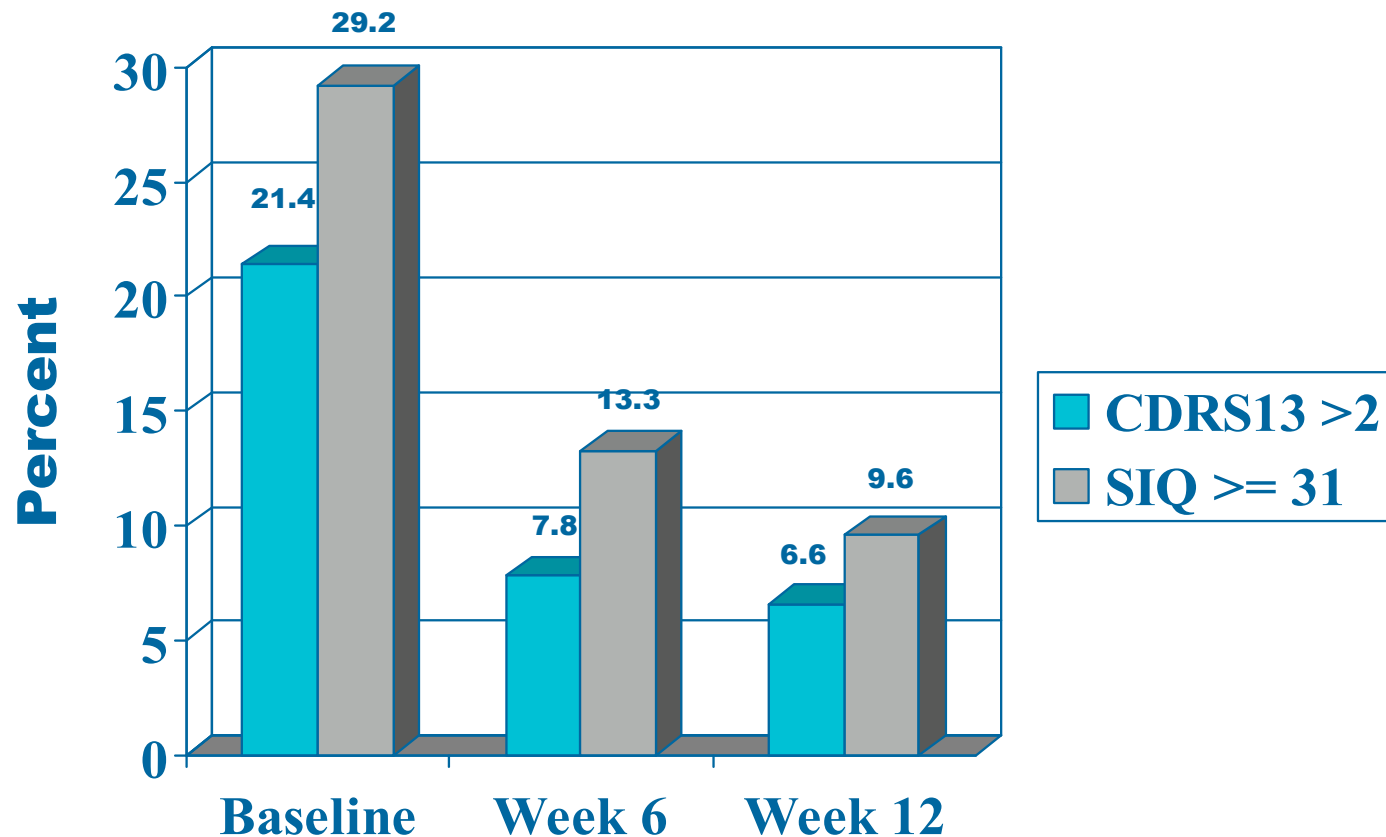
Acute Effect Size for RSIQ (ITT)



Percentage of Patients with a Suicidal Event by Week 36



Teen Suicide Improves with Treatment (OC)



(TADS) Team. (2007). Archives of General Psychiatry, 64 (10), 1132-1144.

Does CBT Work?

“Robust ” Early Support

- Reinecke et al. (1998)

ES = 1.02 n=6 (CBT only)

- Lewinsohn & Clarke (1999)

ES = 1.27 n=12

- Michael & Crowley (2002)

ES = 0.72 n=14

The Broader View of the Literature

“Curb Your Enthusiasm”

- Weisz, McCarty, & Valeri (2006)

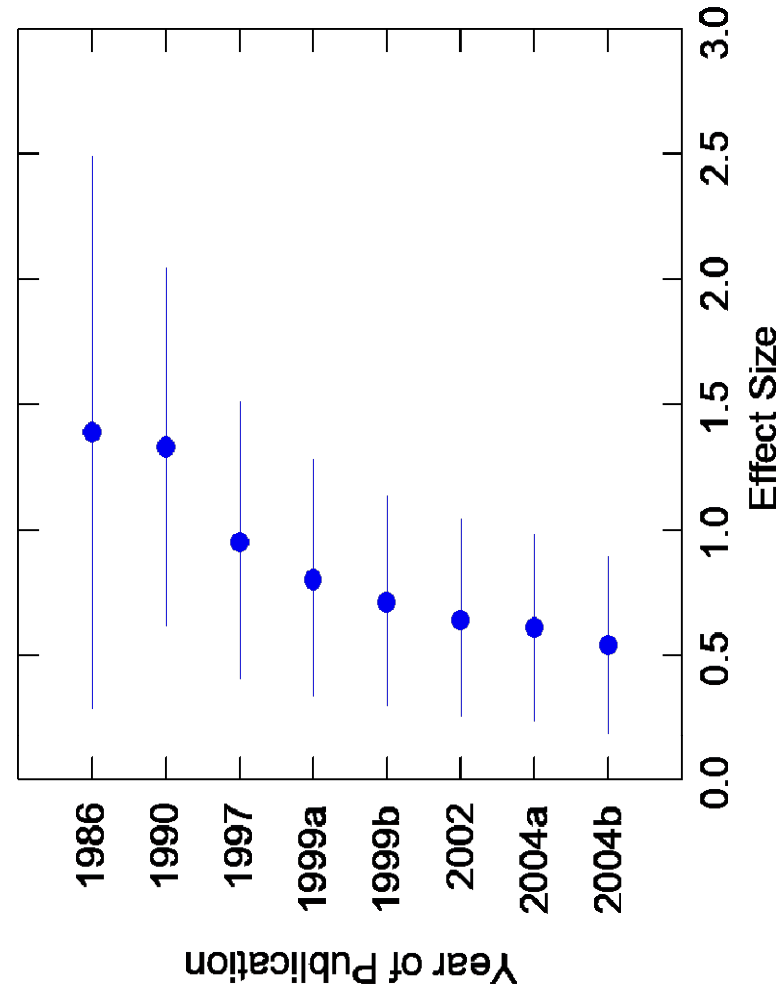
Review of 35 controlled studies (31 of CBT)

Effect size = .34 $Z=4.57$ $P<.01$

Effects show generality and specificity

“Effects are significant, but modest in their strength, breadth, and durability”

Figure 3. Cumulative effects and 95% confidence intervals for CBT by publication year.



1986 = Reynolds & Coats. 1990 = Lewinsohn et al. 1997 = Brent et al. 1999a = Rossello & Bernal. 1999b = Clarke et al. 2002 = Clarke et al. 2004a = Rohde et al. 2004b = TADS.

Why the Decline?

(Klein, Jacobs, & Reinecke, 2007)

- A common pattern in outcome research
- Increasingly severe, chronic, comorbid, and functionally impaired participants
- More stringent control conditions, randomization
- Fixed effects requires homogeneity of ES across samples (RRM may be preferred)
- ITT rather than completer analysis
- Reliance on published, peer-reviewed findings

A Comprehensive Review

“The Kids Are All Right”

- Review of 750 treatment protocols from 435 studies.
- Scored on 5-level level of evidence
- 21 controlled studies
- “Level 1: Best Support”

Effect size = .87 (CBT Alone)
1.47 (CBT + Rx)
.95 (CBT with parents)

Chorpita, B. et al. (2011) . Evidence-based treatments for children and adolescents: An updated review of indicators of efficacy and effectiveness. Clinical psychology: Science & practice, 18 (2): 154-181.

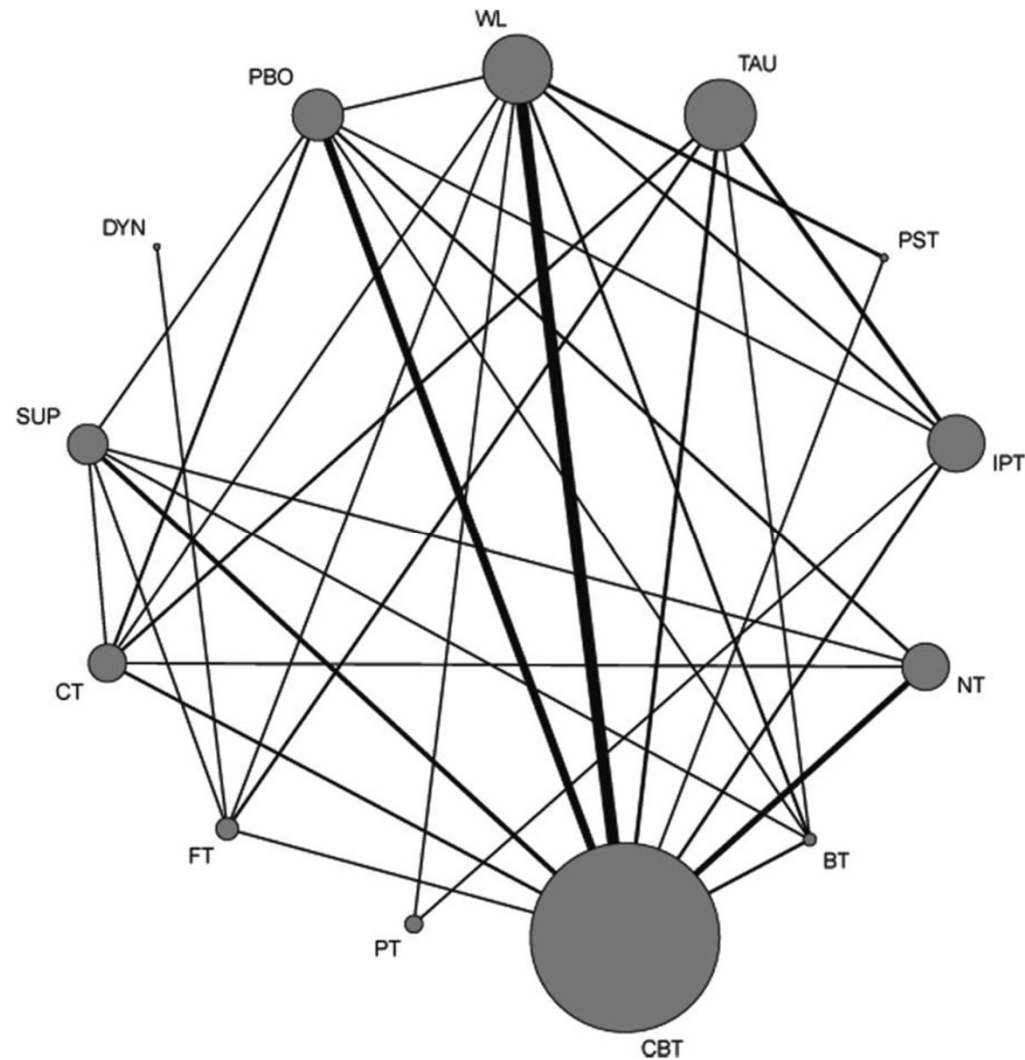
A More Recent Review

- Zhou et al. (2015) World Psychiatry
- 52 RCT's, 116 Conditions, 9 treatments, 3805 patients
- Post-treatment: Only CBT and IPT consistently more effective than controls (SMD= -.47 to -.96)
- Follow-Up: Only CBT and IPT consistently more effective than controls (SMD= -.26 to -1.05)

“...IPT and CBT should be considered the best available psychotherapies for depression in children and adolescents”

Zhou et al. (2015)

Network Meta-Analysis



Current Standards

CBT is “A Recommended Treatment”

- American Psychological Association Clinical Practice Guidelines (2018)
- AACAP Work Group on Quality Issues (2007)
- NICE - National Institute for Health and Care Excellence (2005)
- BESt - Cincinnati Children’s Hospital Medical Center Best Evidence Statement (2010)
- Society for Clinical Child and Adolescent Psychology (Level One, “Works Well”)
- US Preventive Services Task Force (2009)
- CPG-Ministry of Health and Social Policy-Spain (2010)
- GLAD-PC - Group Guidelines for Adolescent Depression in Primary Care (2007)



Modular CBT for Depression

- Curry, J. & Reinecke, M. (2003). Modular therapy for adolescents with major depression. In M. Reinecke, F. Dattilio, & A. Freeman (Eds.) *Cognitive therapy with children and adolescents, 2nd Ed.* New York: Guilford Press.
- Reinecke, M. & Ginsburg (2008). Cognitive-behavioral treatment of depression during childhood and adolescence. In J. Abela & B. Hankin (Eds.) *Handbook of depression in children and adolescence.* New York: Guilford Press.
- Reinecke, M. & Curry, J. (2008). Adolescents. In M. Whisman (Ed.) *Adapting cognitive therapy for depression: Managing complexity and comorbidity.* New York: Guilford.
- Curry, J. & Reinecke, M. (2010). Major depression. In J. Thomas & M. Hersen (Eds.) *Handbook of clinical psychology competencies.* New York: Springer.
- Beidel & Reinecke, M. (2014). Cognitive-behavioral treatment for anxiety and depression. In M. Dulcan (Ed.) American Psychiatric Publishing textbook of child and adolescent psychiatry. Washington, DC: American Psychiatric Publishing.

Teen Suicide Readings

- Brent, D. et al. (2009). The Treatment of Adolescent Suicide Attempters Study (TASA): Predictors of suicidal events in an open treatment trial. J. Am. Acad. Child Adol. Psychiat., 48, 987-996.
- Bridge, J. et al. (2006). Adolescent suicide and suicidal behavior. J. Child Psychol Psychiat., 47, 372-394.
- Goldston, D. (2003) Measuring suicidal behavior and risk in adolescents. Washington, DC: American Psychological Association.
- Gould, M. et al. (2011). Youth suicide risk and preventive interventions. J. Am. Acad. Child Adol. Psychiat., 42, 386-405.
- Spirito, A. et al. (2011). Addressing adolescent suicidal behavior: Cognitive-behavioral strategies. In P. Kendall (ed.) Child and adolescent therapy: Cognitive-behavioral procedures. New York: Guilford.

Evidence-Based Treatments

American Psychological Association

Division 12

Clinical Psychology

American Psychological Association

Division 53

Clinical Child & Adolescent Psychology

www.clinicalchildpsychology.org

www.childmind.org

www.effectivechildtherapy.com

Academy of Cognitive Therapy

www.academyofct.org

- Board certification in cognitive therapy
- International, multidisciplinary
- Listserv and newsletter
- International referral list
- Training resources

Transforming Children's Lives



The Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Our teams work every day to [deliver the highest standards of care](#), [advance the science of the developing brain](#) and empower parents, professionals and policymakers to [support children when and where they need it most](#).

Our Work

Research



We are at the forefront of neuroscience efforts to find objective biological measures of mental illness that will lead to earlier diagnosis, more individualized treatment methods, and new and better interventions.

Clinical Care



We provide world-class clinical care to children struggling with mental health and learning disorders. We have helped thousands of children get the help they need in our offices and in their communities.

Public Education



We equip millions of parents, educators and policymakers with the information they need to end the stigma and misinformation that cause so many children to miss out on life-changing treatment.

Contact Us!

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