Primary and Secondary Control Enhancement Training (PASCET)

Scientific Rating:

2
Supported by Research Evidence
See scale of 1-5

Child Welfare System Relevance Level:

Medium
See descriptions of 3 levels

About This Program

The information in this program outline is provided by the program representative and edited by the CEBC staff. Primary and Secondary Control Enhancement Training (PASCET) has been rated by the CEBC in the area of: Depression Treatment (Child & Adolescent).

Target Population: Children and adolescents aged 8-15 who are depressed

For children/adolescents ages: 8 – 15

For parents/caregivers of children ages: 8 – 15

Brief Description

PASCET is a structured individual psychotherapy intervention for depression. Treatment sessions and take-home practice assignments are built on research findings concerning cognitive and behavioral features of depression in children and adolescents, and on the two-process model of perceived control and coping. As suggested by that model, children are trained to gain control of their mood by developing skills that will help them cultivate primary control (i.e., changing objective conditions to make them fit their wishes) and secondary control (i.e., changing themselves [e.g., their expectations, interpretations] so as to adjust to objective conditions and thus control their subjective impact). The sessions include within-session exercises and take-home practice (i.e.,...
homework) assignments, guided by an *ACT & THINK Practice Book* that each child uses throughout the program, and keeps afterward.

**Program Goals:**

The goals of *Primary and Secondary Control Enhancement Training (PASCET)* are:

- Reduction in depressive symptoms
- Reduction in rates of depressive disorders

**Essential Components**

The essential components of *Primary and Secondary Control Enhancement Training (PASCET)* include:

- **PASCET** program is based on the two-process model of control and coping. In this model, primary control involves efforts to cope by making objective conditions (e.g., the activities one engages in, the outcome of a sports event, one’s acceptance by others) conform to one’s wishes. In contrast, secondary control involves efforts to cope by adjusting oneself (e.g., one’s beliefs or interpretations of events) to fit objective conditions, so as to influence their subjective impact without altering the events themselves. The model holds that depression may be addressed, in part, by learning to apply primary control to distressing conditions that are modifiable, and secondary control to those conditions that are not. *PASCET* teaches youths primary control (or ACT) and secondary control (or THINK) skills and general problem solving skills.

- **ACT Skills:**
  - *Activities that Solve Problems & Activities - Mood Boosters* - One session is devoted to teaching the child a systematic way to solve problems using the Problem Solving STEPS. STEPS is an acronym that helps the child remember to:
    - Say what the problem is
    - Think of solutions
    - Evaluate the pros and cons of each solution
    - Pick the solution with the most advantages
    - See if the solution the child picked is working.
Another session is devoted to teaching the child that engaging in pleasant activities is a coping strategy he/she can use to improve his/her mood and to helping the child identify a list of activities that can be done alone, can be done with others, use energy, or help someone else.

- **Calm & Confident** – Two sessions are devoted to teaching the child to be calm and act confident. In one session, the child is taught that staying calm and relaxing is a good way to relieve stress and tension, and to improve one’s mood. The child is taught deep breathing, progressive muscle relaxation, and guided imagery. In the second session, the child is taught positive self-presentation skills (e.g., eye-contact, posture, tone of voice) and how to present oneself in a more positive way in order to improve interactions with other children and adults. The child is also taught that presenting oneself more positively is an effective way to elicit help and support from others.

- **Talents** – One session is devoted to helping the child develop a talent or skill as a way for the child to feel better about him/herself and as a way to enhance his/her mood. The child is taught a specific 4-step plan for developing a new talent or skill and is encouraged to practice the skill.

- **THINK Skills:**
  - **Think Positive** – One session is devoted to identifying, challenging, and changing negative thoughts. The child is taught that one way to control how you feel about a situation is to change your thoughts about the situation, especially when you cannot change the given situation.
  - **Help from a Friend** – Part of one session is devoted to teaching the child how to seek appropriate social support. The child is encouraged to identify a list of children and adults he/she would feel comfortable talking to about a variety of problems or situations.
  - **Identify the Silver Lining** – Part of one session is devoted to teaching the child the adage “Every cloud has a silver lining” and helping the child identify the good things (or silver linings) that came from a bad situation (or rain cloud).
  - **No Replaying Bad Thoughts** – Part of one session is devoted to teaching the child about rumination and how to stop ruminating about an event by distracting oneself with an activity.
  - **Keep Thinking – Don’t Give Up!** – The remaining sessions are devoted to reviewing the previously learned skills, teaching sequential coping strategies, encouraging pro-active approaches to mood regulation, explaining perseverance, and planning for future challenges.
• Individual child sessions are complemented by contact with parents in these two forms:
  o An individual parent session is held prior to the first meeting with the child. During this individual parent session, the therapist explains the treatment program and solicits the parent’s perspective on the child’s depression and his/her mood and behavior at home. The therapist also explains the parent’s role in treatment and discusses appropriate ways for the parent to effectively support treatment.
  o At the end of each individual child session, a parent (or both, if available) joins the therapist and child for 10-15 minutes, in which the main points of the day’s session are briefly discussed (excluding information the child does not want to have discussed) and the parent engages in an activity with the child demonstrating the skills. The child’s practice assignment for the upcoming week is described, the parent is encouraged to assist the child with this practice assignment, and a handout including all the above information is given to the parent.
  • As an optional feature, the therapist can make a home visit, to meet the child’s family and learn about the environment where the child lives, and one school visit, to meet the child’s teacher and hear the teacher’s perspective on the child and his/her behavior at school and with peers.

**Child/Adolescent Services**

*Primary and Secondary Control Enhancement Training (PASCET)* directly provides services to children/adolescents and addresses the following:

• Depression

**Parent/Caregiver Services**

*Primary and Secondary Control Enhancement Training (PASCET)* directly provides services to parents/caregivers and addresses the following:

• A child 8-15 years old who is depressed

**Recommended Parameters**

Recommended Intensity:
Weekly 50-minute sessions
Recommended Duration:
The program involves 10 standard sessions introducing coping skills, followed by up to four sessions in which individual coping plans are developed to fit the child. There may be up to three parent/caregiver sessions (beginning, middle, and end of treatment). Thus, the treatment protocol covers up to 17 sessions.

Delivery Settings

This program is typically conducted in a(n):

- Outpatient Clinic
- School

Homework

**Primary and Secondary Control Enhancement Training (PASCET)** includes a homework component:

Youths complete a homework assignment in their practice book for every primary and secondary control skill they learn. Homework is reviewed at the beginning of the next session.

Languages

**Primary and Secondary Control Enhancement Training (PASCET)** does not have materials available in a language other than English.

Resources Needed to Run Program

The typical resources for implementing the program are:

- Therapists will need a private office that is large enough for role-playing and in-vivo exercises
- The program manual and accompanying ACT & THINK Practice Book, a relaxation CD (provided by program). Optional resources that are helpful in session include: a ball, stickers, bubbles, markers/crayons, paper, Jenga game, desk bell, sunglasses, timer, Tempa-Dots, hula hoop or jump rope, UNO cards, and silly putty.
Minimum Provider Qualifications

A Master's degree in psychology, social work, or a related field

Education and Training Resources

There is a manual that describes how to implement this program, and there is training available for this program.

Training Contact:

- John R. Weisz, PhD
  john_weisz@harvard.edu
  phone: (617) 495-3515

Training is obtained:

Trainings are scheduled for each group and may occur at Judge Baker Children's Center or the group's organization.

Number of days/hours:

Two days, six-seven hours per day

Additional Resources:

There currently are additional qualified resources for training:

- Antonio J. Polo, PhD
  email: apolo@depaul.edu
- Ana M. Ugueto, PhD
  email: ana.ugueto@gmail.com
- Sarah Kate Bearman, PhD
  email: skbearman@austin.utexas.edu

Implementation Information

Since Primary and Secondary Control Enhancement Training (PASCET) is rated on the Scientific Rating Scale, information was requested from the program representative on available pre-implementation assessments, implementation tools, and/or fidelity measures.
Relevant Published, Peer-Reviewed Research

This program is rated a "2 - Supported by Research Evidence" on the Scientific Rating Scale based on the published, peer-reviewed research available. The program must have at least one rigorous randomized controlled trial with a sustained effect of at least 6 months. The article(s) below that reports outcomes from an RCT showing a sustained effect of at least 6 months has an asterisk (*) at the beginning of its entry. Please see the Scientific Rating Scale for more information.

Child Welfare Outcome: Child/Family Well-Being

References


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