

Direct Treatment Protocol: Steps of Implementation

Clayton R. Cook, PhD, LP,

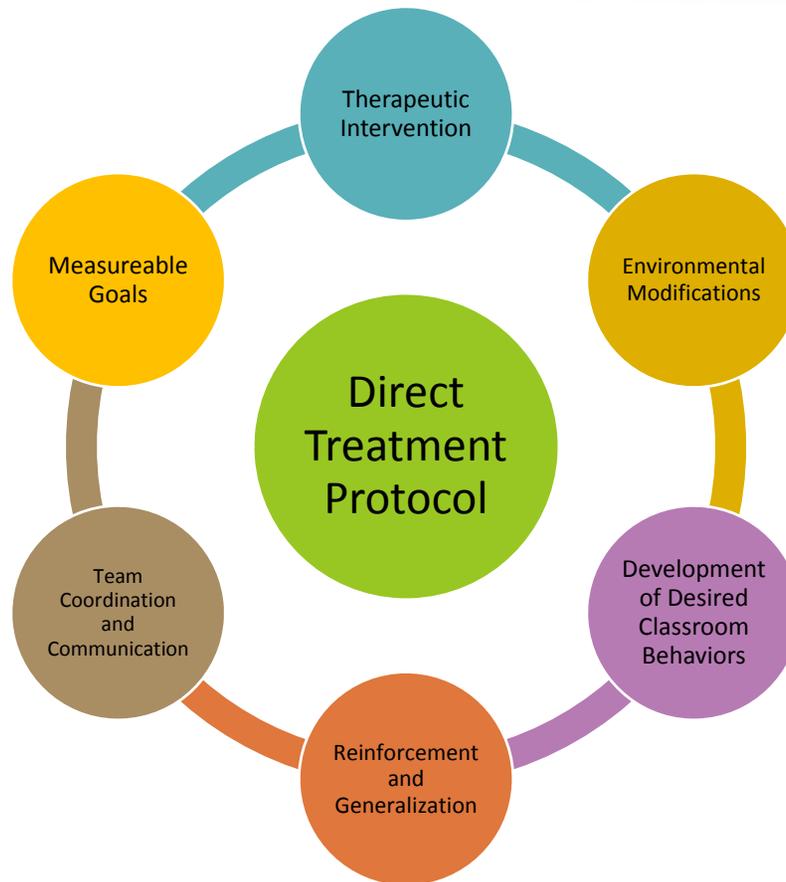
Vanessa M. Smith, M.A., BCBA

Bruce Gale, PhD

Supplemental Support Tool

- BIP is still the primary focus of intervention, and the DTP is layered on top
- Teach a FERB for the student to communicate their need to escape the emotional trigger
- DTP is used as a shaping process to guide the student to the upper pathway

Critical Components of the Plan



Process of Direct Treatment Protocol Development

- **Establish the collaborative team**
- Analyze data from FBA (e.g., standardized data, observational data, environmental analysis, rating scales, etc.)
- Determine if the problem is an acquisition or performance deficit (Can't Do vs. Won't Do)
- If it is an acquisition problem, identify the emotional and behavioral regulation skills to target
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- Document planning process on the DTP Form

Team Formation

- MFT/LCSW/ERMHS
- School Psychologist
- Behaviorist
- School Counselor
- Education Specialist
- Speech and Language Pathologist
- Paraeducators



Increase Team Buy-In

- Everyone has a role in this process
- Purpose is to teach coping skills in order for the student to tolerate the trigger, and move to the upper pathway
- Generalization of the skills into the natural environment is key

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Can't Do vs. Won't Do Problems

STUDENT-TO-INTERVENTION MATCHING SYSTEM

When students display behavior problems, typically externalizing behavior problems, it is important to determine if the student has not yet learned expected behaviors (acquisition deficit) or if they are electing to now engage in expected behaviors (performance deficit) for various reasons.

Use the dropdown to select a response for each item.

0 = "Never"

1 = "Some of the time"

2 = "Most of the time"

Use your best judgement when rating each item.

A total score will be calculated to suggest whether the student's problem is mainly due to an acquisition deficit or a performance deficit. The base score is 6 and will adjust with each rating provided. For students who earn a borderline score (8-10), it is important for the team to consider what type of intervention (acquisition-based intervention involving teaching skills or performance-based intervention embedded in the environment to prompt, encourage, and motivate the student to use a skill she or he already possesses) is likely to be the best for the student considering other factors not included in the SMS.

Items

Student is unable to perform expected behaviors even when properly motivated.
The student is fully capable of exhibiting the desired behaviors when he or she wants to.
Even if the student receive prompts, encouragement and praise, she/he still struggles to exhibit desired behavior.
When the right incentive or reward is in place, the student is able to behave and perform well.
The student has the ability and skills to meet the academic and social demands of the environment but lacks the motivation to consistently use them.

Won't Do Problem

PERFORMANCE-BASED INTERVENTION

This form includes statements assessing a variety of student characteristics that align well with the active ingredients of performance-based Tier 2 interventions.

Use the following ratings to determine how much each item relates to the student:

0=Not at all

1=Slightly

2=Moderately

3=Greatly

Or Don't Know

Your answers will then be scored to determine which evidence-based Tier 2 intervention, or interventions, should be considered for implementation to address the student's emotional and behavioral needs.

Number	Items
1	School has a good relationship with the student's parents
2	Student seeks and responds well to adult
3	Student is rejected or isolated by peers
4	Student is eager to earn rewards or access privileges
5	Student seems to exhibit disruptive classroom behavior to get out of doing academic work
6	Student's parents are open and willing to collaborate with the school
7	Student is able to only work for small periods of time before engaging in off-task behaviors
8	Student could benefit from having a positive, adult mentor outside of the home
9	Student needs constant reminders to stay on-task
10	Student withdraws from social situations and spends most of free time alone
11	Student's problem behavior happens numerous times throughout the day and requires constant redirections
12	Student is unaffected by warnings or typical school disciplinary practices (loss of privilege, reprimand, removal from class, etc.)

Can't Do Problem

ACQUISITION-BASED INTERVENTION

This tab includes items that assess student symptoms that indicate a need for particular types of **acquisition-based interventions**. The first step consists of determining whether the student's main problem is due to **emotional dysregulation** or **behavioral dysregulation**. The nature and scope of acquisition-based interventions are different depending on the category of skills a student needs to learn in order to behave and perform more successfully in school.

Use the following ratings to determine how much each item relates to the student:

0=Not at all

1=Slightly

2=Moderately

3=Greatly

Or Don't Know

After determining whether the student would benefit more from emotional regulation or behavioral regulation, the next step is to complete ratings that help match the student to the most appropriate intervention within the specific category. In cases where a student is matched to more than one intervention, utilize professional judgment to determine what intervention the student is likely to benefit from the most. Considering that all of the acquisition-based interventions are inherently instructional, it is important that they are delivered in the context of small groups. So, the goal is to identify a homogenous group of students who could benefit from the same intervention (minimum of 3 and maximum of 10).

Number	Items	Rating
1	Student struggles to manage emotions.	
2	Student is capable of behaving and performing well when calm, but is unable when he or she becomes upset.	
3	Student is relatively calm most of the time.	
4	Student's emotions appear to get the best of him or her.	
5	Student gets upset easily.	
6	Student appears to be in control of his/her feelings.	
TOTAL SCORE		6

Values equal to or greater than 12 - student classified as a **having deficit in Emotional Regulation Skills**

Values equal to or less than 11 - student classified as a **having deficit in Behavioral Regulation Skills**

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Emotional Dysregulation

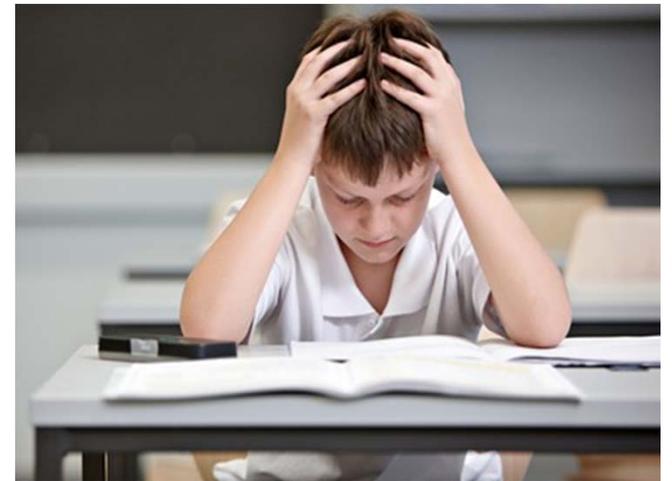


Impaired Classroom Performance

What desired classroom behaviors are impaired as a result of the emotional dysregulation?

*Refer to Desired Classroom Behaviors Handout

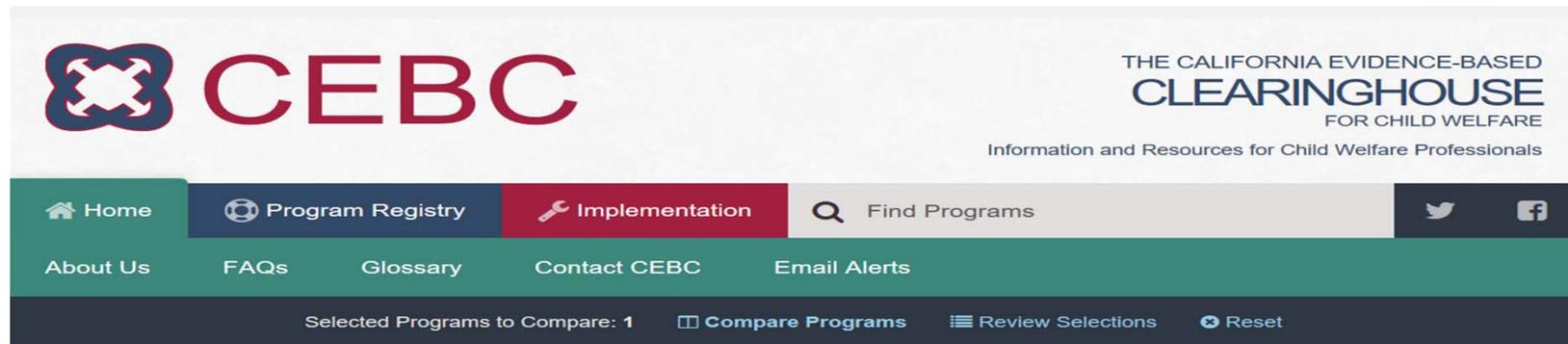
- Executive Functioning Skills
- Social Skills
- Classroom Engagement Skills



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Selecting Interventions



Welcome to the CEBC: California Evidence-Based Clearinghouse for Child Welfare

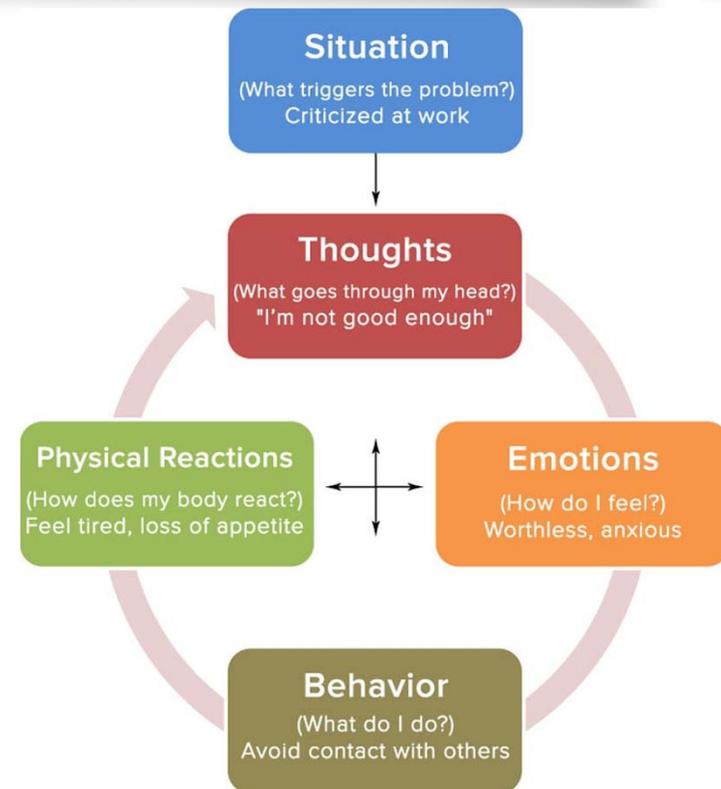
The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.



<http://www.cebc4cw.org/>

CBT Components

- Parent Education and Training
- Student Psychoeducation
- Acceptance Training
- Pressure Release Activities
- Cognitive Distancing Training
- Mindfulness Techniques
- Relaxation Training
- Developing Valued Directions
- Social Reinforcement



CBT Techniques

- Intentional Set Asides
- Silent Thoughts and Behaviors
- Cognitive Reframing
- Thought Records
- Acceptance Exercises
- Thought Diaries
- Gaining Peer's Perspectives
- Cognitive Diffusion
- Mindfulness Techniques
- Relaxation Techniques
- ACT Matrix



Online Modules for Awareness

The screenshot displays the Upstate Medical University Psychiatry website. The top navigation bar includes links for Upstate, Patient Care, Academics, Research, Find a Doctor, Library, Locations, Jobs, and iPage. The Upstate Medical University logo and 'Psychiatry' text are prominent. A search bar is located in the top right corner. Below the navigation bar, there are tabs for ACADEMICS, RESEARCH, PATIENT CARE, and OUTREACH. The breadcrumb trail reads: Home > Academics > Psychotherapy > Cognitive Behavioral Therapy. The main content area is titled 'Cognitive Behavior Therapy Module 3A' and features a video player showing two women in a clinical setting. A left sidebar lists 'Cognitive Behavioral Therapy' and 'Introduction' sections, with a sub-menu for 'CBT Modules' including CBT Module 1 through 5, Virtual Reality Therapy, and Virtual Iraq Treatment. A 'College of Medicine' button is also present. On the right, there are 'QUICK LINKS' (Psychotherapy, Residency, Psychology Internship, Social Work Internship, Clerkship, Research Labs) and 'PSYCHIATRY IN THE NEWS' (Upstate pediatric mental health researchers receive \$2.8 million federal grant, Psychiatrist and breast cancer survivor cares for cancer patients at Upstate). A 'MAKE A GIFT TO PSYCHIATRY' button is at the bottom left. The URL <http://www.upstate.edu/psych/education/psychotherapy/cognitive/index.php> is displayed at the bottom.

Online CBT Worksheets

Cognitive Restructuring



ABC Belief Monitoring Worksheet

FREE & PRO



Before I Blame Myself And... Information

PRO



Behavioral Experiment Worksheet

FREE & PRO



CBT Thought Record Worksheet

FREE & PRO



Decatastrophizing Worksheet

PRO



Hindsight Bias Worksheet

PRO



Hotspot Record Worksheet

PRO



Modifying Rules And Assumptions Worksheet

PRO



Pie Chart Exercise

PRO



Positive Belief Record Worksheet

FREE & PRO



Anger Diary Worksheet

PRO



CBT Daily Activity Diary Worksheet

FREE & PRO



CBT Daily Activity Diary With... Worksheet

FREE & PRO



CBT Daily Activity Diary With... Worksheet

FREE & PRO



Daily Monitoring Form Worksheet

FREE & PRO

Thought Records



CBT Thought Record Worksheet

FREE & PRO



CBT Thought Record (Portrait...) Worksheet

FREE & PRO



Daily Record Of Dysfunctional... Worksheet

PRO



Simple Thought Record Worksheet

FREE & PRO



More Thought Record Worksheet

PRO



Hotspot Record Worksheet

PRO



Intrusion Diary Worksheet

PRO

<https://psychologytools.com/download-therapy-worksheets.html>

Behavioral Techniques

1. Getting the student to join your team
2. Extinction “on steroids”
3. One Minute Manager
4. Positive Practice
5. Behavioral Rehearsal
6. Interspersed Requests/Premack Principle
7. Time Away (can be “on steroids” as well)
8. The “4-Step” Handling a crisis
9. Contingent effort
10. How to talk to a child in crisis

Adapted from "Bruce M. Gale, PhD LUNCH Groups®, <http://www.lunchgroups.com>
Transdiagnostic Social Skills Intervention Program Training Materials, Encino, CA

Getting the Student to Join Your Team

- Take their side
- Take time to listen
- Don't lecture
- Offer to show them a short animation on the computer and discuss it. Takes the "edge" off of things
- Consider keeping it short the first time (let them think, "hey, I wish she'd stayed a minute longer.")
- Promise them one thing, then FOLLOW THROUGH

Adapted from "Bruce M. Gale, PhD LUNCH Groups®, <http://www.lunchgroups.com>
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Extinction “on steroids”

- Do not react when the behavior occurs.
- Survey the environment, reward the students who did not react (lining up first, sitting quietly).
- Say nothing to the student following the inappropriate behavior, but do look for an opportunity to reward ANY appropriate behavior within the next two minutes.

Adapted from "Bruce M. Gale, PhD LUNCH Groups®, <http://www.lunchgroups.com>
Transdiagnostic Social Skills Intervention Program Training Materials, Encino, CA

One Minute Manager

1. Approach student in a positive manner, maintaining even level eye contact or body position
2. Explain very briefly what the problem was in clear terms, while thanking student for listening, then ask for student to state expected behavior
 - Keep focus on problem
 - Maintain the “flow”
3. Ask for a brief model
4. Thank student and walk away
 - Learn to begin and end corrective interactions with student on a positive note and don't linger when leaving

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Positive Practice

- Examples: too loud, ran instead of walked, etc.
- Ask them to repeat the behavior and give an instruction, can be vague or specific, depending upon the student
- They will usually comply. Treat it like a “movie scene reshoot.”
- Praise them afterwards.
- For some, helpful to video tape – If you do this, the only part to show them is their PERFECT behavior. **Never** show the inappropriate parts.

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Behavioral Rehearsal

- Review the strategies necessary for success
- Keep it light
- Consider doing it in a group format
- Can combine Positive Practice and rehearsal
- This is also helpful for practicing a behavior “off-line”, i.e., not when it is going to create problems.

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Transdiagnostic Social Skills Intervention Program Training Materials, Encino, CA

Interspersed Requests

- Probability-based approach
 - Easy tasks - high probability of compliance or success
 - Difficult tasks – low probability of compliance or success
- A technique for maintaining “flow” and student interest where easy tasks are presented to avoid refusal that occurs with more difficult tasks. A variation of this is behavioral momentum.

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Time Away/“Fast Break”

- Classroom fast-break (or time away) spot (a small area with minimal activity—perhaps one or two low interest magazines available. Do not allow high interest activities, such as a computer game).
- When I am finished with my fast break, I go back to my work folder.
- I give myself a point for choosing a good coping strategy (teacher will reinforce through praise, privileges, etc. later).
- I finish my task.

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For developmentally younger students, eliminate point keeping and use symbols.

~ Adapted from Diana Browning Wright's work

4-Step

1. What problem occurred?
2. What happened as a result?
3. What would have been a better choice?
4. What would have happened if you made that choice?

Take the student aside, keep it light, thank them for talking with you, but keep them focused on only these 4 areas. Help them as needed. Works best when you use it more than once for the same problem

Adapted from "Bruce M. Gale, PhD LUNCH Groups[®], <http://www.lunchgroups.com>
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Based on "Thinking About My Inappropriate Behavior"

Contingent Effort

- Punishment-Based approach for directly reducing interfering behaviors, such as nose-picking.
- Calmly ask child to wash hands. Make certain they are controlling their emotional and physiological response as they head off, otherwise use positive practice or combine with 4-Step.
- Repeat calmly each time. Praise child for complying, can even reward on occasion if child is prone to becoming emotionally dysregulated
- Use DR techniques to reinforce absences of problem behavior

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How to talk to a child IN CRISIS...

- **Never attempt to discuss a problem with a hot-headed student**
- Praise any behavior that is not causing further escalation
- Give them space if needed
- **Keep in mind that escalation means the student is perceiving danger, or experiencing unmanageable anxiety**
- Help normalize the experience
- Guide thinking in shades of gray rather than black and white
- Use simple and concrete language when they are upset
- **Don't respond immediately to verbal escalations. Anything that doesn't result in physically acting out is better.**

Adapted from "Bruce M. Gale, PhD LUNCH Groups®, <http://www.lunchgroups.com>
Transdiagnostic Social Skills Intervention Program Training Materials, Encino, CA

Teacher Techniques

- Act as a model
- Maintain environmental control
- Use anger as a tool, not an outlet
- Develop instructional control
- Reinforce effectively
- Prompt effectively
- Pay attention to small changes in behavior and ignore the small stuff
- Give the student choices
- No surprise consequences
- Avoid lectures

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Goal Development

Decrease of Emotional Dysregulation (as measured by observers)

By when	Who	Will decrease what	To what level of proficiency	Under what conditions	Measured by whom and how

Decrease in Subjective Ratings (as measured by the student)

By when	Who	Will decrease what	To what level of proficiency	Under what conditions	Measured by whom and how

Goal Development

Use of Emotional Regulation Skills

By when	Who	Will do what	To what level of proficiency	Under what conditions	Measured by whom and how

Increase in Desired Classroom Behaviors

By when	Who	Will increase what	To what level of proficiency	Under what conditions	Measured by whom and how

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DTP Activity

- In your groups, read the case study and review the FBA data.
- Work collaboratively to identify a therapeutic intervention/strategy and create measureable goals.