

***Cognitive
Behavior
Management
#21***

Self Verbalization

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The enclosed techniques and procedures were developed with materials from the work of Phillip C. Kendall & Lauren Braswell in a book titled 'Cognitive Behavior Therapy for Impulsive Children', published by the Guilford Press in 1985.

Technique #21 Self Verbalization

Clinical Prompt

Verbal self directed statements provide a thinking strategy and serve as a guide through the process of problem solving:

- problem definition (i.e., clarifying and understanding the exact requirements of the task at hand),
- problem approach (planning a general strategy for solving the problem),
- focusing attention,
- selecting all answer, and
- self-reinforcing for correct performance or
- using a coping statement for incorrect performance.

For the first twenty four [24] hours of your assignment to a client, you can have the client simply listen to the words s/he hears throughout the day. Have him/her make a Journal [***Self Talk Journal*** - CBM#21-001] note of the positive and negative self talk that s/he hears, especially from him/herself.

Lead the child in the directed discovery of the self instructional statements that would guide problem solving, assuring the meaningfulness of the actual sentences for the individual child.

Behavioral contingencies include:

- (1) self-reward and social reward,
- (2) response-cost,
- (3) self-evaluation, and
- (4) rewarded homework assignments.

Mastery and coping modeling with verbalization

Affective education to improve the child's ability to accurately recognize and label his/her own emotional experiences, as well as the emotions of others.

Role play hypothetical and real situations that are problems for the child. Provide sample hypothetical situations on three by five cards:

Clinical Prompt [page 2]

- "You are watching television, and your mother/sister changes the channel."
- "You tear your pants at recess and someone is making fun of you."
- "You are playing a new game and your friend starts to cheat."

Forms & Charts

Self Talk Journal	CBM#21-001
Naming Form	CBM#21-002
Letting Go Form	CBM#21-003
Belief & Affirmation Form	CBM#21-004
Content of Self Instruction Procedures Chart	CBM#21-005
Sequence of Self Instruction Procedures Chart	CBM#21-006
Self Evaluation Chart	CBM#21-007

Technique #21 Self verbalization

Introduction

This technique is about improving the human thought stream: that constant monologue that goes on mentally as we name events, judge experiences, compare ourselves with others, and comment on just about everything.

While some of what happens to us in life is out of our control, the majority of what happens depends directly on what we do - that is, our behavior. Clearly, if we do the 'right' things, good things will come to us. So why don't we always do the right things? Why does someone who wants to lose weight take another bite? Why does someone who is struggling to make ends meet make an unnecessary purchase?

The answer lies in the fact that behavior depends upon our beliefs about a given thing. If a child believes, consciously or unconsciously, that s/he is "never going to be good in school," or that s/he is "going to be heavy all of his/her life", then s/he will act out those beliefs with whatever behavior makes them come true.

We get our beliefs from the programming we receive from the world around us.

How do we take back control of our programming and control of our lives? The answer is Self Instruction. Self instructional procedures have been applied to a broad range of childhood disorders, but are seen as particularly effective with children with impulsive behaviors.

Symptom Effectiveness

Confidence in the strategy, enthusiasm for the Mentor-child interaction and knowledge of the program all contribute to a rewarding and effective intervention. Internalization of self instruction can have a major impact upon impulsivity, particularly as self instruction is supported by behavior contingencies and anticipated coping skills. Once a child understands the processes at work, s/he will never again allow others to tell him/her (nor will s/he tell him/herself!) that, "I'm too young", or "I'm just not smart enough", or "I can never remember names", or any other untrue nonsense that s/he has been telling him/herself for years.

Mastery Time

Children must learn what to say when you talk to your-self and what never to say when you talk to yourself, even as a joke.

By hearing enough examples of good self instruction, a child can literally condition him/herself to catch those words - spoken by him/herself or others - which contain negative and untrue beliefs. After listening to enough positive self instruction, not only will s/he stop using negative self talk, but s/he will automatically begin to erase and replace the old negative programs with new, powerful and effective positive programs.

The process is very simple. After hearing enough samples of good self instruction, the child will become accustomed to how the sentences are structured and the types of beliefs that they are designed to convey. After as little as three weeks, the child should begin to internalize these speech patterns just as s/he might begin to pick up figures of speech from hanging around a new group of people.

The best part of all is that repeatedly listening to, speaking, and thinking positive self instruction causes the language to embed

itself into the child's system of beliefs. For this reason, self instruction has been used to train and build confidence in such performance-demanding arenas as commercial airline pilot training and professional sports. Managers and salespeople were quick to recognize the benefits of using self instruction, and it is simple enough that it can be used by parents and teachers to build self esteem and self management in small children.

Instruction

Even in a relatively positive household, statements equating to 'no' or 'cannot' outnumber 'yes' and 'can do' by about four to one. The negatives also outnumber the positives by about five to one in most classrooms. Many of the children with whom we work cannot even remember a single time when their parents or teachers told them what they could attain, what they were capable of doing. To the extent that negative untrue feedback has become a ***self-fulfilling prophecy*** for the child, it is absolutely the right and responsibility of the child to begin creating his/her own more positive and enhancing self-fulfilling prophecies.

To do so, the child must learn to speak and think of him/herself the way s/he chooses to become. When you work with a client it is important to understand that the self instruction is ultimately the child's own choice. You cannot make the child say the words - s/he must choose to do so.

Since self talk is reflexive, it is important for the Mentor to ***dispute*** negative internal statements through the use of positive statements, particularly positive internal attributions.

The process of learning to control self talk involves the child learning to replace a negative reflex or automatic thought with a more positive, helpful, thought. Self Instruction procedures include Self Instruction, Self Reinforcement, Self Evaluation and

other self evident verbalizations designed to replace less helpful thoughts. Additionally, Self Instruction is often enhanced by combining procedures such as the use of Behavior Contingencies, Problem Solving, Modeling, Affective Education and Role Playing.

Learning Goals

Internalization of new verbal commands is the crucial step in a child's establishment of voluntary control over his/her own behavior.

Self generated strategies, such as self instructions and self praise, help children reduce frustration during delay of gratification tasks. In this type of experience, the 'training' in self instruction is very brief; in fact, it usually involves the experimenter's simply instructing the child to say a particular sentence or think a particular thought.

Self instruction used in the first-person, present tense has the fastest impact on adoption of new beliefs. Self instruction should, as much as possible, be an affirmative internal attribution: "I am competent!" is better than "I can be competent".

Self verbalization is not hypnosis, nor subliminal. In fact, it is the exact opposite. When you listen to overt self verbalization from yourself or others, you consciously hear every word, out loud, over and over, until the words become familiar and fade into nonconscious contexts. Self Instruction is a process which includes identifying and replacing *reflex* thoughts although it is not as extensively focused on identification as in a more specific technique [See ***Perceiving Automatic Thoughts - CBM#01***].

Regardless of the individual circumstances, the technique of self instruction gives you the ability to dramatically improve the beliefs, attitudes, and behavior of clients by helping them monitor and replace the words s/he speaks and the thoughts s/he thinks

about any area of his/her life which s/he would like to change. And the process is remarkably simple.

You have already conquered the most difficult aspect of learning to replace a client's self talk when you/they become aware that it exists. It makes no difference if the replacement statement is true or untrue, as long as it is positive.

Awareness & Attention

Once the child is aware of the existence of positive and negative self talk, s/he will gain a heightened awareness to its use either by him/herself or others. In order to enhance this awareness and cause the child to attend to these thoughts, you can have the child simply listen to the words s/he hears throughout the day.

Have the child make a Journal [***Self Talk Journal - CBM#21-001***] in which s/he makes note of the positive and negative self talk that s/he hears and who says it. Most children will be surprised to find how many tiny, seemingly insignificant, negative statements they make, without any regard to the statements' actual truth. Over time, hundreds of small statements can result in one big negative belief.

The Journal should be reviewed daily with the *negative self statements* made by the child him/herself especially noted. After the child and Mentor are comfortable that the child is really capturing these reflective thoughts, and there is a compilation of self instruction statements, the Mentor and child can select one that occurs often and ***reframe*** that statement into a positive. Have the child write the new statement at the top of the Journal page as a reminder.

The real power of self instruction comes from mastering subtleties - fine-tuning beliefs and behavior constantly, even in small ways. The child will not only want to stop using negative self talk, but

also start using the reframed positive self instruction whenever possible. And s/he will want to do it regularly and frequently enough that the positive self talk becomes an ingrained habit, instigating nonconscious changes in behavior.

Changing Self Talk

In many situations, the only thing we can control is our own response. Changing self-talk from negative to positive is an excellent way to manage that response and stress. The following is a brief set of procedures to help orient the child change his/her self talk.

Reframing

We all name our experiences. 'crisis', 'terrible', 'a great challenge' are names you might give to things that happen.

Using the ***Naming Form [CBM#21-002]*** ***have the child write down a recent upsetting experience and describe it in a few words.***

Ask the child: "Is there a positive name you could give it?" (learning experience, chance to change, etc.) ***Reframing*** is a major component of competent self talk.

Have the child list the names s/he gave to five recent experiences, good or bad. Ask "If they happened to someone else, what other positive names could you give them?"

Reframing a negative into a positive is a significant learning outcome. The Mentor should spend as much time as necessary in helping the child learn this skill. Depending on the age and developmental aspects of the child, you might make a game of it - giving negative statements and having the child spontaneously

reframe them either in writing or *in vivo*. For some children, it may be possible to walk with them pointing out the events and experiences and framing them negatively so that they can reframe them into positive statements. This serves a dual purpose of practice and indicating the absurdity of our labeling process.

Letting Go

For a child with problems in living, it is often difficult to let go. They feel they have lost too much. However, you must help the child understand that we must often must let go of dreams, people or parts of our life. Letting go allows you to get on with your life when something is over. Using the **Letting Go Form [CBM#21-003]** -

Ask the child to write down two things s/he needs to let go of and the thoughts that occur when thinking about them.

Once the child has identified something, have him/her imagine that each one is really going out of your life. [See **Coping Imagery Technique #11.**]

The child should have learned the **Relaxation Techniques #04** and will use the deep breathing to get comfortably relaxed. Once relaxed ask the child to visualize the process of letting go of the first item. Ask - "How do you feel?"(sad, angry, relieved, etc.) Ask "Who can you tell about your feeling?" Ask - "What advice would you give to someone who is in your situation?". If the visualization arouses anxiety, implement the full Coping Imagery Technique including the **Bourne Anxiety Scale** [CBM#10-006].

Once the child is comfortable with 'letting go' the first item, you can go on to other items on the Letting Go Form.

Belief & Affirmation

On the **Belief and Affirmation Form CBM#21-004**, have the child list 10 positive things s/he believes about him/herself, people or the universe. If s/he can't think of 10 beliefs, have him/her ask other people for theirs. Use affirmations when framing the beliefs.

After reviewing the Beliefs and Affirmation Form entries, ask the child to describe a recent experience and how s/he used one of these beliefs to help him/her.

Silent Support

Help the child understand that we all have a constant stream of silent talk in our minds. Ask the child to close his/her eyes. Ask: "What is your silent talk saying right now?"

What we talk to ourselves about is vital to what we feel and, therefore, how we act. This training is focused upon how to teach children to say things to themselves which will help to slow themselves down and examine behavioral alternatives.

Problem Solving

Many of the children with problems in living will identify specific tasks which causes them errors and frustration and result in behavioral difficulties. Problem solving is always a goal in cognitive behavior management. In the use of self instruction as a problem solving device, the Mentor first models the behaviors associated with successful task performance while talking to himself/herself out loud. These verbalizations of self instructions relate to the specifics of the task and include statement of:

- problem definition (i.e., clarifying and understanding the exact requirements of the task at hand),

- problem approach (planning a general strategy for solving the problem),
- focusing attention,
- selecting an answer, and
- self-reinforcing for correct performance or
- using a coping statement for incorrect performance.

After observing the Mentor perform several items, the child then performs the task while talking to themselves out loud following the specific script. Usually at this point the Mentor assists the child in remembering to employ the modeled sequence of self verbalizations. The Mentor and child typically alternate performing task items, and as they proceed through the task, the Mentor gradually fades these verbalizations to a whisper and encourages the child to do the same. Eventually, the Mentor and child self instruct covertly, using the internalized statements to control and direct task performance. Thus self instructional procedures include training in the use of task directing verbalizations, self reinforcing statements, and modeling of task-appropriate behavior. The effectiveness of this approach has been evaluated with cognitively impulsive children, as well as with aggressive, hyperactive, non-self-controlled, and behavior problem children.

There is essentially no strong evidence to support an assumption that impersonal and interpersonal problem-solving skills tap the same cognitive structures or processes, nor that individuals who readily solve impersonal problems necessarily are similarly competent with social situations. One reason for the social focus, then, is that the problems seeking solutions are social/interpersonal ones.

Regarding the intervention strategies per se, Mentors should keep the training context as close as possible to real life. Since many interventions are designed to stimulate the cognitive processes associated with problem solutions, it seems reasonable to propose that they be taught in the interpersonal situations

where problems arise.

Self-Instructional Training

Self-instructions are self-directed statements that provide a thinking strategy for children with deficits in this area and serve as a guide for the child to follow through the process of problem solving. Self-instructions reflect the desire to break down the process into discrete steps, and, accordingly, each self-instruction represents one step of solving a problem.

The ***Content of Self Instruction Procedures Chart [CBM#21-005]*** included at the end shows the somewhat standard content of the self-instruction includes five types of statements. These self-directed statements proceed from the generation of a problem definition to stating the problem approach, focusing attention, and self-rewarding for correct responses. Following incorrect solutions, coping statements are used to help teach the child that all is not lost, that s/he can try again, and, above all that committing an error does not necessitate a disturbing outburst.

Self-instructions in this problem-solving structure are designed to help the child

- recognize that there is a problem and identify its features,
- initiate a strategy that will help him/her move toward a solution,
- consider the options, and
- take action on the chosen plan.

Importantly, the self rewarding self instruction is included to strengthen the child's 'thinking' habit.

The coping statements are designed to avoid overly negative self talk. We do not want a child to try, make a mistake, and then to tell him/herself, "That was really stupid; I'm dumb." What we do want is an effort. If the effort proves incorrect, we want a comparatively neutral self stated reaction such as, "Oops, I made a mistake. I'll have to think it over again".

One of the most important aspects of the self instructional procedure is the meaningfulness of the actual sentences for the individual child. That is, saying the self-instructions in the way the Mentor would is not as crucial as having the child say them in his/her own words. The Mentor and child collaborate to create (have the child discover) specific self-directive statements. Individualizing the self-directed statements far surpasses 'saying what we say' as the goal of the Mentor.

One of the goals of the training is for the child to internalize the self-instructions so that s/he is able to use them to think slowly through potential solutions to problems that occur *in vivo*. Toward this end, the Mentor works to aid the child to use the self instructions covertly. Thus, use of the self-instructions by both the Mentor and child fades from overt (out loud), through a whispering phase, and finally to covert (silent) speech. This sequence is described in the ***Sequence of Self Instruction Procedures Chart CBM#21-006*** included at the end.

Behavioral Contingencies

Incentive manipulation is vital, and the use of contingencies is an essential feature of self verbalization training. Recall, for a moment, that we define our program as an effort to maintain the demonstrated efficacies of behavioral therapy, but with the inclusion of cognitive training. The behavioral contingency features of the cognitive behavioral self-control therapy for children include

- (1) self reward and social reward,
- (2) response-cost,
- (3) self evaluation, and
- (4) rewarded homework assignments.

Self-Reward and Social Reward

Programs for teaching children benefit from a healthy dose of reward contingencies. Two types of rewards that are employed systematically and generously, are self reward and social reward. The exact wording does not concern us as much as the need for self reward following successful task performance. As a part of the self instructions that are rehearsed for each task, the child must pause to provide and profit from self rewards. In addition to self reward as part of the self instructions, we encourage Mentors to foster self-reward in any instance where it would be appropriate. The increased use of self rewards will likely enhance the child's sense of self concept and self efficacy. For many children, their environment offers all too few opportunities for self-rewards, and to the extent that the Mentor-child relationship can allow and aid self reward, the child will benefit.

Social reward ties in directly with the suggestion to create a rewarding environment. The Mentor uses smiles, comments such as 'good', 'fine', and 'nice job', and any of the generally socially rewarding messages appropriate with children (e.g., 'all right!'). These rewards set the tone of the sessions: positive, rewarding, and encouraging. Statements of encouragement ("Keep up the good work", "I can see you're really trying hard", etc.) and not simple confirming statements ("That's correct," "Right," "Uh-huh," etc.) are associated with more positive child outcomes. The use of internal attribution training [See **Technique #24**] is critical here.

Response-Cost

A response-cost contingency operates whereby a child is given in advance a number of reward tokens (chips) and is informed that s/he can lose a token for various reasons. Some of the reasons for enacting a response-cost include making a mistake on task instructions, answering the task question incorrectly, forgetting one of the self-instructions, misusing the self-instructions, and going too fast. In this way, response-cost is designed to assist (cue) the child to remember to stop and think before responding. It is a potent contingency, but it is not the only contingency and is not to be construed as entirely punitive. Rather, taking the chip away, with an explanation of why, cues the child about how to improve behavior and performance next time.

Because response-cost can be misperceived as a punitive prescription, it is worthwhile to consider the rationale for the inclusion of response-cost. Impulsive children tend to respond quickly without carefully evaluating all possible alternative solutions to problems; consequently, they make many mistakes. When presented with a choice of alternative answers, impulsive children will sometimes answer correctly, conceivably obtaining the right answer by chance or because the problem was so easy that the answer was immediately apparent. If one *only* reinforces an impulsive child for right answers, which can be a matter of luck or fast guessing, one in effect spuriously rewards the child for being less than fully thoughtful. In order to circumvent this problem, the cognitive behavior strategy uses a response-cost contingency.

Self-Evaluation

When behavioral contingencies are consistently and appropriately employed, the child will learn the desired behaviors. But what happens when the child leaves the environment in which the contingencies are applied? As we know, the behavior is often not

maintained. Many of the strategies discussed thus far are intended to foster generalization, and self-evaluation is another of these.

Self-evaluation skills can be taught through the use of a "How I Did Today" or ***Self Evaluation Chart CBM#21-007***. The Self Evaluation Chart is used first by the Mentor and subsequently by both the child and the Mentor. For instance, at the conclusion of the first session, the Mentor rates the child's performance, providing feedback on how s/he did for the day. This feedback includes a thorough explanation as to why the particular rating was chosen. In later sessions the child is also asked to evaluate his/her own performance, and if the child's and Mentor's ratings match (exactly or within one point), the child earns additional rewards.

Homework Assignments

Given the desirability of having the child stop and think outside as well as inside the training session, homework assignments are included. The assignments are 'graded' in two ways. First, they are graded according to acceptability - if the assignment is completed in an acceptable fashion, then the child earns a bonus chip. Second, they are graded in terms of a hierarchy of difficulty.

Early assignments should be less complex and easier than later assignments. For example, at the end of one of the early sessions, the child is encouraged to use the self- instructions in the classroom. A contingency is established: the child can earn an extra chip at the start of the next session if s/he can describe an instance where *s/he could have used* the self instructions in the classroom or at home. This task is designed to simply get the child to identify instances where using the steps would be appropriate. In later sessions the child must describe an instance where *s/he actually used* the self-instructions in the classroom or at home. Here the emphasis is on actual deployment of self-

instruction outside the specific sessions.

It is, of course, possible for the child to tell a story about using the self-instructions that is not in fact true. For instance, when asked how s/he used the self instruction last week, the child might respond: "When doing my homework". Although we have no way of knowing for certain that this report is accurate, we reward the response since it is an instance where self-instruction could be quite helpful. Often, we will need to inquire further: "Oh, how did you use the steps when doing your homework?" If the child doesn't know or says - "Well, I really didn't", we state that it would be a good time to use self instruction but that s/he only gets the reward when s/he actually uses the steps. We add, however, that next session will be another chance. "If you can tell me when you actually used the self-instructions in class or at home, you can earn the bonus reward, OK?" Children's responses are rapidly shaped so that they soon learn to describe how they used the steps. The veracity of the event cannot be checked so we reward the child for providing an apt description of when to use the steps.

Modeling

The use of modeling entails the exposure of a child to an individual who actually demonstrates the behaviors to be learned. Modeling, also referred to as observational learning, is used to produce such diverse clinical and educational outcomes as the elimination of behavioral deficits, the reduction of excessive fears, and the facilitation of social behavior. In alternating with the child task by task, the Mentor demonstrates or models problem solving and the use of the self-directed self-instructions. The cognitive behavior approach, therefore, involves teaching via modeling with a modicum of direct orders. The Mentor does not so much tell the child what to do as work with the child showing him or her one valuable way to think through problems.

The specific manner in which the model demonstrates behavior can be quite varied. Some of the formats include graduated modeling, symbolic modeling, filmed modeling, and participant modeling.

Mastery versus Coping

Perhaps the single most important distinction concerns whether the model displays 'mastery' or 'coping' behavior.

A mastery model demonstrates *ideal* behavior. In contrast, the coping model makes mistakes occasionally and shares with the child any difficulties that are encountered while completing the tasks.

The coping model demonstrates coping strategies for dealing with difficulties or failures. Thus, the coping model is more like the child than the mastery model, provides a more strategic approach, and offers methods for dealing with frustration and failure. In terms of effectiveness a coping model has been found to be superior to a mastery model.

It is also important to note that a model who self-verbalizes is superior to one who does not verbalize.

At times, the Mentor may perform mastery - doing the task correctly and focus on directly modeling the use of self instruction. Later, and throughout the rest of training, the Mentor more often serves as a coping model. This modeling takes place not only in relation to the tasks and training materials, but also in the Mentor's routines.

By serving as a coping model, the Mentor demonstrates not only the use of the self instruction in the performance of the task, but also the use of coping strategies when problem solutions are not readily available. Since it is inevitable that the child will run into

problems that are not readily soluble, having coping responses available will reduce the likelihood that the child will throw up his/her arms and quit, or turn against the environment and act out. As noted earlier, coping statements are built into the self instructions for use after the incorrect response and are designed to replace negative self statements such as, "I'm dumb" with more acceptable statements such as, "I'll have to be more careful" and finally, a more powerful internal attribution self verbalization - "I'm a careful person".

Affective Education

Improving the child's ability to accurately recognize and label his/her own emotional experiences, as well as the emotions of others, may be a necessary step for improved interpersonal problem solving. The self verbalization training program may include tasks that require the child to label the emotions associated with various facial expressions, bodily postures, or problematic interpersonal situations. The actual materials used to generate such discussions are less important than the process of making the child more conscious of the nature of his/her own emotions, the association between certain emotions and certain situations, and the effect of self-talk in the mediation of emotional experiences.

The training program also addresses the child's emotional responses in the context of the role playing exercises. It should be noted that one reason for including role-play tasks is to heighten the child's level of emotional involvement and arousal in a change environment before use *in vivo* situations. Thus, the child has an opportunity to practice the self instructional skills while grappling with problematic situations that may 'pull for' a more impulsive, emotional type of responding. Clearly when a child is working one to one with a Mentor, it may be difficult for their role plays to produce the level of affective response that might typify the same interaction if it occurred with a family

member or peer. Within appropriate limits, however, the Mentor should work toward such realism.

Role Play

Role playing, in conjunction with thinking through the problem situation, offers an opportunity to act out the behavior and provides a performance base for the intervention. Role plays can be arranged for either hypothetical situations or situations that are actually problems for the child. Typically, both types of problem situations are employed in a sequence that facilitates the child's involvement, reduces the likelihood of resistance, and enlivens the activity. Toward these ends, role plays of hypothetical problem situations best precede *in vivo* problem situations. Sample hypothetical situations include:

- "You are watching television, and your mother/sister changes the channel."
- "You tear your pants at recess and someone is making fun of you."
- "You are playing a new game and your friend starts to cheat."

Each situation can be written on an index card in advance and, once the child understands what is involved in a role play task, one index card can be selected from a deck of cards that becomes the situation for the next role play. While it may be the case that one or several of these 'hypothetical' situations may be a real problem situation for the child, they are quite general and likely to be problems for many children so that the specific child is not likely to feel directly targeted.

After the child and Mentor have gained experience with the hypothetical role plays, real problem situations can be performed.

One suggested way to introduce real problem situations into the session is to write the situation on a new index card and include it among the cards from which role plays will be chosen. If one or two cards among three or four choices are real problem situations, then it is quite likely that at least one will be chosen.

We have found teachers to be valuable sources of descriptions of the problem situations for children in their classes. Via individual consultation with a child's teacher, accurate and properly worded real situations for role plays can be acquired. Proper wording is important. For instance, if a child is reported by the teacher as getting into trouble for 'visiting' - not 'out-of-seat' behavior, and not 'talking', this language should be included in the description of the problem.

Once the child has become accustomed to the role-play format, each new situation can easily be acted out. Since the first few role plays may feel somewhat awkward for both the Mentor and child, special attention can be paid to the transition. In an effort to overcome the initial difficulties moving from just talking about situations to acting them out, the following format is quite helpful.

First, just as in previous sessions, the child is asked to state the problem.

In the second step of problem solving the child knows s/he is supposed to look at all the possibilities. The Mentor's role at this point is to help the child understand that in social problem situations, s/he has to generate or create his/her own possibilities for action while taking into account the practical limits of the situation.

Special Cases

There are several ways to change self talk and faster results are

often achieved when more than one are used simultaneously.

Cassettes are by far the most powerful and effective method for using self instruction, for two reasons. First, hearing self instruction is the best way to learn it. Second, cassettes are so convenient that they allow the child to listen almost anywhere and anytime [although permission for the cassette would need to be approved by the school and classroom teacher]. Repetition is the most important factor in learning self instruction since the new programs becomes stronger every time you hear positive phrases. The child becomes habituated to the phrase and it gradually becomes a nonconscious mental representation. In this nonconscious context, new behaviors can be expected to automatically follow the new reflexive thought.

Learning good self instruction on tape is like learning the lyrics to a song which you hear repeatedly, effortlessly. In fact, many children can keep the cassette playing as background 'ambient' noise, just as many people listen to the radio while working. As long as you can hear the words you reap the benefits, even if you are not paying attention to the tapes. Individual tapes can be structured with the help of the client and the Clinical Supervisor to be specifically motivational, inspiring or geared toward building self-esteem during contemplative times. Others can be narrowly focused on specific subject areas appropriate to the child.

Naming Form

<i>Event</i>	<i>Name</i>	<i>Reframe</i>

Letting Go Form

<i>Thing I need to let go</i>	<i>Thought about letting go</i>

<i>Content of Self Instructional Procedures Chart</i>	
<i>Problem definition:</i>	"Let's see, what am I supposed to do?"
<i>Problem approach:</i>	"I have to look at all the possibilities."
<i>Focusing of attention:</i>	"I better concentrate and focus in, and think only of what I'm doing right now."
<i>Choosing an answer:</i>	"I think it's this one . . ."
<i>Self reinforcement:</i>	"Hey, not bad. I really did a good job."
or	
<i>Coping statement:</i>	"Oh, I made a mistake. Next time I'll try and go slower and concentrate more and maybe I'll get the right answer."
NOTE: After Meichenbaum and Goodman (1971); Kendall (1977); Kendall and Finch (1979).	

Sequence of Self Instructional Procedures Chart

- The Mentor models task performance and talks out loud while the child observes.
- The child performs the task, instructing himself/herself out loud.
- The Mentor models task performance while whispering the self- instructions.
- The Mentor performs the task using covert self-instructions with pauses and behavioral signs of thinking (e.g., stroking beard or chin).
- The child performs the task using covert self-instructions.

Note: After Meichenbaum and Goodman (1971); Kendall (1977).

<i>Self Evaluation Chart</i>				
<i>How I Did Today</i>				
1	2	3	4	5
Not So Good	OK	Good	Very Good	Super Extra Special
Note: From Kendall & Braswell (1985)				