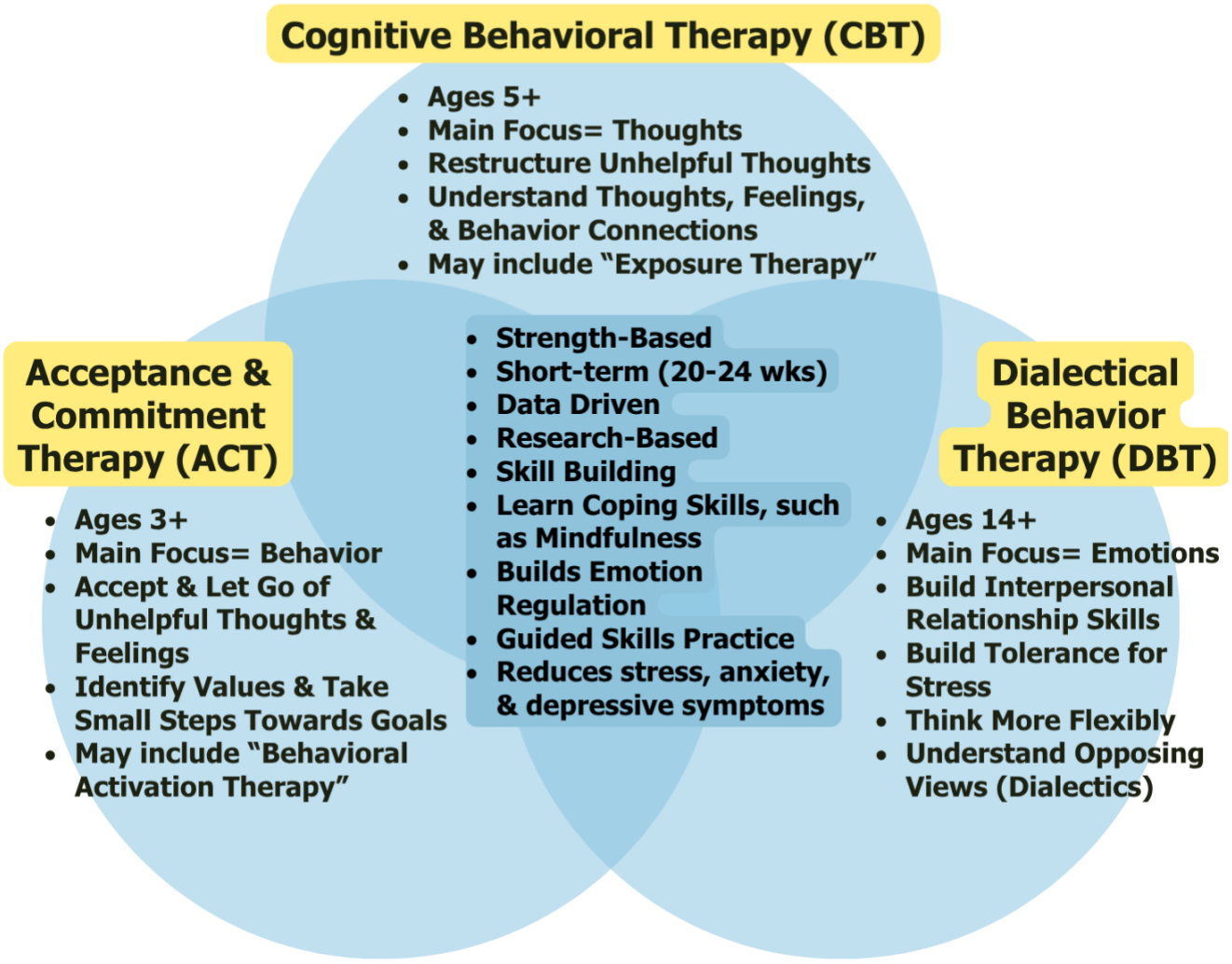
Treatment Services



- ✓ Office-based or virtual
- ✓ Generally follow a 20-24 week program, although this is individualized as needed
- ✓ 1:1 with clinician
- ✓ Use individual interests & values to help motivate client
- ✓ Neurodiversity affirming & Assent-based
- ✓ Builds self-esteem & confidence
- ✓ Generalization occurs with parent training &/or practice outside of sessions (i.e., "homework")

BABCC
Bennett Assessment and Behavior Center for Children, LLC

Created by Jillian Bennett, PhD, BCBA-D, LABA

Why is it important?

The COVID-19 pandemic had a negative impact on the social-emotional well-being of many children, teens, & parents. Many people have experienced an increase in anxiety, stress, OCD symptoms, &/or depressive symptoms. ACT, CBT, & DBT focus on promoting "good" mental health, just like eating well & exercising promote good physical health.

Who is it for?

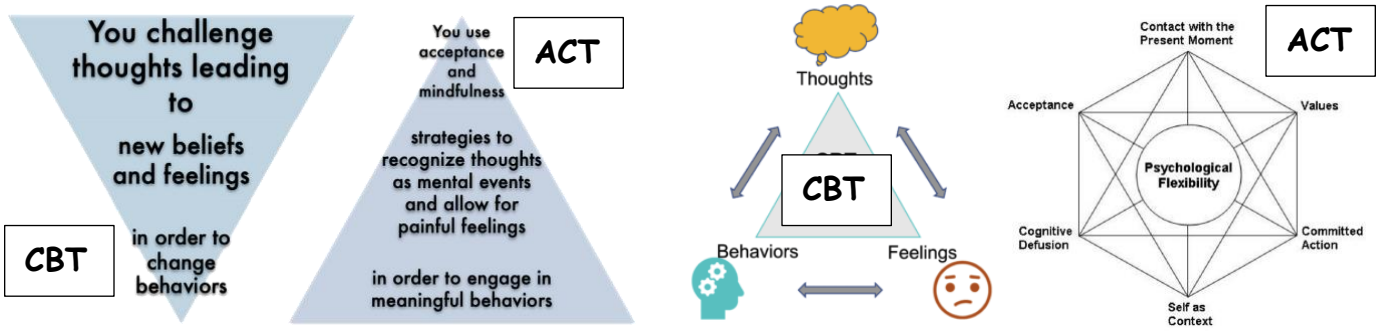
ACT is best for younger children (ages 3+) & CBT is best for school-aged children (ages 5+), although both modalities are used effectively through adulthood. DBT is geared more toward adults, although it can be adapted for children (DBT-C) & adolescents (DBT-A). ACT, CBT, & DBT are best for individuals who would like to learn how to communicate their thoughts & feelings, use coping skills to manage their stress, gain better control over their words & behavior, learn how to think & act more flexibly, learn how to control their impulses, & learn how to think more positively about themselves & others. DBT also teaches interpersonal skills, which can help build stronger friendships & family relationships. Sometimes clients have a diagnosis of ADHD, anxiety, OCD, depression, &/or autism, but not all clients have a diagnosis.

What is it?

ACT, CBT, & DBT are based on the principles of behavior therapy. The goal is to improve each client's emotional intelligence, executive functioning skills (like flexibility & impulse control), & self-esteem by teaching them coping skills, how to connect their thoughts, feelings, & behavior, & how to better manage stress. This type of therapy is research-based, meaning research studies have shown that ACT, CBT, & DBT are highly effective in treating individuals with ADHD, autism, anxiety, mood disorders, &/or other mental health challenges. They teach thought, feeling, & behavior identification & coping skills, such as mindfulness.

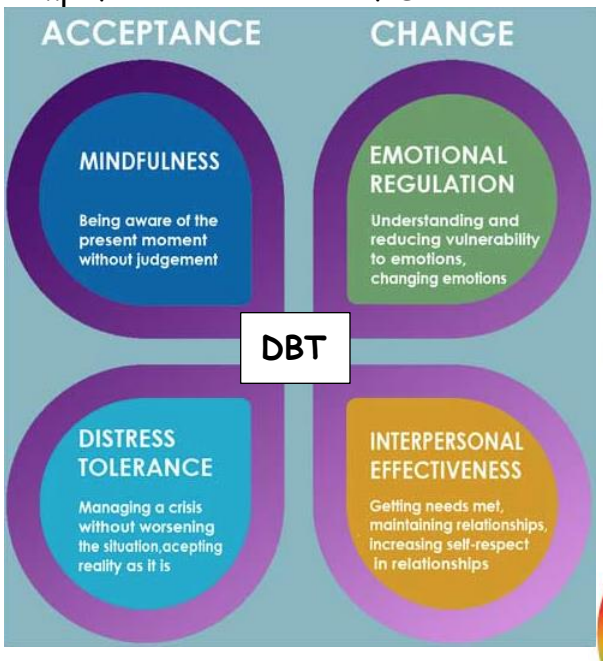
CBT focuses on changing the negative or unhelpful thought, which drives the feeling & behavior; while ACT focuses on changing the behavior, & just noticing thoughts & feelings. Some therapists start by using a CBT approach, but adjust to an ACT approach if the individual becomes "stuck" in trying to change their thoughts &/or develops "anxiety about their anxiety." More information can be found here & additional articles comparing these treatment modalities can be found here, although even more research has been published to date about the efficacy of both CBT & ACT.

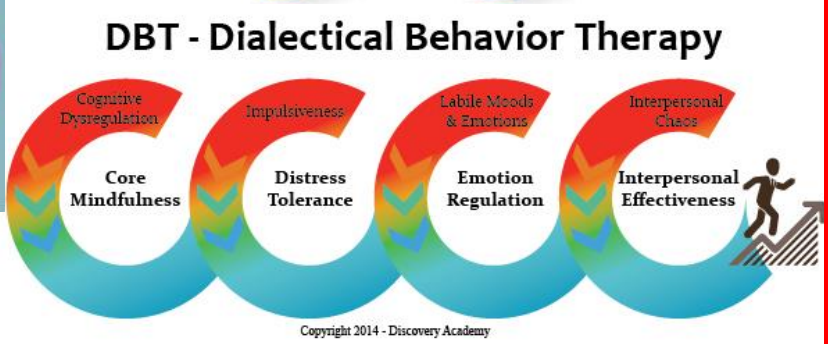
Simplified illustrations of CBT versus ACT are shown here:



DBT is also based on the principles of behavior therapy & can be considered a type of CBT. DBT teaches 4 main skills: 1) Mindfulness- the practice of being fully present in the moment & observing one's thoughts & feelings without judgment; 2) Distress Tolerance- techniques to survive & get through crises without resorting to impulsive or unhelpful behaviors; 3) Emotion Regulation- strategies to identify, understand, & manage intense emotions; & 4) Interpersonal Effectiveness- skills for communicating assertively, maintaining self-respect, & navigating relationships successfully. DBT is supported by hundreds of peer-reviewed research studies & has been adapted for children, including autistic children &/or children with ADHD. More information can be found here.

Simplified illustrations of DBT:





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Overall, the goal is to improve each client's emotional intelligence, executive functioning skills (like flexibility & impulse control), & self-esteem by teaching them coping skills, how to connect their thoughts, feelings, & behavior, & how to better manage stress &/or challenging behaviors, in order to live a fulfilling life consistent with what they value.

How are CBT or ACT sessions structured?

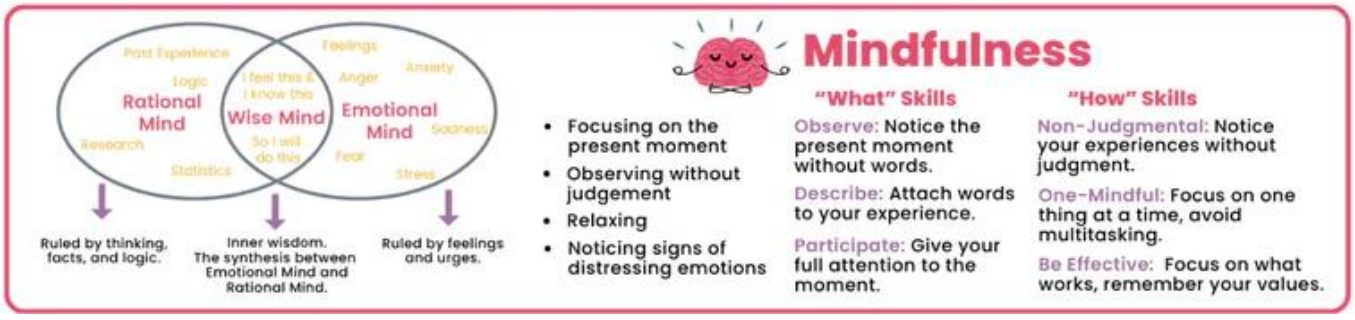
You & your child or teen will learn each skill, participate in exercises & activities, & learn how to apply it to your own life. Your child or teen will meet with a clinician every other week, after school (typically 2:30 p.m., 3:30 p.m., 4:30 p.m., or 5:30 p.m.) for a total of 10 sessions. These sessions can be virtual or in-person. On the alternate weeks, parent(s) meet virtually with the clinician during school hours (typically 9:00 a.m., 10:00 a.m., 11:00 a.m., 12:00 p.m., or 1:00 p.m.) for a total of 10 sessions. Sessions run for approximately 20 weeks, although the exact number of sessions can vary based on the family's needs.

How are DBT sessions structured?

DBT sessions are structured a bit differently, depending on the age of the individual. Generally, DBT is scheduled for 24-30 sessions. Family members participate in some of the sessions, although the family schedule is determined on an individual basis. The general DBT curriculum follows this schedule:

- Weeks 1-2: learning mindfulness techniques
- Weeks 3-8: learning emotion regulation skills
- Weeks 9-10: learning mindfulness techniques
- Weeks 11-16: building stress tolerance
- Weeks 17-18: learning mindfulness techniques
- Weeks 19-24: building interpersonal relationship skills

Simplified illustrations of DBT skills taught during sessions:



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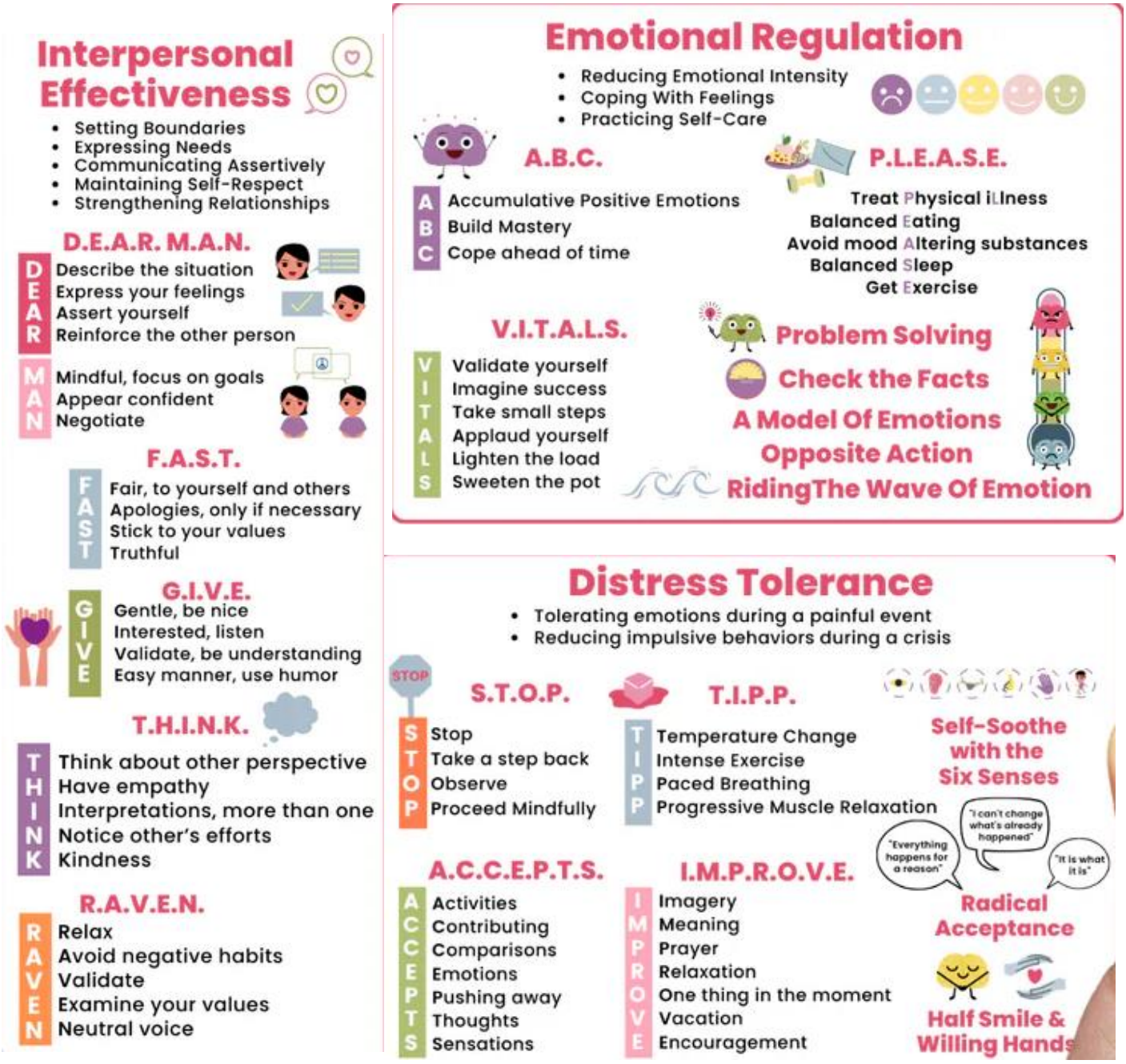

How much does it cost?

The cost is $175-$275/session for child, parent, or individual sessions, depending on the clinician. Doctoral-level psychologist fees range from $250-$275/session & Master's level clinician fees range from $175-$200/session. Master's level clinicians receive supervision or consultation from a doctoral-level psychologist. Financial hardship discounts are available, if needed. Family grants are offered through a local nonprofit organization, Neurodiversity Support for Children, Inc.

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Can you bill my insurance?

We are not credentialed through any insurance panels at this time, but if your plan has out-of-network coverage for psychotherapy, they may reimburse you for some of the sessions. We do not submit pre-authorization forms or 6-month progress reports to insurance companies at this time. We will provide you with a "Superbill" or Insurance Reimbursement Form to submit to your insurance company at the end of each month.

What happens if more sessions are needed?

Sometimes individuals need more or less than 20-24 sessions. Each treatment plan is individualized & you will be in regular discussion with the clinician about you or your child's treatment progress. As you get closer to the end of the 20- or 24-week program, you & the clinician will develop an appropriate termination plan. Sometimes clients choose to continue sessions for practice & generalization purposes, while other times clients choose to continue to practice at home. Some clients slowly decrease the frequency of their sessions, as needed & when appropriate (e.g., monthly check-ins).

What can we do while we are on the waiting list for therapy?

Parent sessions can be scheduled weekly, every other week, or monthly, while you wait for a therapy opening for your child. Parent sessions are very structured & include weekly goals. During parent sessions, parents will discuss progress toward these goals & the therapist will help you problem solve to make techniques, tools, or strategies more effective. The therapist will provide you with direct teaching & modeling of strategies to use with your child. If needed, the therapist will help you develop a behavior plan for your child to 1) prevent unhelpful behavior from occurring & 2) assist you in how to respond to unhelpful behavior, if it does occur. Other providers may join parent sessions, if you think it may be helpful (e.g., home-based clinician). This is also an opportunity for you to get to know your child's therapist, & for the therapist to get to know your family.