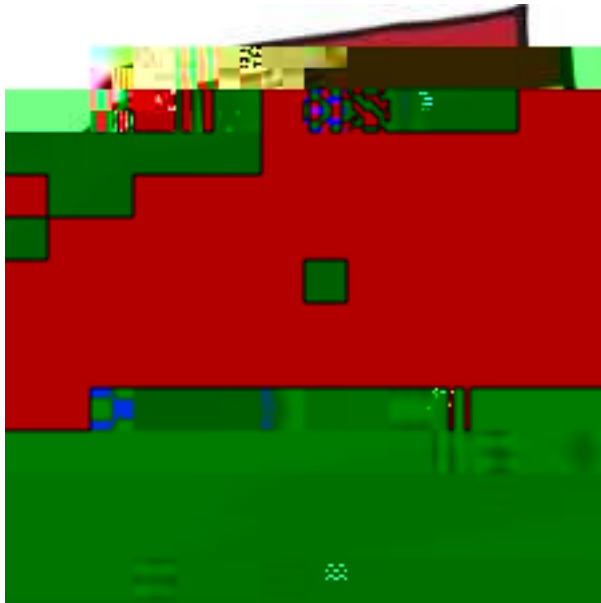


# Transforming the Mental Health of Children with Epilepsy (MICE)



# Goals



Epilepsy: what every clinician needs to know

Clinical risk and adverse events

Key principles of cognitive behaviour therapy

Delivery over the phone

Recruitment and practicalities

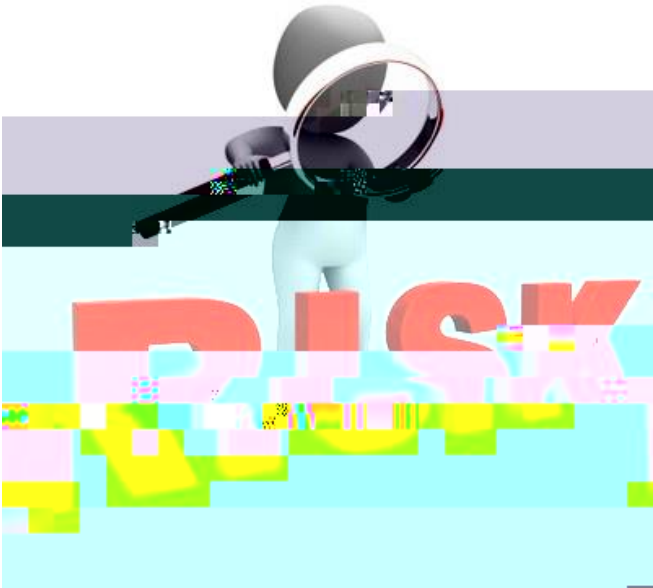


# LUNCH

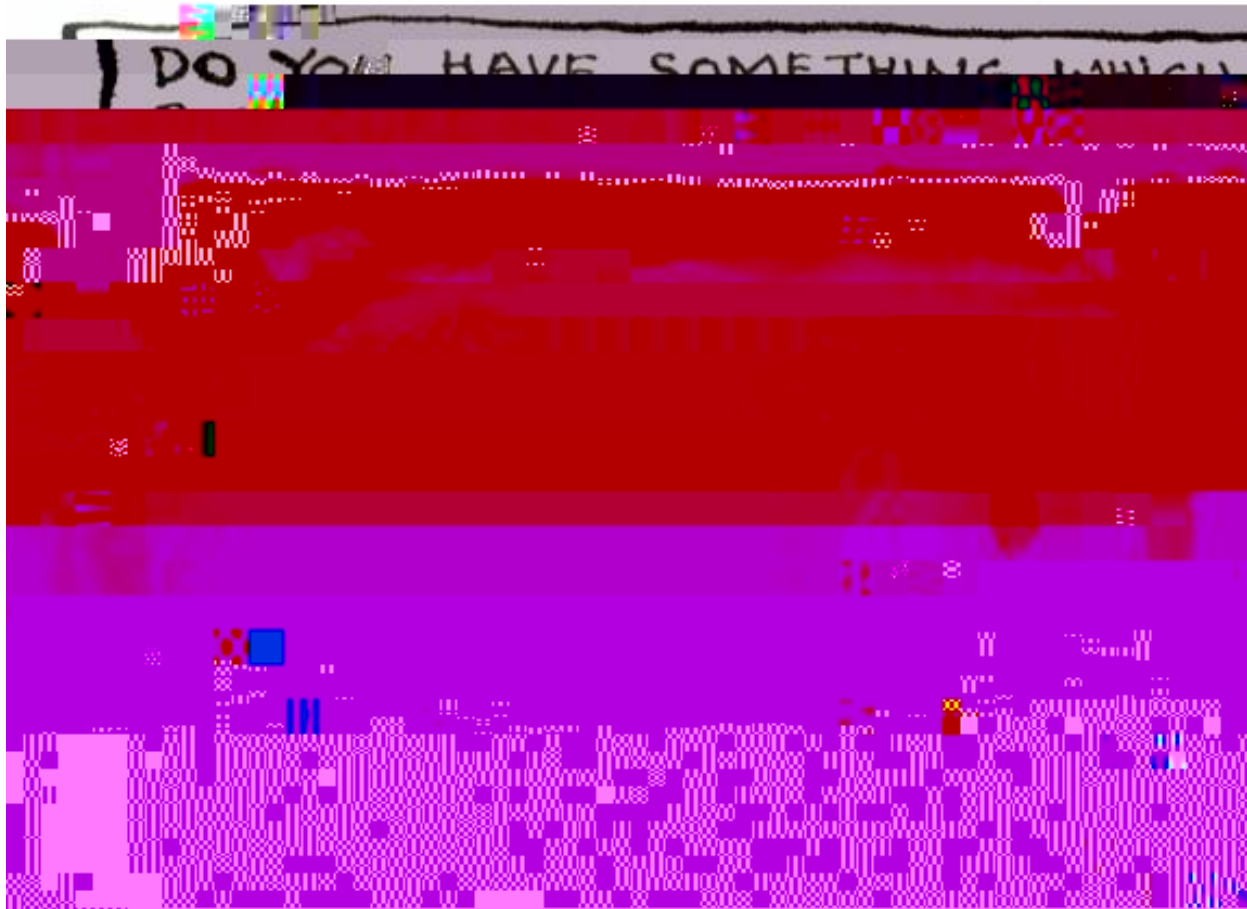
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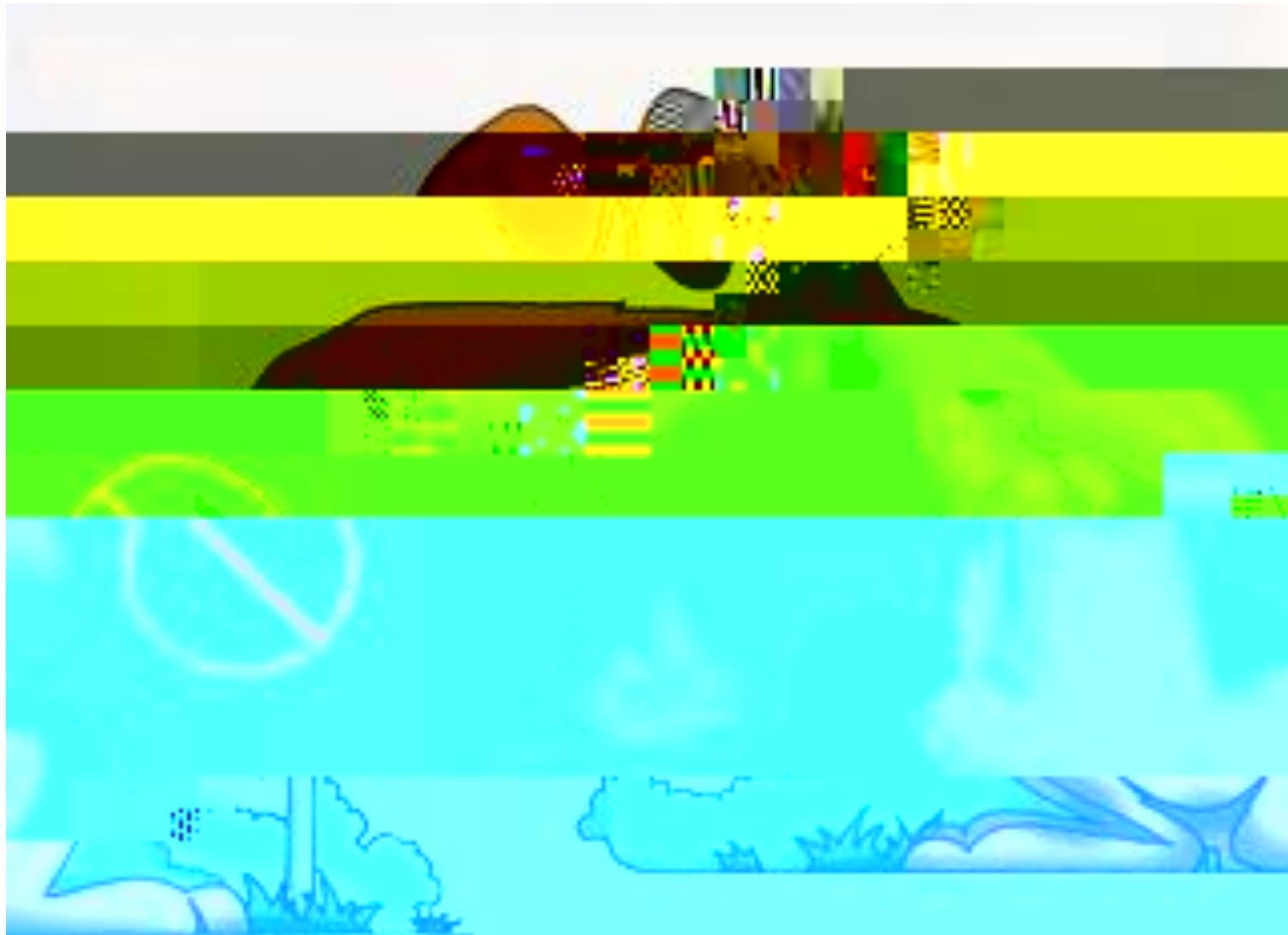
# Training



# Cognitive Behaviour Therapy (CBT)



# A word about cognitive behaviour therapy



# AT THE HEART OF COGNITIVE BEHAVIOUR THERAPY

**It is not the event that  
determines the emotional  
response, but the  
interpretation of that event**

# What is Cognitive Behaviour Therapy?

Family of specific, evidence-based therapies

Time-limited, brief structured psychotherapy

Collaborative

Uses socratic questionioning

Aims to change agreed problems





# Key Characteristics of Behaviour Therapy?

Rigid, cookbook methods

Heartless or soul-less

A rag-bag of methods

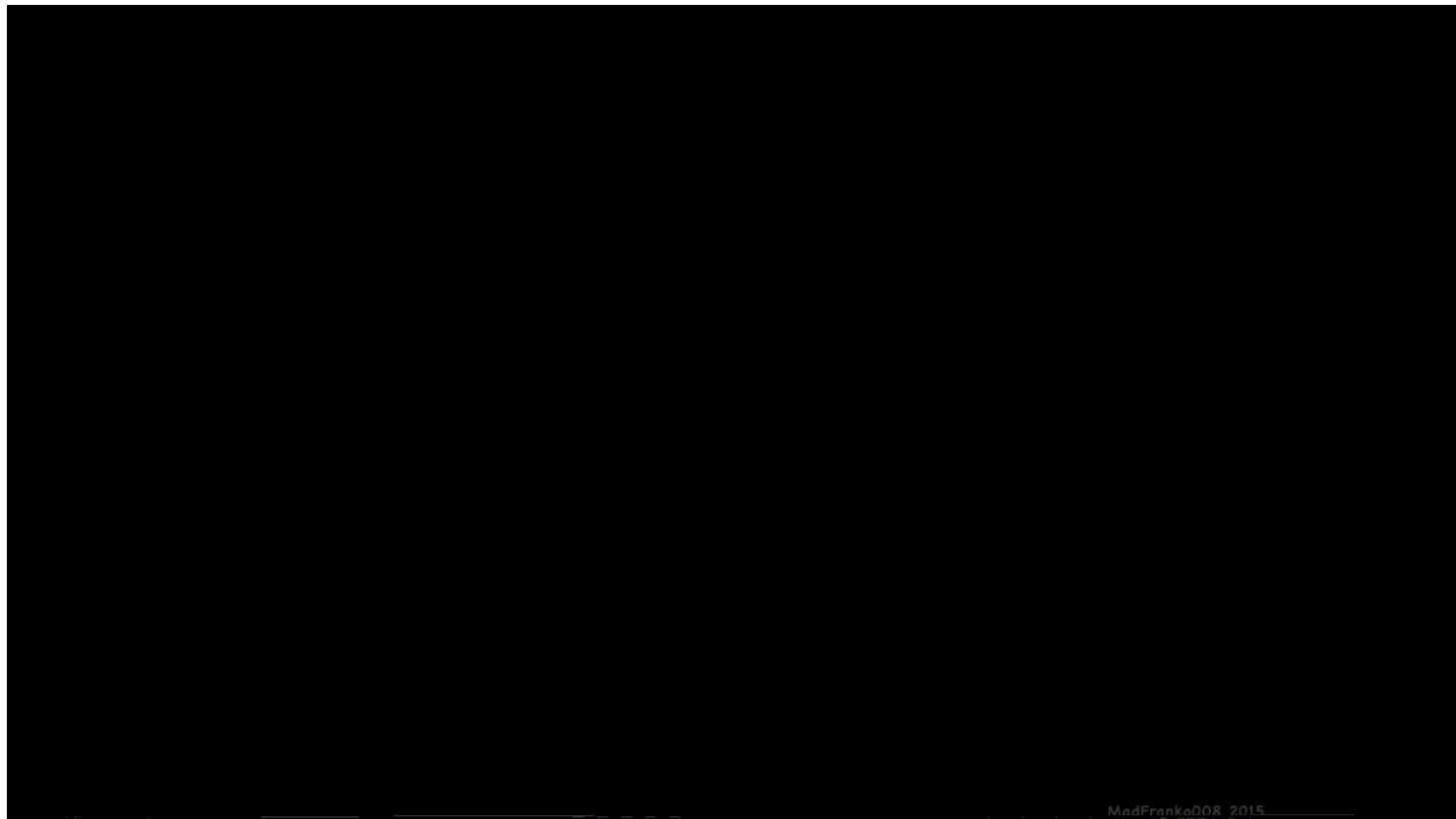
Meandering

Vague

Simply common sense

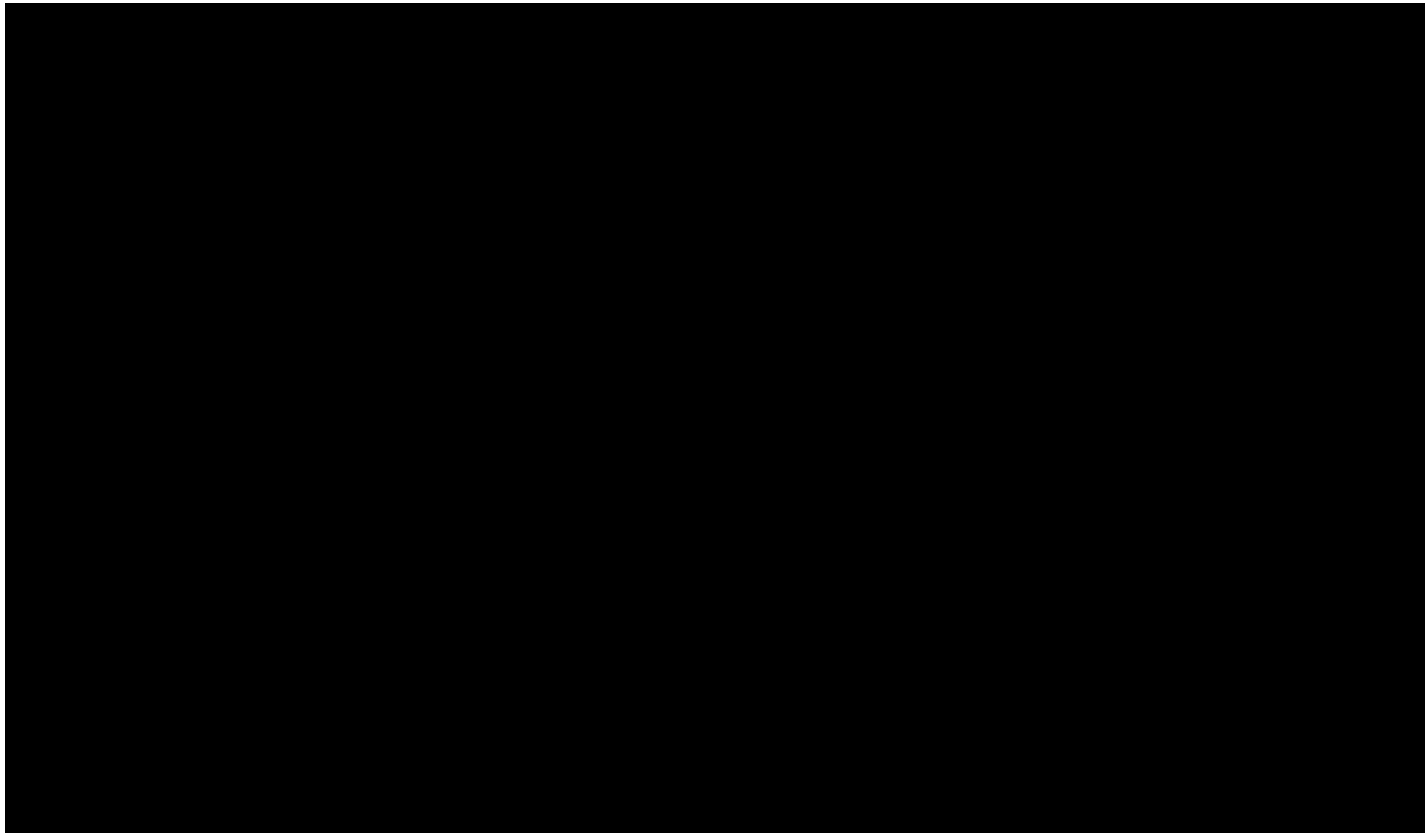


It doesn't matter what you do, it's how you do it.





It is not what you do, it is how you do it.



It is not what you do  
it is



# Working over telephone

Whenever you find yourself nodding in agreement/understanding you need to replace this with a verbal cue (such as aha, mmm hmm, very true etc). Similarly if you find yourself with a questioning look on your face you need to replace with a verbal cue.

When a client is explaining a rather lengthy example use regular cut off and that they have your attention



## Working over telephone 2

Be mindful of the fact that people often elaborate less on the telephone and anxious clients in particular may not say very much. So make sure you ask plenty of questions and explore any possible difficulties. If the



# Practice in pairsÅ

One person is the therapist and one is a parent

One partner go to a different room/corridor so that you





# Achieving flexibility within fidelity



# Flexibility within Fidelity

Treatment manuals should be guiding templates, not rigid cookbooks (Kendall & Hedkte, 2006).

The therapist should focus on the **GOALS or AIMS** of the session but can modify and adapt the means of achieving these to fit the needs of the individual client.

The treatment manuals are actually really useful tools as they clearly outline the goals of each session and you can ensure that your delivery covers these points.

Fidelity to the model = covering the **cognitive-behavioural interventions** in the **order** in which they are prescribed (evidence-based!).





# BREAK



15:00 15:30



# Site initiation visit

Data processes

Adverse event reporting

Files and storage (can it get more exciting!?)

Consultation



# Consultation

We are here to help!



# Consultation

Over the telephone in small groups

1 hour every fortnight

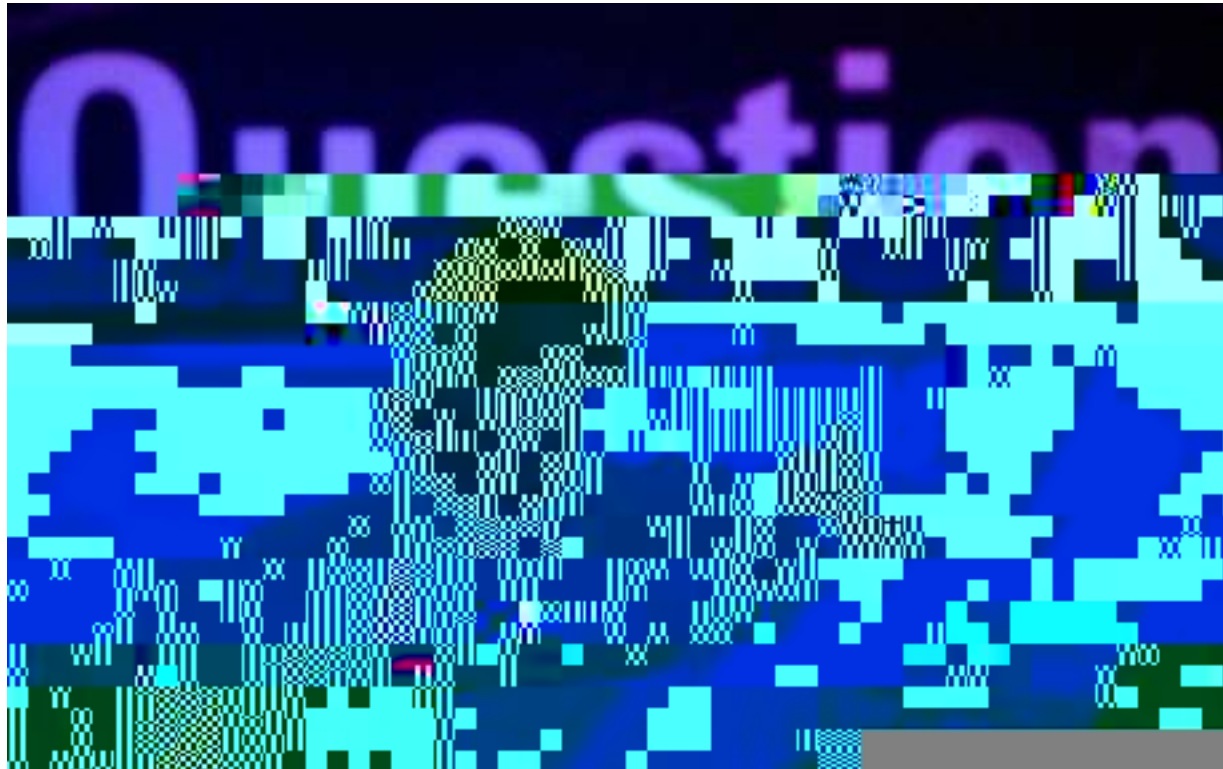
Guidance on MICE & MATCH

**Clinical responsibility remains with your Trust**





# Trial practicalities





# Patient experiences

Videos etc. to be added in here

