Cognitive Behavioural Therapy CBT

Child Inpatient Mental Health Unit

6 North

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Goals and Objectives

- Familiarize you with the theory behind CBT and concepts associated with it
- Review some developmental theory and issues to consider when using CBT with children and adolescents
- Treatment focus in CBT
- Briefly review some techniques
- Discuss some Conditions, Applications, and Efficacy of CBT
- CBT based groups: Anxiety and Anger
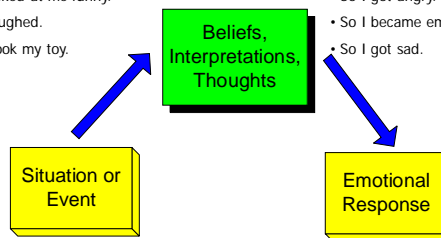

CBT: What is it?

- Combines elements of cognitive and behavioural theory and approaches
- Assumes that thoughts and beliefs play a substantial role in the experience of emotion
- It is goal oriented, with the goals being operationalized and measurable
- It is action oriented in that patients are expected to practice various behavioural skills, self-monitor, do homework, challenge thoughts, etc.
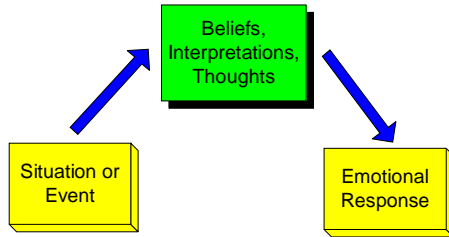- Therapist is also active and directive at times in session.
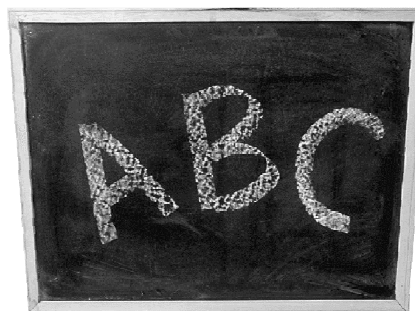
- He looked at me funny.
- He Laughed.
- She took my toy.

- So I got angry.
- So I became embarrassed.
- So I got sad.

Situation or Event → **Emotional Response**

- I thought he was making fun of me.
- Because I look stupid.
- To be mean to me.

- He looked at me funny.
- He Laughed.
- She took my toy.

- So I got angry.
- So I became embarrassed.
- So I got sad.

Situation or Event → **Beliefs, Interpretations, Thoughts** → **Emotional Response**

Slide 1

1. Antecedents
2. Behaviours
3. Consequences

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Situation or Event  →  Beliefs, Interpretations, Thoughts  →  Emotional Response
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Other CBT Concepts

- Automatic thoughts
  - Current beliefs and thoughts that are easily triggered
  - Applied without proper evidence or scrutiny
  - Often happen so fast that people aren't even aware they are there

- Cognitive Distortions
  - From making predictions about the future and how people will behave, without sufficient evidence
  - Selectively focusing on information consistent with beliefs and ignoring or devaluing contradictory information
  - Taking too much responsibility for negative events and not considering contributions made by others or the situation
  - Failure to recognize partial successes

- Beck's Cognitive Triad – thoughts about Self, World, and Future

Other CBT Concepts cont'd

- Irrational thoughts
  - Catastrophic – If fail my exam I will never get into college or get a job
  - All-or-none – Either I succeed at this or I am a total failure
  - Shoulds and Musts – I should be loved by everyone. If he dislikes me then I must be a bad person

  - It is easier to avoid than to face life's difficulties and responsibilities
  - Happiness is externally caused
  - A person's worth is based solely on the opinions of others

Behaviourism

- Learning is a result of connections established between stimuli and behavioural responses, and between behaviour and consequences
- It is a continuous process

- Classical Conditioning
- Operant Conditioning
- Extinction
- Generalization
- Reinforcement – Positive versus Negative
- Punishment
- Schedules – Fixed versus Variable
- Modeling

Development

- Nature versus Nurture
- Stage versus Continuous Development

What makes children different from adolescents?

Piaget's Cognitive Developmental Stage Theory

- Stages of Development
  - Sensorimotor (0 – 2 years)
    - Infants understand the world from their senses
    - Cause and effect
    - Object permanance
  - Preoperational (2 – 7 years)
    - Use of symbols to represent things mean they do not have to rely on their sense for most of their learning
    - Language becomes more proficient
    - Make-believe play
    - Difficulty distinguishing dreams or fantasy from reality
  - Concrete Operations (7 - 11 years)
    - Development of logic
    - Very literal and concrete
    - Organize things in hierarchies, classes, and subclasses
  - Formal Operations (11 years and up)
    - Abstract reasoning appears
    - Little scientist with hypothesis testing
    - Hypothetical tasks can be managed
    - More future focused

- Post Formal Operations (adult)
  - More flexible thinking

Cognitive Development
Important Concepts

- Jean Piaget

  - Emphasis on both Nature and Nurture
  - Schemata
  - Assimilation
  - Accommodation

Other Developmental Changes

- Cognitive
  - Concrete – Abstract
  - Real – Possible
  - Here and Now – Future
  - Literal – Symbolic
  - Black/White – Grey

- Social Cognition
  - External Locus of Control – Autonomy
  - Egocentric – World View
  - Intense Affect – Moderation
  - Ineffectiveness – Self-Efficacy

- Problem Solving/ Interpersonal Effectiveness
  - Inflexible – Adaptive/Creative
  - Arbitrary Inference – Critical Analysis
  - Self-Centered – Empathic

Schrodt & Fitzgerald (1987) Cognitive therapy with adolescents. American Journal of Psychotherapy.

Development as a Continuous Process

- Emphasis on nurture
- Behaviourism and Social Learning Theory
- Leaning is a continuous process with continual development
- Stages look like that but are really the result of this continuous process
- Piaget felt the environment was important. An enriching environment allowed one to progress through the stages

Important Developmental Considerations

- Egocentrism
  - Preoperational child assumes that others perceive, think, and feel as they do.
  - Adolescent Versions
    - Imaginary Audience
    - Invulnerability Fable
- Social Awareness and Perspective taking
- Moral Development
  - Avoid punishment and gain rewards – concepts of social conscience, fairness
- Language
- Sequential Events
- Temporal Focus
- Flexibility

Treatment Focus

- Develop greater awareness of automatic thoughts, distortions, and irrational beliefs
- Help client begin to challenge these thoughts
- Accommodation
- Achieve a balanced view of all the information, rather than the selectively filtered negative view taken by the patient
- Change destructive thoughts – alternate thoughts
- Change behaviour toward self and others
- Change arousal
- Environmental restructuring

Adaptation of CBT to Younger Populations

- Family involvement in:
  - Determining ABC's
  - Goal setting
  - Delivering treatment – Behavioural techniques
- Remain aware of developmental issues to distinguish between deficit and distortion
  - Normal developmentally appropriate cognitive mistakes versus cognitive distortions (i.e., concreteness, egocentrism)
- More behavioural in nature
- Use of stories and imagination to affect cognitions

Techniques Used in CBT

- Self-monitoring
- Bibliotherapy
- Environmental restructuring
- Parenting skills development
- Pleasant activity scheduling
- Social, conflict, and problem-solving skills development
- Relaxation
- Systematic desensitization
- Cognitive restructuring
- Homework
- Planning
- Positive self-talk
- Self-instruction (scripts)
- Cognitive rehearsal (scripts and use of imagination)
- Behavioural rehearsal (role plays) (with evaluation of beliefs after)
- In vivo exposure
- Exposure and response prevention

Applications and Efficacy

- Depression
- Anxiety
- Anger

Depression

- Symptoms and Characteristics
  - Lethargy
  - Isolation and drop in friendships
  - Negative cognitions about self, world, future
  - Anger, acting out, tantrums, defiant
  - Feeling like they don't have control over negative events
  - Loneliness
  - Low self-esteem
  - Low mood
  - Anhedonia

- Want to know about:
  - When s/he is depressed (triggers), frequency, severity, thoughts if possible
  - Strategies used that have and have not worked
  - Contingencies operating in the family and during times of sadness

Approaches for Depression
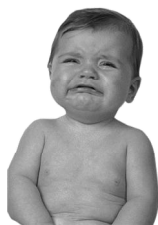
- Teach child how to use a <u>10 point rating scale</u> (Depending on age may need parents to help to make ratings)
  - Thermometer
  - Meter
  - Face sheet with sad expression face gradually achieving a smiley face

- Mood Monitoring (When, where, why, what)
  - What does the client get from doing this?
    - Increase awareness in all, about the characteristics of the difficulties
  - What does the therapist look for in this homework?
    - ABC's

- Behavioural Activation
  - Prescription of Opposites:
    - If isolating, have him/her join group
    - If Lack of energy, prescribe exercise
    - Loss of pleasure, schedule times to do previously pleasurable activities
  - Goal setting – helps to future orient
  - Make plans – pleasurable activity scheduling

- Reestablish sense of self worth
  - Identifying Strengths, esteem building activities
  - Help client identify negative self-statements, self-deprecating comments – use drawings, doll house, puppets, etc.

- Involve significant members of the child and adolescents family
  - Support parents and evaluate their cognitions that might be leading to self-blame, doubt about own abilities to parent, guilt, shame, anger
  - Assess reinforcement contingencies – be aware of secondary gain for parents as potential rescuers, or children adopting the sick role
  - Guide parents in reinforcing non-depressive behaviours
  - Address any family issues contributing to child's sadness

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- Help child and family feel greater control over world
  - Identifying and planning for obstacles
  - I CAN DO Problem Solving

- Help child and family feel greater self-control
  - Teach emotion regulation techniques
    - Relaxation Training – PMR, Guided Imagery, Deep Breathing
    - Distraction Techniques
    - Self-Talk
    - Positive Affirmations

- Environmental Restructuring
  - Help family make changes so that the environment the child lives in does not fit with depression (messy, disorganized)

- Education about the ABC's and the CBT approach

Efficacy - Depression

- Wood et al., 1996
- 2 groups – CBT and Relaxation Training
- 6 sessions
- n's = 24 per group
- Individually administered treatment
- Adolescents
- CBT group showed greater initial improvement
- Differences between the group disappeared at three months but relaxation group continued to receive treatment, unlike the CBT group

What works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families, Ed. Alan Carr, 2000

- Kroll et al., 1996
- CBT and Control groups
- 7 sessions
- n's = 17 and 12
- Individual treatment
- Adolescents
- CBT youth continued to have fewer symptoms and relapses than control group
- Control group ceased services after remission

- Lewinsohn et al., 1990
- CBT, CBT + Parent Training, and Control Group
- 21 sessions
- n's = 19, 21, 19
- Group treatment
- Adolescents
- Following treatment and 2 years follow-up, CBT and CBT+PT groups made clinically significant gains compared with the control group. No difference between the CBT and CBT+PT group

Anxiety

- Symptoms and Characteristics
  - Avoidance Cycle or Negative Reinforcement
  - Cognitive distortions focus on an overestimation of unlikely but dangerous events
  - Isolation and drop in friendships due to avoidance
  - Negative cognitions about self, world, future
  - World seen as an unsafe place
  - Belief that they are unable to cope with life's obstacles
  - Feeling like they don't have control over negative events
  - Low self-esteem
  - Defeatist self-statements

- Want to know about:
  - When s/he is anxious (triggers), frequency, severity, thoughts if possible
  - Strategies used that have and have not worked
  - Contingencies operating in the family and during times of sadness
  - Parent's own level of anxiety

Approaches for Anxiety

- Identify avoidance cycle and provide education
- Exposure to feared thoughts, situations, and sensations (in vivo, imaginal)
- Prevention of avoidance or compulsive responses
- Develop hierarchy of anxiety provoking situations or experiences
- Learning coping strategies
  - Relaxation
  - Self-talk
  - Self-evaluation
  - Planning, scheduling to increase predictability, problem-solving
- Have child develop evidence of success
- Systematic desensitization
- Exposure and response prevention
- Family component
  - Educate parents in contingency management to reinforce courageous behaviour and extinguish anxious behaviour
  - Teaching parents to manage their own anxiety and the importance of modeling positive coping
  - Training in communication and problem solving

Taming Worry Dragons
Drs. J. Garland and S. Clark

Manual:

- Externalizes the anxiety so that it is separate from the child
  - Draw your worry dragon
    - Becomes a tool to talk about anxiety
- Reframes worries as the result of a creative imagination
- Educates child about cues marking the coming of the worry dragon
  - Physical, emotion, behavioural, and cognitive
- Coping strategies are used and children are asked to draw the cage that will capture and control the worry dragon
- Strategies are training exercises for dragon encounters
- Relaxation strategies
- Triggers that tend to release the dragon
- Getting to know your dragon as a way to encourage children to process their worries and not just avoid
- Then how to face them in a systematic desensitization approach

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Efficacy - Anxiety

- Kendall, 1994
- CBT , Control
- 17 sessions
- n's = 27 and 20
- Ages 9-13 years
- Following and at 1 year follow-up, children in CBT group with GAD, Separation Anxiety, Avoidant disorder, showed clinically significant reductions in anxiety when compared to control

- Barrett et al., 1996
- CBT, CBT+Family Anxiety Management, Control
- 24 sessions
- n's = 28,25,26
- Ages 7-14 years
- In the CBT and CBT+ groups, children with GAD, Separation Anxiety, and Social Phobia, showed clinically significant improvement over Control and were sustained at 1 year follow-up

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