

## Cognitive Behavioral Therapy (CBT) for Children and Adolescents

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## Goals for Today's Talk on CBT

- Just what is CBT?
- How does it work?
- Why is it useful in children?
- Why is it appropriate for pediatricians to use these strategies?

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## What is CBT?

- A combination of two effective forms of psychotherapy - cognitive therapy and behavior therapy.
- Cognitive Therapy - Based on the assumption that it is the interpretation of an event, rather than the event itself, that determines emotional states.
- Behavior Therapy - Based on the principals of Classical Conditioning and Operant Conditioning.
  - Classical Conditioning - Pairing of a Conditioned Stimulus (CS) with an Unconditioned Stimulus (US) which yields Conditioned Response (CR)
  - Operant Conditioning - Learning that occurs when a response is followed by a stimulus

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## Cognitive Behavioral Conceptualization

- What is the patient's diagnosis?
- What are the current problems?
- What dysfunctional thoughts and feelings are associated with the problem?
- What stressors contribute to the child's psychological problems or interfere with the ability to solve the problem?

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## Cognitive Model

- Maladaptive interpretations (thoughts) regarding self, experiences, and the future result in psychopathology, e.g.
  - Depression: self-unworthy, context disapproving, future hopeless
  - Anxiety: self-inadequate, context dangerous, future uncertain
  - Anger: self mistreated by others, world is unfair and hostile

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## Evidence-Based Medicine

- Major Depressive Disorder
- Anxiety Disorders
  - Generalized Anxiety Disorder
  - Social Phobia
  - Other Phobias
  - Obsessive Compulsive Disorder
  - Post Traumatic Stress Disorder
- Eating Disorders
  - Anorexia Nervosa
  - Bulimia Nervosa

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## What Differentiates CBT From Other Forms of Psychotherapy

- Goals and model made explicit
- Based on cognitive formulation of patient's problem, which is dynamic
- Highly Focused
- Therapeutic relationship is collaborative
- Parent and child become their own therapist
- Clinician is active and directive
- Sessions are structured and homework assigned

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## What Does CBT Look Like in Practice

- **Cognitive techniques**
  - Psycho-education
  - Cognitive triangle/Cognitive restructuring
  - Evidence for/against thoughts
  - Problem solving

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## What Does CBT Look Like in Practice (cont'd.)

- **Behavioral techniques**
  - Changing self-talk
  - Self-monitoring/rating sheets
  - Reinforcement of healthy behaviors
  - Relaxation techniques
  - Coping cards
  - Distraction and refocusing
  - Role play
  - Positive self-statement logs
  - Gradual exposure (in vivo or imaginal)
  - Response prevention

## Feeling Identification: an Important Piece

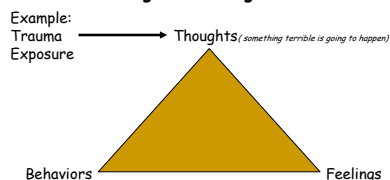
Teaching about feelings and how they can be confusing at times:

- Helping kids identify emotions in themselves and others
- Helping kids identify what may trigger certain emotions
- Understanding the physiological signs of certain emotions

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## Cognitive Re-structuring

- **Cognitive coping:** Teaching kids how thoughts, feelings, and behaviors are related and those thoughts can be modified/controlled in such a way to alter feelings and behaviors in response to various situations: **The cognitive triangle**




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## Stress Inoculation or Coping Skills

- Involves a series of skills children learn in treatment to cope with distress,
- Examples of coping skills
  - ✓ Deep Breathing
  - ✓ Progressive Muscle relaxation
  - ✓ Positive Self-talk
  - ✓ Guided Imagery
  - ✓ Safe Place

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**Why is it important for Pediatricians to use CBT or at least know about it**

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- You are already using these techniques in your daily practice
- They have been found to be highly effective with your patient population
- When you need to refer, you know why it would be beneficial to refer to a clinician skilled in CBT