Cognitive-Behavioral Treatment of Children and Adolescents:
Overview Of Theory and Techniques
Evidence based practices & CBT

- Few of the hundreds of therapies for children and adolescents meet the tests of evidence, e.g., APA’s efficacy criteria:
  - Well supported and possibly efficacious to unsupported and possibly harmful
- CBT has met the criteria for well supported and possibly efficacious for a number of disorders, perhaps more so than any other type of therapy
- However, not all therapies have been empirically investigated yet.
I. Theory
Foundations of CBT

- Development of CBT influenced by the works of early behaviorists: Pavlov, Skinner; later by Bandura and Wolpe and cognitive therapists: Aaron Beck and Albert Ellis
Enactive, performance-based procedures as well as cognitive interventions to produce changes in thinking, feeling, and behavior (Kendall, 2000).
Behavior, thoughts, and feelings are seen as causally related in CBT and are all treatment targets.
Role of Learning

- Learning is pivotal in the acquisition and maintenance of behavior—adaptive or dysfunctional.
- Just as adaptive behavior is learned, so is maladaptive behavior.
Learning Methods

**Operant conditioning**

\[ S \text{ (stimulus)} \quad R \text{ (response)} + CQ \text{ (consequence)} \]

= **learning**

(Consequence: reward or punishment)

**Classical Conditioning**

\[ CS \text{ (bell)} \quad CR \text{ (salivation)} \]

\[ US \text{ (food)} \quad UR \text{ (salivation)} \]
Social Learning and CBT

- The principles of social learning theory (based on the work of A. Bandura):
  - Observational learning
  - Imitation
  - Modeling
Influence and Context

- A child’s behavior is influenced by its environment and the environment is influenced by the child’s behavior.
- Behavior is the product of an ever changing interaction between person and environment (reciprocal determinism) (Bandura, 1977).
CBT Domains Of Importance

- Interpersonal/Environmental Context
- Physiology
- Cognition
- Emotions
- Behavior
Nature of CBT

- In CBT learning is more than rewards and punishments.
- Learning also depends on the manner in which children and adolescents process information cognitively.
Cognitive Processing

- Children (and adults) evaluate, judge, and categorize behavior.
- They actively construct information by selecting, encoding, and explaining what happens to them and others (Friedberg & McClure, 2002).
Cognitive Processing

- How children interpret what happens to them is critical to their emotional functioning.
- Everyone, including children and adolescents, actively processes experience and information.
- Behavior is not just generated as is assumed in more classical learning theory.
Information Processing

Kinds of thinking:
- Conscious thoughts

- Automatic thoughts: assumptions, expectations, attributions

- Deep seated attitudes and beliefs
  - products of:
    - Core beliefs or Schemas
Schemas:

- Core meaning structures that direct attention, encoding, and recall (Fiske & Taylor, 1991).
- Can be thought of as templates that actively filter information.
- Are actively constructed from a very early age and reinforced over time.
- Are protected from an early age.
- Information discrepant from the core beliefs is often nullified or transformed via cognitive distortions.
II. Treatment
Aim of Treatment

Alter core beliefs to ensure sustained change in emotions and behaviors
Nature of CBT

- CBT attempts to understand the relationship between a child’s behavior and accompanying cognitive processes (automatic thoughts, distortions, schemas).
CBT Treatment

- **Goal**: help child manage their psychopathology and move closer to the normal developmental trajectory
- **How**: Help child learn more adaptive problem-solving skills;
- **By providing meaningful and real experiences that alter cognitive processes and content and ultimately cognitive structures that can be then used with future experiences** (Kendall, 2006)
The Role of the Past in CBT

- In CBT the past is de-emphasized.
- The past is viewed as offering clues re: behavior patterns, reinforcements, cognitive processes, and how the core beliefs began.
- But CBT is very “here and now” focused.
In CBT (and just about all other therapies) the nature of the therapeutic relationship is important.
Thoughts and Feelings

- Beck and others have shown that distinct cognitions are reliably associated with distinct emotional states (*content-specificity hypothesis*).
Depression Schema

- Classic negative triad: depressed individuals have negative view of the self, others, and the future—“I’m not worth anything.” “No one will like me.” “It will be this way forever.”
Anxiety Schema

- Anxious individuals have different cognitions that are based on the cognitive distortion of catastrophizing—“the world is always dangerous.” “I must always look for danger.” “I’m not able to handle danger.”
Causes of Emotional And Behavioral Problems In Children

- Cognitive distortions (i.e., Dysfunctional or biased information processing)
- Cognitive deficiencies (i.e., Absence of thinking)
- Disturbed beliefs
  - $2+2=5$
- Lack of appropriate behavioral skills
- Inadequate problem-solving skills
Nature of CBT

- Exposure to many behavioral experiences or events
- These are concurrently processed cognitively
- Over time new schemata are developed
- New thoughts, behavior and feelings emerge
General CBT Format
What to Assess?

- **A, B, Cs**
  - **Antecedents or Activating Events:** cause of strong feelings and/or negative cognitions or thoughts
  - **Beliefs:** caused by A
  - **Consequences:** negative emotions or behaviors

- **Temporal course of symptoms**
How to Assess?

- Interview (Multisource/Multimethod)
  - Child, parent, teacher, significant others
- Observations
- Testing
  - Rating scales
  - Intelligence
  - Personality testing
What to Target?

- Identification of:
  - Underlying beliefs
  - Assumptions
  - Expectations
  - Goals
  - Attributions
  - Automatic thoughts
More Targets

- Medical factors
- Environmental factors:
  - Stressful life events
  - Modeling
  - Reinforcement history
- Behavioral and interpersonal skill deficits
Case Conceptualization: ("You need a recipe for all the ingredients")

- Precedes goal determination, agenda setting, and use of techniques
- Requires hypothesis generation and testing
- Specifies the five elements noted above (behavioral, emotional, interpersonal, physiological and cognitive components)
- Functional Analysis of Behavior
Treatment Processes in CBT

- **Collaborative empiricism**
- **Guided discovery**
Tasks of a CBT Therapist

- Because emotional events tend to have more impact, CBT attempts to engage the child emotionally
- Treatment sessions should be fun
- Treatment sessions should be real
- Transfer of skills from therapist to child
What Is Done in CBT?

- Child and parents are taught cognitive and behavioral interventions and the rationale for them
What Is Done in CBT?

- In-session practice
- Continual assessment of motivation and expectations
- Homework
What Is Done in CBT?

- Identification of factors interfering with completion of homework or other techniques
- Evaluation of effectiveness (outcome assessment)
- Modification of intervention strategies as needed
Which of the following is characteristic of a CBT therapist?

1. Diagnostician
2. Consultant
3. Educator
4. Team member
5. All of the above
Which of the following is not a characteristic of a CBT therapist?

1. Active
2. Problem-oriented
3. Structured
4. Flexible
5. Creative
6. None of the above
Structure Of A Typical CBT Session
Session Structure

- **Assess:**
  - Current mood
  - Symptom level
  - Symptom frequency and intensity
- Review recent issues and incidents
- Review homework
- Set agenda
Session Structure

- Implement techniques and strategies to accomplish goals from agenda
- Evaluate/assess understanding of techniques taught and motivation to implement them
- Assign homework task(s)
CBT Methods

- Self-monitoring/recording
- Role play
- In session practice of new behaviors
- Modeling
CBT Methods

- Self-evaluation
- Reinforcement by therapist and self
- Homework
Cognitive Restructuring Methods

- What’s the evidence? (Being a thought detective)
- Identify thinking errors
  - Over-generalization
  - Personalization
  - Magic thinking
  - Mind-reading
  - Magnification
  - Discounting the positive
Cognitive Restructuring

- Challenge dysfunctional beliefs:
  - What if....?
  - What would you tell a friend?
  - Playing attorney and judge

- Generating healthier alternatives
  - Belief Strength
Irrational Beliefs Of Adolescents

- It’s my parent’s fault I'm so miserable.
- The world should be fair and just.
- I must conform to my friends.
- I can’t stand to be criticized.
- I’ll always be the way I am.
- I can’t help it.
Irrational Beliefs Of Children

- Others must always like me.
- I'm bad if I make a mistake.
- I should always get what I want.
- Things should come easy to me.
- Adults should be perfect.
CBT and Clinical Conditions
Depression

- Goal Setting
- Affective Education
- Mood Monitoring
- Cognitive Restructuring
- Problem-Solving
- Activity Scheduling (Behavioral Activation)
- Self-esteem building
Bipolar Disorder

- Use all methods mentioned so far but include recognition warning signs and cycles
- Plan for handling behavioral excesses
- Plan for how family, child and others will respond to the illness when it erupts
- Expect long course of treatment with many positive changes and regressions
Anxiety

- Exposure and Response Prevention
- Systematic Desensitization
- Relaxation
- Breathing
- Probability Estimation
CBT Resources for Anxiety Problems

- Good program: Kendall’s *Coping Cat*
- Good resource: Chorpita’s *Modular CBT for Child Anxiety Disorders*, 2007
- For OCD: March and Mulle, *OCD in Children and Adolescents* and March and Benton, *Talking Back to OCD*, 2007
Conduct Problems

Effective strategies:

- Attribution Re-training
- Anger management
- Structured Problem-Solving
- Cognitive Restructuring
- Response Cost/Contingency Management
- Behavioral Parent Training
Conduct Problems

Effective Programs:

- MST; effective for African-American youth
- Brief Strategic Family Therapy (see Szapocznik, et.al., 2003)
- Problem-Solving Skills Training (see Kazdin, 2003)
Oppositional Behavior

- Effective Strategies: *contingency management; DROB* (differential response for other behavior)
- Effective Programs: *Parent Management Training (PMT)* for pre-teens; *Problem-Solving Communication Skills Training* (see Robin) for adolescents
Substance Use

- Difficult to recommend one particular tx because of the diversity of substance abusing youth; broad-based, multi-component tx programs seem to work well, e.g., Multidimensional Family Therapy, MST

- Essential to include CBT with Motivational Enhancement and Staging
CBT & Ethnic Minorities

- Research still sparse but building
- Key points:
  - CBT works (insight-oriented txs don’t work as well)
  - Better response if tx is highly structured, time-limited, pragmatic and goal-oriented;
  - Using culturally-responsive strategies doesn’t always lead to better results; ambiguity in research results
  - Adding too many intuitively appealing culturally responsive strategies, may alter characteristics of CBT to point it is no longer model adherent
  - Recommendation: Implement CBT as designed and add more culturally-sensitive strategies as suitable
CBT Works Best If:

- Fidelity and outcome measurement are used
- Clinical judgment is used (not just blind adherence to a manual)
- Cultural factors are considered
- Limitations of the techniques are appreciated
- New therapists are supervised
- A working alliance based on trust is developed early