

Cognitive-Behavioral Therapy

The Basics of CBT
with Children and Adolescents

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Objectives:

- Discuss how the basic principles of Cognitive Behavioral Therapy are adapted to the treatment of children and adolescents
- Describe ways to incorporate CBT skills building activities in the treatment of common mental health conditions of children and adolescents

2

CBT is a structured, short term, present oriented psychotherapy

In the AACAP & AAP practice guidelines CBT is the first line evidence-based intervention for children and adolescents with anxiety and depression.

Common Internalizing disorders of Childhood

Anxiety disorders

Separation Anxiety Disorder
Social Anxiety Disorder
Panic Disorder Specific Phobia
Generalized Anxiety Disorder
Substance/Medication Induced Anxiety

Depressive disorders

Disruptive Mood Dysregulation Disorder
Major Depressive Disorder
Persistent Depressive Disorder (Dysthymia)
Premenstrual Dysphoric Disorder
Substance/Medication Induced Depressive Disorder due to another Medical Condition

Trauma & Stress related disorders

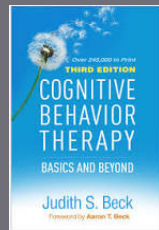
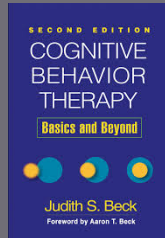
PTSD
Acute stress disorder
Adjustment disorder

Evidence-based Child and Adolescent Psychosocial Interventions

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE EVIDENCE	Level 4- MINIMAL EVIDENCE	Level 5- NO SUPPORT	
Anxiety/Resistant Behavior	Cognitive Behavior Therapy, CBT for Child and Family, CBT with Parents, Education, Exposure, Modeling	Assessment Training, Attention, Relaxation Training, CBT and Music Therapy, CBT and Parent Management Training (PMT), CBT with Parents Only, Cultural Storytelling, Family Psychoeducation (Psychem), Medication, Relaxation, Stress Inoculation	Contingency Management, Group Therapy	Behavioral Activation and Encouragement, Skills Training, Play Therapy, PMT, Psychoeducation, Family Refined, Exposure Therapy, Social Skills	Assessment Monitoring, Attachment Therapy, Client-Centered Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Deep Breathing, Psychoeducation, Relationship-Oriented, Teacher Psychoeducation	
Autism Spectrum Disorder	CBT, Inclusive Behavioral Treatment, Inclusive Communication Training, Joint Attention, Engagement, PMT, Social Skills	Imitation, Deep Breathing, Theory of Mind Training	None	Ministry, Peer Pairs and Modeling, Play Therapy	Attention Training, Biofeedback, Cognitive Flexibility Training, Communication Skills, Computer-Assisted, EMDR, Executive Functioning Training, Fine Motor, Parent Psychoeducation, Physical Exercise, Sensory Integration Training, Structured Learning	
Disruptive and Conductive Behavior	Anger Control, Assessment Training, Contingency Management, Multiphasic Therapy, PMT, Self and Regulation, Social Skills, Therapeutic Parent Care	CBT and PMT, CBT and Teacher Training, Communication Skills, Cooperative Problem Solving, Functional Family Therapy, PMT and Classroom Management, PMT and Social Skills, Rational Emotive Therapy, Relaxation, Self-Control Training, Transcendental Meditation	Client-Centered Therapy, Music Assessment Training, Outreach, Counseling, Peer Pairs	CBT and Teacher Psychoeducation, Exposure Therapy, Group and Classroom Management and CBT, PMT and Self-Verification, Stress Inoculation	Training, Modeling, Parent Psychoeducation, Physical Exercise, Sensory Integration Training, Structured Learning, Working Memory Training	Behavioral Family Therapy, Cognitive Engagement and Support, Family Expressive Therapy, Group Therapy, Imagery Training, Play Therapy, PMT and Peer Support, Psychoeducational, Verbalization, Skill Development, Woundcare
Depressive and Withdrawn Behavior	CBT, CBT and Medication, CBT with Parents, Client-Centered Therapy, Family Therapy	Attention Training, Cognitive Behavioral Psychoeducation, Supportive Intervention, Problem Solving, Relaxation and CBT, Practices	None	Self-Control Training, Self-Modeling, Social Skills	CBT and Anger Control, CBT and Behavioral Training, Intervention, CBT and PMT, Client Setting, Life Skills, Mindfulness, Play Therapy, PMT, PMT and Emotion Regulation, Psychoeducational	

The PracticeWise "Evidence-Based Child and Adolescent Psychosocial Interventions" tool is created twice each year and posted on the AAP Web site at <https://www.practicewise.com/Community/BlueMatters>, using data from the PracticeWise Evidence-Based Services Database, October 2021 — March 2022.

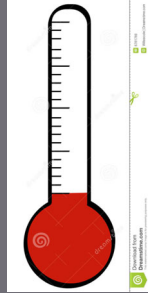
Basics and Beyond : Primary Text



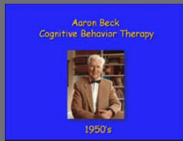
Beck, J. (2011). *Cognitive therapy: Basics and beyond*. New York, NY: Guilford Press
Beck, J. (2021). *Cognitive therapy: Basics and beyond*. New York, NY: Guilford Press

Check in: CBT

- What are your thoughts/ feelings about delivering CBT with children/ teens?



CBT Theory, history:
 Dr. Aaron Beck 2021 – Nov. 1, 100 years
 YouTube videos Beck Institute (Tem)/ Now Online Trainings



" Based on my clinical observations and some systematic clinical studies and experiments, I theorized that there was a thinking disorder at the core of the psychiatric syndromes such as depression and anxiety. This was reflected in:

a systematic bias in the way the patient interpreted particular experiences. By pointing out these biased interpretations and proposing alternatives – more probable explanations – I found that I could produce an almost immediate lessening of the symptoms.

Training the patients in these cognitive skills helped to sustain the improvement".

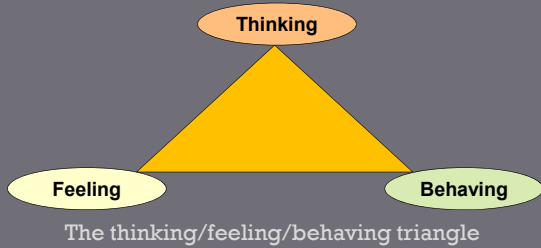


The Structure of a CBT Session

- Check in – Bridge
- Setting the Agenda
- Homework review
- Work on problems
- Summary
- Feedback (both ways)
- Assign (and review) homework

Cognitive Behavioral Therapy:

Consists of cognitive restructuring, problem solving and behavioral change



Beck: Cognitive Therapy The Basics

- Principle no. 1: Cognitive therapy is based on an ever-evolving formulation of the patient and his/her problems in cognitive terms



Beck

- Principle no. 2: Cognitive Therapy requires a sound therapeutic alliance



- Principle no. 3: CBT continually monitors client progress

Beck

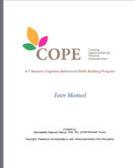
- Principle no. 4: CBT is culturally adapted and tailors treatment to the individual
- Principle no. 5: CBT emphasizes the positive
- Principle no. 6: Cognitive Behavioral Therapy stresses collaboration and active participation

Beck

- Principle no. 7: CBT is aspirational, values based, and goal oriented
- Principle no. 8: CBT initially emphasizes the present
- Principle no. 9: Cognitive Behavioral Therapy is educative – aims to train the person to be his/ her own therapist

Beck

- Principle no. 10: Cognitive therapy aims to be time limited (4 – 14 sessions)
- Principle no. 11: Cognitive therapy sessions are structured (this really reduces anxiety in young people)



Beck

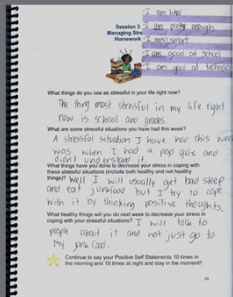
- Principle no. 12: Cognitive therapy uses guided discovery and teaches patients to identify, evaluate, and respond to their dysfunctional thoughts and beliefs

(Positive reappraisal, positive self talk and homework are all important pieces of cognitive behavioral therapy)

STIC Show That I Can (Coping Cat)

Beck

- Principle no. 13: CBT includes Action Plans. (homework)



Beck

- Principle no. 14: Cognitive therapy uses a variety of techniques to change thinking, mood, and behavior



Skills Building

Thought stopping

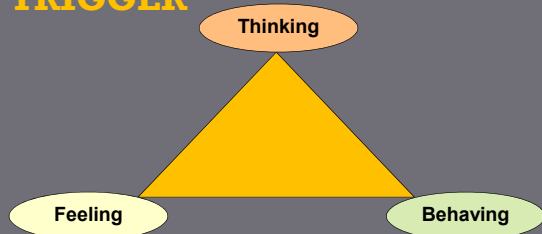


Guided Imagery

Cognitive Behavioral Therapy:

Consists of cognitive restructuring, problem solving and behavioral change

TRIGGER



The thinking/feeling/behaving triangle

Exercise Review:

- CBT principles apply to everyone. We all have cognitive distortions, automatic negative thoughts.



Title: Free Hemoglobin Potentiates Pulmonary Vascular Dysfunction and Acute Kidney Injury in Patients With Acute Respiratory Distress Syndrome

2 Specific Aims

Aim 1 - To determine whether the circulating levels of hemoglobin predict pulmonary vascular dysfunction (PVD) in patients with acute respiratory distress syndrome (ARDS). Hemoglobin is a potent vasoconstrictor, potentiates levels of circulating endothelin-1, and has been linked to poor clinical outcomes in other patient populations. We hypothesize that elevated levels of hemoglobin are associated with PVD in ARDS. We will evaluate the association between hemoglobin levels and PVD in ARDS patients. We will also evaluate the association between hemoglobin levels and acute kidney injury (AKI) in ARDS patients. We will evaluate the association between hemoglobin levels and mortality in ARDS patients.

Aim 2 - To determine whether the circulating levels of hemoglobin predict acute kidney injury (AKI) in patients with ARDS. Hemoglobin is a potent vasoconstrictor, potentiates levels of circulating endothelin-1, and has been linked to poor clinical outcomes in other patient populations. We hypothesize that elevated levels of hemoglobin are associated with AKI in ARDS patients. We will evaluate the association between hemoglobin levels and AKI in ARDS patients. We will also evaluate the association between hemoglobin levels and mortality in ARDS patients.

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Flowchart:

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graph TD
    Hemoglobin --> PVD
    Hemoglobin --> AKI
    Hemoglobin --> Mortality
    PVD --> AKI
    PVD --> Mortality
    AKI --> Mortality
  
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Beliefs, Cognitions

- Everyone has cognitive distortions, automatic negative thoughts. Mental Mistakes
- We have developed (and have practiced well) enduring views of ourselves, people in our world, and the way the world works.
We developed these from: Personal experience, parenting, peer relations, media messages, popular culture.

They are reflexive, unquestioned- so fundamental and deep –we often don't speak them to ourselves

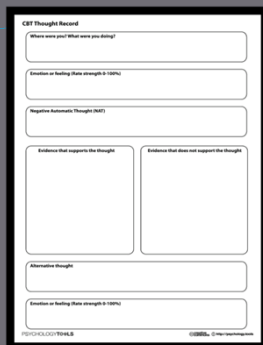
Common cognitive distortions – Automatic thoughts

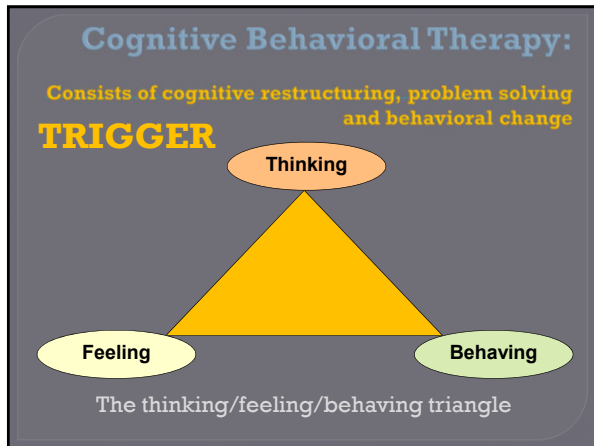
- All or nothing thinking - If I don't get an A+ , my work is not acceptable
- Overgeneralization/labeling - I'm stupid in English (in response to one bad grade on a report)
- Jumping to conclusions – She thinks I laugh too much, She doesn't like me. All of that group dislike me.
- Catastrophizing or minimizing – The whole program is going to fall apart with these changes
- Should statements – I should only get A's, it is beginning physics
- Minimization of success/ gains - Everybody gets awards, jobs, recognition, this is no big deal

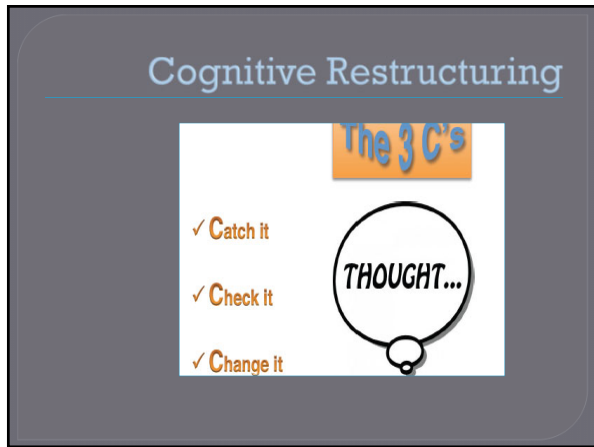
Example of your automatic negative thoughts

- Hint : Think back to a recent time you felt dysphoric, depressed, or angry.
- What was the trigger? (you couldn't control that)
- Your automatic thought (What would Beck say?)
- Your feeling?
- Your general way of behaving when you feel that way?
- **Is it a thought or a fact?**

CBT Thought Record (google)

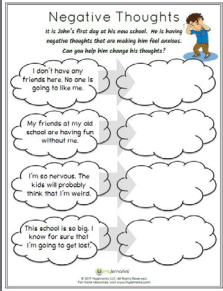








Socratic Questioning with Children



Negative Thoughts
It is John's first day at his new school. He is having negative thoughts that are making him feel sad.
Can you help him change his thoughts?

I don't have any friends here. No one is going to like me.

My friends at my old school are having fun without me.

I'm so nervous. The kids will probably think that I'm weird.

This school is so big. I know for sure that I'm going to get lost.

Children understand Helpful Thoughts

True facts

What would they tell their friend in this situation?

I do some things well

I did the best I could

I am OK now

Child CBT homework/ action plan

1. Write down something that happened this week that made you upset.

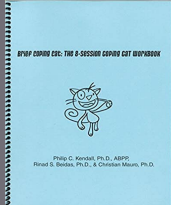

- > What was the event?
- > What were you thinking?
- > What were you feeling?
- > How did you behave?



Telepsychiatry

COPING CAT

- Phillip Kendall, *Gold Standard - Child Anxiety*
 - Amazon to order:
 - Brief COPING CAT (8 sessions Workbook)

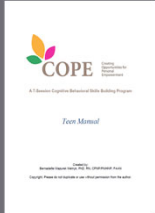



Brief Coping Cat

- Session 1: Introduction & Recognizing Feelings
- Session 2: How Does my Body React & What I am Thinking
- Session 3: What Should I Do
- Session 4: How am I Doing
- Session 5: Start Practicing
- Session 6: More Practicing
- Session 7: It's Getting Tougher
- Session 8: You Did It!

Implementation of the Intervention

7 sessions. (with vacations, holidays – each teen -12 wks).



Present as written – word for word – use examples from teen's reported experiences vs. case vignettes in manual.

Adaptations made for crisis.

COPE 7 Session Topics

Session 1 - Thinking, Feeling, and Behaving: What is the connection?

Session 2 - Self-Esteem and Positive Thinking/ Self-Talk

Session 3 - Stress and Coping

Session 4 - Problem Solving & Setting Goals

Session 5 - Dealing with Your Emotions in Healthy Ways through Positive Thinking and Effective Communication

Session 6 - Coping with Stressful Situations

Session 7 - Putting it All Together for a Healthy YOU!

Parents are Encouraged to Participate in the CBT Program with their Child/ Adolescent when Feasible and Appropriate



How COPE session content is presented

- Faithful to the program but also addressing the individual teen's concerns

Session 3 Stress and Coping

Thinking: from the manual, "What do you think are the most common causes of stress and worry for teens? (parents expectations, what others think). We will call these stressors." Read with the teen, the entire List of 13 stressors in the manual.

Then ask, "Which of these are stressful for you?"

Feeling: The manual includes a list of 6 emotional signs of stress (nervous, depressed, etc.) Read them all, then ask "Which do you experience?"

Behaving: The manual lists 6 behaviors (overeating, arguing). Read all 6 and ask the teen, "Which sound like things you do/ ways you behave?"

Emotional Signs of Stress

- Feeling anxious
- Feeling nervous
- Feeling down or depressed
- Feeling hopeless
- Feeling angry or irritable
- Feeling overwhelmed or “shut down”



Teen Regulation of Emotions

- Positive self-talk
- Counting to 100 or saying the ABCs
- Deep breathing (take a deep breath and hold it for 2 seconds, then breath out slowly through your mouth)
- Walk away and find a quiet place to put your head down and practice relaxation breathing
- Find a friend or adult who will listen and support you
- Leave and go for a walk/ bike ride/ work out

CBT combined with Medication Management visits



Patient / Family Preference is a major Component of Evidence-Based Practice

Lessons Learned

- CBT promotes self-control and mastery
- Teens can get started in Active Treatment (no wait)
- The therapist instills hope; positive outcomes are expected
- When the young person/ & parent understand “why” treatment works, there is better follow through
- CBT is empowering, promotes SELF-regulation
- Teens report they had enough time to complete the session and to “be heard”

S.B.I.R.T Model for Primary Care

- Screening
- Brief Intervention (MI, CBSB)
- Referral
- Treatment – Specialty

www.samhsa.gov/sbirt

Cognitive Behavioral Skills Building

- Cognitive Behavioral Skills Building – in primary / pediatric health care settings
- The principles of CBT can be incorporated into Brief Evidence-Based Interventions in Primary Care
- Handouts can be used in busy offices: send home the CBSB worksheet and the child/ teen can bring it back next visit

Brief Therapeutic Interventions in Primary Care

Characteristics of interventions

- Time limited
- Achievable
- Follow up criteria is specific
- Can be built upon

Example - Healthy Coping Skills Worksheet to take home



Write down 3 healthy coping skills/activities that sound fun to you. You can borrow from the list above or come up with your own ideas.

1. _____ (Melnyk, 2003)
2. _____
3. _____

Positive Ways to Deal with Stress

- Talking about how you feel
- Exercise
- Seeking out family and friends for support and help
- Writing your thoughts and feelings in a journal
- Turning a negative thought in response to a stressor into a positive one



Review Questions

1. Which of the following treatment modalities appear to have the strongest evidence for reducing symptoms of child or adolescent anxiety disorders?
- a. Anti-anxiety medication
 - b. Dialectical Behavior Therapy
 - c. Cognitive Behavioral Therapy
 - d. Hypnosis / meditation

Answer: c

2. Cognitive Behavioral Therapy principles include all Except:
- a. CBT is structured
 - b. CBT is a short-term therapy
 - c. CBT focusses on past psychological conflicts
 - d. CBT is based on cognitive restructuring

Answer: c

When providing Cognitive Behavioral Therapy for Children and Adolescents we explain cognitive restructuring as the 3 C's. The three Cs are:

- a. Catch it, Check it, Change it
- b. Catch it, Collect it, Control it
- c. Clarify behaviors , Cancel negative thoughts, Change feelings
- d. Capable, Challenging, Commanding

Answer: a

Cognitive therapy, which is now known as Cognitive Behavioral Therapy was developed by Dr. Aaron Beck. When first developing and researching a cognitive model of psychotherapy, Beck's clinical interest was treating:

- a. Anxiety
- b. Depression
- c. Neurotic somatization
- d. Psychosis

Answer: b
