Cognitive-Behavioral Therapy

The Basics of CBT with Children and Adolescents

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Objectives:

- Identify the need for psychiatric nurses to learn evidence-based psychotherapy modalities for children and adolescents
- 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

APNA Scope of Practice (2014)

- Standard 5F: **Psychotherapy**

  - The Psychiatric-Mental Health Advanced Practice Registered Nurse conducts individual, couples, group and family psychotherapy using evidence-based psychotherapeutic frameworks and nurse-patient therapeutic relationships.

ANCC

- PMHNP Board Certification Exam eligibility requirements: physical assessment, pathophysiology, pharmacology

  And Content in:

  - Health promotion and/or maintenance
  - Differential diagnosis and disease management, including the use and prescription of pharmacologic and nonpharmacologic interventions
  - **AND clinical training in at least two psychotherapeutic treatment modalities.**

Texts for Most Graduate PMHNP programs.


Reference list: ANCC Exam #38 PMHNP Board Certification Review Materials
Check in:
- CBT foundational content part of your PMHNP program?
- Experiences with CBT?
- Already incorporating CBT into PMHNP practice?
- Burning questions?
- Questions specific to CBT with children/teens

Agenda Setting
- What do you want to be sure is included in this workshop? (Session A & Session B)
- COPE Workshop – preceded by this brief CBT Theory review - CBT for children and teens – using the 10 Beck Principles of CBT.

How to structure sessions
- We first learn to establish a therapeutic relationship, set goals, structure sessions, and elicit and respond to feedback.

Then add techniques: learning basic cognitive and behavioral techniques.

- “I find that an initial emphasis on conceptualization and common sense reasoning teaches students how to conduct therapy based on their understanding of the individual patient (instead of just employing techniques in rote, cookbook fashion)”. Judith Beck

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

CBT Basic Theory Review
- History of how Cognitive Theory and Cognitive Psychotherapy was developed.

Cognitive Behavioral Therapy:
Consists of cognitive restructuring, problem solving and behavioral change

The thinking/feeling/behaving triangle
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.

We always do an evaluation (psychiatric) including history, presenting problem, medical problems, and psychosocial stressors. Asking a teen to explain a proverb can help assess ability to think abstractly (i.e., The squeaky wheel gets the grease).

Young people / teens are:

- Unique – with individual dreams and goals
  Find their strength and emphasize that (always have a strength list - if there is a problem list)
- Perceptive & Brutally honest – “whew, that was an awkward silence”
- And best of all, developmentally - neurologically - you have growth on your side (up to age 25 yrs)

Process as well as Content

- Establishing a therapeutic alliance (teen’s perception that the therapist is invested in the youth and parent).
- Cognitive connection (the therapist conveys there is hope for change, and that both depression & anxiety are treatable).
- Behavioral participation (assigning homework and encouraging the practice and use of skills learned, between sessions).

Normal developmental stage or clinically significant problem?

Beck

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

- Principle no. 3: Cognitive therapy emphasizes collaboration and active participation

Evidence-based practice

- Evidence-based practice is a “problem solving approach to the delivery of health care that integrates the best evidence from well-designed studies and patient care data and combines it with patient preferences and values and clinician’s expertise” (Melnyk & Fineout-Overholt, 2011)

- Share with family information/the article re: what the evidence suggests for treatment options. (Van Vorhees, 2008)

Medication vs Therapy
Principle no. 4: Cognitive therapy is goal oriented and problem focused
Principle no. 5: Cognitive therapy initially emphasizes the present
Principle no. 6: Cognitive therapy is educative, aims to teach the patient to be his/her own therapist, and emphasizes relapse prevention

Principle no. 7: Cognitive therapy aims to be time limited (4 – 14 sessions)
Principle no. 8: Cognitive therapy sessions are structured (this really reduces anxiety in young people)

We generally refer to “antecedent events” as triggers. (but there is hope, we can control our responses to triggers)
When talking with the teen (the evaluation) we can determine what thoughts, feelings, behaviors are their chief concern, and we start with that
Generally they can tell you what “triggers” their feeling hopeless, or angry, etc.
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.

- 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

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

People are “natural scientists”. We want to make sense of their world and experiences.

When you notice your mood has changed or intensified, or you are noticing bodily sensations associated with negative emotions, ask:

- What was just going through my mind?
- When that thought comes up – ask what is the evidence that thought is true? Is there an alternative explanation? What is the worst that can happen? Will I live through it? What is a realistic outcome?

Write down an 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?
Save that example to share

- Share an example of when you have automatic “not likely to be entirely true” thoughts, when you explain CBT – triangle to your COPE teen and parent. (parents are relieved when this counseling is not about blaming them, it is about all of us learning to change our negative thinking to positive)
- Sometimes parents will provide an example of their negative automatic thoughts
- Teens really light up when the parent shares struggles they have had/ and worked through.

Beck

- Principle no. 10: Cognitive therapy uses a variety of techniques to change thinking, mood, and behavior

Thought stopping skills

- Visualize a stop sign
- Rubber band on the wrist/ snap
- Visualize watching the negative image on TV and change the channel
- Use imagery skills to switch the negative image to a pleasant image

Thought stopping:

Guided Imagery

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

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

Summary and Feedback

- Summary
- What else needs to be covered for this basic overview of CBT?
- Other Feedback
Session 1013-15: American Psychiatric Nurses Association

Homework

- Automatic negative thought from earlier
- Look for all these basic concepts in the COPE manual / structure of each session

The Structure of a CBT Session

- Check in – Bridge
- Setting the Agenda
- Homework review (past foundation in CBT)
- Work on problems (objectives covered)
- Summary
- Feedback (both ways)
- Assign (and review ) homework
- STRUCTURE IS BUILT INTO THE COPE MANUAL

COPE (Check In, Bridge)
Goal Setting & Self-Monitoring Log

Goal: Write Two Positive Self-Statements

<table>
<thead>
<tr>
<th>Thinking</th>
<th>Day #1</th>
<th>Day #2</th>
<th>Day #3</th>
<th>Day #4</th>
<th>Day #5</th>
<th>Day #6</th>
<th>Day #7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Goal for Number of times per day to say the positive self statements __________

Number of Times You Said Your Positive Self-Statements

<table>
<thead>
<tr>
<th>Emotions</th>
<th>How have you felt this week?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Worried</td>
</tr>
<tr>
<td>Rate your emotions on a scale from 0 “not at all” to 10 “a lot”</td>
<td></td>
</tr>
</tbody>
</table>

For the Check In the children’s manual: the child colors in the thermometer

References


Going forward:

- 3 sessions of supervision (SKYPE) in a UK study by Sarah Rokosnhik led to significantly improved confidence by the therapist
- Importance of professional development
- PMHNP students graduate as a advanced beginner/ competent (not expert)
- But with a passion to become an expert , enthusiastic for continuing their training

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