Agenda

- Introductions and overview
- The importance of case conceptualization

Agenda

- Stance variables
- Session Structure
- Modular Approach
Definition of Cognitive Therapy

1. Cognitive therapy is a focused form of psychotherapy based on a model stipulating that psychological disorders involve dysfunctional thinking.

2. The way an individual feels and behaves is influenced by the way he structures his experiences.

3. Modifying dysfunctional thinking provides improvement in symptoms. Modifying dysfunctional beliefs which underlie dysfunctional thinking leads to more durable improvement.

4. Cognitive therapy treatment involves a cognitive conceptualization of the disorder and of the particular patient and uses a variety of techniques.

Techniques Used In Cognitive Therapy

- Cognitive
- Behavioral
- Problem Solving
- Emotional
- Environmental
Importance of a case formulation

Avoids bag of tricks mentality

Cognitive therapy is more defined by a conceptual paradigm than by a discrete set of techniques (J.S. Beck, 1995)

Mere training in techniques robs the approach of its “conceptual guts” (Friedberg & Taylor, 1994)

Techniques offer only a skeletal approach
Importance of Case Conceptualization

Lies at the heart of evidence-based treatment (Bieling & Kuyken, 2003).
Breathes life into manuals (Kendall et al., 1998).
Avoids cookbook approach.
Handiest clinical tool in the toolkit.

Functions of Case Conceptualization

• Acts as a compass (Kuyken, Padesky, & Dudley, 2008).
• Orient clinician to treatment direction.
• Individualizes treatment.
• We treat people, not diagnoses.
• Makes multiple problems more manageable.
• Allows for selection and sequencing of interventions.

Functions of Case Conceptualization

• Predicts behavior
• Manages non-compliance
• Addresses treatment alliance ruptures
• Evaluates treatment progress
• Fosters high quality supervision
Case Conceptualization versus Diagnosis

**Diagnosis**
- 313.81 ODD
- Narrow
- Summary statement in general terms
- Frequency count
- Atoretical
- Descriptive

**Case Conceptualization**
- Broad
- Personalized psychological portraits
- Theoretically based
- Explanatory

Case Conceptualization versus Treatment Plan

**Treatment Plan**
- Narrow
- Sequence and timing of intervention
- Content of intervention
- Ingredients

**Case Conceptualization**
- Broad
- Provides rationale for interventions
- Predicts obstacles
- Provides rubric for evaluation
- Recipe

Theoretical Cognitive Concepts

**Hierarchical structural model**
- Automatic thoughts
- Schema
- Distortions

**Content specificity**
- Depression
- Anger
- Anxiety
- Panic
- Social anxiety
Hierarchical Organizational Model

- Hierarchical layering of cognitions.
- Three concentric circles.
- All circles are proportionately tied to emotion. Inner-most circles connected to most intense emotion.
- See diagram.

Hierarchical Organizational Model

- Schema
- Underlying Assumption
- Automatic Thought

Automatic Thoughts

- Stream of consciousness judgments, conclusions, appraisals, expectations, etc., from any time perspective
- Situational specific
  - “What’s going through your mind?”
  - “What’s running through your head?”
  - “What popped into mind, just then?”
**Content-Specificity**

- Central concept to theory and practice
- Different mood states are associated with distinct cognitive content
- Enables clinician to see whether you have “hot cognitions”
- Very useful in completing Thought Record

---

**Content-Specificity**

**Depression**
- Negative view of self
- Negative of others/experiences
- Negative view of the future (HS)
- Critical attention is directed INWARD

**Anger**
- Hostile attributional bias toward others
- Labeling others
- Others’ intent is deliberate
- Sense of unfairness
- Others violation of personal imperatives
- Critical attention is directed OUTWARD

---

**Content-Specificity**

**Anxiety**
- Overestimation of the probability of danger
- Overestimation of the magnitude of danger
- Neglect coping strategies
- Ignore rescue factors

**Panic**
- Catastrophic misinterpretation of normal bodily sensations

---
Content-Specificity

Social anxiety

- Fear of negative evaluation
- In test/performance anxiety, it may be the consequences of the performance and evaluation of significant others that is most threatening

Schemata

Schemata (most influential with adolescents)
Core meaning structures
Vestigial images, faithful storage
Absolutistic, all or none
Often reflect core areas of doubt (control, competence, acceptability)
Work through assimilation and accommodation

Cognitive Schema

©Mark Pett and Fantagraphics
Cognitive Distortions

Dynamic processes, not static content
Refers to how judgments or conclusions are made
Distortions serve assimilation and work to keep the schema intact

Dirty Tricks (Friedberg, McClure, & Garcia, 2009)
ONE-EYED OGRE: Seeing things from only one side and ignoring all other sides.
PRISONER OF FEELING: Using your feeling as the main guide for your actions and thoughts.
DISASTER FORECASTER: Falsely believing something awful will happen with very little to back up your ideas.
Dirty Tricks (Friedberg, McClure, & Garcia, 2009)

MAXI ME THINKING: Falsely believing all the bad things that happen to you or other people are all your fault.

LAME BLAMING: Using a label for yourself (“I’m bad”) or others (“She’s a witch. It’s all her fault.”).

MULES RULES: Stubbornly insisting that your ideas about how you, other people, and the world should act, are the only ones that are right.

COGNITIVE CONCEPTUALIZATION DIAGRAM (ADULT)

The “Guts” of Conceptualization

Sociocultural variables
Developmental variables
Behavioral antecedents and consequences
Cognitive model of presenting problems
### Sociocultural

**Friedberg & McClure (2002)**

**Variables shape**
- Response to treatment
- Perception of therapist
- Help seeking
- Perception of psychological problems
- Problem expression
- Language

### Development and Learning History

**Friedberg & McClure (2002)**

**Relevant conceptual categories**
- Developmental milestones
- School
- Peers and activities
- Family relationships
- Disciplinary practices
- Medical conditions
- Substance use and legal involvement

### Nuanced Content Issues

**Play/leisure activities**
- Isolated, solitary activities
- Competitive games
- Fantasy/role playing games

**Friends**
- Same age?
- How long?
- Arduously made and easily lost
Nuanced Process Issues
Parents and children come to treatment with varying agendas
Parents are better reporters of externalizing problems whereas children are better reporters of their mood states
Parents see problems as dispositional; children see their issues as situational
Parents are subject to their own bias
Parents’ moods/distress may influence report

Behavioral Antecedents and Consequences
What are the cues (antecedents)?
What are the consequences?
How do they figure in the initiation, maintenance, and exacerbation of child’s presenting complaints?

Specifying the Presenting Problems
Transforming vague complaints into definable issues
Examining the function of the behavior
Defining aspects
- Physiological
- Cognitive
- Behavioral
- Interpersonal
- Mood
Cognitive Model

Case Formulation Rubric
Developmental history x cultural context x
Precipitating, maintaining, and exacerbating
Events x behavioral antecedents and consequences x physiological symptoms
X mood symptoms x behaviors x automatic thoughts

A Simple Story

I __________ in a world that __________ where people ______________.
Examples and “You Try One”

COLLABORATIVE EMPIRICISM AND GUIDED DISCOVERY

Collaborative Empiricism:

Clinician and patient work as partners
Not only equal partners
May be a therapeutic goal
Empiricism=therapy is observable, quantifiable, and transparent
Guided Discovery

Clinician is coach who shepherds patient through data collection using empathy, questioning, and behavioral experimentation
Transcends refutation and disputation
Goal is to create doubt where there was once certainty of belief (Padesky)

Guided Discovery

Facilitates the art of the possible
Involves the Socratic method
GD enables patients to create their own data platform upon which to base their conclusions
Prompts a discovery of new alternatives, perspectives, and possibilities
Based on dialogue not debate

Dialogue not Debate

<table>
<thead>
<tr>
<th>Debate</th>
<th>Dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires opposition</td>
<td>Requires collaboration</td>
</tr>
<tr>
<td>Narrows possibilities</td>
<td>Broadens possibilities</td>
</tr>
<tr>
<td>Drives people farther into entrenched views</td>
<td>Fosters flexibility</td>
</tr>
<tr>
<td>Only one answer</td>
<td>Multiple perspectives</td>
</tr>
</tbody>
</table>
Focus of CBT

Engaging milieu

Insure spirit of experimentation

“Playful attitude”

Developmental sensitivity

Fostering change in the context of negative emotional arousal

Honoring the Experiential Tradition of CBT

Emotion and drama in the session

The here and now moments are important
Session Structure
Mood check in
Homework review
Agenda setting
Session content
Homework assignment
Feedback and summary

Agenda Setting
• Collaboratively set with patient
• Helps allocate time and effort
• Gives focus to session
• Facilitates informed consent in each session
• Avoids hand on the door phenomenon

Session Content
Work on agenda items in a systematic and empathic manner
Mindful regarding
Skill acquisition and skill application
Balancing structure, content, and process
Structure, content, and process (Friedberg & McClure, 2002)

| Structure: Components of session, relationship: assessment measures, DTRS: homework, assignment, exposure trials, Social Skills practice, etc. |
| Content: The WHAT Material produced from the structure elements Thoughts, Feeling, Behaviors, etc. |
| Process: The HOW The way the patient reacts to the structure and content Avoidance, Irritation, Smugness, etc. |

Homework Assignment

- Provide rationale
- Tie to presenting problems
- Begin in session
- Use graduated approach
- Problem-solve obstacles
- Keep things simple
- Remember the “suppository rule”

Feedback

- Makes the perception of therapy and clinician explicit
- Empowers patients and families
- Allows for processing of dissatisfactions
- Can use written form
- Remember it is also a PROCESS
- Summaries provide conceptual anchors
- Provides a check on the internal validity of the session
Eliciting Feedback
What was helpful/not helpful?
What did I miss today?
What gave you the impression that I just didn’t get it?
What is the take away message from today’s meeting?
What is the title of today’s meeting?

MODULAR APPROACH

Modules and Manuals
Chorpita, Daleiden, & Weisz, 2005
Manuals
• Specifies therapy content
• Operationalizes therapeutic procedure
• Specify a sequence to the operations
• Supports adherence checks
• Proliferation of many manuals with a select few populations
## Modules
Distill discrete techniques from manuals
Combine different techniques into conceptual categories based on shared common elements
Creates meaningful units that have relationship between them

## Modular Components
Introduction to treatment/psychoeducation
Self-monitoring
Behavioral techniques
Cognitive Techniques
  • Self-instruction
  • Rational analysis
Exposure
Note: Modules are labeled differently by Chorpita, Friedberg, Southam-Gerow, and Weisz

## Recommendations for “Mindful Extraction”
Develop a case formulation based on a cogent theoretical framework
Maintain prototypical session structure
Adhere to Collaborative Empiricism and Guided Discovery
Apply a modular approach wherein each module communicates and informs
Psychoeducation Module

Psychoed. involves teaching patients and their families about symptoms, treatment options, and course of treatment (Ong & Caron, 2008)

Can be called “prebriefing” (Wessely et al. 2008)

Readies patient for treatment

Psychoed. reduces anxiety and stigma of treatment

Provides for GENUINE informed consent

Psychoed. blends role of psychotherapist and teacher (Cuipers et al. 2009)
**Magnificent 7 Guidelines for Psychoeducation**

- Review materials before you offer it
- Present simply and accessibly
- Make it real and relevant
- Insure cultural alertness
- Deliver in developmentally sensitive manner
- Make it action-oriented
- Use Multi-media

---

**Psychoeducation**

- Learning the model
  - Games
  - What the dog left behind (Kendall et al., 2006)
  - Parental handouts
    - National Organization for the People of Color against suicide
    - [www.nocaps.org](http://www.nocaps.org)
    - Trevor Project [www.thetrevorproject.org](http://www.thetrevorproject.org)

---

**Cultural Alertness**

- Materials written in patient and family’s primary language increase relevance (Briere & Scott, 2006)
  - [www.nimh.nih.gov](http://www.nimh.nih.gov)
  - [www.familydoctor.org](http://www.familydoctor.org)
  - [www.teenhealth.org](http://www.teenhealth.org)
  - [www.aboutourkids.org](http://www.aboutourkids.org) (EXCEPTIONAL)
  - [www.upmc.edu](http://www.upmc.edu)
  - [www.autismspeaks.org](http://www.autismspeaks.org)
Active Use

Material should not lie unapplied
Must attend to patient attention and confusion (Cuny & Becker, 2009)
Explicitly address patient’s reservations about material/content
Respond to questions
Ask what they agree/disagree with

Resources: UP-C:
Ehrenreich et al. 2009
Introduction to Treatment

**Elementary children**
- Balloon example
- Diamond Connections
- Look what the dog left behind (Kendall)

**JHS-High school**
- Telephone exercise
- It's in the bag
- Traditional

TARGET-MONITORING

My Junk is You
My Junk is You
In the midst of this nothing
This miss of a life
Still there's this one thing—just to see you go by
It's almost like lovin'—sad as it is
May not be cool but it is so where I live
I lie back, just driftin' and play out these scenes
I ride on the rush—all the hopes, all the dreams
I may be neglectin' the things I should do
But we all have our junk and my junk is you.

Steven Sater & Duncan Sheik

Self-Monitoring

Self-monitoring
- CDI
- BDI
- Children's Hopelessness Scale (Kazdin)
- Beck Hopelessness Scale
- Beck Youth Scales

Self-Monitoring

Thought Diaries
- Catching Thoughts and Feelings
- Mind Your Mind
- Traditional
- Name the Distortion
Completing Thought Diaries

**Situation:** Objective description of what is going on.
- Be careful that there are no automatic thoughts embedded in the situation

**Feeling:** Emotional label (keep it simple) (mad, sad, glad, scared, worried)
- Be careful that there is no confusion between thought and feeling

**Thought:** What is going through their mind?
- Remember the content-specificity hypothesis

Self-monitoring

Elementary school

Brainstorm

What’s buggin’ you

PANDY Thought Record (handout)

JHS-High School

Traditional DTR

Terrance’s Your Brainstorm Diary

**Situation:** In therapy

**Feeling:** depressed

**How strong:** 8

**Brainstorm:** “Talking about this shit means I’m a hopeless ‘emo.’”
Regina’s What’s Buggin’ You?
Situation: Parents got mad at me for punching my sister
Feeling: Sad
How much did it bug you?: 7
What bug buzzed through your head: They love her more than me

Sample DTR
Situation: Mom grounded me
Feeling: Angry (8)
Thought: “I am an idiot.”

What’s wrong with this DTR?

Sample DTR
Situation: Got a 82 on a test
Feeling: Sad (8)
Thought: “This teacher sucks.”

What’s wrong with this DTR?
Basic Behavioral Techniques

Behavioral Interventions
Pleasant Activities
Scheduling/Behavior Activation
Communication training/social skills
Contingency management
Behavioral Activation

Focuses on increasing reward and effective problem solving

Person needs opportunity for positive reinforcement

Avoidance is common barrier to having behavior reinforced

Behavioral Activation/PAS

Identify individual sources of pleasure

May be difficult

What did you enjoy before you felt depressed?

Consider

Time

Others

Cost

History with activity

Social Skills

Equips children and adolescents with interpersonal competencies

Friend-making

Anger management

Cooperation

Compromise
Social Skills

Practice patience in relationships
Adopt a long-term view of friendships
Learn not to intrude and rush interaction
“Hovering” does not help
Observing a group from a distance without making any overtures

Social Skills

Children need to recognize cues and consequences
Cues for entry and exit need to be taught
Welcome and Keep Out Signs

Social Skills

Graduated practice
Bierman (2003)

• Children build a trail mix together
  • Each child has a separate ingredient
  • Must ask and share with others

Real World Practice
Role plays should approximate the emotional context in which the skills will be applied
Problem Solving

Children who can rely on more options in a stressful situation experience greater sense of freedom and control.

Distressed youth experience problem-solving deficits (Kazdin)

Trouble identifying alternative solutions,
Anticipating consequences of actions, and
Appreciating component parts to reaching a goal

Simple Problem Solving Rubrics

Kazdin

What do I have to do?
What is my plan?
How do I successfully carry out my plan?

Padesky

Does my strategy create a positive difference in my life?
Is my behavior a compassionate way to treat myself?
Is my behavior a compassionate way to treat others?
RIBEYE
Used in the TADS studies (Rohde et al., 2005)
R-Relax in the face of stress
I-identify the stressor
B-Brainstorm
E-Evaluate the options
Y-Say yes to the best option
E-Encourage yourself with a reward to alternative problem solving

Problem Solving Rubrics
COPE (Friedberg et al, 1992)
CO
PE
IRON (Friedberg et al., 2011)
I-Identify your thoughts and feelings
R-Rethink your ideas
O-Open up new can of ideas
N-Now practice New Behaviors

Thought Shop
• “Sometimes when you go to a store, the clothes you pick seem right and fit well and then when you get home and look more closely, they don’t fit so well. The same is true for the things you say to yourself.”
• We have to see what thoughts fit well and those that do not. Then, we have to exchange the thoughts that do not fit so well.
• Thoughts can be written on cut-outs of clothes
• Colorforms
Rational Analysis
Helps child with the process of forming conclusions
Requires child to form conclusions from the data
Heavy emphasis on guided discovery
More in-depth cognitive processes

Rational Analysis
What is the evidence?
What is an alternative explanation?
What are the advantages and disadvantages?
How can I problem solve?
Decatastrophizing

6 Pack for Test of Evidence (Friedberg et al. 2011)
Identify the hot thought to be tested
Rate the degree of belief
Label two columns
“Facts that completely (100%) support the thought” and “Facts that do not completely support the thought”
### 6 Pack for Test of Evidence (Friedberg et al. 2011)

Check for an alternate explanation of the facts that support the conclusion.

Review the facts supporting the belief, facts not supporting the beliefs, alternative explanations, and come to a conclusion.

Re-rate the mood based on a new conclusion.

### Tests of Evidence are not Easy

Therefore you might readily rely on child worksheets that step you through the Socratic Process.

Finding Proof (Friedberg et al., 1992)

Clue Snooping (Friedberg et al., 2001)

Private I (Friedberg et al., 2002)

Whether Report (Friedberg et al., 2011)

### Whether Report

<table>
<thead>
<tr>
<th>What convinces you this is totally true?</th>
<th>What make you doubt this is totally true?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The girls talk a lot to each other.</td>
<td>I play with the girls at recess.</td>
</tr>
<tr>
<td>Sometimes there isn’t a chair for me.</td>
<td>When I cry, the other girls help me.</td>
</tr>
<tr>
<td></td>
<td>When I make a mistake in class, they smile.</td>
</tr>
<tr>
<td></td>
<td>I forgot the rules of a game at a party and they still included me.</td>
</tr>
</tbody>
</table>
Whether Report Conclusion

I may not be included all the time but I am included many times. Being perfect does not seem to make me more included and maybe they accept me more when I am not so perfect. Being perfect is pressure I am putting on myself.

What is your new feeling?
Sad (3)

Take 5 for Reattribution (Friedberg et al., 2011)

- Base the reattribution on a thought diary or its variation
- Search for alternative explanations
  - What is another explanation?
  - What’s another way to look at it?
  - What else could ___ mean?
  - What’s another angle to look at this from?
- Rate the plausibility of each step
- Make a conclusion
- Re-rate the mood

Reattribution is not Easy

You may want to readily rely on child friendly worksheets to step you through the process

Reattribution pie (Friedberg et al. 1992)
EXPERIMENTS AND EXPOSURES

Performance Attainment

- All forms of psychotherapy, when successful, arouse the patient emotionally (Frank, 1961, p. 330).
- Change occurs and endures in the context of negative affective arousal (Robins & Hayes, 1993).
- Exposure puts the skills learned in the previous modules to the test by taking action (Purdon & Clark, 2005).
- The art of cognitive behavioral psychotherapy is like sculpting iron (Cotterell, 2005).
- Helps the head and heart reach consensus (Padesky, 2004).

What is an Experiential Procedure?

A present-moment method of accessing one’s schema (e.g. negative beliefs) via emotion.
Method of assessing cognitive appraisals, and challenging when appropriate that occurs within the urgency of NOW.
What is an Experiential Procedure?
The destabilization and reorganization of cognitive products and processes via raw emotion (Samoilov & Goldfried, 2000)
Method of teaching emotional awareness, knowledge, and distress tolerance
Should be individually-tailored

What is Learned in an Experiential Procedure?
Increase awareness of own emotional processes
How to change “problematic emotional states or unwanted self-experiences” (Pos & Greenberg, 2007)
Challenge and modify/re-structure maladaptive beliefs in the moment

Experiments with Depressed Children
Survey belief
Life must be amazing. Everyone else’s life is the way they think it ought to be.
Kareem’s Conclusion

It’s not reasonable to always expect things to be “amazing.”
People are about as happy as they expect
It’s not reasonable to expect everything to be amazing when you don’t believe things have to be amazing. The numbers are really close and you feel satisfied.
Summary

CBT helps practitioners meet the emerging challenges in treating children.

Case conceptualization is the handiest tool.

Adhering to session structure facilitates progress.

Modular treatment facilitates transdiagnostic applications.