

Cognitive Behavioral Therapy: Modifications and Techniques for Depressed Teens

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Introduction

- Goals for Workshop:
 - Learn tips for socializing the teen to CBT principles.
 - Develop a case conceptualization.
 - Enhance utilization of cognitive and behavioral strategies/techniques.
 - Review emotion regulation techniques.

“Essentials” of Therapy

- Relationship building
 - Empower, validate, create context of competence (Wexler)
 - Collaboration
 - Guided Discovery
 - Socialization
 - Dealing with resistance; “deal-making”/ negotiating

Socialization to CBT

- Explore the teen's expectations/attitude about therapy: review previous experiences in therapy; review how teen currently feels about being here.
- Validate the teen's feelings!
- Explain CBT to the teen.
- Use examples/experiences provided by teen.
- Provide psychoeducation.

Conceptualization

➤ Building a Framework

- *What do I need to know to understand what their experience has been like?*
- Framework needs to evolve and be refined

➤ Testing Hypothesis

- *How did this individual develop this disorder?*
- *What early experiences contribute to problems today?*

Building a Hypothesis

- *What is the diagnosis?*
- *What are the current problems?*
- *How did these problems develop?*
- *How are they maintained?*
- *What distorted or dysfunctional thinking is associated with these problems?*

Other Important Domains

- Family environment
 - Parenting styles; parent psychopathology; family crisis; response patterns
- Social functioning
 - Peer relationships, hobbies and interests
- School/Academic functioning

Structure of the Therapeutic Session

- I. Setting agenda
- II. Mood Check
- III. Bridge from last session
- IV. Today's agenda items
- V. Homework
- VI. Summary of session
- VII. Feedback from patient

Goal Setting

- Identify treatment goals
- Session one and two
- Specific, measurable
- This is your roadmap!

Interventions

- Deciding on “first line” of intervention
 - What would be the most effective point of intervention?
- Assessing severity of depression
- What type of intervention would be the most efficacious?

CBT Techniques

- Mood Monitoring
- Activity scheduling/monitoring; Increasing Pleasant Activities
- Automatic Thoughts Sheets & Cue Cards
- Communication & Social Skills
- Problem Solving and Compromising
- Emotion Regulation Skills
- Freeze Frame/chain analysis
- Relaxation Skills

Mood Monitoring

- Affect Education
- Mood Monitoring scale (0-10) - Zero represents the worst you could possible feel; 10 represents the best

Activity Scheduling/Monitoring

- Ask teen to keep track of weekly activity and bring back to next session.
- Explain rationale.

Increasing Pleasant Activities

- Review Activity Schedule.
- Pitch the idea of “turning the downward spiral into an upward spiral” by increasing pleasant activities.
- Generate a list with the teen (be prepared with suggestions from other teens).
- Use two types of activities that are helpful in combating depression: social and success.

Social and Success Activities

Social Activities:

Enjoyable, fun things we do with other people
such as family or friends

Success Activities:

Activities or things that give us a sense of pride,
competence, or accomplishment

(Activities should be active, inexpensive,
harmless, and possible to do.)

Introducing Thought Sheet

- Situation - ask teen to share a recent time in which he/she experienced strong emotion.
- Teen identifies automatic thoughts (self talk) that occurred at the time.
- Teen identifies subsequent feelings and behavior.
- Teen explores other alternative explanations or other view points.
- Identifies alternative feelings and behaviors.

Key Questions

- What's the evidence? How do you know that? How did you arrive at that conclusion? Where did you get that idea?
- What's an alternative explanation? Is there another reason xyz occurred? Is it possible something else could account for xyz?
- What's the worst? What is the worst possible scenario you can image? How likely is it? So what? Can you cope?

Common Cognitive Errors

- Black and white: Seeing things in all or nothing terms. Watch for words like: always, never, nothing.
- Minimizing: Tendency to downplay your achievement.
- Mind reading: Tendency to think others are thinking of you without checking it out.
- Awfulizing: Tendency to think things are going to turn out awful for you.

Cognitive Errors

- Errors in blaming: Tendency to unfairly blame yourself or others.
- Down-putting: Tendency to put yourself down for making a mistake or having one problem.
- Emotional reasoning: Tendency to believe that if you feel a certain way that must make it true.

Cue Cards

Use index cards in session for teen to write “coping statements” or alternative “self-talk”.

Communication and Social Skills

- Active listening skills (listening does not mean you agree) “Kernel of Truth”
- Send clear messages/direct communication
- Reflective response
- Use of “I” statements (“I feel hurt”)
- Role Playing
- Assertion Skills

Problem Solving & Compromising Skills

- Teach teen the steps of problem solving.
- Use “Ribeye”: Relax; Identify the Problem; Brainstorm; Evaluate; Yes to one; Encourage yourself.
- Role play with family.

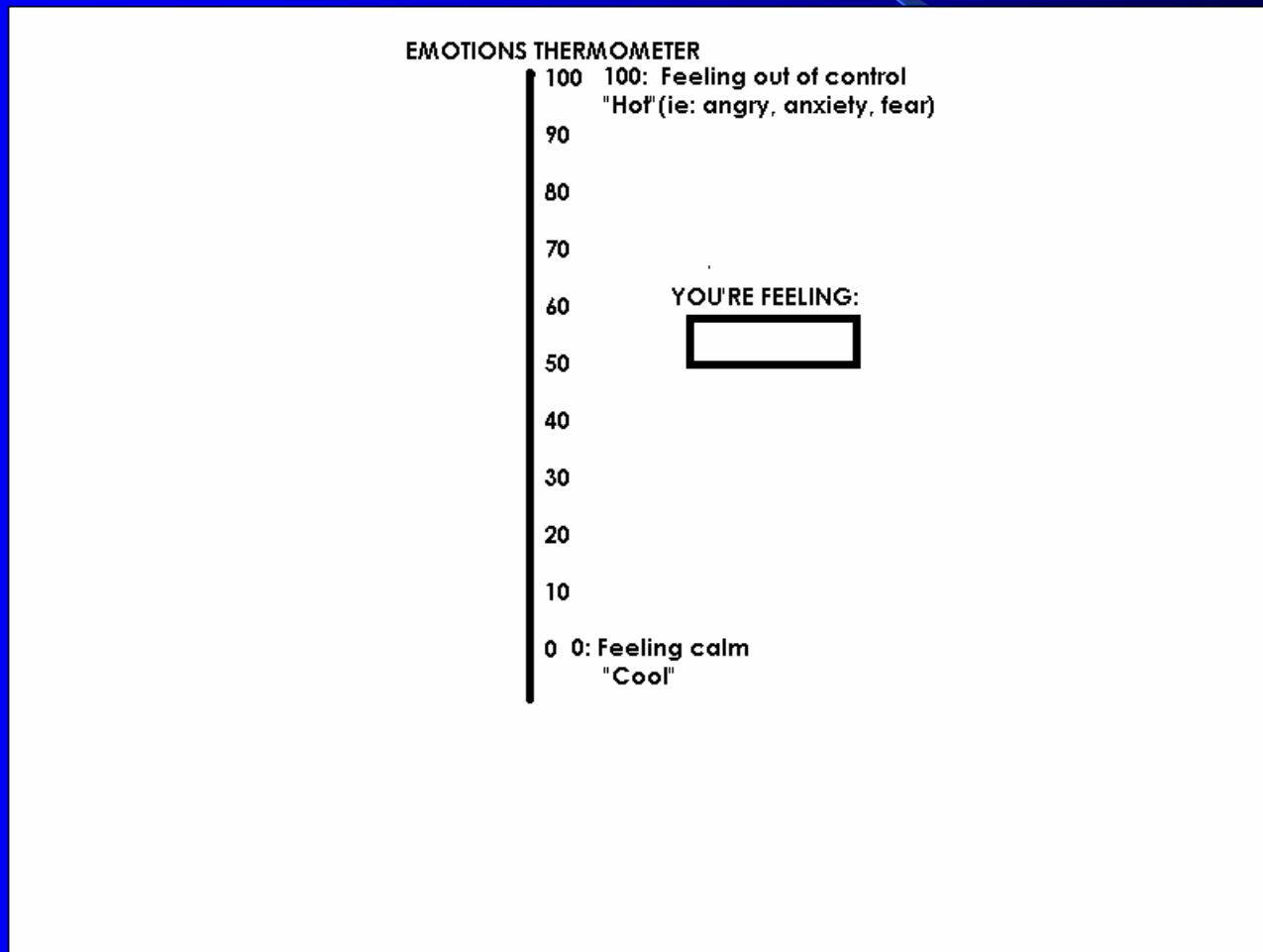
Emotion Regulation

- Therapist should introduce Emotions Thermometer.
- Maintain a non-judgmental approach.
- Strive to reduce negative interactions in the family.
- Focus on empowering the teen to become more skillful at regulating emotions.

Emotion Regulation

- Introduce concept of emotion regulation (all born with different temperaments – “the happy adaptable child”/the slow to warm up, less flexible child”).
- “Good fit/poor fit”
- Emotion Dysregulation: High sensitivity (FAST); High Reactivity (BIG); Slow return to baseline (SLOW)

Emotions Thermometer



Reducing Vulnerability to Dysregulation

- HEAR ME:
- Health (treat physical illness)
- Exercise regularly
- Avoid mood altering drugs
- Rest (balanced sleep)
- Mastery (one rewarding activity daily)
- Eating (balanced diet)

Freeze Frame (chain analysis)

- **Steps of Freeze Frame:**

- Teen is asked to describe in detail a situation in which he/she had a particularly strong emotional reaction and/or had adverse consequences.
- These consequences should be both internal and external (e.g., teen kicked in door – consequence might be he has to pay for a new door and also feels guilty and ashamed of his behavior).

Freeze Frame (continued)

- In addition to “who, what, where, when” of the problem situation...sensory, interpersonal, affective, cognitive details are also recalled (negative self talk is especially important to articulate).
- Teen should describe the “vulnerability factors” that made him/her susceptible to negative emotions and problem behavior.

Freeze Frame (continued)

- The teen is instructed to “slow time down” as the scene approaches the moment when the problem emotion intensified or the “uncontrollable behavior” started.
- At the moment just PRIOR to the problem emotion or “uncontrollable behavior” is reached, the teen is instructed to “FREEZE THE FRAME” and describe thoughts, feelings, bodily sensations, and action urges at that moment.

Freeze Frame (continued)

- The final step is to ask the teen “what **NEEDS** were you attempting to meet through the behavior, even if the results were negative?”
- Once these needs have been identified, the therapist must help teen to develop self respect for the needs (teach teen to validate these needs) and formulate alternative ways to take care of these needs.

Freeze Frame (continued)

- “Needs” – Important to teach the teen that if he/she can identify his/her needs and learn different behaviors to get his/her needs met he/she can have more power.
- **“Once you know the needs, you are smarter. Once you have new tools for handling the needs, you are more powerful” (Wexler).**

Freeze Frame (continued)

- The Freeze Frame can conclude with the teen replaying the scene and replacing the problem behavior with the new coping skills and imagining a new outcome.

Relaxation Skills

- Deep Breathing: Model diaphragmatic breathing (one hand on stomach; breath in through the nose, filling lungs completely; breath out through the mouth in a steady manner. Add a “cue” word, saying it softly aloud: “relax”, “chill out”, “slow down”, “keep cool”).
- Deep Breathing with a Self-Statement (“I am calming down”)

Relaxation Skills

- Deep Breathing with a Self-Statement, Counting Backward
- Deep Breathing with Pleasant Imagery
- Leaving the scene for a break
- Guided Imagery for Relaxation (Spaceship to the Moon and back; “Falling Leave”..)
- Progressive Muscle Relaxation

Assessing Current Safety

- Assess the presence or absence of suicidality and the degree of severity over the past 48 hours.
- Negotiate the “safety plan”.
- Review this with the family. Establish a “truce” around “hot topics” (especially if precipitants to suicidal episode were family conflict).

Enhancing Treatment Outcome

- Provide psychoeducation for family and teen (teach warning signs of depression).
- Treat co-existing conditions.
- Identify family conflict/enhance family environment (referrals for parents).
- Relapse Prevention.

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