



Cognitive Behavior Therapy (CBT): A Preview and Overview of Upcoming STAR-Center Institutes

Interview with Tina Goldstein, Ph.D. and Monica Yeater, Psy.D.

In the spring of 2009, the STAR-Center is offering four full-day training institutes: two in King of Prussia and two in Pittsburgh. The focus of two of the training institutes is Cognitive Behavior Therapy, presented by Kim Poling, LCSW, Tina Goldstein, Ph.D., and Monica Yeater, Psy.D. This STAR-Center Link presents its readers with an overview of Cognitive Behavioral Therapy as well as a preview of the upcoming STAR-Center training institutes through the eyes of two of its presenters, Tina Goldstein, Ph.D. and Monica Yeater, Psy.D. (Our STAR-Center Intern, Elizabeth Steele, contributed to this article.)

Educational and Professional Background

Tina Goldstein, Ph.D.

Tina Goldstein is a licensed clinical psychologist and Assistant Professor in Child and Adolescent Psychiatry,

received a B.A. in 1995 from Washington University in St. Louis, Missouri and a Ph.D. in Clinical Psychology in 2003 from the University of Colorado at Boulder. She completed her clinical internship and post-doctoral fellowship at Western Psychiatric Institute and Clinic at the University of Pittsburgh during which time she focused on providing individual, family, and group therapy for children and adolescents with mood disorders. Dr. Goldstein's clinical and research interests focus on the prevention and treatment of suicidal and self-injurious behaviors and psychosocial treatment for children and adolescents with mood disorders.

Monica Yeater, Psy.D.

Monica Yeater joined the STAR-Center outpatient clinic as a therapist in the summer of 2004. She earned her Bachelor's degree in Psychology at Wheeling Jesuit University and completed her Master's (2000) and Doctoral degrees in Clinical Psychology at Xavier University in 2003. Before coming to STAR-Center, Dr. Yeater completed postdoctoral training in psychotherapy and

psychological testing at Applewood Centers, an urban community mental health agency for children and adolescents in Cleveland, Ohio. She has experience providing individual and group therapy with children and adolescents in community mental health, school-based, and residential treatment settings. Upon joining STAR-Center in 2004, Dr. Yeater completed a year of additional training and became certified as a Cognitive Therapist, though the Cleveland Center for Cognitive Therapy in Cleveland, Ohio. In 2008, she completed training with Alec Miller, Psy.D., and Jill Rathus, Ph.D. in Dialectical Behavior Therapy (DBT) with Multiple Problem Adolescents. Currently Dr. Yeater provides individual and group therapy at the STAR-Center and provides intensive training on diagnostic and suicide risk assessments to Master's and Ph.D. level interns.

Could you give me an overview of Cognitive Behavior Therapy (CBT)?

Tina Goldstein (TG) - Cognitive Behavior Therapy is relatively structured and works on the idea that the way that we think and feel have a strong impact on our behaviors. In CBT, we work with clients to identify patterns of thinking and behaving. It is through this that we have individuals

empower themselves to change, meaning they can use and apply CBT by themselves and be their own therapist.

Monica Yeater (MY) - There are three components to CBT: thoughts, feelings, and behaviors. Cognitive Behavior Therapy works on presenting problems that are in the here and now. The goal of CBT is to help the client become their own therapist by taking what they learn and using it themselves. For example, to encourage behavioral activation, individuals are asked to identify 20 fun things that they used to enjoy doing and try to do one thing daily. Our goal is for the enjoyment to come back. CBT is a skills-based treatment that includes learning strategies such as problem solving, relaxation, and challenging negative thinking.

How did you become interested in CBT?

TG - I became interested in CBT because it is an approach that is concrete and logical. CBT also has proven to be very effective in research studies.

MY - My initial interest in CBT developed due to my exposure to it in graduate school; my mentor was a CBT therapist. CBT's model makes sense to me and is applicable

in everyday life. Upon coming to Star-Center, I received additional training here and then attended a 10-month training at the Cleveland Center on Cognitive Therapy.

The STAR-Center Institutes will be taking place in March and May of 2009. Why do you feel there is a need for such Institutes?

TG – Problems of depression, anxiety, and suicidality are common among teens. Therefore, it is important for professionals working with this population to be educated and feel competent in their skills to manage these issues when they arise.

There is a community of providers, educators, and other professionals who are on the frontlines working with these youth. The Institutes are a way to help share our clinical and research knowledge with those frontline providers. The Institutes give STAR-Center a chance to share strategies and resources we have found to be effective with other professionals.

MY – I feel there is a need for such Institutes because it's important to share information we have learned about depression and suicidality with others who have not had the same experiences. Given that CBT works well across ages and populations and is a straightforward

approach, I feel that treatment providers should be exposed to it to see if it can be integrated into their workplace.

Can you tell me about your upcoming presentation at the STAR-Center Institutes and what participants can expect during your Institute?

**“Helping Teens and Families Manage Self-Injurious Behaviors”
co-presented with Kim Poling,
LCSW (May 15, 2009 – Pittsburgh)**

TG – There are several aims for the upcoming Institute. The first aim is for attendees to gain the ability to differentiate between non-self injurious behavior and suicidality. The more that we, as professionals, know, the better we can help. Another component of the Institute is to assess risk and safety, and to develop safety plans. In addition, participants will learn how to conduct a chain analysis based on triggers and vulnerabilities that influence self-injurious behavior. Those who attend the STAR-Center Institute will walk away with skills they can teach teens and families that will help identify, understand and manage the behavior non-judgmentally.

“Cognitive Behavior Therapy: Techniques for Today’s Troubled Teens” co-presented with Kim Poling, LCSW (March 9, 2009 – King of Prussia, PA)

MY- In this Institute, participants will learn about the basics of Cognitive Behavioral Therapy, including agenda setting, homework, providing feedback, and how the process of CBT therapy works. Participants will be able to view various role-plays during the training on several components of a CBT session. During the Institute, participants themselves will have a chance to practice role-plays. Speaking from experience, to fully learn the process of CBT and become skilled at it, you must practice. Our hope is that participants will walk away with knowledge of how to conduct CBT sessions with youth.

What are some hallmark differences between Cognitive Behavior Therapy and other types of therapy?

TG – Cognitive Behavior Therapy has a strong focus on the “here and now,” on what is happening at this moment in the client’s life. Other therapy approaches may focus on talking about previous experiences. In CBT, there is an explicit focus on thoughts, feelings and behaviors. The goal is

replacing the less effective thoughts and behaviors with the more effective.

MY – CBT presents the “here and now” to individuals and encourages the participant to identify and challenge negative thinking. Other types of therapy including a psychodynamic approach focuses on what happened in childhood and does not give much relief to them at the current moment.

When and why should CBT be used? What types of mental disorders are most responsive to CBT?

TG – CBT has a strong empirical base for particular disorders such as youth mood, anxiety, and traumatic disorders. For other mental health disorders in childhood, providers should look to the research to guide their choice of treatment approach.

MY – The STAR-Center treatment model using CBT has been found to be effective for children and adolescents. The focus of treatment takes into consideration what their goals are. A child or adolescent may not need every skill, but there are certain skills that a child or teen can learn that can be helpful to them. For example, if a teen is good at problem solving, but has issues being assertive, then this is the skill

to be introduced and practiced. Research shows that CBT works well for those with depression, anxiety, eating disorders, and post-traumatic stress disorder.

A Cognitive Behavior Therapist's training is intensive. What types of things must an individual do while learning the unique practices of CBT? What kinds of continuing education and supervision do therapists receive while following formal training?

TG –While learning the practices of CBT it is imperative to have sufficient training and ongoing supervision. In addition, peer supervision can be extremely helpful. Supervisors and peers can often provide useful feedback about specific strategies, approaches and considerations. Books, classes and trainings can also help a therapist to learn the principles of CBT.

MY – With regards to supervision, having an expert supervisor, such as Kim Poling, LCSW, here at STAR-Center, is extremely helpful for guidance. By having such a mentor, you can for an example, tape a CBT session and watch it with your supervisor, giving you important feedback as to how to improve on the skills that you are using.

CBT is a complex form of therapy in terms of its many specific elements and procedures. How does psychoeducation of CBT play a part in a patient's therapy?

TG – Essentially, with CBT, clients work toward becoming their own therapist. The treatment is very straightforward and open. We want clients to understand the model and apply it themselves.

MY – CBT therapy involves a collaborative effort between the therapist and client. Typically sessions are a 60 minute structured session, but it is a collaborative effort on the part of the client and therapist. During a session, clients are asked to assess their own mood, safety, and self-injurious thoughts. Homework is developed together and clients are asked to give their feedback at the next meeting for processing. In addition, we also provide Kim Poling's handbook for parents and teens on depression so that teens and families can learn more about depression.

Because CBT works to make connections between thoughts, emotions, and behaviors, how do you begin the process by engaging a client in conversation about his or her thoughts? Is this difficult, and if so, what are some ways you explain to a client how to think about this?

TG- The beginning of treatment is most essential; it is important to resist the urge to dive right in with interventions for change. Rather, patients need to be engaged in their own treatment and therapists must build a rapport with them in order to start treatment. If a patient is not invested in treatment, even the best treatment will be ineffective. When building a rapport with a client, it is essential that therapists are genuine, nonjudgmental and validating. Let them know that you accept them where they are at currently in their life.

MY- In order to begin the process of engaging a client in CBT, there are daily mood monitoring sheets that can be reviewed with the teen and practiced in session. The mood monitoring sheet focuses on identifying their mood at different points throughout their day. They track their emotions with concern to a specific situation, and what they are thinking when it occurs. This is taken back to the next session and clients work on alternative explanations and countering their negative thoughts.

Traditionally CBT is used for adults in need. STAR-Center has done a marvelous job, and received national attention for its use of CBT with a younger demographic. What are

some ways that you have modified CBT to meet the needs of adolescents?

TG –Some of the developmental modifications that we have made are focused on making sure the treatment is flexible. Additionally, terminology, explanations, and handouts have been varied to make them more teen-friendly. It is important to be careful with the words that you use to present CBT to youth. Additionally, exercises conducted in sessions, as well as homework has been adapted so that they are more developmentally appropriate.

MY – At STAR-Center, there are materials used that come from STAR-Center research focused on children and teens. . In CBT treatment, adult forms have been modified to make them more child-friendly. Concepts are explained differently, in addition to giving children more examples and handouts related to CBT.

****For more information on the STAR-Center Training Institutes, contact Jamey Covaleski at (412) 687-2495 or visit the Conferences page on the STAR-Center Website at www.starcenter.pitt.edu.**