DECONSTRUCTING COUNSELING
(THE DEMYSTIFICATION OF THERAPY)

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OBJECTIVES

- Understand the complexities of the diagnosis
- Explore common childhood disorders
- Evidence-Based Interventions
- Sum: Practical Tips & Resources
- In Action: Dialectical Behavior Therapy
DBT Biosocial Theory
(Linehan, 2015)
How it plays out ...

Emotional Intensity

Baseline

Non-event ("Baseline")

Event 1

Event 2

Event 3

Student 1

Student 2
DBT BIOSOCIAL THEORY
TREATMENT "THEMES"
(My Theoretical Orientation and Approach)
Cognitive Behavioral Therapy

Thoughts

Feelings  Behaviors
FUNCTIONAL APPROACH TO BEHAVIOR: THE BASICS

- What is the Behavior?

- Antecedents
  - Situation Immediately before ____________?

- Consequences
  - Situation Immediately after ____________?

- What are they gaining or avoiding with the behavior?
DBT (Dialectical Behavior Therapy)

What is a Dialectic?
- I can be direct and still be kind
- I can be independent and need support
- I can be smart and still fail a test

DBT Emphasis on Dialectics:
- Acceptance and Change
- Patient Intervention and Environmental Intervention

(Linehan, 2015)
DBT ASSUMPTIONS

- People are doing the best they can
- People want to improve
  and
  People need to do better, try harder, and be more motivated to change.
- People may not have cause all of their own problems, and they have to solve them anyway
- There is no absolute truth

(Linehan, 2015)
THE IMPORTANCE OF PRACTICE

- Reinforcement of skills at home and school
WHAT’S IN A NAME?
THE “DIAGNOSIS”
(Considerations and Cautions)
Aha! We have a “diagnosis”! ...Why It’s Not that Simple...

“...many childhood problems are not narrow in scope or expression ... and most forms overlap and/or coexist with other disorders”

“...distinct boundaries between many commonly occurring childhood behaviors (e.g., noncompliance, defiance) and those problems that come to be labeled as ‘disorders’ .... are not easily drawn...”

Mash & Barkley, 2014, p. 4
Identification of Problems of Youth

- Developmental Norms
- Cultural Norms
- Gender Norms
- Situational Norms
- Changing Views of Abnormality
- Role of Adults

Adapted from Wicks-Nelson & Israel, 2009
PROBLEMS WITH LABELING

- Diagnostic Overshadowing
- Can be mistaken for explanation of behavior
- Can have disagreements over labels
- Stigmatization
- Heterogeneity within categories
ADVANTAGES TO LABELS

• Starting Point –
  • generalizations in strategies/treatment approach

• Special interest groups

• Funding/Resources
What is the Priority for Treatment?
CLASSIFICATION SYSTEMS

1. DSM – 5
   ➢ Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – American Psychiatric Association

2. IDEA
   ➢ Individuals with Disabilities Education Act
COMMON CHILDHOOD DISORDERS AND EVIDENCE-BASED TREATMENTS
A COMMON FRAMEWORK FOR CHILDHOOD DISORDERS

- Externalizing &/or Neurodevelopmental
  - ADHD
  - Oppositional Defiant Disorder
  - Tourette’s Syndrome
  - Autism Spectrum Disorder
  - Intellectual Disability

- Internalizing
  - Anxiety
    - Phobia
    - Separation anxiety
    - (Obsessive Compulsive Disorder)
  - Depression
ADHD
Attention – Deficit/Hyperactivity Disorder
OBVIOUS SYMPTOMS - HYPERACTIVE/IMPULSIVE

- Problems of Disinhibition
  - Impaired verbal and motor inhibition
  - Difficulties delaying gratification
  - Greater disregard for future consequences
  - Emotionally impulsive
    - Impatient, low frustration tolerance, quick to anger, easily excitable
OBVIOUS SYMPTOMS - INATTENTION

- Age-inappropriate inattention
- Poor persistence toward goals or tasks
- Greater reactivity toward distractions
- Less able to re-engage after distractions
- Difficulty transitioning
- Impaired working memory
PREVALENCE

- Varies by research methodology
  - 5-7% Some studies as high as 19% (Barkley, 2015)

- 70-80% will persist into adolescence
- 50% will continue into Adulthood

- Male: Female = 2:1 (drops by adulthood)
- ADHD is a universal disorder
COMORBID DISORDERS

- 25%  Conduct Disorder
- 20%  Depressive Disorder
- 30%  Anxiety Disorders
- 40-50%  Oppositional Defiant Disorder
- 50%  Specific Learning Disorder

Sattler, 2014
ADHD
Evidence Based Treatment

1. Psychopharmacology

2. Behavioral Interventions

3. Multimodal Treatment Approach (Combined Approach)
ADHD = chronic, neurodevelopmental disorder

NOT caused by “bad parenting”

Children with ADHD are on average 30% behind their C.A. (9 year-old = 6 year-old)

Anticipate developmental challenges
ADHD Evidence Based Treatment

Behavioral Interventions
Manipulation of antecedents and consequences

1. ID behavior to target for change - use FBA
2. ID Reinforcers/Token system
3. Review with child – Goal-Setting
4. Reinforcement by teacher – specific, quick
5. Parent-home note

-DuPaul, Belk, & Puzina, 2017
ODD
OPPOSITIONAL DEFIAN'T DISORDER
Angry/Irritable Mood
- Loses temper
- Touchy, easily annoyed
- Angry, resentful

Argumentative/Defiant Behavior
- Argues with others
- Defies Requests
- Blames others for mistakes

Vindictiveness
WHAT YOU MAY SEE

- Difficulties in peer relationships
  - Rejection
  - Affiliation with deviant peers

- May only occur in one setting (usually home)
Prevalence

- 3-6%
- Preschool, equal rates diagnosed
  - childhood males diagnosed 2-3x rates of females
  - Difference decreases into adolescence

Burke & Loeber, 2017
COMORBIDITY

Among Children:
- 15-46% comorbid depression
- 7-14% comorbid anxiety
- ADHD – 40-50%
EVIDENCE BASED treatment ODD

- Parent training, parent management training
- Basic behavioral principles
- Assess antecedents and consequences of behaviors (+ historical context)
- Create positive parent-child interactions
  - Positive attention, “catch ‘em being good”
- Authoritative parenting practiced
  - Consistency, positive commands, time-out
INTERNALIZING DISORDERS: ANXIETY
Anxiety: An Overview

Anxiety: a mood or state we all experience versus

Anxiety Disorder: “disabling” or chronic
DSM-5 Anxiety Disorders

Specific Phobia
- Pronounced fear of specific object or situation

Social Anxiety
- Marked and persistent fear of one or more social situations

Separation Anxiety Disorder
- Anxiety/fear when separated from home/caregivers

Selective Mutism
- Lack of speech in situations where it is socially expected

Generalized Anxiety Disorder
- Extreme, uncontrollable worry about several events/activities, future events
WHAT ANXIETY FEELS LIKE
THE AUTONOMIC NERVOUS SYSTEM

“Rest and Digest”
(Parasympathetic)
• Pupils Normal
• Normal Salivation
• Heart Beats Slowly
• Deep Breathing
• Normal Appetite

“Fight or Flight”
Adrenaline! (Sympathetic)
• Tears, Pupils Bigger
• Dry Mouth
• Sweat
• Heart Beats Rapidly
• Shallow Breathing
• Not Hungry
WHAT ANXIETY FEELS LIKE
False Alarm!!
WHAT ANXIETY FEELS LIKE
WHAT ANXIETY FEELS LIKE

“YOUR BODY IS TRICKING YOU!”

versus
THE CYCLE – HOW ANXIETY “TRICKS” THE BODY

BUT... Only in the short term

Learn: Avoiding works!

Trigger

Anxiety

Anxiety

Instinct Reaction (Avoid)
Effect of Anxiety on School Performance

- Perform below ability level (low grades)
- Impaired concentration on academic tasks
- Interference with learning, recall
- Avoid peer interactions
- Appear less confident
**Effect of Anxiety on Caregivers**

Parents of Children with Anxiety:
- Experience more stress
- Devote more time to accommodating
  - Associated with higher levels of parent stress
  - Associated with higher levels of parent mental health difficulties

THE PREVALENCE OF ANXIETY

- One of the *most common* childhood disorders
- 1/3 of adolescents by age 18 (Higa-McMillan, et al.)
- 18% of adults (Kerns & Kendal, 2014)

Significantly more common in ASD
- 11 - 85% with ASD have some form of anxiety

(Kerns & Kendal, 2014; Selles & Storch, 2013)
TREATMENT FOR ANXIETY

“Cognitive Behavioral Therapy” (CBT)

- “Cognitive” = cognitive factors – identify and alter anxious thoughts
- “Behavioral” = behavioral factors – modify avoidance reaction
TREATMENT FOR ANXIETY

“Exposure Therapy”

➢ Based upon *graduated exposure*
  ➢ Present avoided item/situation in a slow, progressive manner, starting with low stress and building up

➢ “Habituation” Occurs
  ➢ The distress goes down

➢ “Extinguish” the association (“extinction”)
TREATMENT FOR ANXIETY

Learn: feeling will pass

“Avoid Avoiding”
Exposure: Creating the Hierarchy

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________
9. ____________________
10. ____________________

No Way!
This is way too hard or scary!

“Iffy”
It might be hard, but I think I can do it!

No Problem!
That is easy!
**Goal:** To tolerate getting an injection (In this case, the goal is not to feel completely comfortable getting needles -- as most people aren’t -- but to be able to tolerate them).

<table>
<thead>
<tr>
<th>Step</th>
<th>Situation</th>
<th>Fear Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td><em>Having blood drawn from a vein</em></td>
<td>10</td>
</tr>
<tr>
<td>10.</td>
<td><em>Getting a shot in the upper arm or fleshy part of leg</em></td>
<td>9</td>
</tr>
<tr>
<td>9.</td>
<td><em>Slightly pricking one’s skin with a needle</em></td>
<td>8</td>
</tr>
<tr>
<td>8.</td>
<td><em>Watching someone else get a needle</em></td>
<td>7</td>
</tr>
<tr>
<td>7.</td>
<td><em>Resting needle against vein</em></td>
<td>7</td>
</tr>
<tr>
<td>6.</td>
<td><em>Resting the needle against one’s skin</em></td>
<td>6</td>
</tr>
<tr>
<td>5.</td>
<td><em>Rubbing an alcohol swab against one’s skin</em></td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td><em>Holding a needle</em></td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td><em>Watching an apple being injected</em></td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td><em>Watching video clips of someone getting a needle</em></td>
<td>3</td>
</tr>
<tr>
<td>1.</td>
<td><em>Looking at a picture of a needle</em></td>
<td>2</td>
</tr>
</tbody>
</table>
THOUGHTS-FEELINGS-BEHAVIORS

- Feeling = Anxiety
- Thoughts - Cognitive Restructuring
  - I am going to fail
  - The world is a dangerous place
  - “What ifs”

Cognitive Behavioral Therapy
SUPPLEMENTING EXPOSURE...  
COGNITIVE RESTRUCTURING

Thoughts → Feelings! What feelings would follow these thoughts?

That dog is looking at me. He seems interested and friendly. I bet he just wants to play!

FEELING:

That dog is staring at me. He looks mean. I bet he wants to jump on me, or bite me!

FEELING: ____________________

www.anxietybc.com
SUPPLEMENTING EXPOSURE...

- Skills Training
- Relaxation Techniques*
  - Deep Breathing
  - Progressive Muscle Relaxation
  - Guided Imagery

*These must be practiced when the body is “calm”

- Motivators!
- Caregiver/Family Support

Hagopian & Jennett (2014)
**OCD: An Overview**

OCD = Obsession + Compulsion

<table>
<thead>
<tr>
<th>Obsessions</th>
<th>Compulsions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrusive thoughts of doubt or fear</td>
<td>“The Neutralizer”</td>
</tr>
<tr>
<td>Contamination</td>
<td>Washing</td>
</tr>
<tr>
<td>Harm to self/others</td>
<td>Checking, Repeating, Confessing</td>
</tr>
<tr>
<td>Symmetry</td>
<td>Ordering/Arranging</td>
</tr>
<tr>
<td>Religiosity</td>
<td>Praying, urge to tell/ask</td>
</tr>
<tr>
<td>Sexual Themes</td>
<td>Praying, Confessing</td>
</tr>
<tr>
<td>Aggressive Themes</td>
<td>Checking, Confessing</td>
</tr>
</tbody>
</table>
TREATMENT FOR OCD

“Exposure and Ritual (Response) Prevention”
- “ExRP”
- Graduated
- Habituation Occurs
- “Extinguish” the association (“extinction”)
TREATMENT FOR OCD

Learn: The feeling will pass!

Trigger (Obsession)

Anxiety

“Neutralizer” (Compulsion)

Anxiety

AKA “Ritual Prevention”
“FAMILY ACCOMMODATION”

What it is.

- Examples:
  - Modifying family plans/routines
  - Provide reassurance
  - Modifying child’s responsibilities
  - Involvement in Rituals (e.g., OCD)

What it is not.

Why it happens.

Why it matters.

“...39 of 40 parents reported engaging in family accommodation at least once per week...”

(Storch et al., 2015, p. 96)
HOW TO REDUCE ACCOMMODATION

- CBT has been shown to lead to a reduction of accommodation (Storch, 2015)
- Parents should be included in child’s session
- Learn to be the child’s “coach”
INTERNALIZING DISORDERS: DEPRESSION
Depression: An Overview (DSM 5)

- Depressed mood most of the day, nearly every day by report or observation (in children = irritable mood)

- Markedly diminished interest or pleasure in all/most activities of the day
**Depression**

- Characteristic Symptoms:
  - General Irritability
  - Inability to sustain attention, think, or concentrate
  - Decline in school performance and participation
  - Loss of interest in activities
  - Drastic change in weight (or failure to gain weight in children)
  - Prolonged/unpredictable crying
  - Hopelessness
  - Strong feelings of worthlessness or guilt
  - Social withdrawal
  - Thoughts about death or self-destruction
The Downward Spiral
Depression: Prevalence

- 1-3% in childhood

- Depression rates rise to 8% in adolescence.

- In adolescence: females *twice* as likely as males

- Lifetime prevalence in 13-18 year olds = 11%
THE UPWARD SPIRAL
COGNITIVE BEHAVIORAL THERAPY
IN ACTION: DBT Validation
RAPPORT-BUILDING AND VALIDATION

- YOU are the reward or “Engagement”
- Special Time
- Validation
WHAT IS VALIDATION?

Communicates to the other person that his/her thoughts, feelings, and actions make sense in a particular situation

**Note:**

Validation != Agreement
Why is validation important?

- Can lead to feeling not understood by others
- Can lead to not trusting own emotional states
- Improves Relationships
- De-escalate Conflict
How to Validate

- Validate Others
  - Active Listening (eye contact, no multitasking)
  - Validate feelings, thoughts, and behaviors
  - Validate the valid, not the invalid

- Validate Yourself
  - Notice and Accept Emotions
  - Don’t Judge Yourself or Emotions
**Steps to Validation**

- Engage in *active listening* to show you are interested in what your child is trying to communicate.

- Get perspective. Stop, step back, observe, and think.
  - Take a moment before responding – *slow down your response time*.
  - *Let go of problem solving*; focus on the feeling in the moment.
  - Step back and observe without judgment.
  - Do not confuse the intention of a behavior with its consequences

- Search for *what is valid to the child*. Remember, your child is doing the best he or she can do under the circumstances. What is your child feeling? What is going on for your child?
  - Reflect Back
  - Read Minds
  - Understand
COMMON INVALIDATING RESPONSES

- **Problem Solving Before Validating**
  - I'm sure your friend didn't mean to ignore you. You should call her tomorrow

- **Letting Your Own Bigger Worries Get in the Way**
  - Worry about daughter's future because missed SAT prep due to an emotional outburst

- **Reassurance**
  - "Everything will be alright" "It's no big deal"

- **Putting Things in Perspective**
  - "So you didn't get invited, it's no big deal - these kids hardly know you"

- **The Best Advice Given Too Soon Isn’t Validating**
  - "You should talk with your friend about how she made you feel".

- **Saying “I’ve Been There”**
  - "The same thing happened to me in high school with my best friend"
COMMON INVALIDATING RESPONSES

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IN SUM .... VALIDATION

- Pay Attention
- Reflect Back
- "Read Minds"
- Understand
- Acknowledge the Valid
- Show Equality
- "It sounds like you feel _______ because ________"
PHRASES TO GET STARTED

Hints (sentence starters):

- “I can see where you’re coming from.
- “That sounds hard (or scary, upsetting, overwhelming) for you.
- “So you’re saying that _________”
- “I can see why you felt/feel _________”
- “That must have felt/feel _________”
- “It sounds like you were/are _________”
- “I see that you are busy and _________”
- “It sounds like you feel _________ because _________. Am I understanding that correctly?”
PRACTICAL TIPS USING A DIAGNOSIS AS STARTING POINT

• ODD/ADHD: avoid power struggles, keep attn positive and frequent on noncontingent
  • Know the function and enact planned ignoring

• Depression = careful with sarcasm, humor, match affect

• Anxiety = careful not to over support, engage in reassurance seeking
  • Encourage bravery, highlight examples
PRACTICAL TIPS
WHEN TO REFER?

“Functional Impairment”
PRACTICAL TIPS

- Communication across caregivers and care providers is *key*
- Collect ABC data to share with your provider
**Practical Tips**

**Triggers to Watch for:**

- Changes to routine
- Sensory sensitivities
- Uncertainty of event/outcome (ambiguous time frames)
- Obsessive-like behavior that does not appear to be related to a “preferred” interest or is distressing
- Compulsive behaviors – when cannot “complete” something, becomes angry, distressed
- Seeking reassurance (not simply “support” or clarification on a topic or activity)
PRactical Tips

Relaxation Techniques
- Deep Breathing
- Progressive Muscle Relaxation
- Guided Imagery

These must be practiced when the body is “calm”
PRACTICAL TIPS

Homework – it is for real!
Praise the behavior you want to see
Monitor your own stress level

---Pause---
PRACTICAL TIPS - RESOURCES – ADHD, ODD, general Behavior Strategies
Practical Tips - Resources
Anxiety

www.anxietybc.com/
PRACTICAL TIPS - RESOURCES

SUICIDE

https://suicidepreventionlifeline.org/
PRACTICAL TIPS
RESOURCES
OCD

International OCD Foundation

Our mission is to help all individuals with obsessive compulsive disorder (OCD) and related disorders to live full and productive lives.

We work to increase access to effective treatment, end the stigma associated with mental health issues, and foster a community for those affected by OCD and the professionals who treat them.

About OCD  About IOCDF  IOCDF Programs

Find Help  Learn More  Get Involved

iocdf.org/
What is Tourette

Tourette Syndrome is one type of Tic Disorder. Tics are involuntary, repetitive movements and vocalizations. They are the defining feature of a group of childhood-onset, neurodevelopmental conditions known collectively as Tic Disorders and individually as Tourette Syndrome, Chronic Tic Disorder (Motor or Vocal Type), and Provisional Tic Disorder. The three Tic Disorders are distinguished by the types of tics present (motor, vocal/phonetic, or both) and by the length of time that the tics have been present.

Individuals with Tourette Syndrome (TS) have had at least two motor tics and at least one vocal/phonetic tic in some combination over the course of more than a year. By contrast, individuals with Chronic Tic Disorder have either motor tics or vocal tics that have been present for more than a year, and individuals with Provisional Tic Disorder have tics that have been present for less than a year.
Practical Tips - Resources
Childhood Disorders

Videos for Caregivers about Effective Mental Health Care for Children

Parent Resources
Are you worried about your child's behavior or feelings? Would you like to know the treatment options for your child? This section of the website has videos of interviews with experts in child and adolescent psychology. In each video, the experts discuss issues that are particularly important to parents/caregivers. In addition, the experts describe the evidence-based treatment options (treatments with scientific support) available for children and adolescents experiencing the specific problems listed below. These videos are organized alphabetically, by area of concern.

To learn more about the importance of evidence-based practices, please click here.

APA Division 53 Effective Child Therapy: effectivechildtherapy.fiu.edu/
Practical Tips - Resources
Childhood Disorders

http://www.nasponline.org/resources-and-publications/families-and-educators
REFERENCES


