

# Cognitive Behavioral Therapy in School Settings

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# OVERVIEW

- CBT AT SCHOOL
- UNDER- AND OVER-CONTROLLERS
- THE CBT MODEL
- PSYCHOEDUCATION
- COGNITIVE RESTRUCTURING
- IDENTIFYING TRIGGERS
- RELAXATION TRAINING
- BEHAVIORAL EXPOSURES



# WHY CBT AT SCHOOL?



# COGNITIVE BEHAVIORAL THERAPY AT SCHOOL

- **WHY TREAT AT SCHOOL?**
  - TRAINED PROFESSIONALS EXIST IN SCHOOLS
  - SCHOOL-BASED SERVICE DELIVERY REDUCES ACCESS BARRIERS
  - SCHOOLS EXIST IN ALL COMMUNITIES
  - GREATER GENERALIZATION TO THE ACADEMIC ENVIRONMENT
  - ADDITIONAL REINFORCERS CAN BE PROVIDED TO ENHANCE ENGAGEMENT
  - SCHOOLS ARE TRUSTWORTHY ENVIRONMENTS
  - DISPARITIES IN SERVICE PROVISION CAN BE REDUCED



# UNDER-CONTROLLERS



# UNDER-CONTROLLERS

- BEHAVIORAL DISINHIBITION, PROBLEMS WITH SELF-REGULATION, A PROPENSITY TO BREACH PERSONAL BOUNDARIES, IMPULSIVE, EXPLOSIVE
  - “UNDER-CONTROLLERS” OFTEN EXHIBIT PROBLEMS WITH DISINHIBITION
  - SELF-CONTROL PROBLEMS
  - ACT ON IMPULSES WITHOUT CONSIDERATION FOR CONSEQUENCES
  - LACK OF APPROPRIATE FEAR
  - ANGRY OUTBURSTS
  - AGGRESSIVE BEHAVIOR
  - OPPOSITIONAL AND DEFIANT

# UNDER-CONTROLLERS

- TREATMENT OFTEN INVOLVES:
- IDENTIFYING PHYSIOLOGICAL PRECURSORS/TRIGGERS
- SELF-CALMING STRATEGIES
- DEVELOPING FEELING VOCABULARY
- ADDRESSING COMMON COGNITIVE DISTORTIONS
- TEACHING SOCIAL SKILLS
- BEHAVIORAL ACTIVATION
- SUPPLEMENTAL PARENT TRAINING



# OVER-CONTROLLERS



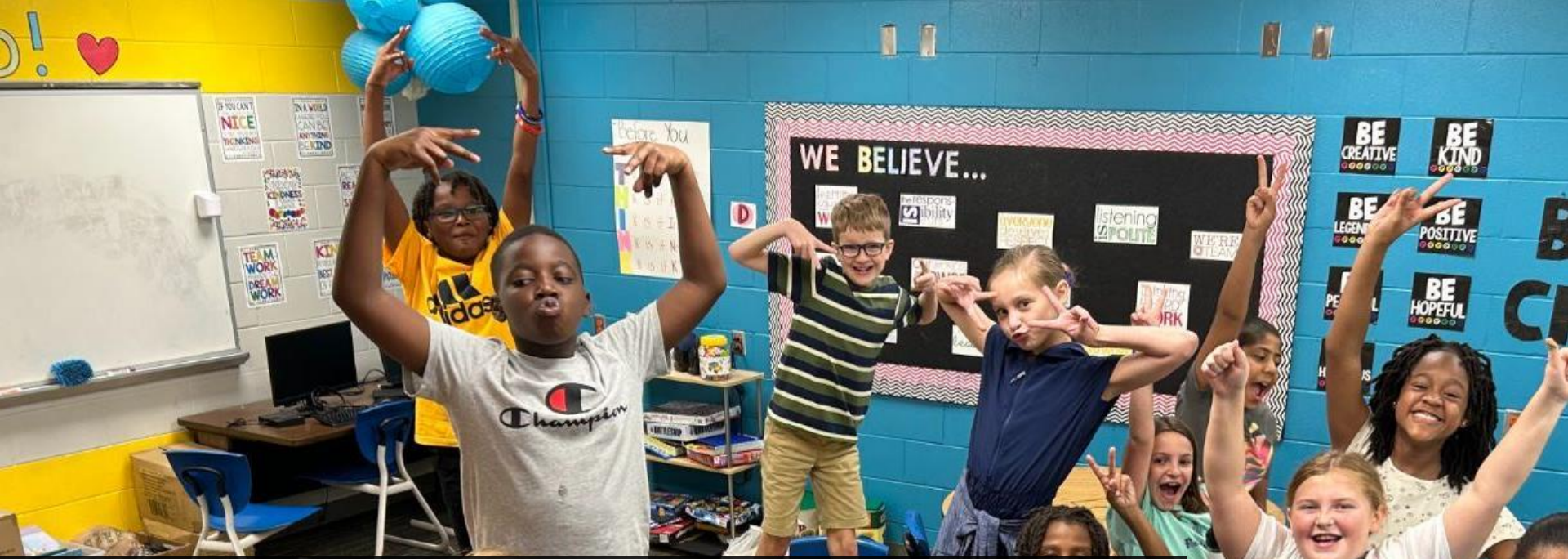


# OVER-CONTROLLERS

- BEHAVIORAL INHIBITION, POOR SELF-ESTEEM/NEGATIVE SELF-CONCEPT, TENDENCY TOWARD SADNESS AND WITHDRAWAL, PEER RELATIONSHIP DEFICITS
  - “UNDER-CONTROLLERS” OFTEN EXHIBIT PROBLEMS WITH INHIBITION
  - SELF-ESTEEM OR CONCEPT PROBLEMS
  - RESERVED AND WORRY ABOUT REAL OR IMAGINED CONSEQUENCES
  - FEAR AND ANXIETY ORIENTED
  - USUALLY QUIET, UNOBTRUSIVE, SOMETIMES SHY
  - OBSESSIVE THINKING

# OVER-CONTROLLERS

- TREATMENT OFTEN INVOLVES:
- ADDRESSING COMMON COGNITIVE DISTORTIONS
- BEHAVIORAL EXPOSURES
- RELAXATION TRAINING
- TEACHING SOCIAL SKILLS
- SOMETIMES SUPPLEMENTAL PARENT TRAINING



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# GOOD NEWS!





EXPOSURE  
DIALECTICAL BEHAVIOR THERAPY

INTEGRATIVE BEHAVIORAL COUPLES THERAPY  
ACCEPTANCE AND COMMITMENT THERAPY

COGNITIVE THERAPY  
SCHEMA THERAPY

BEHAVIORAL ACTIVATION

COGNITIVE PROCESSING THERAPY (CPT)

MINDFULNESS BASED COGNITIVE THERAPY  
MINDFULNESS-INTEGRATED COGNITIVE BEHAVIORAL THERAPY  
AND OTHER EVIDENCE-BASED TREATMENTS  
FUNCTIONAL ANALYTIC PSYCHOTHERAPY

# WHAT IS COGNITIVE BEHAVIORAL THERAPY?

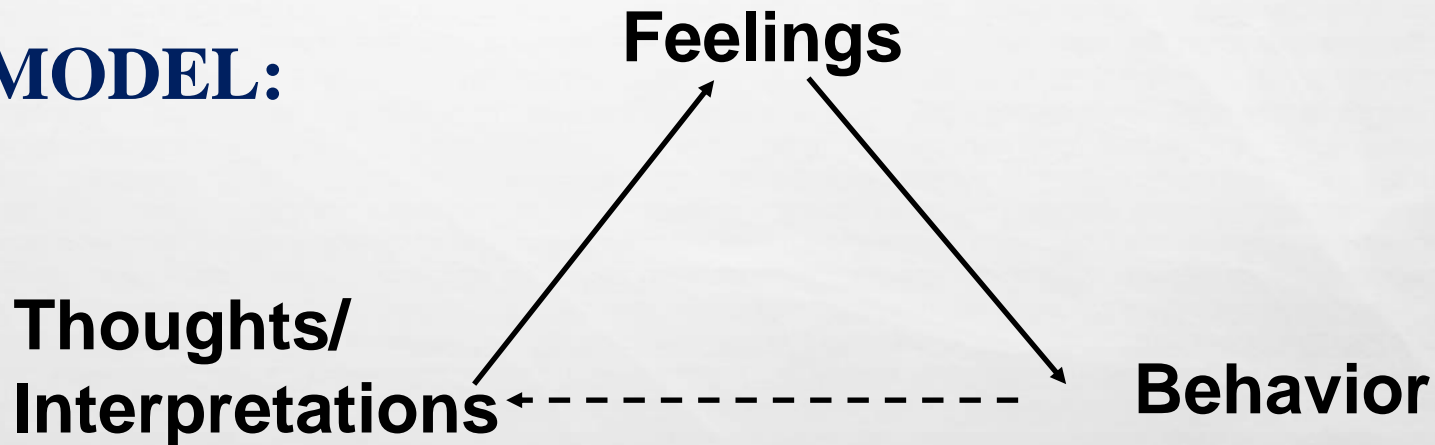
- **THE MODEL:**

- THE COGNITIVE-BEHAVIORAL THERAPY (CBT) MODEL OF COUNSELING SIMPLY PROPOSES THAT PERSON'S **THOUGHTS** MEDIATE THEIR **EMOTIONS** AND **BEHAVIORAL RESPONSES** TO LIFE CIRCUMSTANCES AND EVENTS WHICH IN TURN AFFECTS BOTH SHORT AND LONG-TERM CONSEQUENCES FOR THE INDIVIDUAL (KENDALL, 2006).

# WHAT IS COGNITIVE BEHAVIORAL THERAPY?

## THE STANDARD

### MODEL:

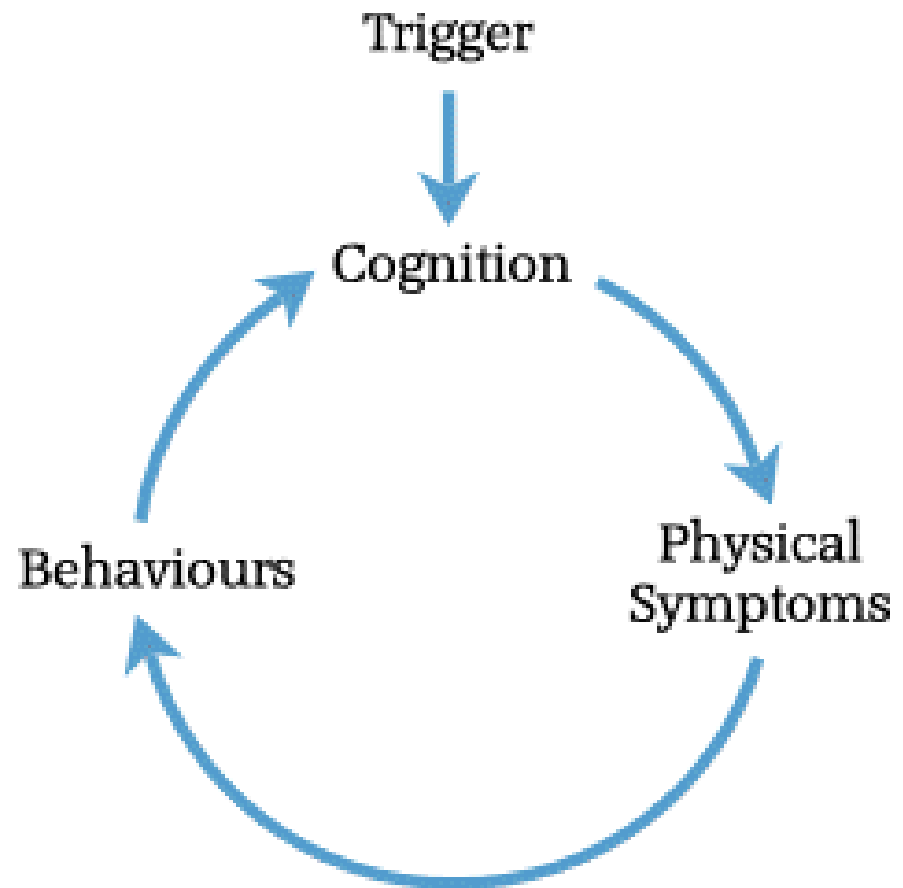


**Thoughts predict feelings which  
predict behavior**

# THE COGNITIVE BEHAVIOR AL MODEL OF SOMATIC ANXIETY

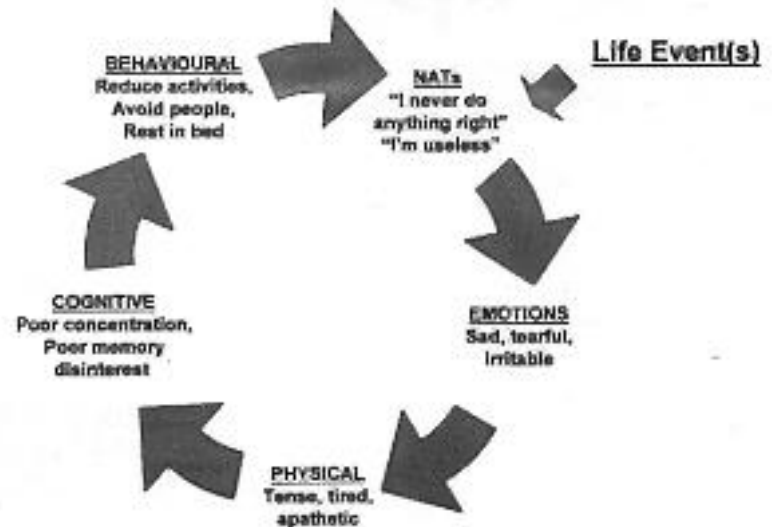
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## Model of Anxiety



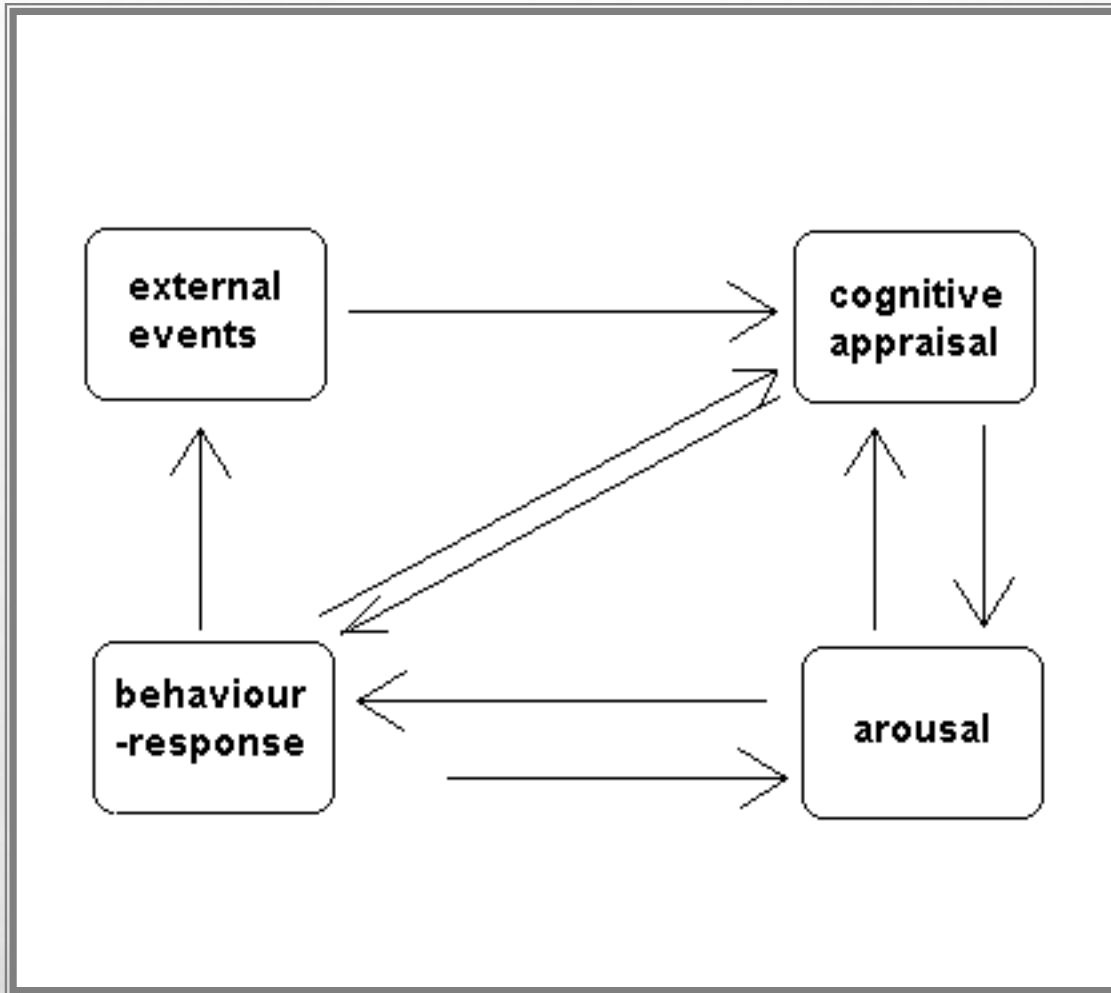
# THE COGNITIVE BEHAVIORAL MODEL OF DEPRESSION

## Maintenance of Depression





## THE COGNITIVE BEHAVIORAL MODEL OF ANGER



# WHAT IS COGNITIVE BEHAVIORAL THERAPY?

- **COMMON CORE COMPONENTS:**
  - PSYCHOEDUCATION
  - COGNITIVE RESTRUCTURING
  - RELAXATION TRAINING
  - EXPOSURE THERAPY/ EXPOSURE AND RESPONSE PREVENTION (E/RP)
  - CONTINGENCY REINFORCEMENT

# COGNITIVE INTERVENTIONS

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# PSYCHOEDUCATION

- AIMS TO ADDRESS A COGNITIVE DEFICIENCY
  - A LACK OF ACCURATE INFORMATION . . .
  - ADDRESS STIGMA ASSOCIATED WITH TREATMENT
  - ADDRESS IMPORTANT CULTURAL OR CONTEXTUAL CONSIDERATIONS
  - DISCUSS THE DISORDER AND PROGNOSIS
  - DISCUSS WHAT TO EXPECT IN THERAPY
  - COVER THE CBT MODEL
  - DISCUSS LENGTH OF TREATMENT
  - ANSWER ANY/ALL QUESTIONS FROM CHILDREN AND CAREGIVERS

# COGNITIVE RESTRUCTURING

- COGNITIVE RESTRUCTURING
  - DOZENS LISTED IN LITERATURE . . .
- ALL-OR-NOTHING THINKING
- OVERGENERALIZATION
- MENTAL FILTER
- DISQUALIFYING THE POSITIVE
- MIND READING
- THE FORTUNE TELLER ERROR
- MAGNIFICATION OR MINIMIZATION



# COGNITIVE RESTRUCTURING



- EMOTIONAL REASONING
- “SHOULD” STATEMENTS
- LABELING/MISLABELING
- PERSONALIZATION
- ENTITLEMENT BELIEFS
- FAIRNESS FALLACY
- NEGATIVE FILTERING
- UNFAIR COMPARISONS
- WHAT IF? (THE GUESSING GAME)

# PERSONAL ACTIVITY

- IDENTIFY THE COGNITIVE DISTORTION

- “I DIDN’T GET A DATE TO THE PROM. MY LIFE IS OVER NOW!”
- “THEY MUST HAVE CANCELED THE SHOW BECAUSE MY AUDITION WAS TERRIBLE.”
- “HE’S LOOKING AT ME FUNNY, I THINK HE WANTS TO FIGHT.”
- “WINNING THAT AWARD WAS PURE LUCK. IT HAD NOTHING TO DO WITH ME.”
- “PEOPLE ARE ALL BAD.”
- “I REALLY SHOULD TRY HARDER IN MATH.”
- “I AM NEVER GOING TO BE ABLE TO READ IN FRONT OF THE CLASS AGAIN BECAUSE I STUTTERED THE LAST TIME.”
- “I’M GOING TO HAVE A BAD TIME AT THE PARTY BECAUSE I FEEL SAD RIGHT NOW.”



# THE FOUR/FIVE COLUMN TECHNIQUE

- WHAT WAS THE EVENT?
  - HOW DID YOU FEEL?
  - WHAT DID YOU THINK?
  - WHAT DID YOU DO?
  - COGNITIVE DISTORTION?
- 
- TRY CBT-RELATED APPS (E.G., CBT THOUGHT RECORD DIARY; COGNITIVE DIARY CBT SELF-HELP)





A—Activating  
Event

B—Behavior

C—Consequences Short Term

C—Consequences Long  
Term

What happened  
immediately  
before?

What action did  
you take?

What was the immediate result?  
(What happened in 5 seconds, 1  
hour, 2 hours?)

What are the long-term  
outcomes or results?

# COGNITIVE INTERVENTIONS

- ADDING A “D” TO THE ABCS AND BETTER OR ALTERNATIVE THOUGHTS
- THESE ARE THE DS (DISPUTATIONS OR “DO DIFFERENTLY”)
- GO THROUGH AND HAVE THE CHILD ACTIVELY REFRAME THE MALADAPTIVE THOUGHTS, COGNITIVE ERRORS, OR COME UP WITH BETTER OPTIONS

# COGNITIVE INTERVENTIONS

- SOCRATIC QUESTIONING
  - THE SOCRATIC METHOD IS A TECHNIQUE FOR PROVIDING A DIALOGUE WITH INDIVIDUALS THAT **GUIDES THEM TO DISCOVER NEW UNDERSTANDING** THROUGH CAREFULLY SCAFFOLDED SEQUENCES OF **QUESTIONS**

# COGNITIVE INTERVENTIONS

## Clarification Questions

What would an example be.....?

What is another way to say that.....?

Tell me more about that.....?

Do you mean..... or .....

Tell me another way to understand.....?

## Probing Assumptions

What evidence/facts are there for .....

What evidence/facts are there against .....

What are other explanations for.....?

Would a jury think this was evidence.....?

Why is that the case.....?

# COGNITIVE INTERVENTIONS

## Examining Viewpoints

How is this different from.....?

How is this like.....?

What is another way to look at this.....?

What opinion might others have about.....?

Is it possible that.....?

## Questions about Questions

What would the answer to that question mean to you.....?

Why did you choose to ask that question.....?

How will it help to know the answer to .....

What would be a better question.....?

What are the causes/benefits of asking.....?

# COGNITIVE INTERVENTIONS-- SIMPLIFIED

- SOCRATIC QUESTIONING: KEEPING IT SIMPLE:
- 4 QUESTIONS:
- WHAT'S THE EVIDENCE . . ?
- WHAT'S A BETTER WAY TO THINK ABOUT . . ?
- WHAT ARE THE ADVANTAGES AND DISADVANTAGES OF?
- WHAT MIGHT OTHER PEOPLE THINK ABOUT . . ?

# QUESTION BREAK

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# OTHER COGNITIVE INTERVENTIONS

- COGNITIVE CIRCLES
- HULA-HULA-HULA LOOP
- HOT THOUGHT/COOL THOUGHT
- NEGATIVE TRAP/POSITIVE LAUNCH
- SURVEYING PEOPLE/GETTING OTHER PEOPLE'S PERSPECTIVES
- FACE READER
- THINKING/FEELING/DOING CARDS



# COGNITIVE INTERVENTIONS

- FACE READER
  - FOR CHILDREN WHO NEGATIVELY MISINTERPRET OTHERS BEHAVIORS, UTILIZING PHOTOS OF EXPRESSIONS AND ACTIONS (E.G., SAD FACE, CHILD SKATING OFF A RAMP, CHILD SURPRISED) TO FIRST DISCUSS WHAT THE STUDENT THINKS THE PERSON IN THE PHOTO IS THINKING AND FEELING AND THEN REEXAMINING OTHER ALTERNATIVE THOUGHTS/FEELINGS THAT COULD GO WITH THE EXPRESSION MAY BE HELPFUL.



**WHAT IS SHE THINKING?**



**WHAT IS HE  
THINKING?**

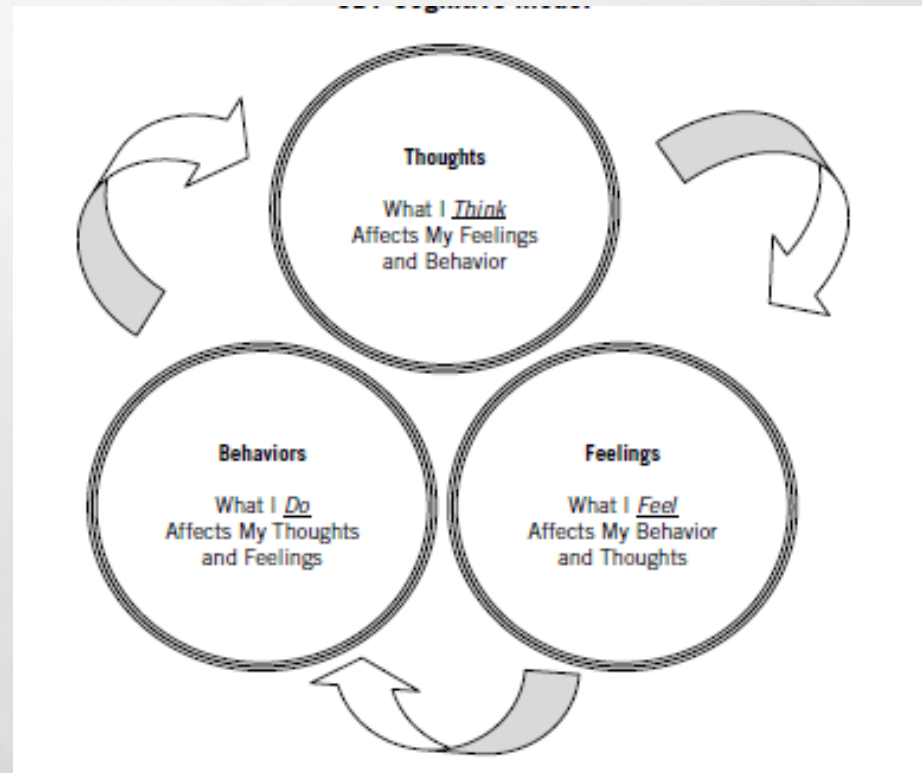


**WHAT IS  
SHE  
THINKING?**



# COGNITIVE INTERVENTIONS

- THOUGHT CIRCLES
  - HAVE STUDENTS DRAW THE THREE COGNITIVE CIRCLES MODEL (I.E., VENN DIAGRAM) OR USE A WORKSHEET WITH THE CIRCLES AND WRITE IN SPECIFIC THOUGHTS-FEELINGS-BEHAVIORS THEY HAVE EXPERIENCED



# COGNITIVE INTERVENTIONS

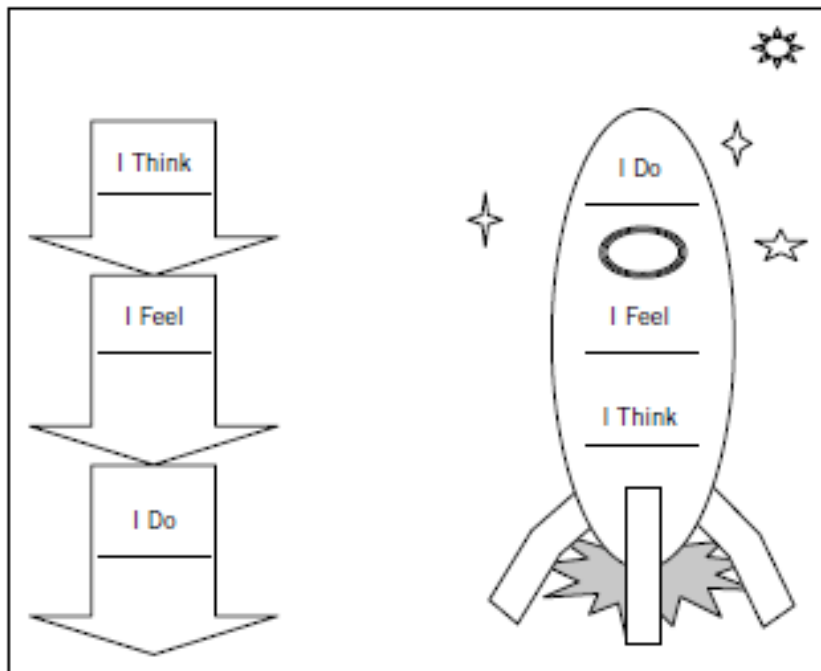


- HULA-HULA-HULA HOOP
  - HAVE CHILDREN ARRANGE THREE HULA-HOOPS ON THE FLOOR LABELED THOUGHTS, FEELINGS, AND ACTIONS, THEN JUMP IN EACH HOOP AS THEY DESCRIBE A RECENT SEQUENCE IN THEIR OWN THOUGHT PATTERNS. IF THE SEQUENCE IS NEGATIVE (E.G., “I AM AFRAID TO TALK TO OTHER KIDS, I FEEL SHY, I AM GOING TO BE QUIET”), THEY ARE COACHED TO REFRAME THE SEQUENCE AS THEY MOVE “*THROUGH THE HOOPS*” AGAIN (E.G., “I THINK I CAN SAY HELLO TO OTHER KIDS, I FEEL GOOD, I AM GOING TO PRACTICE SAYING HI” ).

# COGNITIVE INTERVENTIONS

- NEGATIVE TRAP/POSITIVE LAUNCH

## Comparing the Negative Fall and the Positive Launch



- HOT THOUGHT/COOL THOUGHT





# COGNITIVE INTERVENTIONS

- THINKING/FEELING/DOING CARDS
  - MORE FUN TO CREATE TOGETHER—TURN IT INTO A GAME OR RACE
  - LIST ALL FEELINGS/EMOTIONS YOU AND THE CHILD CAN THINK OF
  - COMBINE THE CARDS AND SHUFFLE THE DECK
  - WHEN DID YOU FEEL LIKE THIS?
  - WHAT KIND OF THOUGHTS DID YOU HAVE?
  - WHAT DID YOU DO?
  - MODEL APPROPRIATELY . . .

# COGNITIVE INTERVENTIONS

- SURVEYING PEOPLE/GETTING OTHER PEOPLE'S PERSPECTIVES
- TEST OUT THE EVIDENCE OF A COGNITIVE DISTORTION BY SURVEYING OTHER PEOPLE TO GET ALTERNATIVE PERSPECTIVES.
- IS IT SAFE TO FLY ON A PLANE?
- WILL MY PARENTS GET IN AN ACCIDENT IF I DON'T PERFORM A RITUAL?
- DO YOU FEEL SAFE AT THIS SCHOOL?

# QUESTION BREAK

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# RELAXATION TRAINING

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# RELAXATION TRAINING

- DIAPHRAGMATIC BREATHING
  - SOMETIMES CALLED THE “VAGAL BREATHING TECHNIQUE”
- GUIDED IMAGERY/RELAXATION SCRIPTS
- PROGRESSIVE MUSCLE RELAXATION (PMR)
- MINDFULNESS



# DIAPHRAGMATIC BREATHING

- GET COMFORTABLE, LAY DOWN
- BREATHE IN FOR A COUNT OF 5
- HOLD FOR A COUNT OF 5
- BREATHE OUT FOR A COUNT OF 5
- WAIT FOR A COUNT OF 5
- REPEAT



# GUIDED IMAGERY AND PMR

- USE THE INTERNET OR CREATE YOUR OWN RECORDINGS
- PLENTY OF APPS ARE AVAILABLE
- IMPORTANT FOR THE CHILD TO HAVE ACCESS TO THESE WHEN RELAXATION IS NEEDED
- USE WITH CAUTION . . .

# GUIDED IMAGERY/ RELAXATION

- BREATHE IN RELAXATION..... AND BREATHE OUT ANY WORRIES..... BREATHE IN CALM.... AND LET ALL YOUR WORRIES GO AS YOU BREATHE OUT.....
- NOW IMAGINE IN YOUR MIND A PLACE WHERE YOU FEEL TOTALLY COMFORTABLE AND HAPPY. THIS MIGHT BE A FAVORITE PLACE YOU HAVE BEEN, OR SOMEWHERE YOU HAVE SEEN, OR IT MIGHT BE COMPLETELY MADE UP. IT'S UP TO YOU.



# **GUIDED IMAGERY/ RELAXATION SCRIPTS**

**[HTTPS://WWW.YOUTUBE.COM/WATCH?V=80QVNBRPVXI&PBJRELOAD=10](https://www.youtube.com/watch?v=80QVNBRPVXI&PBJRELOAD=10)**

# PROGRESSIVE MUSCLE RELAXATION

- NOW GIVE YOUR ATTENTION TO YOUR SHOULDER MUSCLES AND THE MUSCLES IN YOUR NECK. AS YOU SLOWLY DRAW IN A NICE DEEP BREATH, PULL YOUR SHOULDERS UP TOWARDS YOUR EARS AND SQUEEZE THESE MUSCLES FIRMLY.
- NOW BREATHE OUT COMPLETELY, AND ALLOW YOUR CONTRACTED MUSCLES TO GO LOOSE AND LIMP.
- AGAIN, PULL YOUR SHOULDERS UP TOWARDS YOUR EARS AND SQUEEZE THESE MUSCLES FIRMLY. NOW, FEEL THE TENSION SUBSIDE AS YOU RELAX AND BREATHE OUT.

# PROGRESSIVE MUSCLE RELAXATION

- **EXAMPLE:**
- **[HTTPS://WWW.YOUTUBE.COM/WATCH?V=AATDNYJK-GW](https://www.youtube.com/watch?v=AATDNYJK-GW)**

# MINDFULNESS

- MINDFULNESS IS AWARENESS OF ONE'S INTERNAL STATES AND SURROUNDINGS.
- MINDFULNESS IS USED IN SEVERAL THERAPEUTIC INTERVENTIONS, INCLUDING MINDFULNESS-BASED COGNITIVE BEHAVIOR THERAPY, MINDFULNESS-BASED STRESS REDUCTION, AND MINDFULNESS MEDITATION.

# QUESTION BREAK

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# BEHAVIORAL EXPOSURES

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**EXPOSURE/  
RESPONSE  
PREVENTION**

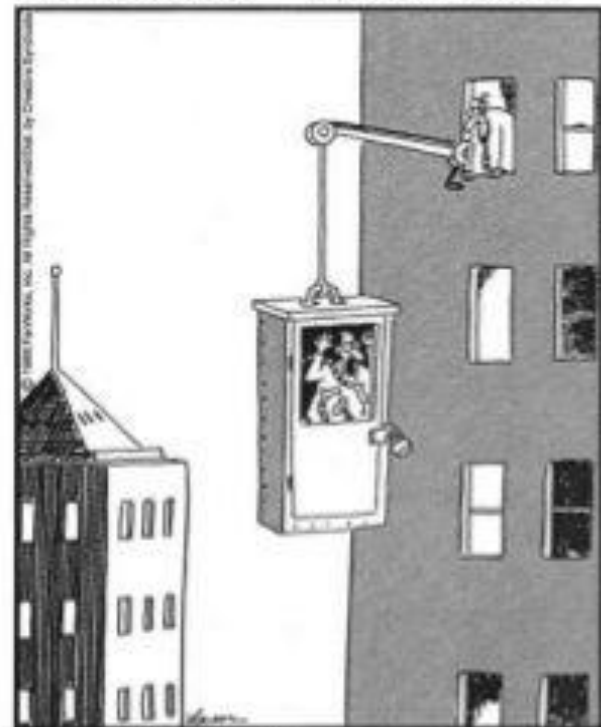
THAT WHICH DOES NOT KILL US MAKES US STRONGER  
FRIEDRICH NIETZSCHE

WHAT DOESN'T KILL YOU MAKES YOU STRONGER  
KELLY CLARKSON

# Exposure Therapy

Expose patients to things they fear and avoid. Through repeated exposures, anxiety lessens because they habituate to the things feared.

THE FAR SIDE® BY GARY LARSON



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56 Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.



# EXPOSURE/RESPONSE PREVENTION

- CREATE SIGNIFICANT ANXIETY AND DISCOURAGE THE USE OF ANXIETY-REDUCING RITUALS.
- ANXIETY IS A NORMAL PHYSICAL RESPONSE AND CANNOT HURT YOU.
- **WEAKENS TWO ASSOCIATIONS THROUGH HABITUATION:**
  1. ASSOCIATION BETWEEN DISTRESSING THOUGHTS/STIMULI AND ANXIETY—STIMULI BECOME LESS DISTRESSING.
  2. ASSOCIATION BETWEEN ENGAGING IN RITUALS AND DECREASING ANXIETY.

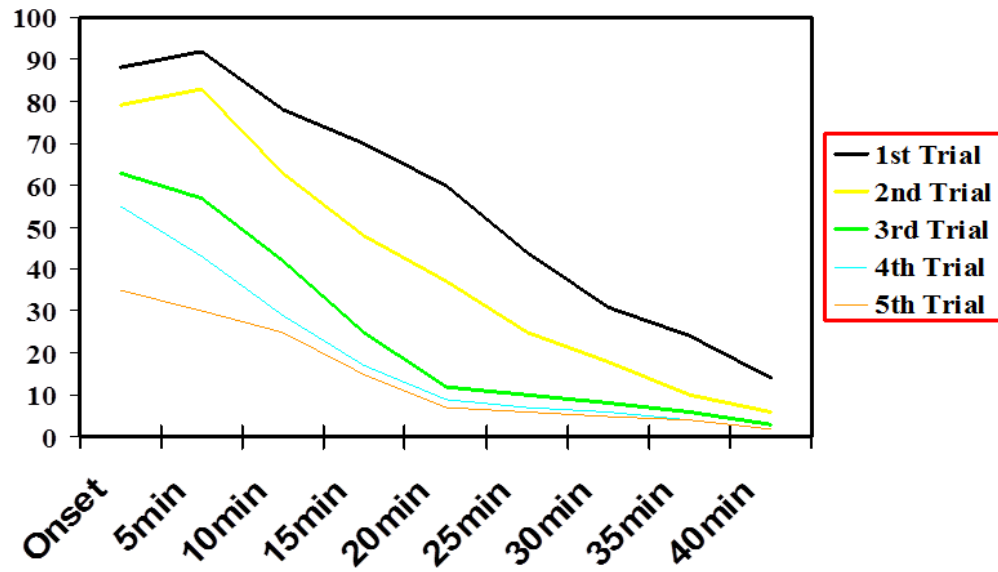
# EXPOSURE/RESPONSE PREVENTION

- THUMBNAIL JUDGMENTS OF DISTRESS
- CAN BE TAKEN ANY TIME DURING THERAPY
- CHILDREN CAN MONITOR AND DOCUMENT THEIR OWN SUDS



# ERP HIERARCHY

Exposure Hierarchy	SUDS
10. Hold sharp object to mother's throat	98
9. Hold sharp object to therapist throat	85
8. Put stuffed animal in freezer	82
7. Delay praying for 2 minutes	71
6. Cover piece of paper with "666's"	66
5. Leave sharp object on kitchen counter	59
4. Place stuffed animal face down	51
3. Leave pen uncapped	43
2. Place object down at "wrong angle"	30
1. Throw out one piece of paper	15



# EXPOSURE/RESPONSE PREVENTION

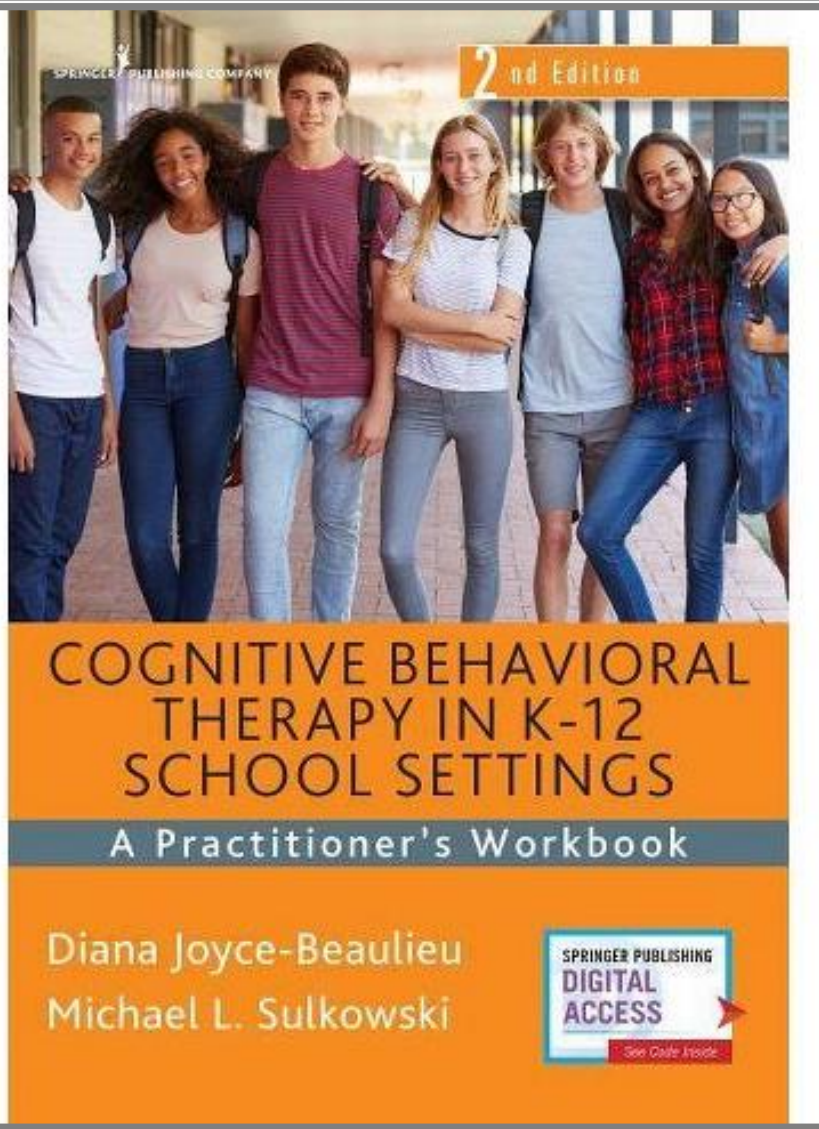
- FACE FEARS IN A GRADUAL AND SYSTEMATIC MANNER
  - AVOID FLOODING
  - INDIVIDUAL DIFFERENCES
- THE ANXIETY/FEAR HIERARCHY
  - SUDS
- IMAGINAL AND IN VIVO
- HABITUATION IS KEY!!



# EXPOSURE/RESPONSE PREVENTION

- Working with children:
- Make exposures fun!
  - Use play to facilitate exposure tasks
- Act less like a traditional therapist and more like a coach
- Empower children and use challenges/dares adroitly
- Avoid excessive and unrealistic reassurance

# THANK YOU!!



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