



Cognitive-Behavioral Treatment for Young Adults

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Disclosures

“My spouse/partner and I have the following relevant financial relationship with a commercial interest to disclose:

Oxford University Press (royalties)



Cognitive Behavioral Therapy: General Principles

Central Goals of CBT

Help the child develop a coping template

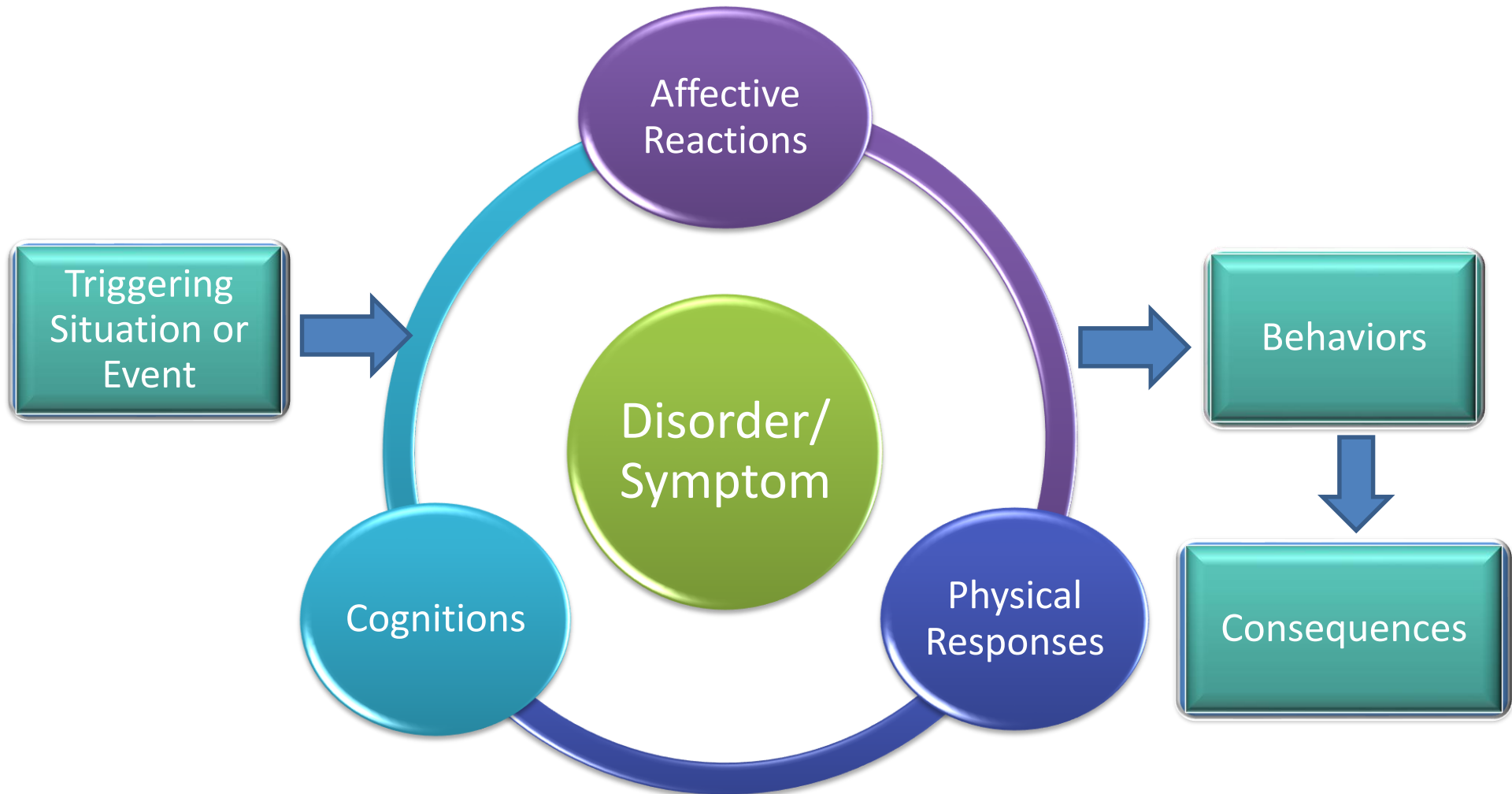
AND

Rehearse coping skills both in session and in real life

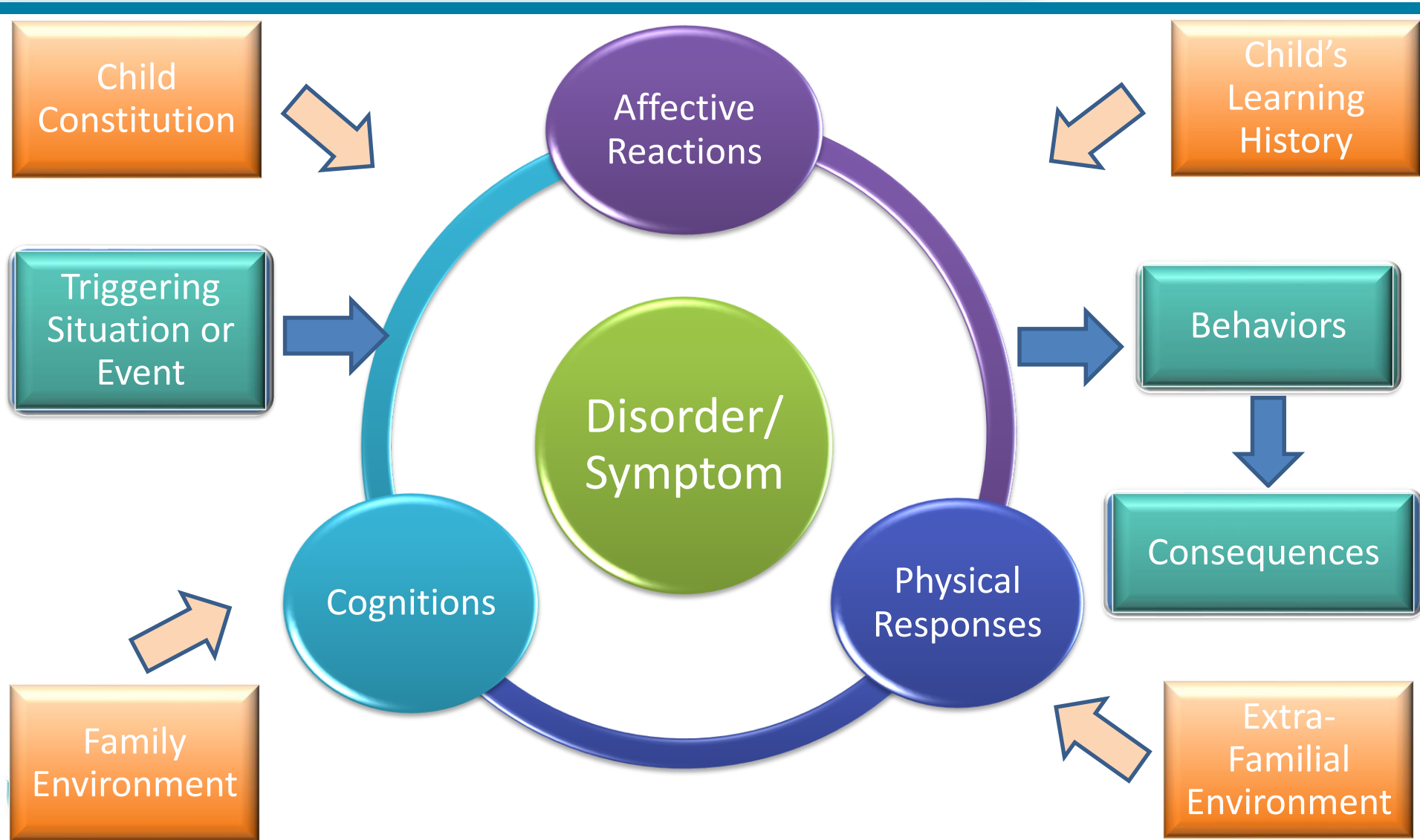
Common Aspects of CBT Approaches

- Focus on specific measurable goals
- Therapy is usually time-limited
- Emphasis on manualized, empirically supported treatments
- Active practice of skills between sessions
- Sessions are structured
- Therapist is active
- Therapist as “coach”, teacher
- Collaborative enterprise with patient

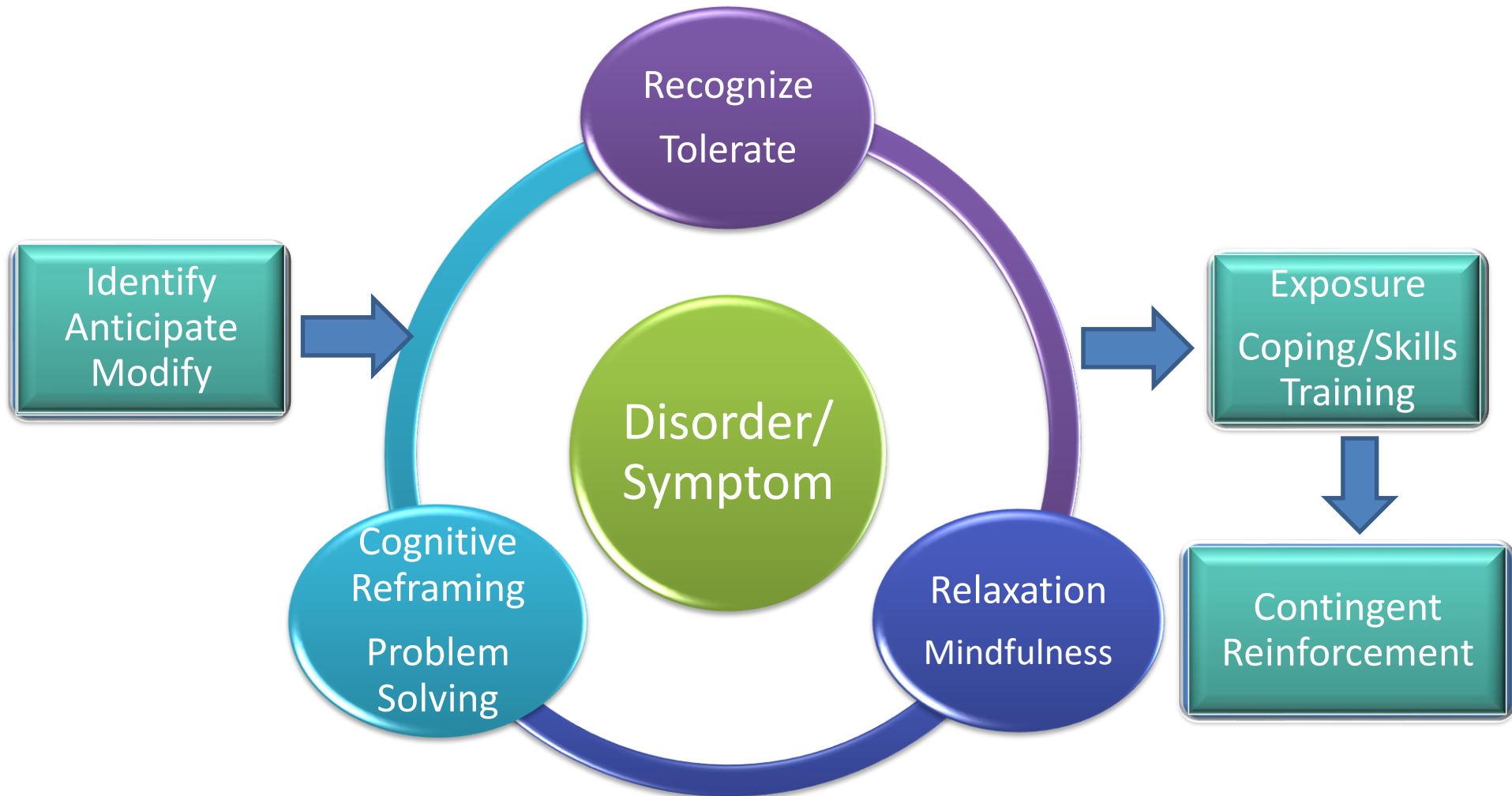
General CBT Model



CBT Case Formulation



CBT Model: General Treatment Approaches



Overview of CBT Techniques

- Psychoeducation
- Affective education
- Emotion regulation skills
- Behavioral management and contingent Reinforcement
- Relaxation techniques
- Cognitive restructuring
- Social problem-solving
- Behavioral exposure
- Modeling
- Role playing

Affective Education



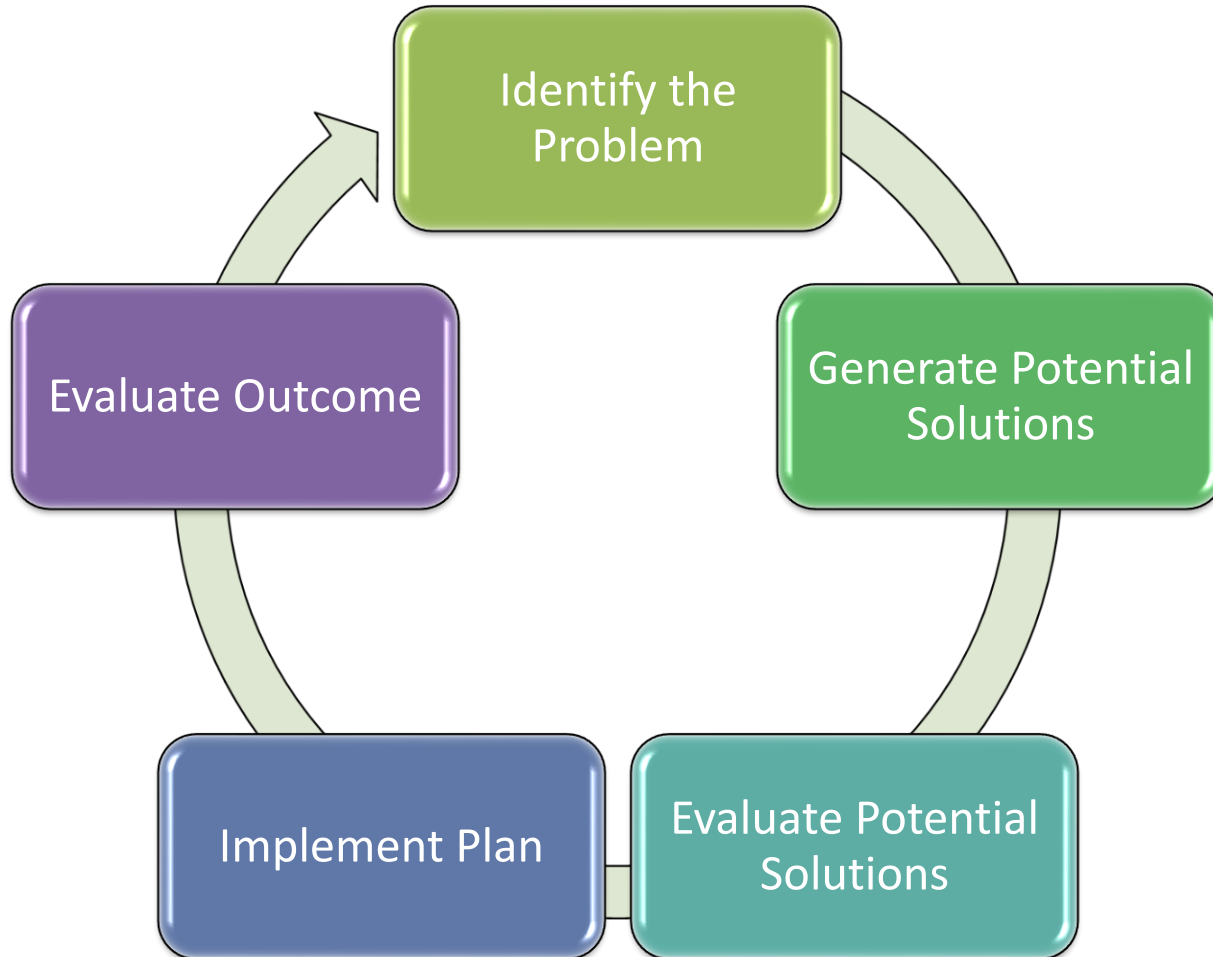
- To recognize emotions (fear, anxiety)
- Recognize, label, and self-monitor physiologic/affective cues
- What are situational triggers?
- What are affective reactions?
- What are physiological “warning signs”?

Techniques to Reduce Physiologic Arousal

- Breathing (4:4:4 technique)
- Guided relaxation or meditation
- Mindfulness (Sensory awareness)
- Exercise
- Sleep hygiene



Problem-Solving Skills



Behavioral Activation



- Used to treat depression
- Identify activities that lead to a sense of well being and/or mastery
- Develop a plan to increase these activities
- Problem solve around potential difficulties (e.g., low energy, lack of motivation)

Cognitive Restructuring



Goals:

- Identify negative/anxious/distorted cognitions
- Develop alternate, more realistic/helpful ways of viewing situations
- Develop a mindful, neutral attitude towards thoughts and feelings

Cognitive Restructuring

- **OVERESTIMATION OF RISK--What's the evidence? What's another way to look at it?**
- **CATASTROPHIC THOUGHTS--What's the worst that can happen? The best? The most realistic? How would I cope if it happened?**
- **ALL OR NOTHING THINKING--What's another way to look at this? What are the shades of grey?**
- **UNDERESTIMATION OF ABILITY TO COPE--What resources do I have? How would I cope?**
- **OVERVALUATION OF ANXIOUS THOUGHTS OR FEELINGS—It's just anxiety. These thoughts will pass.**

Cognitive Restructuring Worksheet

Situation	Thoughts	Emotion (0-10)	Challenge	Emotion (0-10)
Staying home alone	Robbers are going to break in and kill me!	Afraid (8)	This is my anxiety talking. It always tells me the worst things are going to happen. The doors are locked and I live in a safe place. I've done this before and I can do it again.	Anxious (3)

Exposure

- Based on principles of classical conditioning
- Based on animal models of extinction learning
- Gradual exposure to feared stimulus
- Central to treating anxiety disorders

Model for Exposure



Possible Mechanisms

- Learning to stop associating stimulus with anxiety response (extinction learning)
- Habituation
- Experimentally learning that catastrophic predictions are incorrect
- Building skills for coping with the stimulus

How to conduct exposure

- Focus is on behavioral exposure and behavioral experiments
- Develop a fear hierarchy
- Conduct progressive imaginal and in vivo exposure
- Exposure assigned between session
- Attempts are rewarded
- Parents involved as “coaches” if appropriate

Additional Considerations for Exposure

- Importance of varying the context and conditions for exposure to increase extinction learning/extinction recall
- Maximizing session time for exposure
- Notion of going beyond the typical to inoculate; “Twisting the knife”
- Use of imaginal exposure; scripting
- Reducing family accommodation and reassurance



Developmental Considerations when Working with Young Adults

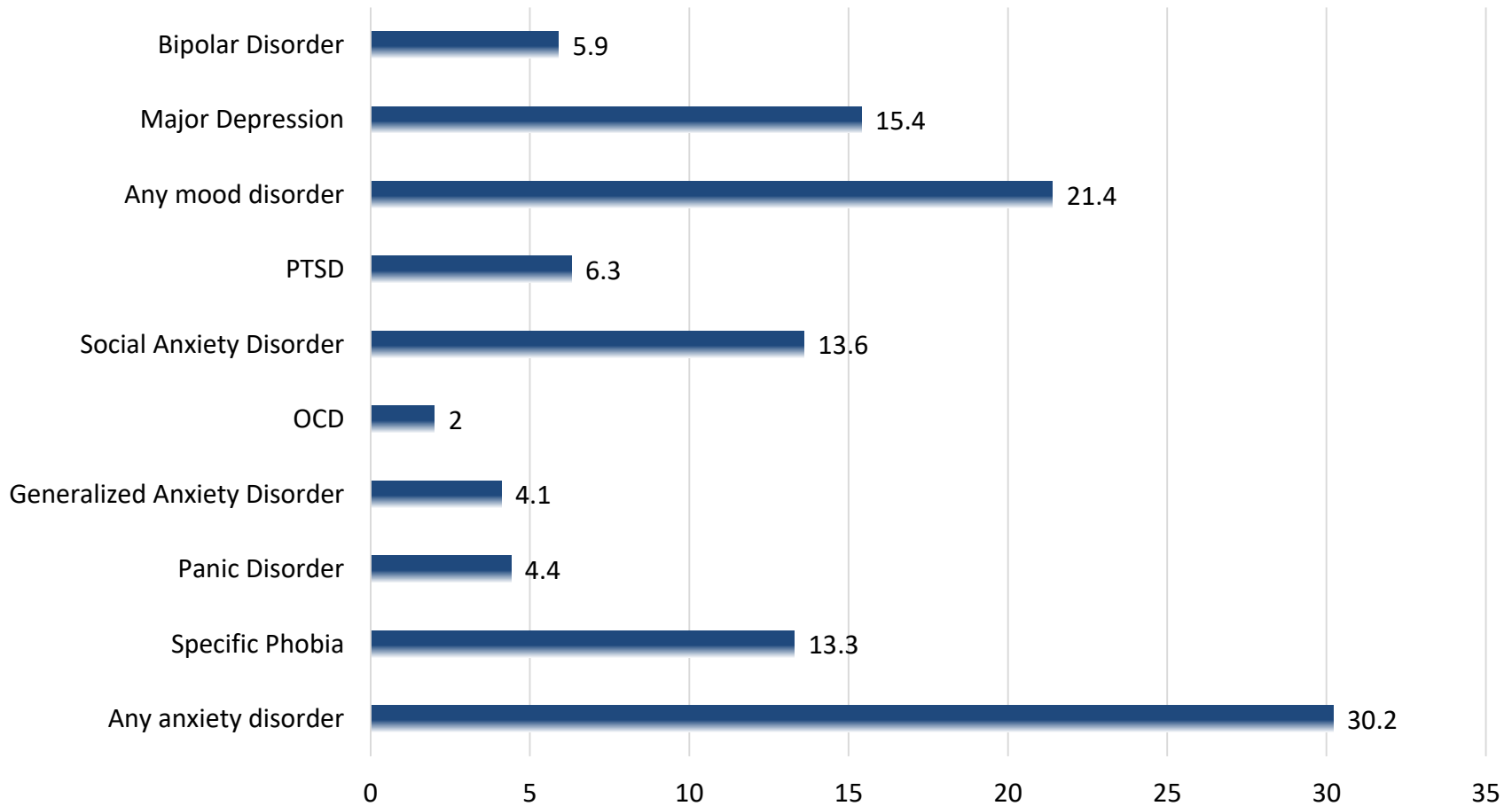


Why focus on emerging adults?

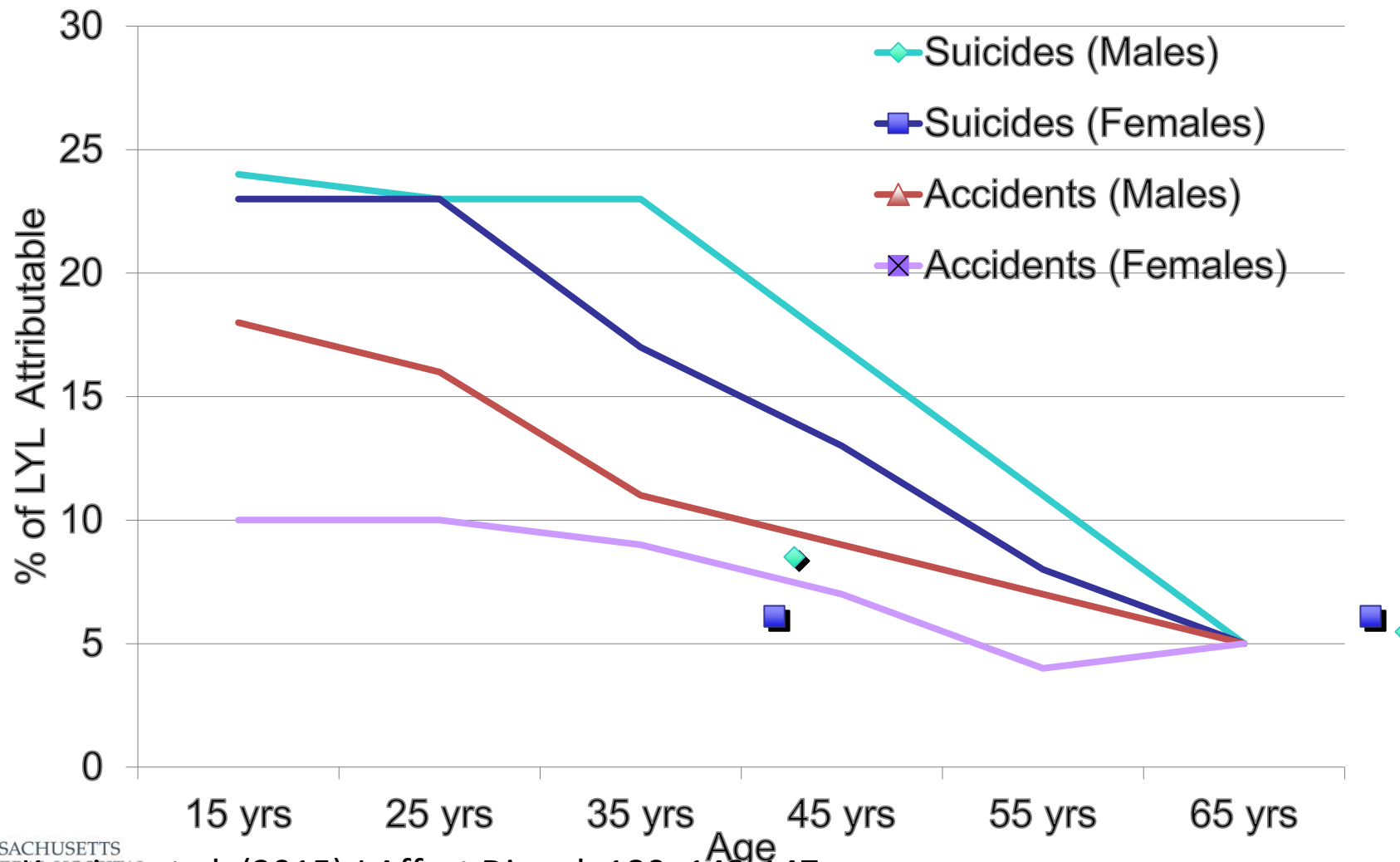
- 20% of young adults meet diagnostic criteria for a psychiatric disorder
- Nearly ½ of college-age adults report mental health concerns
- Late adolescence/young adulthood represents a peak age of risk for onset of:
 - Depression
 - Mania
 - Psychosis
 - Panic Disorder
 - Substance Use Disorders



Prevalence of Mood and Anxiety Disorders Among 18-29 Year-Olds (Kessler et al., 2005)



Suicide and Accident Risks are Greater in the Young



Kessing et al. (2015) J Affect Disord; 180: 142-147

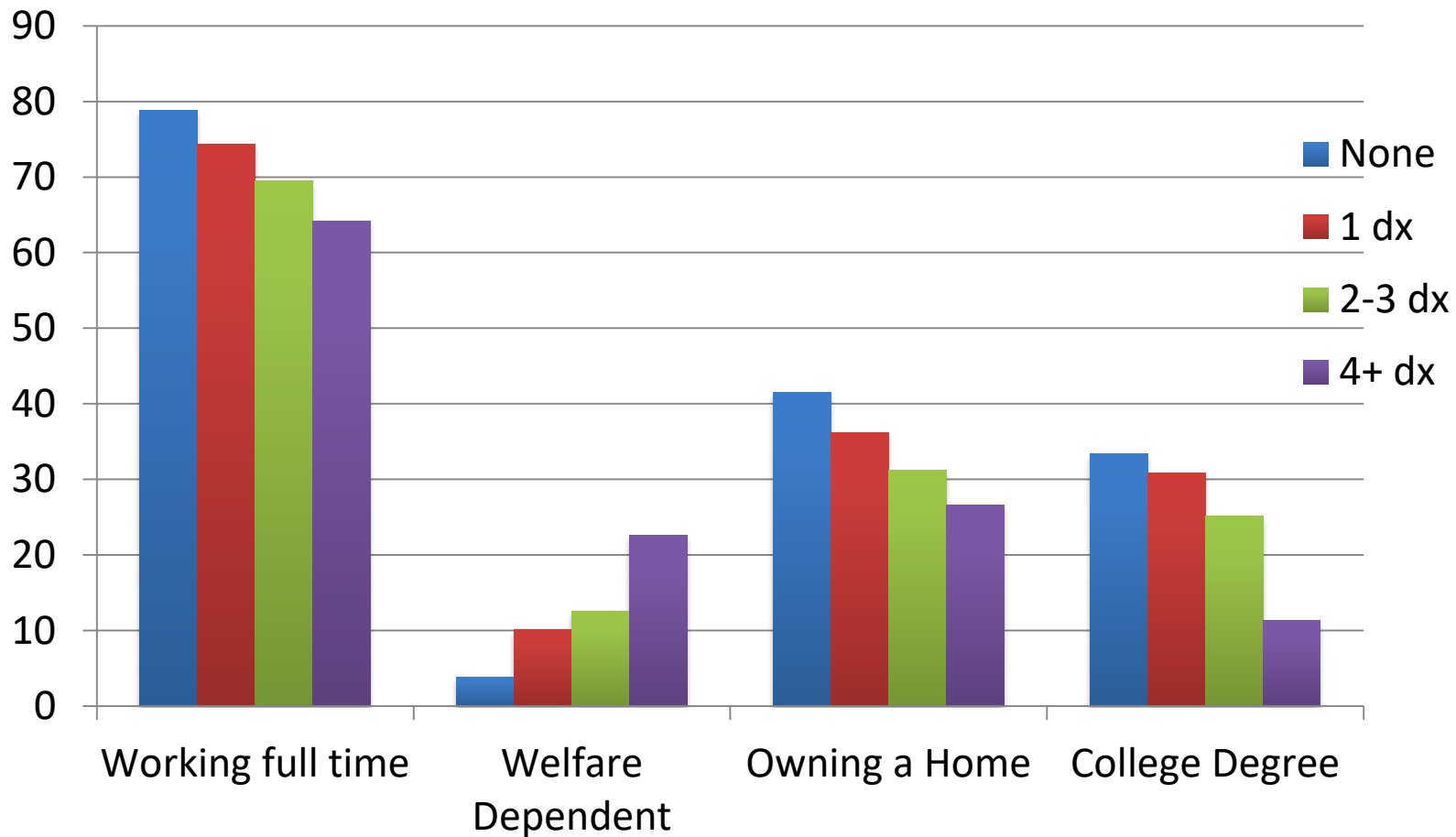
Young Adults with Severe Mental Illness: Functional Impairment

- Social skills
- Academic achievement
- Criminal activity and legal problems
- Employment and financial independence
- More limited interpersonal relationships
- Difficulty securing safe and stable housing (highest rate of residential change of any age group (Manteuffelet al., 2008))

Psychosocial functioning in sample of young adults with BD

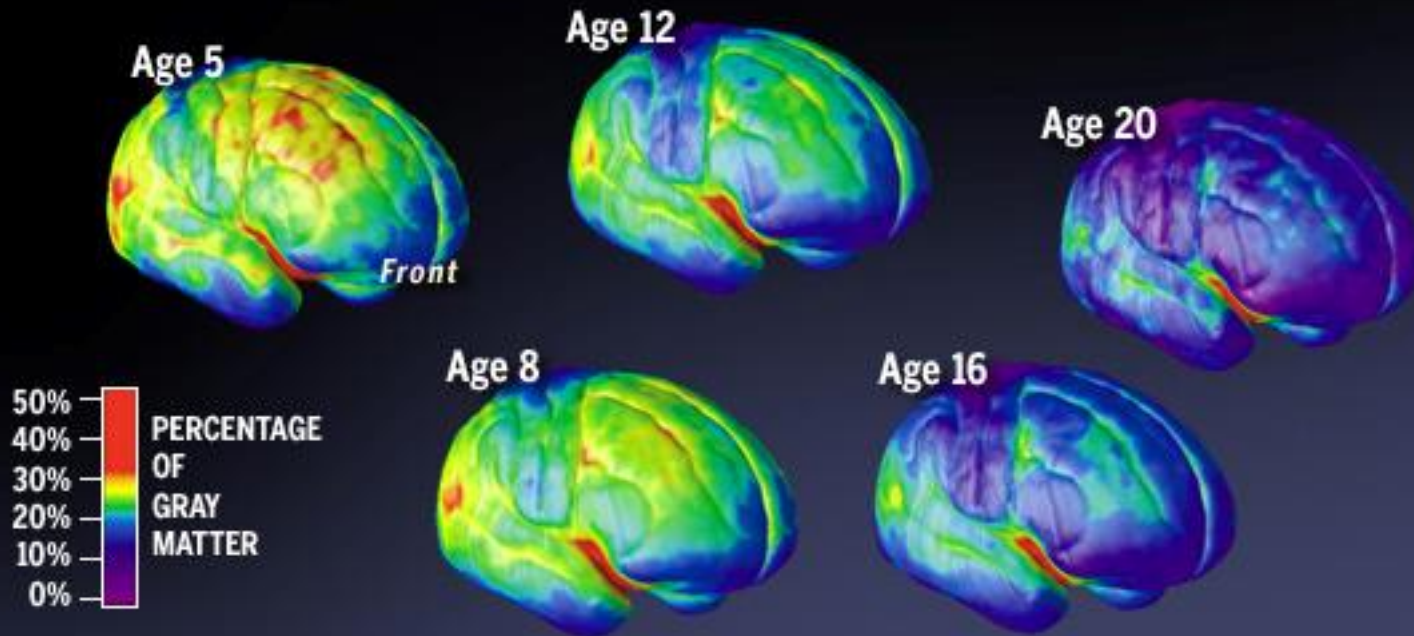
- Mean Past GAF: 41 (95% CI 38.8-42.9)
- Mean Current GAF: 54.5 (CI 52.2-56.9)
- School functioning:
 - 10% had repeated a grade
 - 17% had been placed in a special school, substantially separate program
 - 54% had received special education services
- Prior hospitalization:
 - 40% for depression
 - 44% for mania
- Only 57% were currently taking mood stabilizing medication

Impact of Mental Health Problems at Ages 18-25 on Functioning at Age 30



Time-Lapse Brain

- Gray matter wanes as the brain matures. Here 15 years of brain development are compressed into five images, showing a shift from red (least mature) to blue.



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Specific Developmental Challenges

- Increased independence and exploration
- Increased self-reflection and appreciation for subjectivity of worldview
- Adoption of more adult roles and expectations
 - Includes responsibility for treatment
- Issues of self-esteem and competence
- Changes in nature of peer relationships
- Exploration of sexual and gender identity
- Use of technology

Risks

- Relative freedom from institutional control with loss of structure and support
- Heterogeneity and instability in involvement in work and school
- Parenting challenge (autonomy vs. support)
- This age spends more of their leisure time alone than any other age group aside from the elderly
- Peers influence decision-making to a high extent
- Vulnerability to impulsivity or poor decision-making processes
- Risk taking and short-term reward vs. societal expectations

Sources of Resilience



- Future orientation
- Planfulness
- Autonomy
- Adult Support
- Coping Skills
- Social connectedness

Developmental Adaptations in Treatment Approach

- Recognizing age-specific stressors
- Identifying sources of social support
- Working with families around parenting adult children
- Incorporating exposure to tasks that increase autonomy (e.g., academic interactions)

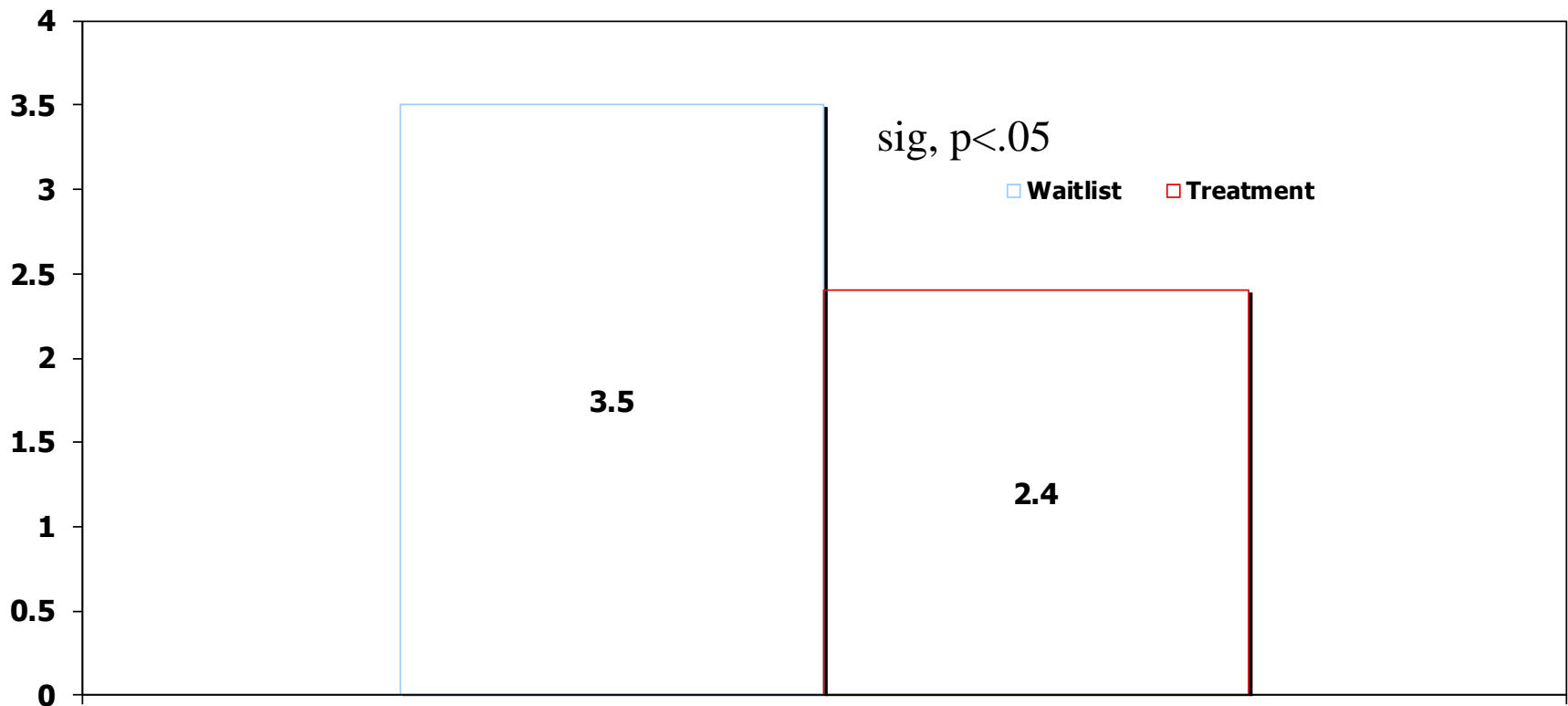
Incorporating an “MI Spirit”

- Collaborative effort
- Respecting the individual’s autonomy to change (or not)
- Providing accurate information but not taking responsibility for their changing
- Rolling with resistance
- Identifying/emphasizing discrepancies
- Flexibility based on readiness to change



- ◆ Issues of autonomy and self-concept
 - ◆ Acceptance of diagnosis
 - ◆ Acceptance (or not) of medication
- ◆ Peer-related issues
- ◆ Therapist avoids parental role or position of absolute expert
- ◆ Thinking of this age-range as a continuation of adolescence
- ◆ Integration of DBT strategies

Emerging Adults with Bipolar Disorder: CGI Improvement Post-Treatment (Henin et al.)



Finding a CBT Therapist

- Look for graduate training in a CBT program and/or CBT internship
- Association for Behavioral and Cognitive Therapies
 - www.abct.org
- European Association of Behaviour and Cognitive Therapies
 - www.eabct.com