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# 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:

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# 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

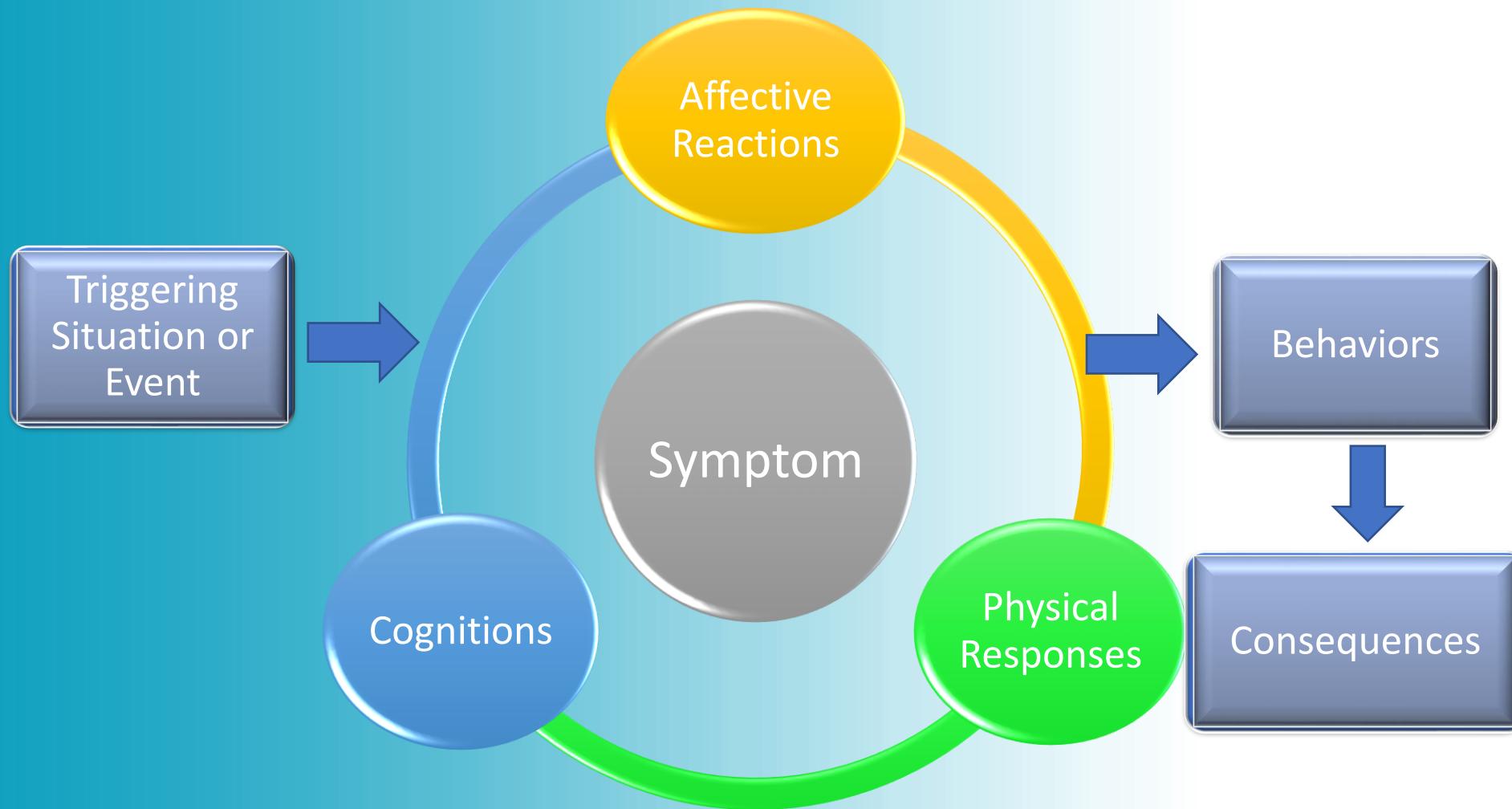


# Common Aspects of CBT Approaches

- Focus on specific measurable goals
- Interventions are usually time-limited
- Emphasis on manualized, empirically supported interventions
- Active practice of skills between sessions
- Sessions are structured
- Therapist/facilitator is active as a “coach” or teacher
- Collaborative enterprise with the child and family



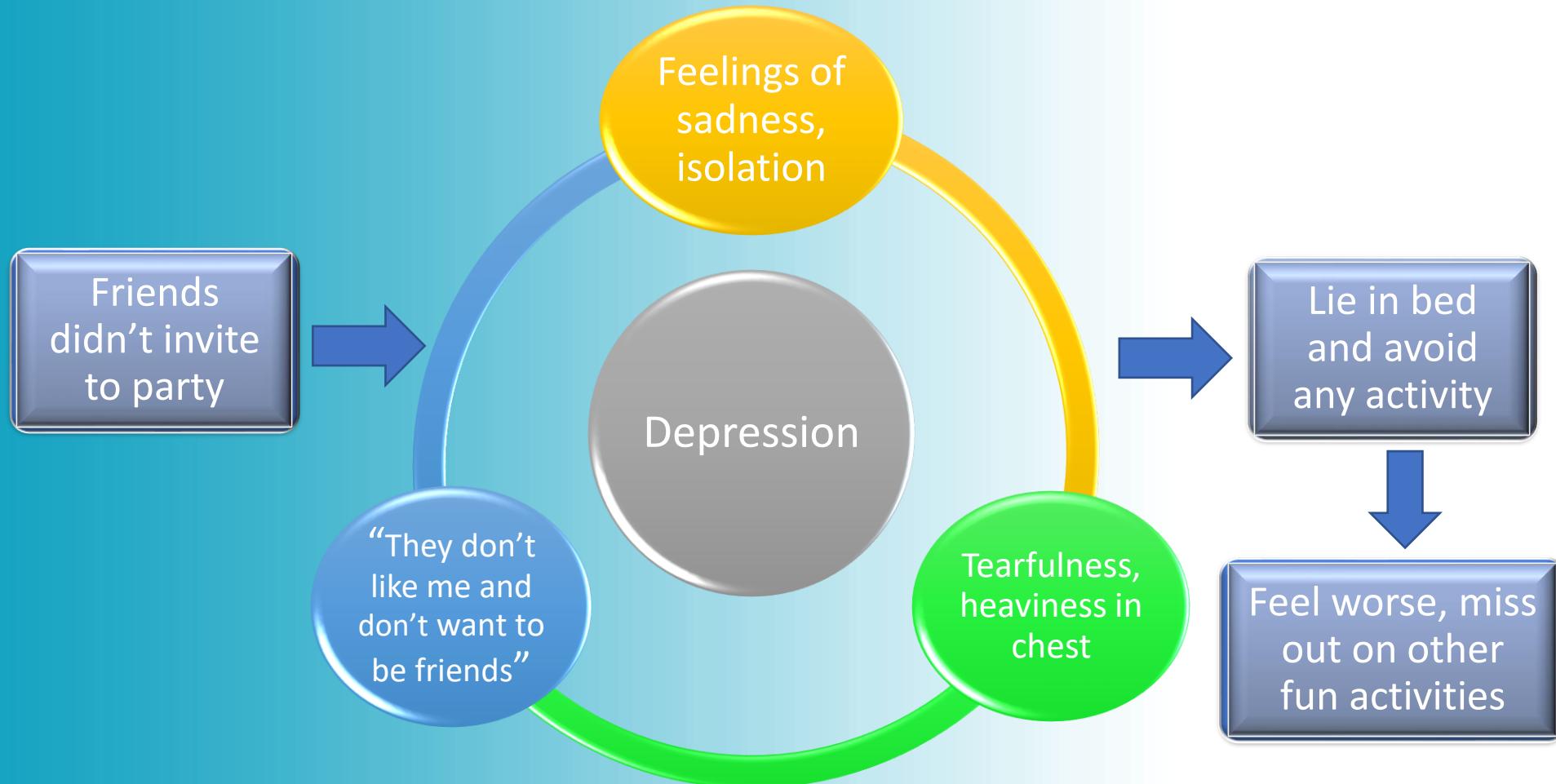
# General CBT Model



# Example of CBT Model: Anxiety



# Example of CBT Model: Depression

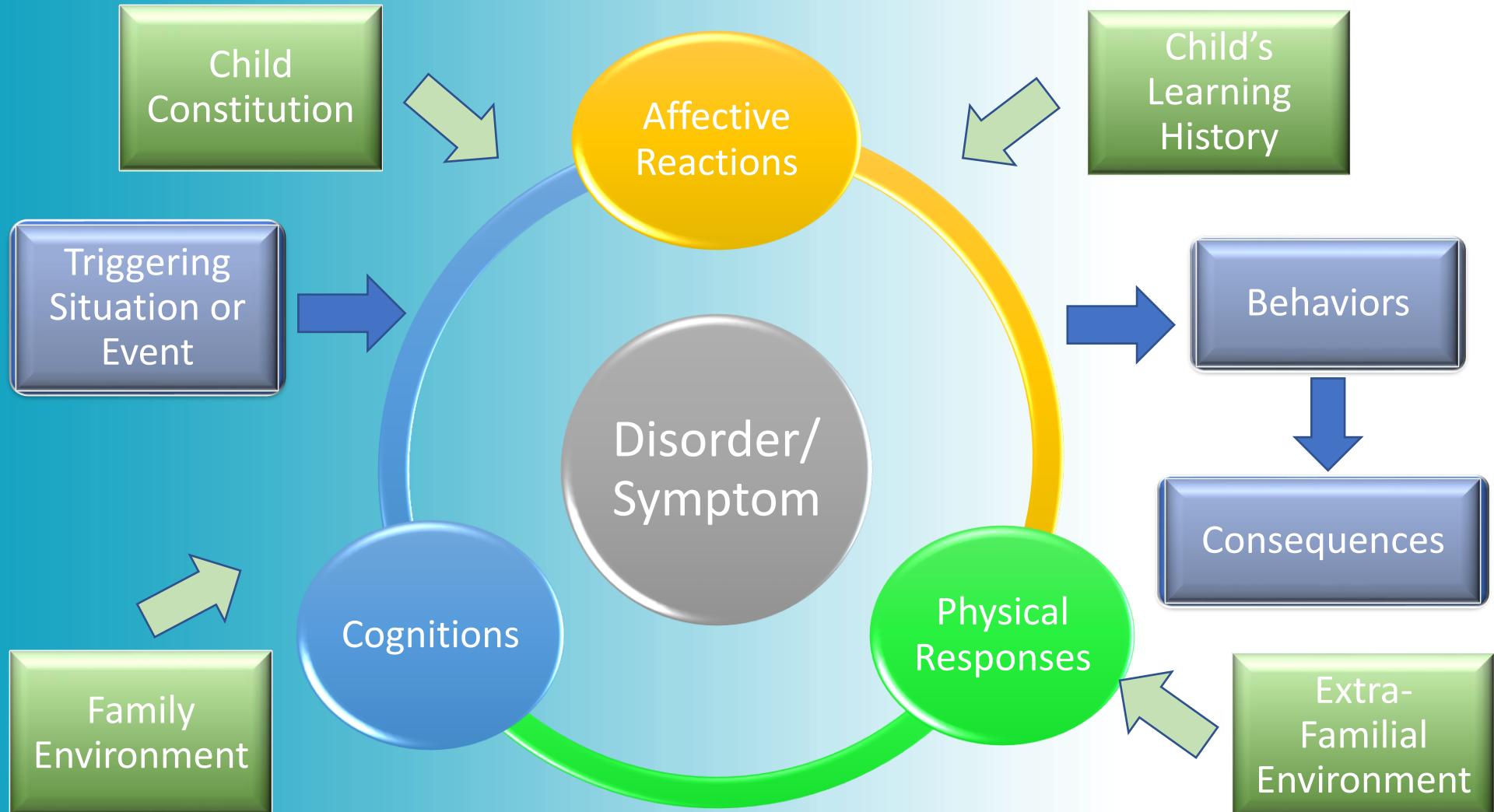


# CBT Case Formulation

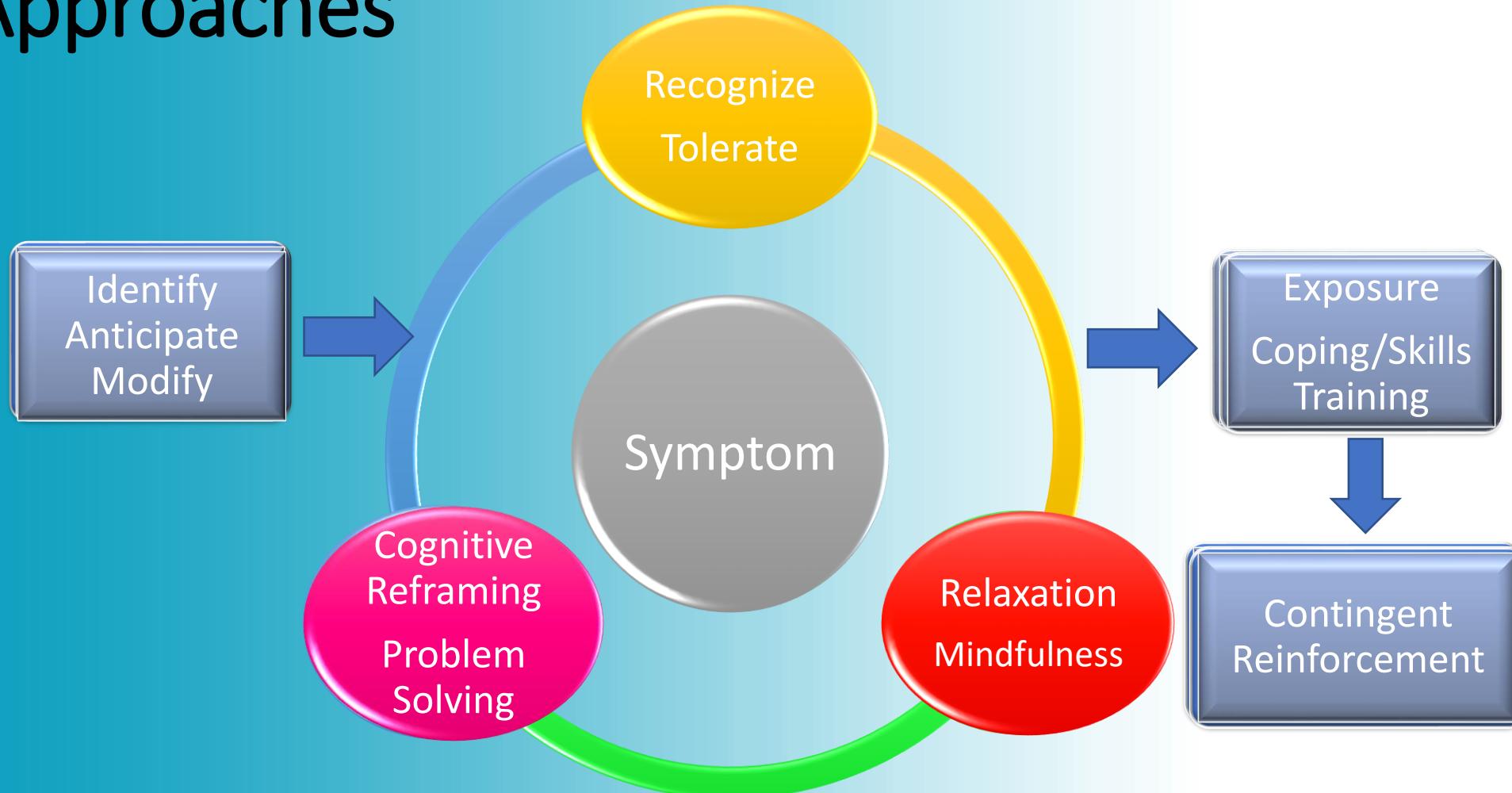


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# CBT Model: General Intervention Approaches





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# Transdiagnostic Interventions: Unified Protocol

## Unified Protocol

- Trans-diagnostic rather than disorder-specific
- Targets core difficulties that underlie multiple emotional disorders (i.e., neuroticism)
- Can be flexibly applied to a range of disorders (e.g., anxiety, depression)
- Separate versions for children and adolescents (and adults)

Barlow et al. *JAMA Psychiatry*. 2017;74:875-884.

Ehrenreich-May et al. Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents. NY: Oxford U Press.



# Unified Protocol Strategies

- Increasing awareness and understanding of emotions
- Increasing present-focused awareness during emotion-emotionally evocative exercises
  - Reduces/prevents emotional avoidance
- Increasing cognitive flexibility and linking thoughts to physical sensations
- Using cognitive techniques to challenge negative and anxious appraisals
- Emotional exposure and behavioral activation exercises
  - Changes maladaptive action tendencies in response to negative emotions



# 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”?





# Why Do We Have Emotions?

- They are important signals to us about the world
- They lead to specific behaviors
- They communicate to other people
- BUT....sometimes emotions can be unhelpful
  - Too intense, last too long, get confused with facts, get in the way of goals
- Can you think of a time when an emotion was helpful and a time when it was not?



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No emotion is “bad” or not ok to have  
You can notice each emotion mindfully

AND

Make choices about whether to act on it  
(or not)



# Validation



- Communicates that one's thoughts, feelings, and behaviors make sense and are understandable
- Validation Agreement
- Can be applied to others and to ourselves
  - Actively listen and pay attention
  - Describe without passing judgment
  - Acknowledge that the emotion makes sense
  - Respond in a way that shows that you take the experience seriously



# Validating *OR* Invalidating?

- I don't understand why you're so mad
- This is such a lousy situation
- You're stressed and this is so hard...I really hope it'll work out for you
- If you had done something different, this wouldn't have happened
- You're over-reacting. Stop crying.
- I get that you're really upset
- You think you had a bad day? I had the worst day of my life...
- I know how much you were looking forward to this
- What you should have done is...
- I'm so sorry this happened to you
- Life's not fair, get used to it!



# Opposite Action

Fear

Approach instead of avoid

Anger

Gently avoid instead of attack

Shame

Hold your head high instead of  
hiding

Guilt

Take responsibility instead of  
overpromising or denying

# Techniques to Reduce Physiologic Arousal

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



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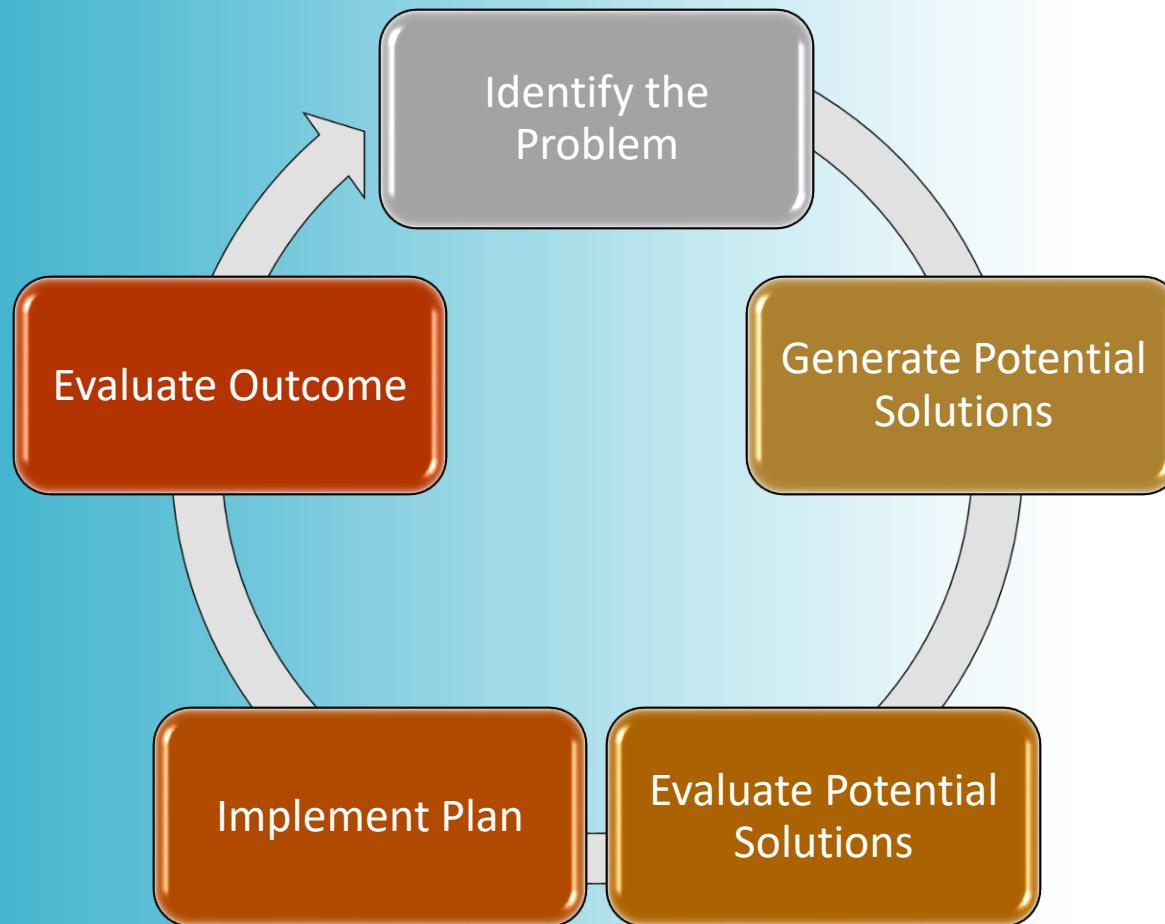
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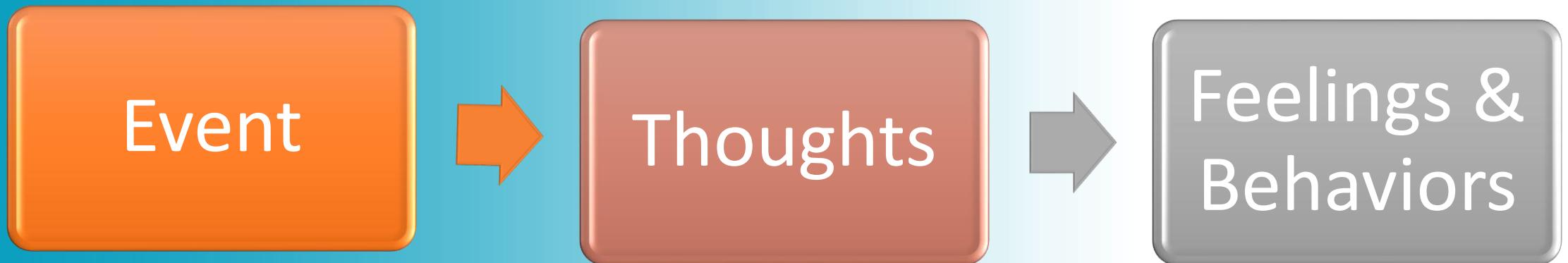
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# Problem-Solving Skills





# 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



# Examples of Thinking Traps

A cartoon illustration of a man wearing dark sunglasses and a blue turtleneck, set against a background of yellow and green horizontal stripes.	<b>Looking Through Dark Glasses</b> Not seeing all of the possible good things that could happen in a situation, just thinking something unwanted is going to happen.
Two cartoon faces with sad expressions, wearing baseball caps and holding small mugs, with small puddles of liquid on the ground in front of them.	<b>The Repeater</b> If it happened once, it is ALWAYS going to happen that way.
A cartoon illustration of a person running away from a large, billowing white cloud.	<b>The Catastrophe</b> Always thinking the WORST thing is going to happen.
A cartoon illustration of a person jumping over a small gap in a path.	<b>Jumping to Conclusions</b> Making a decision before getting all the facts.
A cartoon illustration of a yellow face with a thinking bubble containing a hand pointing to its chin.	<b>The Mind-Reader</b> Feeling sure that someone is thinking bad things about you.
A cartoon illustration of a computer monitor displaying the word 'Error' in a large, yellow font, with a small hand pointing at the screen.	<b>The Perfectionist</b> Setting expectations for yourself that are too high or are nearly impossible to reach. Using all-or-nothing thinking: if there's one little mistake, the whole thing is no good.



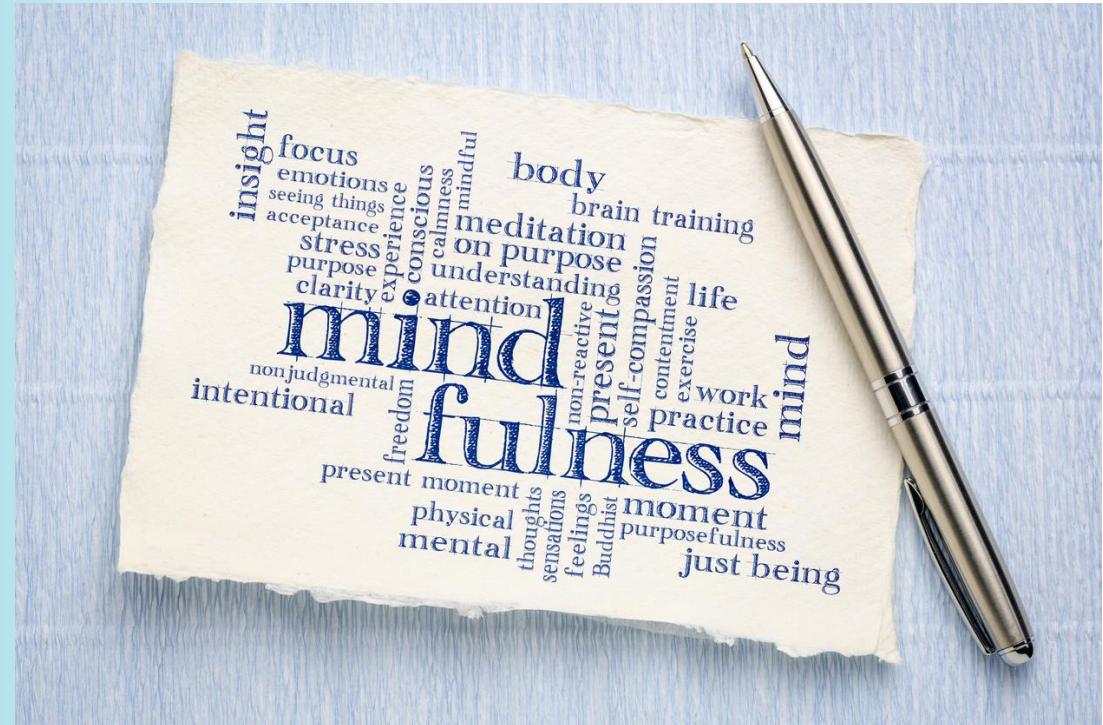
# Cognitive Restructuring Worksheet

Situation	Thoughts	Emotion (0-10)	Challenge	Emotion (0-10)
Taking a test	I am going to fail!	Anxious (7) Hopeless (6)	I studied hard for this test and I did well on the last 2 tests. If I try my best, I will probably do well.	Anxious (3) Hopeful (3)



# Third-Wave CBT Approaches

- Focus on one's relationship to thoughts and feelings rather than content
- Encourage a holistic approach to emotional and behavioral well-being
- Emphasize mindfulness, acceptance, values and goals
- Implement cross-diagnostically





# Mindful Approaches to Cognitive Restructuring

- Developing a neutral response to unpleasant thoughts (“It’s just a thought”, “Thoughts come and go”)
- Helpful metaphors
  - “Spam mail”
  - “Computer glitch”
  - “Suitcases on the airport conveyor belt”
  - Leaves on a stream
  - Echoes





# Behavioral Activation/Pleasurable Activity Scheduling

- Useful for managing depression, which is associated with:
  - Low involvement in pleasurable activities
  - Low level of self-reinforcement
  - Sensitivity to negative events
- Breaks “downward spiral” of depression by increasing activities that evoke pleasure or sense of accomplishment
- May also be helpful for other disorders and to enhance overall wellness



# Behavioral Activation

- Monitor daily activities using daily log
- Identify potential pleasurable/mastery activities using list
- Plan concretely how to increase pleasurable activities
- Increase structured activities
- Trouble-shoot around potential difficulties



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# Mood Monitoring (0-10 Mood Thermometer)

	Morning	Afternoon	Evening
Sunday	Watching TV (4)	Playing Ball (6)	Dinner with Family (4)
Monday	School (2)	Hanging with Friends (5)	Homework (3)
Tuesday			
Wednesday			



# Pleasurable Activity Scheduling

	Rate Feeling before: 0–10	Activity 1: Call Friend	Activity 2: Take dog for walk	Activity 3: Watch funny movie	Re-rate feeling: 0–10
Mon	2			Watched 'Rango'	8
Tues	4	Called Tim to hangout on Sat			9
Wed	5		30 min walk	Watched part of 'Luca'	7
Thurs	—	—	—	—	—
Fri	3	Confirmed plans with Tim			6
Sat	5	Hung out with Tim			10
Sun	5		Whole family went out with dog		8

# Developmental Considerations When Working with Young Adults



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# 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





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# Young Adults with Severe Mental Illness: Functional Impairment

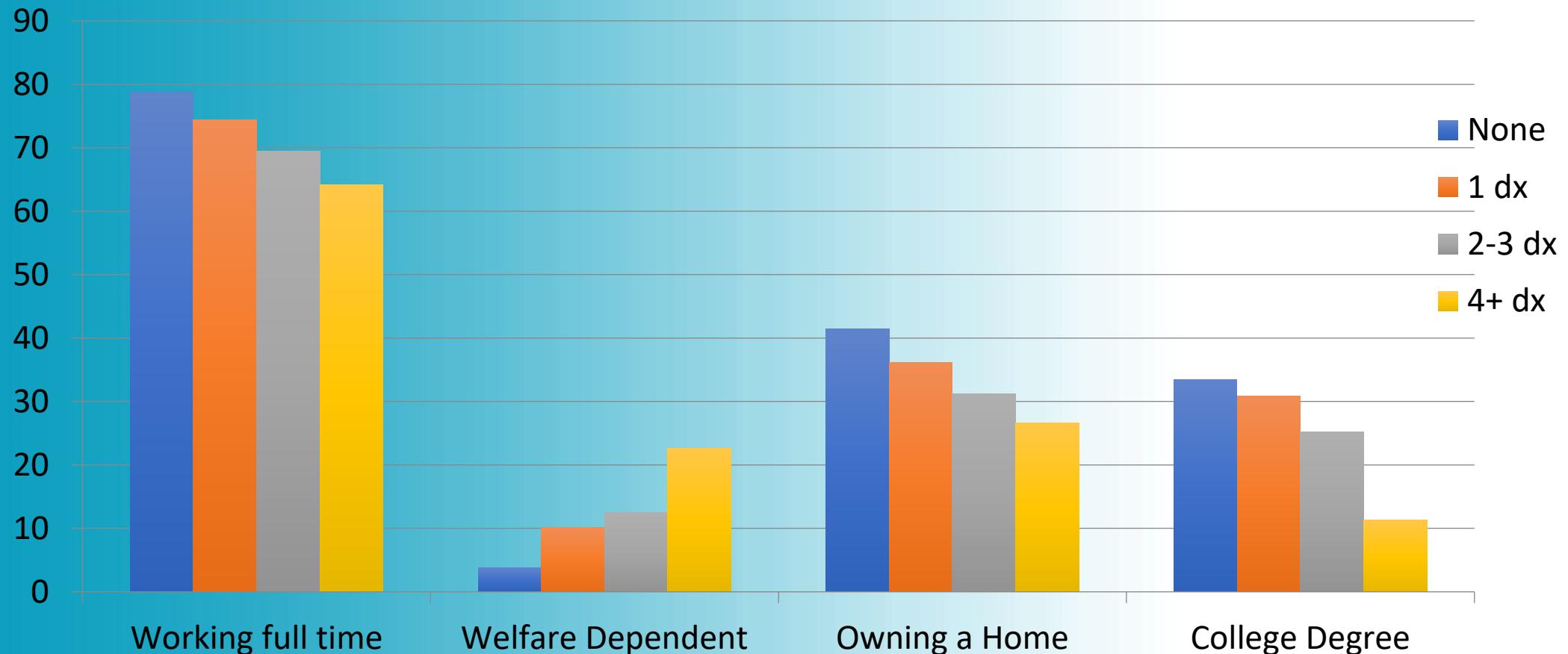
- Social skills
- Academic achievement
- Criminal activity and legal problems
- Employment and financial independence
- More limited interpersonal relationships
- Difficulty securing safe and stable housing (highest rate of residential change of any age group (Manteuffel et al. 2008)



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





# 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



# 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





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# 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)



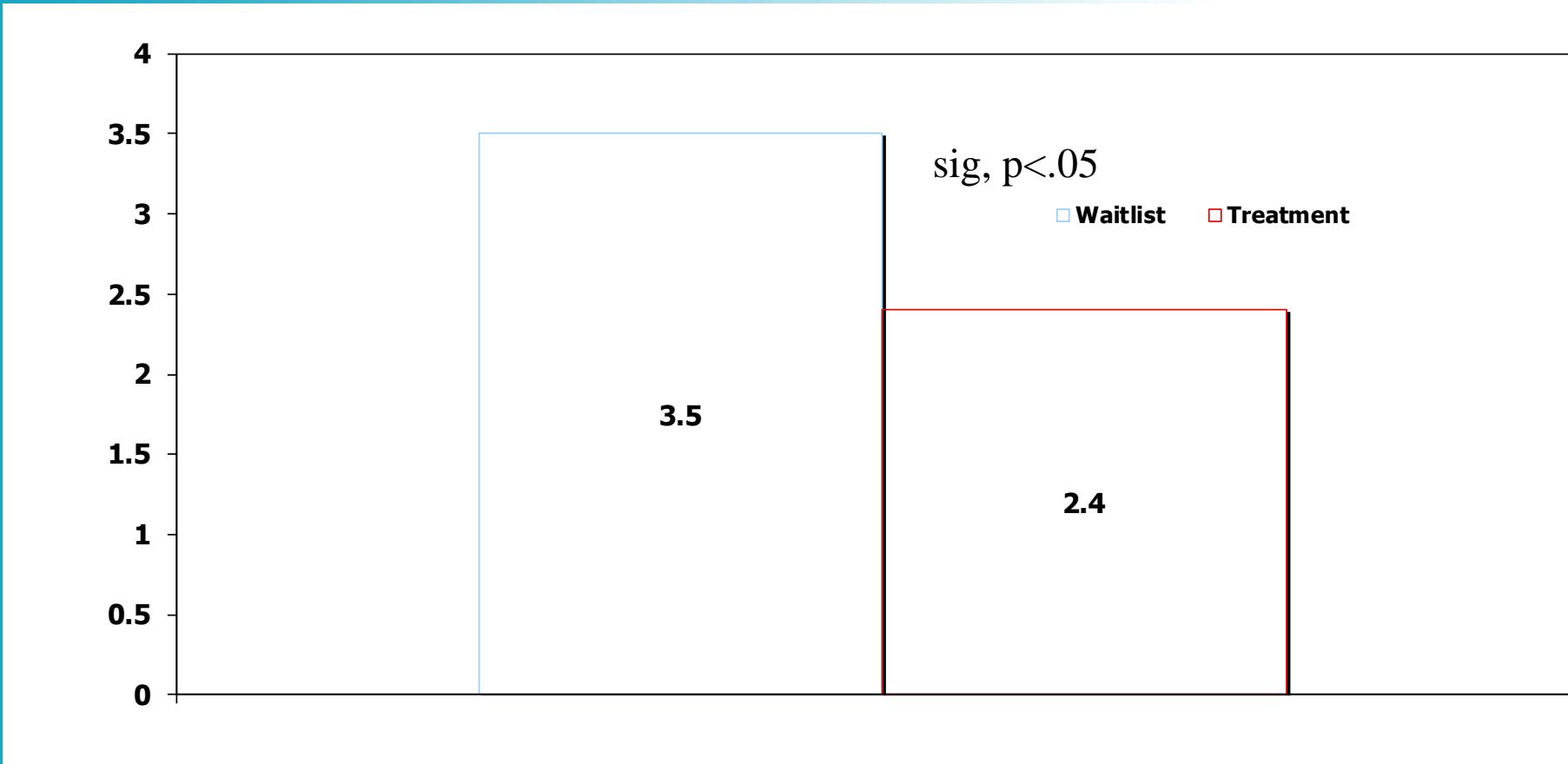
- Issues of autonomy and self-concept
  - Acceptance of diagnosis
  - Acceptance (or not) of medication
- Peer-related issues
- Therapist avoids parental role or position of absolute expert
- Thinking of this age-range as a continuation of adolescence
- Integration of DBT strategies



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





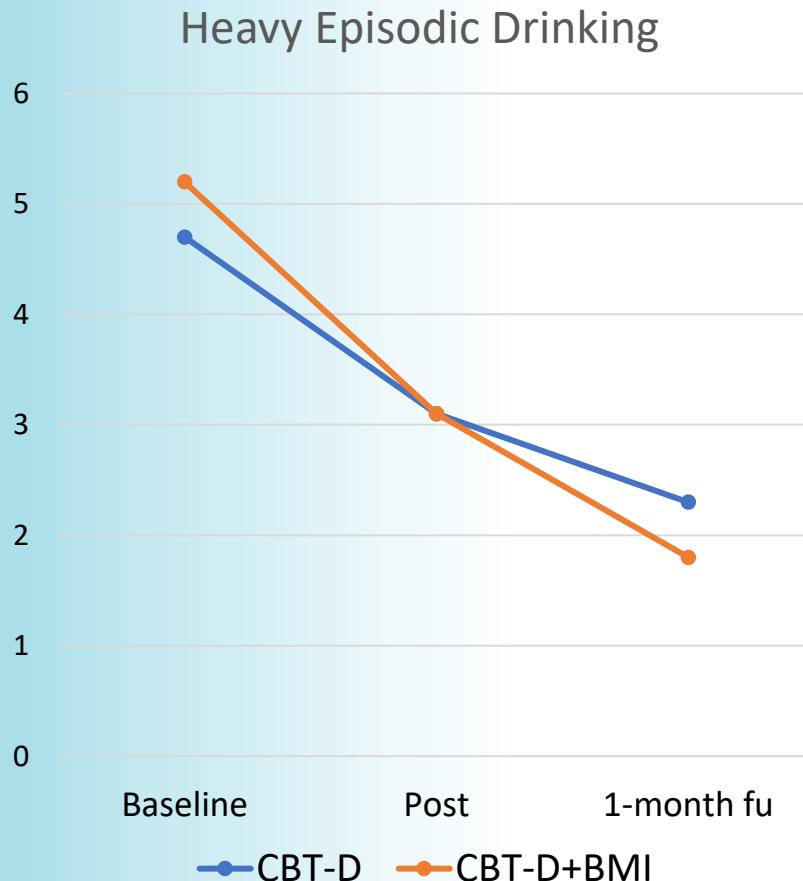
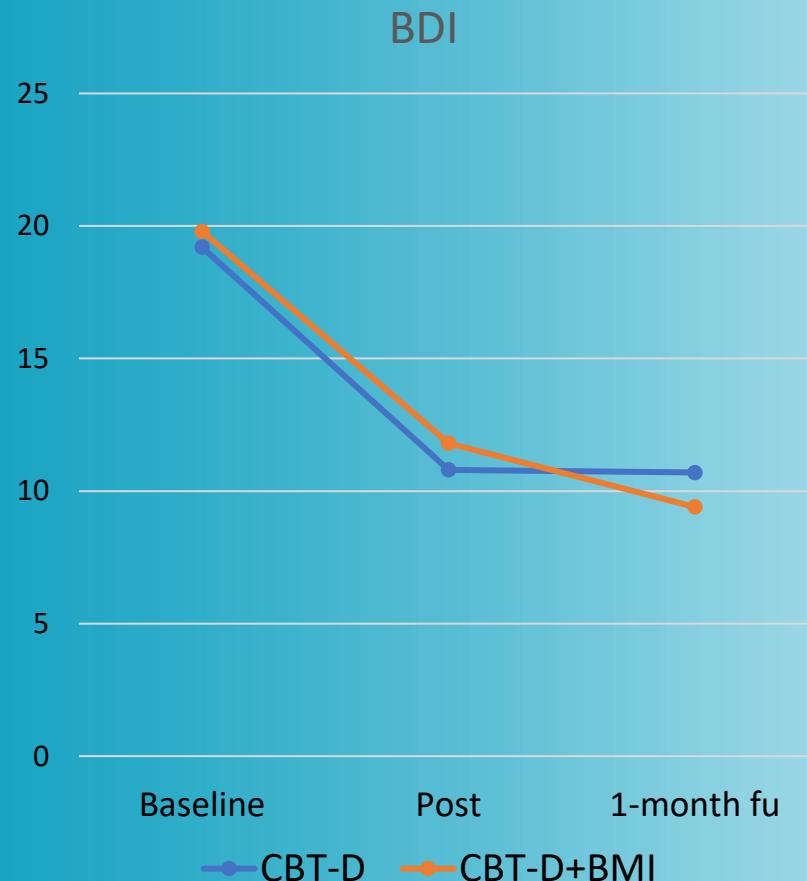
# Brief Resilience Program for College Students (N=252)



Akerman et al. *Depress Anxiety*. 2020;37:202-13.



# CBT+MI for Depression and Heavy Episodic Drinking in College Students



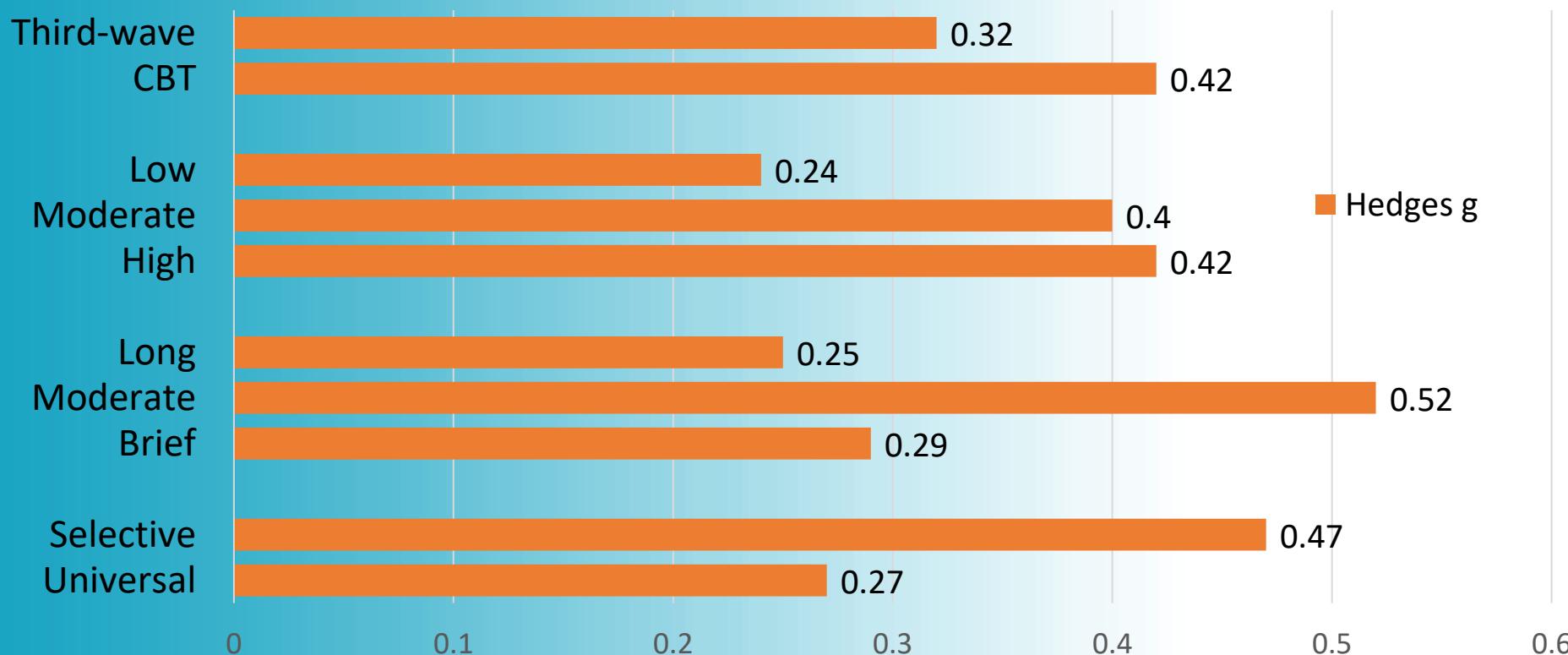
Pedrelli et al. *Psychol Addict Behav*. 2020;34:308-19.

# Meta-Analysis of Online, Guided, Self-Help Interventions for MDD Sx in College Students



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Ma et al. *Internet Interv.* Sept. 2021;v.25.



# 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](http://www.abct.org)

- European Association of Behaviour and Cognitive Therapies

[www.eabct.com](http://www.eabct.com)