
COGNITIVE PROCESSING – LEVEL I

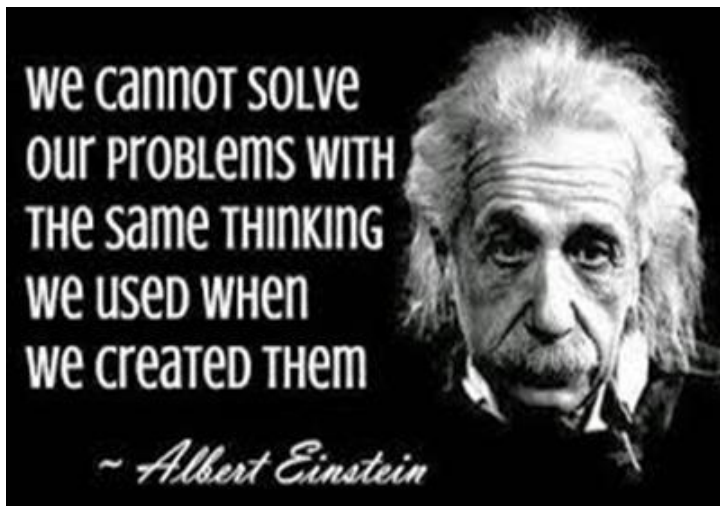
ROY VANTASSELL, SABA SHAHID & REGINA ERTZ

OBJECTIVES

- Understand the theory of cognitive processing
- Learn possible strategies for effective cognitive processing
 - The Cognitive Triangle
 - Responsibility Pie
 - Socratic Questioning
- Learn how to address caregiver related distorted cognitions

COGNITIVE PROCESSING GOALS

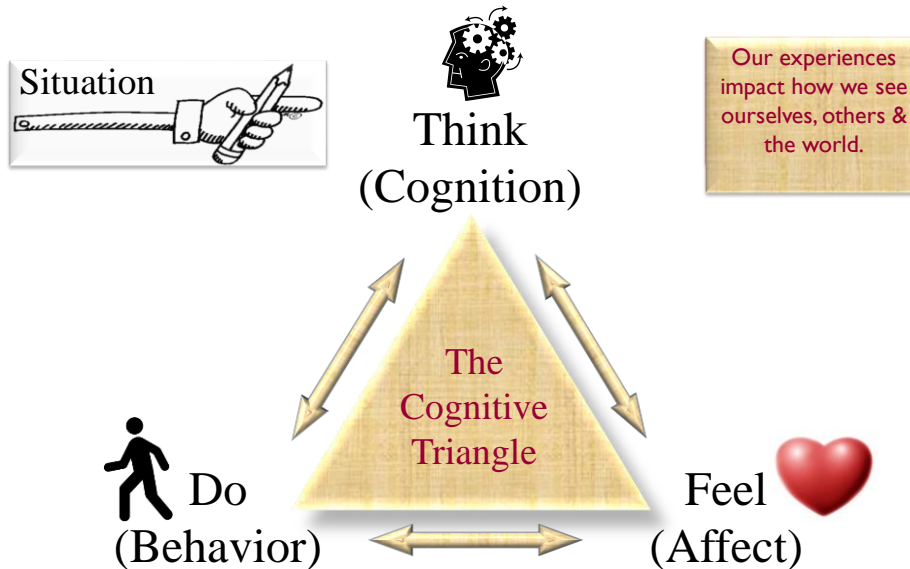
- We operate under a very simple premise: *When you change the way you look at things, the things you look at change*
- Promote more balanced, healthy beliefs
 - Traumatic events create unhelpful & extreme thinking
- Develop understanding of the trauma within the context of the child's life



Progress is impossible
Without change, and
Those who cannot change
their minds
Cannot change anything
-George Bernard Shaw

Just as unhelpful, inaccurate thinking can generalize and grow to become a disabling life habit
Learning and practicing more helpful and accurate thinking can become a positive habit and a tool for healthier living

Cognitive Triangle



HOW/WHEN DO DYSFUNCTIONAL BELIEFS CHANGE?

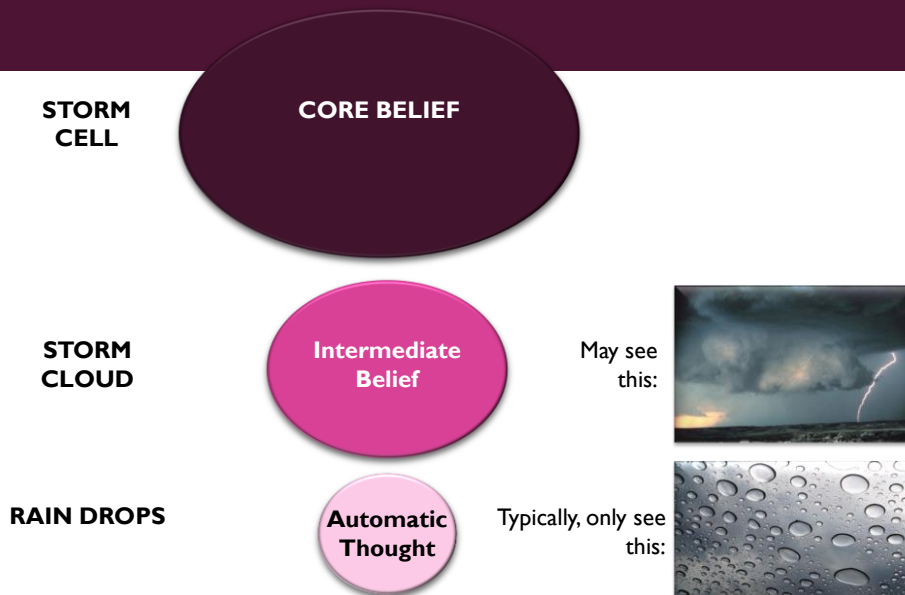
- Awareness of Conflicting Information
 - Psychoeducation
 - Cognitive Processing (or really anywhere in PRAC)
- Corrective Experiences
 - Trauma Narrative
 - Conjoint Sessions
 - Healthy Interpersonal Relationships (Parenting)
- Mindful Change in Thinking
 - Cognitive Processing
- Gradual, Effortful Process

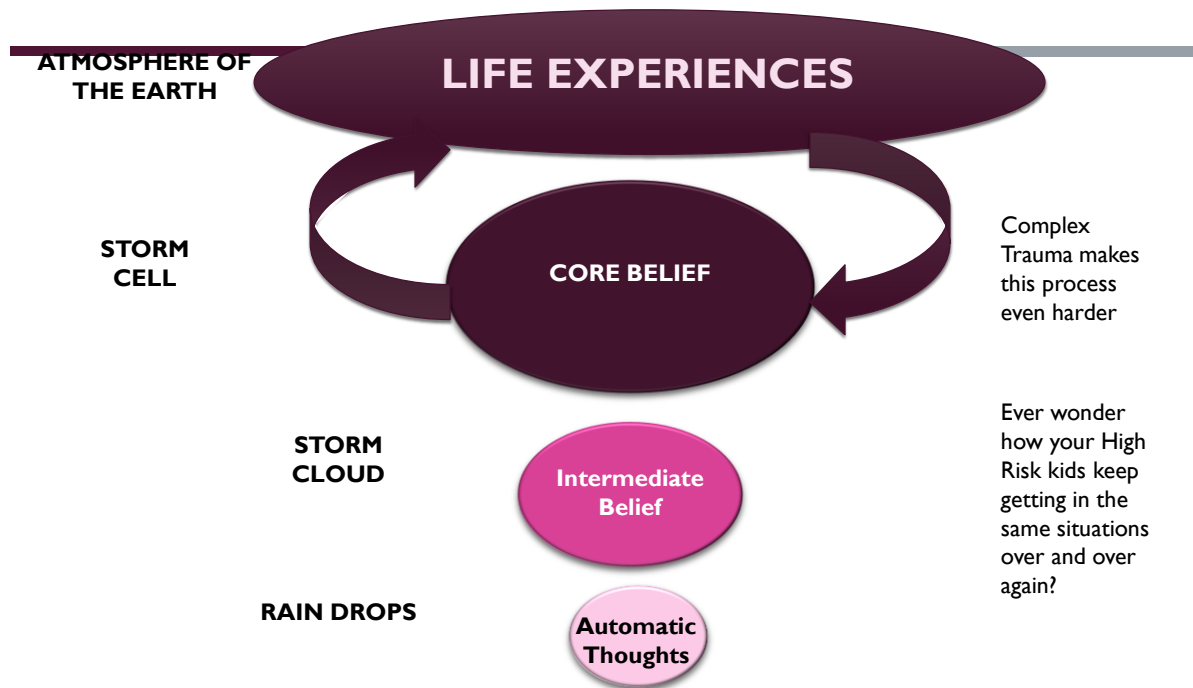
WHAT IS THE SPIRIT OF COGNITIVE PROCESSING?

- Must be collaborative
 - New belief must be realistic for the client
- Truth to both sides of a debate
 - Avoid taking polar opposite view of client, often this is inaccurate, unhealthy as well
 - Avoid power struggle – Not trying to prove client wrong
- Maintain focus....
- Empowering client to reflect and evaluate beliefs
 - Teaching, Guiding, & Assigning Practice of new skill



COGNITIVE-BEHAVIORAL THERAPY 101: STORM CLOUDS





CONTEXTUALIZATION (AKA: MAKING SENSE!)

- You have done this in every high school and college Lit course you ever had
- What does _____ mean???
- Same event can have **MANY** different meanings
- We judge on 2 criteria:
 - Is it helpful?
 - Is it accurate?
 - HAS to be both -could be helpful but not accurate, what is an example?

CONTEXTUALIZATION (TAUGHT BACK IN PRAC)

- EVENT (NON-Traumatic): I was late today
 - A) That means: “I never get anywhere on time!”
 - B) That means: “I’m so stupid. I should have left earlier. I knew there would be traffic.”
 - C) That means: “Look, I called ahead and my boss said it was okay so I’ll just leave a little earlier tomorrow.”
- Each of those meanings are SHAPED by
 - Past experiences
 - Messages (direct or indirect from others)
 - Emotional states (both transitory and dispositional)
- **Therefore, contextualization involves EMPHASIZING and DE-EMPHASIZING certain KEY aspects**

When you change the way you look at things, the things you look at change.

A popular medical adage is:
**What gets Measured...
Gets managed**

How does this apply to trauma and to this work?

COMMON FEELINGS / THOUGHTS - ACTIVITY

An effective tool / activity with clients can be having them identify and select feelings from a list of feelings.

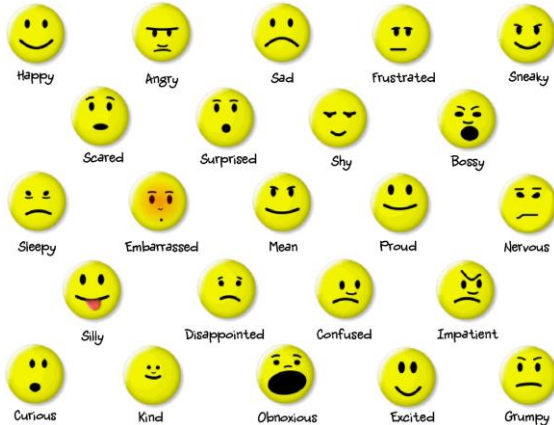
This is particularly helpful for youth who are less verbal, avoidant, have trouble identifying their own feelings, have trouble engaging, socially anxious, etc.

- Ask the client to review the list of **common feelings** other kids tell us they have felt related to “X” and circle any they have now or have had in the past about the event or situation
- In a similar helpful way, lists of common thoughts about scary, or confusing events can help children identify thoughts they have now or have had in the past about confusing or scary events, and allows them to identify those in an initially non-verbal and less direct way. This often helps them to feel less exposed, less concerned about being judged, and more protected as they initially identify what is occurring in their thinking.

A common example is:

It is my fault that I was removed and can't live with my family (lets look at feelings Ist)

COMMON FEELINGS LISTS



Allow the child to check those they feel when something Reminds them of what happened to them

Feelings Word List

Happy	Mad	Scared	Surprise	Disgust
Adored	Aggravated	Afraid	Astonished	Embarrassed
Alive	Accused	Alone	Awful	Exposed
Appreciated	Angry	Anxious	Bashful	Guilty
Cheerful	Bitter	Cross	Cautious	Ignored
Ecstatic	Burdened	Depressed	Delighted	Inadequate
Excited	Frustrated	Devastated	Enchanted	Incompetent
Grateful	Furious	Disappointed	Frightened	Inhibited
Glad	Hostile	Discouraged	Horrible	Insignificant
Hopeful	Impatient	Grief-stricken	Lost	Inept
Jolly	Infuriated	Gloomy	Haunted	Inferior
Joyful	Insulted	Hopeless	Helpless	Insignificant
Loved	Jaded	Let down	Hesitant	Sick
Merry	Offended	Lonely	Insecure	Shame
Optimistic	Ornery	Outraged	Nervous	Squashed
Pleased	Heartbroken	Melancholy	Petrified	Stupid
Satisfied	Miserable	Puzzled	Shocked	Ugly
Tender	Rebellious	Neglected	Reassured	Unaccepted
Terrific	Resistant	Pessimistic	Reserved	
Thankful	Revengeful	Remorseful	Sheepish	
Uplifted	Scorned	Resentful	Tearful	
Warm	Splendiferous	Solemn	Uncomfortable	
	Used	Threatened	Useless	
	Violated			

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COMMON FEELINGS / THOUGHTS - ACTIVITY

In a similar helpful way, lists of common **thoughts** about scary, or confusing events can help children identify thoughts they have now or have had in the past. Marking them on a list can allow them to identify them in an initially non-verbal and less direct way. This often helps kids to feel less exposed, less concerned about being judged, and more protected as they initially identify what is occurring in their thinking.

Some common examples are:

- It is my fault that I was removed and can't live with my family
- It is my fault I was sexually abused because I did not tell
- It is my fault I was hit because I am always messing up
- If only I hadn't said anything none of this would have happened

Lets spend a few minutes generating more common thoughts that kids may have and we'll compile into a list to be distributed for use following the training!

COMMON TRAUMA RELATED THOUGHTS

- *Lets create our list!*
- What is helpful to you and me is that the vast majority of unhelpful beliefs and attributions of responsibility will fall into similar categories and be similar in many cases.
- The skills and approaches you will be developing for cognitive restructuring and challenging of these frequent thoughts will be used over and over with different cases and you will get better and more expedient at it
- It is like...once you learn to drive and master it, you can take the skills to different cars and trucks...and then come the manual transmissions!

Pg 28 of the TF-
CBT Workbook

YOUR THOUGHTS AND FEELINGS ABOUT THE TRAUMA(S)

Remember how we learned that our thoughts are important? Your thoughts related to the trauma affect how you feel. These thoughts can help you feel better more quickly, or they can keep you feeling upset. Let's look at some of your thoughts related to the trauma. Below is a list of questions and thoughts that kids often have after an upsetting/confusing event. You and your therapist can choose which questions you will discuss, and you can add your own questions or thoughts at the end of the list. Then, for each question, you can write down the answer that is most helpful.

1. Why did this happen to me?
2. Who is responsible for the trauma(s)?
3. How will the trauma(s) affect me in the future?
4. How has trauma affected my family?
5. Since the trauma(s), my view of the world has changed in these ways:
6. Since the trauma(s), my view of myself has changed in these ways:
7. Since coming to therapy, I have learned these things about myself:
8. Coming to therapy has changed me and my family in these ways:
9. If I had a friend that went through a similar trauma, I would give him or her this advice:
10. If my friend thought that talking about trauma would be too hard, I would tell him or her:
- 10.
- 11.
- 12.

COGNITIVE PROCESSING: A PHASE BASED APPROACH

Preparation/ Groundwork

- Validate current belief & connect to trauma experiences
- Rate belief and connect to feeling
- Obtain permission to evaluate

Cognitive Processing Technique

- Cognitive Triangle
- Best Friend Roleplay
- Scaling
- Responsibility Pie

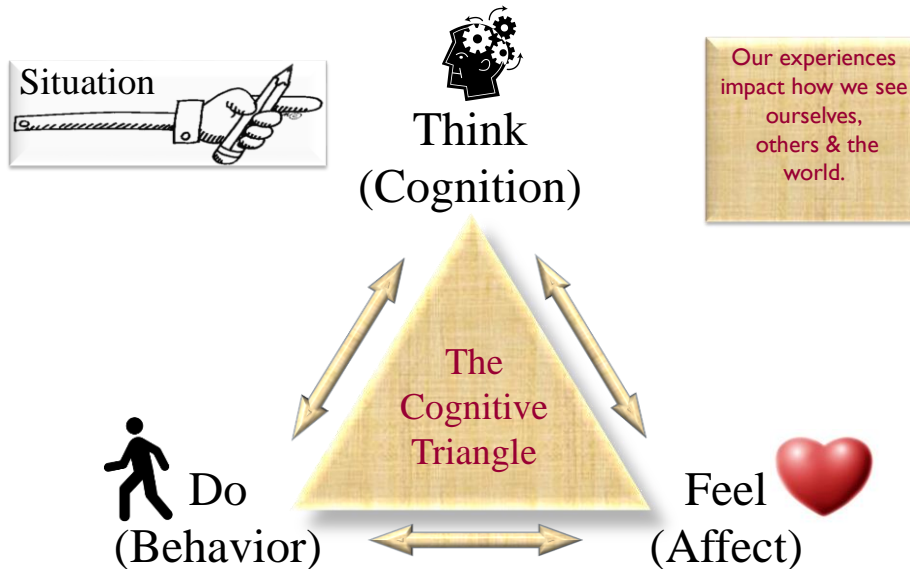
Re-evaluate

- Summarize new information gained
- Re-rate original belief and connected feelings
- Home assignment to read and rate new & old belief daily until next session

THE IMPORTANCE OF PHASES 1 AND 3 (ONE APPROACH)

- Phase 1 and Phase 3 have similar language but VERY DIFFERENT PURPOSES
- Phase 1 Preparation & Groundwork purpose:
 - Achieve a baseline
 - Obtain permission to evaluate (we don't "fix" anyone)
- Phase 3 Re-evaluate
 - Re-rate and EMPHASIZE change
 - Summarize (this is very important)
- If you do not do Phases 1 and 3, you may significantly decreased the power of Phase 2 the Cognitive Processing Tech.

Cognitive Triangle



TEACHING THE TRIANGLE

- Start small – Make it VERY visual and concrete the younger the child (perhaps w/ movement, music, games etc.)
- For ALL children, WRITE. IT. DOWN.
- Step 1: Do they understand the difference between a thought and an emotion?
 - May help to distinguish “feelings” (emotions) from senses like touch
- Yes → Then move on to step 2
- No → Make it concrete and visual or include movement
 - Ideas
 - Silly Putty
 - Thought Bubbles
 - Internal Ipod
 - YouTube videos

TEACHING THE TRIANGLE

- Step 2: Can they distinguish between “light” and “heavy” thoughts?
- Yes → Move on to step 3
- No → Give examples and start your triangle walk through with this
 - Light thought = “Today’s gonna be a good day!” . . . “What feelings and behaviors might happen if that’s in your head?”
 - Heavy thought = “Yesterday was lousy and today’s gonna be just like it!” . . . “What feelings and behaviors might happen if that’s in your head?”

TEACHING THE TRIANGLE

- Step 3: Begin the triangle walk through using NON-TRAUMATIC examples
- Non-traumatic examples
- Suggest starting with an everyday scenario YOU create and offer
 - Walk into a cafeteria and everyone laughs
 - Some one you are waiting for is very late
 - You hear a noise in the middle of the night
 - Someone bumps you in the hall

TEACHING THE TRIANGLE

- Step 4: The actual walk through
 - Start with Situation
 - Next are thoughts (thoughts are NOT facts!)
 - Then emotions (or you could **start with the feelings**, many people notice those first)
 - Behaviors next (may even include somatic (bodily sensations /signs)
 - Lastly, don't forget consequences
 - Both positive and negative that come from actions
- **WRITE. ALL. THIS. DOWN.**
- Even "automatic" thoughts are still a choice, not a necessity and therefore can be changed
- Step 5: Have child teach the caregiver (if available) at end of session (or could send a sheet home)

TEACHING THE TRIANGLE (DEVELOPMENTALLY)

- For 6 year old
 - May include gross motor activities and movement
 - e.g. play musical triangle or hop-scotch, cog triangle catch, or red light/green light (red light thoughts are untrue or unhelpful and green light thoughts are accurate and helpful)
- For a 16 year old
 - how might you operationalize and make engaging for a 16 yr. old?

TRIANGLEWORK – 3 PHASES (IF IT HELPS TO THINK OF THIS WAY)

- RATE and WRITE everything
- Phase 1: Preparation & Groundwork
 - “Billy you said in your chapter 4 that ‘My dad hit my sister cause I never listen.’ I know I put a mark there when you wrote that and promised to come back to it later. Is it okay if we talk about that today?” [Gain permission]
 - “On a scale from 1 to 10, how much do you believe that?”
 - “When that thought goes through your head what feelings do you have? ... 1 to 10 ... What other feelings?”
 - If you also notice it in your body -where do you notice that?
 - OK to start with feelings (emotions or somatic), are usually noticed before the thought!
 - You can also start with behavior and work back

TRIANGLEWORK – PROCESSING THE COGNITIONS

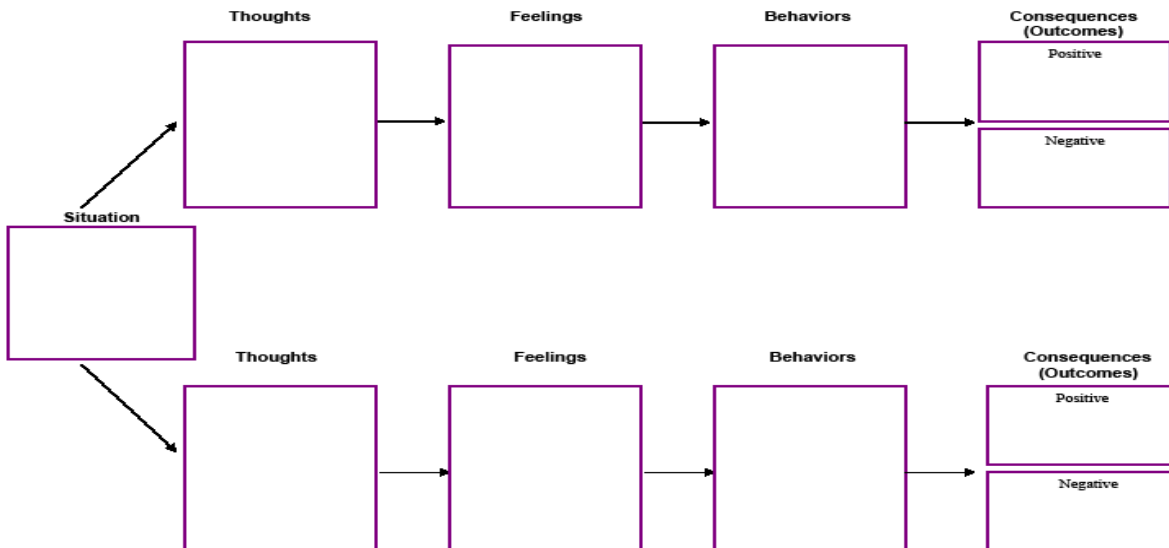
- Phase 2 → Cognitive Processing Technique: The Triangle
- Have an adaptive cognition to AIM for
 - ALWAYS have a destination
 - Work with the child collaboratively to create this
 - If having trouble, suggest the opposite
 - Cognition: “I did a bad thing by telling” (Opposite: I did a good thing by telling)
- Think of evidence for and evidence against
 - Like this ...

THE ESSENCE OF TRIANGLEWORK



You can also use this for rescripting beliefs

ABC's of Behavior



TRIANGLEWORK – PROCESSING THE COGNITIONS

- Phase 2 → “What is the Evidence?”
- Can do Quantity Strategy (sort of like a pro/con list)
 - Generate more positive thoughts than negative
 - Generate more positive consequences than negative
- Can do “Let’s try this on” Strategy
 - Find an adaptive cognition and “try it on”
 - “Coping cards” are good here
- With all these, RATE EMOTION . . . “How does it feel”
 - Usually it feels MUCH better
 - Remember “uncomfortable” does not mean bad

TRIANGLEWORK – PROCESSING THE COGNITIONS

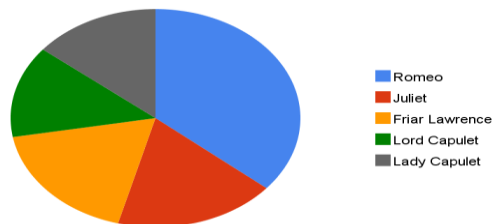
Phase 3 → Re-evaluate (make note of the change, however small!)

- Summarize what we’ve learned from the Socratic process
 - “So Billy you said that there were other times when your dad hit your sister and you weren’t around, and times he still hit her when you’d done exactly what he asked you to do? So who or what made it different that day?”
- Re-rate the original belief
 - “You said before you were an 8 on ‘it was your fault she got hit because you didn’t listen’ . . . then after we talked about it and you noticed he’d hit her before even when you WERE listening, and you came down to 4! Man that is awesome how you figured that out! What feeling do you notice now? How strong is that? Where do you notice that now in your body?”
- Home assignments on beliefs
 - “So this week Billy . . .” discuss how you might turn this into homework?

RESPONSIBILITY PIE

“Who are all the people who have at least some responsibility for what happened?
Draw a piece of the pie for each person that
shows the size of their responsibility.”

Responsibility Chart



“What are the reasons that their piece is that size? Why not larger? Why not smaller?”
When do you have them assign their own piece 1st or last? Why?”

SCALING QUESTIONS

- Caregiver: “I keep thinking I could have protected them better.”
- **Therapist:** “On a scale of 0-10, how strong is that thought?”
- Caregiver: “About an 8.”
- **Therapist:** “Why an 8 and not a 1?”
- Caregiver answers.
- **Therapist:** “Why an 8 and not a 10?”

ALWAYS end in the direction
that you’re wanting the belief to go.

BEST FRIEND TECHNIQUE

- First, check “Is _____ STILL your best friend?”
- Second, “Let’s say your best friend . . .
 - Insert background (e.g., sexual abuse)
 - Insert cognition
 - Ex: Let’s say your best friend had also been sexually abused and was telling you “I’ll never be better again”
- Third, YOU play best friend, kid plays you and “talks you out of the cognition”

SCALING QUESTIONS

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- Caregiver answers.
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ALWAYS end in the direction
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SOCRATIC QUESTIONING

Steps for the therapist:

- What is your end point/possible end point?
- What questions do you ask to get them there?
- Eventually you may/will have to provide some information, but use questioning technique as much as possible.

Adapted from slide by Shannon Dorsey, Washington Department of Psychiatry and Behavioral Science

(BACK TO) TRIANGLE – ROLE PLAY

- Now you are ready for Traumatic beliefs
 1. “My dad was right, I am stupid. I’ll never be anything good.”
 2. “It’s my fault my mom got hurt. I was too slow and weak to do anything.”
 3. “I don’t know if I should have called DHS. I feel bad about it cause my brother and I don’t have each other anymore.”

CAREGIVERS

- 3 reasons caregivers don't do what you want them to
 1. Knowledge Gap
 2. Energy Gap
 1. "Resistance" (45-year-old adolescent)
 2. "I work 3 jobs and sleep 4 hours a night"
 3. **Cognitive Distortion** (think about their core schemas)

WHAT DISTORTIONS HAVE YOU HEARD FROM CAREGIVERS?

- Let's discuss how you might handle work with a child...say perhaps school-based...where you do not have an active caregiver or little access
- The child tells you about a negative belief, blaming, shaming, negative attitude or dismissiveness coming from the parent or caregiver, and you will not have much or **any** access to that caregiver?
- First...how real is this?
- How might you address this in your TF-CBT work with the child?
- Let's discuss alternatives and options?

CAREGIVERS

- The tactics are IDENTICAL as with your child, only the content changes (but have a lot more life “negative thought” baggage)
 - Therefore, use the steps like you would with the child
 - The biggest difference is the balance you must strike between helping process with the caregiver and “being their therapist”
 - Another one is that you can do this at beginning of treatment with caregivers
 - “My child has RAD and will never get better.”
- What other differences between caregiver and child would you be concerned about???

HOW DOES THIS RELATE TO CONJOINT SHARING OF TN

- One of your MOST important jobs during conjoint is to “intercept” distorted thoughts from the caregiver BEFORE the child comes in the room
- Keep the sections small
 - You’ll need to take breaks to do SUDs check-in regardless
- Ask the caregiver
 - “After hearing that part, what thoughts are going through your head right this second?”
 - After hearing that entire story what thoughts are going through your head right this second?”

HOW DOES THIS RELATE TO CONJOINT SHARING OF TN

- Ask the caregiver
 - Be mindful of THEMES that the caregiver might be expressing (e.g., “It’s my fault my child doesn’t have a father”)
 - And be transparent about this (i.e., you can ask them)
 - “Ms. Smith, you have said at multiple points that you think that you failed to keep your child safe, you failed to get them to the ER, and you didn’t get them a therapist fast enough. Tell me if I’m putting words in your mouth, but would that all fall under a larger thought such as ‘I failed my child?’”
- Again → WRITE ALL THIS DOWN

HOW DOES THIS RELATE TO CONJOINT SHARING OF TN

- When addressing caregiver distortions
- Meet with the caregiver alone to do this cognitive work
 - Be mindful of THEMES and conflicts they may have
 - Validate their feelings (confusion, ambivalence, anger, hurt, betrayal fear, etc.,
- Be mindful that affect and action can shift cognitions
 - “ I understand you still feel some part of this your fault. Even if none of it was, what do you think your child would most need from you?
 - Would thinking part of it was your fault keep you from providing what you just said your child needs now?
 - Responsibility vs. regret
- Again → WRITE ALL THIS DOWN

HOW DOES THIS RELATE TO CONJOINT SHARING OF TN

- Placing themselves in a role of action –and if they can ID how this feels to them...this can shift their cognitive frame
- You can win the game with a “Hail Mary” throw or you can move the ball 10 yards and a first-down at a time
 - Cognitive processing steps can be like creating strategic cracks in a wall –you don’t always have to take it down in one shot
 - Being in a place to hold their ambivalence and not judge where they are stuck cognitively
 - Can you support them to have non-judgmental support and listening to their child’s narrative

TRIANGLE – ROLE PLAY (CAN WE GET A VOLUNTEER?)

- Caregiver Distorted Thought
 1. “I married a pedophile. How could I be so stupid to do that?”
 2. “I should have protected my son better. I let that man beat me and stayed with him and I let down my son.”
 3. “I just don’t believe my brother could do this to my daughter. I mean she makes up things all the time. This could be one of them.”

FINAL CHAPTER OF TN

- Developed TYPICALLY before Cognitive Processing of trauma cognitions
- It is where you bring the most Contextualization
- If done correctly, it SIGNIFICANTLY builds on your processing work
- Ideas
 - “What I have learned”
 - “How I’m different”
 - “What my future will be like”
 - “What I would tell other children who have went through trauma”
 - “How am I different from when I first came to counseling?”

Information about TF-CBT and a map of Oklahoma treatment providers can be found on our website:



www.oklahomatfcbt.org

Child Study Center

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Child Trauma Services (CTS)