

Cognitive Processing – Level 1

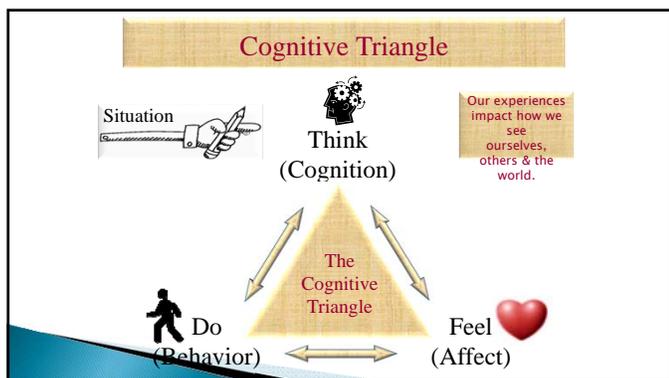
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Objectives

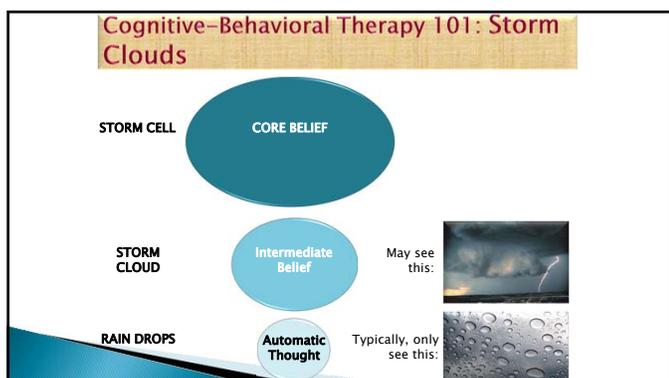
- › Understand the theory of cognitive processing
- › Learn the three phase process for cognitive processing
- › Learn and practice the Cognitive Triangle
- › Learn how to address caregiver related distorted cognitions

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*
- Correct dysfunctional beliefs created by traumatic events
- Develop understanding of the trauma within the context of the child's life



- ### How Do Dysfunctional Beliefs Change?
- ▶ Awareness of Conflicting Information
 - Psychoeducation
 - Cognitive Processing
 - ▶ Corrective Experiences
 - Trauma Narrative
 - Conjoint Sessions
 - Healthy Interpersonal Relationships (Parenting)
 - ▶ Mindful Change in Thinking
 - Cognitive Processing
 - ▶ Gradual, Effortful Process



Contextualization

- ▶ 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

Contextualization

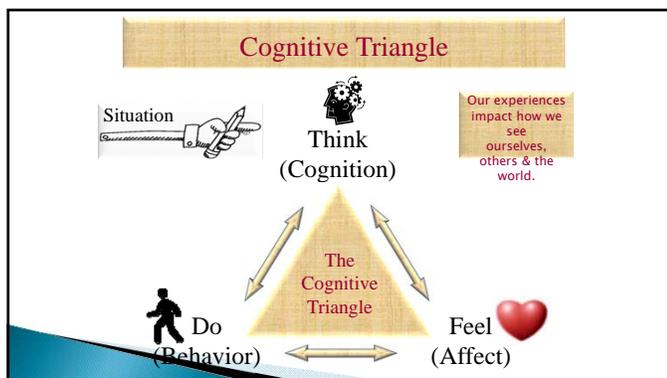
- ▶ **EVENT (NON-Traumatic):** I was late today
 - A) That means: "I never get anywhere on time!"
 - B) That means: "I'm so stupid. I should have left earlier. I knew there would be traffic."
 - C) That means: "Look, I called ahead and Carrie said it was okay so I'll just leave a little earlier tomorrow."
- ▶ 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**

Final Chapter of TN

- ▶ This is your dovetail into Cognitive Processing
- ▶ It is where you begin Contextualization
- ▶ If done correctly, it **SIGNIFICANTLY** makes your processing work easier
- ▶ 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"
- ▶ Can look like this . . .

The importance of Phases 1 and 3

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



Triangle - How do we teach it

- ▶ Start small - Make it VERY visual and concrete the younger the child
- ▶ For ALL children, WRITE. IT. DOWN.
- ▶ Step 1: Do they understand the difference between a thought and an emotion?
- ▶ Yes → Then move on to step 2
- ▶ No → Make it concrete and visual
 - Ideas
 - Silly Putty
 - Thought Bubbles
 - Internal Ipod
 - YouTube videos

Triangle – How do we teach it

- ▶ 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?"

Triangle – How do we teach it

- ▶ Step 3: Begin the triangle walk through using NON-TRAUMATIC examples
- ▶ Non-traumatic examples
 - Walk into a cafeteria and everyone laughs
 - Externalizer – Use an Internalizing example
 - You hear a noise in the middle of the night
 - Internalizer – Use an Externalizing example
 - Someone bumps you in the hall
 - They will usually skew it their way regardless (i.e., externalizer will skew externalizing)

Triangle – How do we teach it

- ▶ Step 4: The actual walk through
 - Start with Situation
 - Next are thoughts
 - Then emotions
 - Behaviors next
 - Lastly, don't forget consequences
 - Both positive and negative
- ▶ **WRITE. ALL. THIS. DOWN.**
- ▶ Step 5: They will teach the caregiver at end of session

ROLE PLAY – Teaching the Triangle

- ▶ For 6 year old
- ▶ For a 16 year old

Triangle Work – 3 Phases

- ▶ RATE and WRITE everything
- ▶ Phase 1:
 - “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?”

Triangle work – Processing the Cognitions

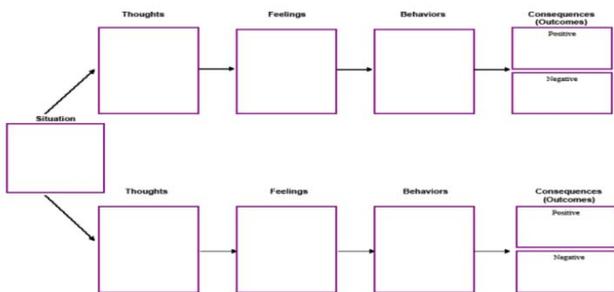
- ▶ Phase 2 → The Triangle
- ▶ Have an adaptive cognition to AIM for
 - ALWAYS have a destination
 - Work with the child collaboratively to create this
 - If having trouble, suggest the opposite
 - Cognition: “I did a bad thing by telling” (Opposite: I did a good thing by telling)
- ▶ Think of evidence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

The Essence of Triangle Work



You can also use this for
rescripting beliefs

ABC's of Behavior



Triangle work - Processing the Cognitions

- ▶ Phase 2 → "What is the evidence?"
- ▶ Can do Quantity Strategy
 - 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

Triangle – Role Play

- ▶ Let's start with NON-traumatic beliefs

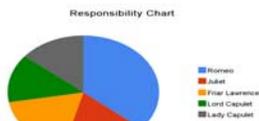
“I can't talk to her. She's completely unreasonable. I should just ignore the whole situation.”

Triangle – Role Play

- ▶ You get a few extra tools before your next one though ☺

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.”



“What are the reasons that their piece is that size? Why not larger? Why not smaller?”

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.

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**

What distortions have you heard from caregivers?

Caregivers

- ▶ The tactics are IDENTICAL as with your child, only the content changes
 - 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

Triangle - Role Play

- ▶ 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."

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



www.oklahomatfcbt.org

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