

COGNITIVE BEHAVIOR THERAPY

Cognitive Behavior Therapy (CBT) is widely used and a great deal of research has been conducted regarding its effectiveness and is currently the most evidence-based form of psychotherapy. It has been shown to be effective in a variety of situations, which will be discussed below. CBT combines two therapies: Cognitive Therapy and Behavioral Modification. CBT is active and focuses on the present, emphasizing problem thoughts and behaviors and taking direct steps to change both.

Many therapists say they use a “CBT” approach, but the behavior piece is being left out. In order to maximize results, as indicated by research, one must incorporate both the cognitive and behavioral pieces of CBT. Because CBT has been thoroughly researched, there are a variety of CBT programs that have been found to be effective with youth and have been manualized by the creators. To be most successful, it is recommended agencies find an effective program and follow the manual as instructed.

Cognitive Therapy

Cognitions are thoughts, beliefs, assumptions, expectations, attributions, and attitudes. Cognitive Therapy focuses on helping clients recognize maladaptive cognitions and substituting those cognitions with adaptive cognitions. Cognitive Therapy is helpful in changing both fleeting and repetitive thoughts. Changing a client’s thoughts can assist in changing associated emotions and behaviors.

Consider a child who has difficulty completing school assignments. The child may have the thought, “I can’t do this, I am stupid.” Cognitive therapy can assist the child recognize that thought and replace it with, “This is hard, I should ask for help.” Helping to modify this cognition can help relieve anxiety (the emotion) surrounding school work and encourage the child to keep working (the behavior).

Behavior Modification

Though cognitive therapy can assist in changing behavior, alone it is not sufficient and Behavior Modification should not be neglected. In Behavior Modification, clients are helped to recognize and change problem behaviors. To modify behaviors, current behaviors are examined to find what is reinforcing (*maintaining*) the behavior, those reinforcers are then eliminated and new reinforcers for positive behaviors are added. Punishers may also be added, which also help to eliminate problem behaviors.

- A **reinforcer** (both positive and negative) is something that will **increase** the likelihood of a behavior. The reinforcer should always follow the behavior.
 - A **positive reinforcer** is when something of value to an individual is “added.” For example, after a youth completes his or her school work giving a tangible reward or verbal praise that the youth finds enjoyable will increase the likelihood the youth completes his or her homework in the future.
 - A **negative reinforcer** is when something aversive to an individual is “subtracted.” For example, after a youth completes his or her school work taking away one of the youth’s chores can help increase the likelihood the youth completes his or her homework in the future.
- A **punisher** is something that will **decrease** the likelihood of a behavior. Examples of punishers are: grounding, taking away privileges (xbox, car) monetary fines, confinement, etc.

For further information reinforcers/punishers, please see additional the summaries.

How the Two Work Together

The underlying concept of CBT is that cognitions (thoughts, attitudes, beliefs) influence an individual's emotions and behaviors, and that behaviors can lead to problematic situations. CBT has the ability to assist an individual in changing his or her cognitions by being aware of negative thoughts and replacing with positive thoughts, and having a behavior modification plan to change problematic behaviors.

Components of CBT

As stated in the introductory paragraph, some counselors draw on components of CBT; however, employing one or a few components of CBT does not mean a counselor is implementing CBT. If not researching their own programs, it is advised agencies purchase an already researched program and use it as instructed in the manual, rather than "wing it," borrow components of CBT, or rely on prior experience. Here are some components CBT programs are likely to include:

- Affective Training
- Relaxation Training
- Cognitive Restructuring
- Thought Stopping
- Behavior Modification
- Homework Assignments
- Skills Learning
- Modeling
- Role Playing
- Reinforcers (Positive and Negative)
- Punishers
- Psychoeducation

For further information on each component of behavior therapy, please see additional the summaries.

Risk factors Addressed by CBT

The following risk factors can be addressed using CBT:

- Perceptions, Beliefs, Attitudes Favorable Toward Antisocial Behavior and Drug Use
- Interaction with Antisocial Peers
- Rebelliousness, Sensation Seeking and Impulsivity

Types of CBT Programs

- Prevention Programs
- Delinquency and Criminality
- Substance Use
- School Failure
- Teen Pregnancy
- Depression
- Anxiety and Phobias

Examples of OJJDP Effective and Exemplary Programs*

- Aggression Replacement Training (ART)
(Intervention- aggressive youth)
- Coping Power Program
(Prevention- aggressive youth)
- Family Integrated Transitions
(Reentry)
- Multisystemic Therapy
(Home-based intervention)

*Office of Juvenile Justice and Delinquency Prevention- Model Program Guide. www2.dsgonline.com/mpg/

