

Talking CBT with Parents and Children

A Guide for the
Cognitive-Behavioral Therapist

DR. NAOMI EPEL

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Dr. Naomi Epel

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This book is dedicated in loving memory to
Professor Michael Rosenbaum
A pioneer of research and treatment in
Cognitive-Behavioral Therapy in Israel

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During the writing of this book, I discovered, in contradiction to my initial expectations, that I have a tendency to write in a very personal style – a style which delves deeply into the therapeutic process. Perhaps this is not a coincidence. One of the complaints I hear about Cognitive-Behavioral Therapy is that it is too technical, lacking dimension and intricacy. It seems to me that readers of this book will discover otherwise. Many types of tools, techniques, and methods I have developed over the years are presented in this book, and yet each tool has a clear rationale, objective and function. We do not use a particular method in treatment because it's nice or because

we've heard how effective it is; we use a certain tool only when it is clear what we intend to achieve by using it only when we fully understand the problem, the client, his needs, and the factors which caused him to seek assistance, and when we have a sound basis to assume a particular tool chosen will best serve our objectives.

Over the years, many field professionals have approached me with a request to write a clear and orderly list of protocols I have taught in professional courses, seminars, and workshops. Accordingly, the second part of this book deals with, among other topics, the protocols associated with the childhood years, based upon the children's books I have authored. These books were written essentially as therapy protocols, even though they are highly regarded as children's literature and deal with typical childhood problems: coping with anger and aggression, coping with childhood fears, and acquiring social skills for some various personality types.

This book is intended for experienced Cognitive-Behavioral clinicians. For clinicians who are just starting out and are interested in utilizing this book, it is advisable to fully acquaint yourselves with the basic concepts of the Cognitive-Behavioral approach. This is important because there are a number of concepts meant to be incorporated by clinicians, both theoretically and practically.

Dr. Naomi Epel

Preface

Why is Cognitive-Behavioral Therapy Special?

CBT is evidence based therapy. Cognitive-Behavioral Therapy has been widely researched since its inception, about one hundred years ago, and has continually developed over time, according to further empirical findings. Its principles have proven extremely effective in parent training and in child-direct therapy (Kendall, 2006; Lyneham & Rapee, 2005; Ronen, 2003).

Cognitive-Behavioral Therapy includes several important principles that allow the therapist to be accessible to his clients, while the client, whether a child or an adult, is an active partner in determining treatment goals and the manner in which these goals will be attained.

In contrast to other methods of therapy, there is an immediate endeavor on the side of the therapist to instill the client with a sense of security and to be understood by the client. The therapist works at the client's level: explaining, answering questions, involving the client in contemplations, the sharing of thoughts and uncertainties, and guiding the client toward achieving their goals, which are determined in collaboration with the client (Beck, 1995, 2011).

CBT therapists, even if working with a strict protocol, should have a fair measure of creativity and the ability to continually seek out solutions. The therapist must be flexible when choosing which tools are suitable for the client, and be able to keep the focus on the client's strengths and maintain positive thinking, while having the power to envision a better future for the client. The CBT therapist must advance slowly, step-by-step – and with small achievable steps – while constantly assessing the client's progress.

In comparison to other approaches, the CBT therapist does not interpret the client, but rather seeks the client's interpretations at each stage of therapy. In this respect, the therapist and the client, the adult and the child, work as a research team: together they investigate how the client thinks, feels, and behaves. Just as in research, they too are engaged in studying the connections between different variables, trying to predict reactions in accordance with those connections, arriving at conclusions and suggesting solutions.

The client in this type of treatment is meant to immediately feel understood, acknowledged, and secure. The client should feel that he has come to a professional – one who understands what he is doing and can guide him safely towards his goals.

The therapy process, which develops between therapist and client, in my view, is similar to a group excursion. Not an ordinary field trip, but similar to the excursions I experienced in my own childhood on the kibbutz where I was raised. Along with our group's teacher, we would go out into the fields, amazed by the redness of the poppies that greeted us. On the way, we met plants and animals and together we studied what we had found. We would take turns guessing, "that's got to be yellowweed," or "that looks like a hedgehog," and our instructor

would encourage us or refute our conjectures. These outings were always a constant stream of study and learning. We knew what sort of adventure to expect, where we wanted to go, and we also knew the route – but we were always excited about what we found along the way and when we ran into something really interesting, we tried to make sense of it together with our teacher.

Therapy is a kind of excursion, a type of journey. In Cognitive-Behavioral Therapy, the path must be a clear one. Where do we want to go? Which route do we take? What are the resources available to us, and when and how should we apply them? We should expect to find some surprises along the way, a few hurdles and possibly some hazards, so we will need much more than a map and a compass. We will require the capacity to be creative, to think with flexibility, and to be willing to alter our route according to the road conditions.

In a recent conversation I had with a dear colleague of mine, we spoke of our goals in the training of therapists, students of CBT therapy. He said something that stayed with me ever since and remained with me throughout the writing of this book, “It is imperative that therapists know what to do and not just do what they know.” There is great wisdom in this statement and perhaps it represents the entire essence, especially when we are talking about psychological therapy, in particular, the treatment of families and moreover, children.

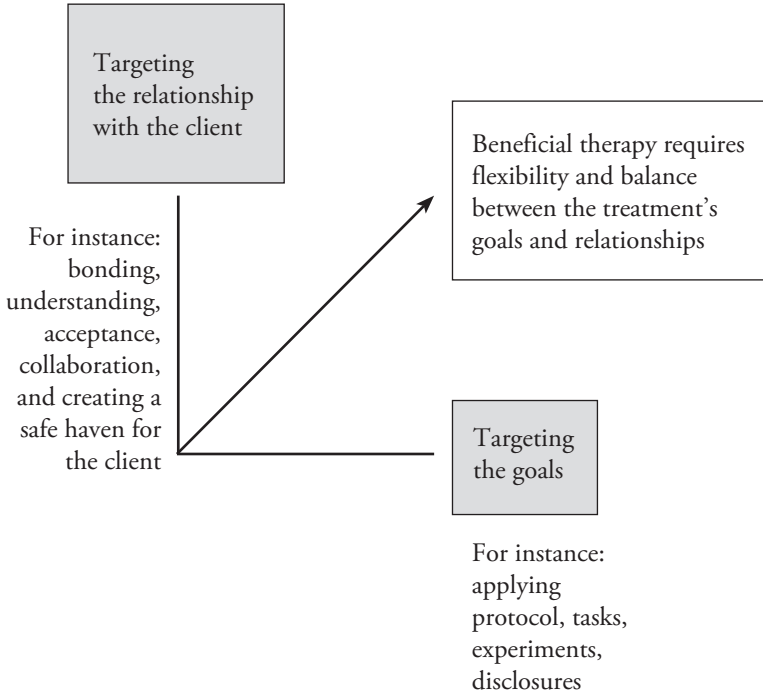
The CBT therapist needs to be sure of what he’s doing. Regrettably, on occasion, we run into professionals working in the field of CBT who place too much emphasis on adhering to the treatment protocols, losing sight of the client along the way. This results in establishing a technical experience for the client: cold and lacking adequate acceptance and understanding.

Moreover, by complying too closely with the technical aspects of treatment, the therapist may not be able to identify the specific requirements of the client. Thus, it happens that behavioral therapists are often viewed as technocrats, who do what they know how to do instead of knowing what they are doing.

A certain dexterity is necessary in order to enable the therapist to safely maneuver between the contexts of therapy, which calls for a depth of knowledge of various different disorders and the effective methods applicable to each condition, along with therapy procedure. In this process, the client and the therapist are found in a unique meeting place, both intimate and matter-of-fact, one which demands the therapist to be attuned and attentive to the client at all times, all the while keeping in mind the treatment's common goals and objectives, which are decided upon during therapy.

Whenever I instruct professional therapists, I use the aid of management models in order to explain the flexibility required to maneuver between focusing on an objective and aspiring for interpersonal relations – the bond with the client. Borrowing examples from the field of management is not coincidental. In Cognitive-Behavioral Therapy, the therapist manages and leads the treatment in the direction of the client's goals. The therapist must do this in collaboration with the client, all the while explaining his intentions and methods of treatment. At the same time, the therapist is building a safe haven for the client, continually assessing progress towards the treatment's goals, along with monitoring the client's emotional experience during therapy.

We can graphically exhibit this in the following example:



The goal of this book is to reinforce the methods and tools available to CBT therapists. In this book, the emphasis is not only on content, but also on the process of building trust, mutual understanding, and enhancing relationships with parents and children. The first section of this book deals with parent training, from the point of view that, except for extraordinary circumstances, every treatment of every child should take place with the parent's full cooperation and includes consistent counseling over the course of the entire therapy process.

Part A:

Parent Training

My childhood was spent on a kibbutz. One of the wonderful things about the kibbutz in those days was that children began working in the different branches of the kibbutz at an early age. In the fifth grade, we went to work in the children's farm: planting and tending the garden, taking care of the goats, rabbits, parrots, peacocks, ducks, and even bees! As time went on, we experienced working in the various branches of the kibbutz and could choose between them: the dairy farm, the field crops, landscaping, the chicken coops, or in the children's quarters taking care of the younger kibbutz children, from newborns until secondary school. Even though I chose to work in the dairy farm, I still had plenty of opportunities to experience childcare, from the youngest infants up to seventh graders, or thereabouts. Those experiences instilled in me a sense that I would be able to care for my own children one day in the future, that I would manage relatively easily to fulfill a parental role.

That theory was blown to bits after the birth of my first son. I was not aware just how difficult it would be to become a mother overnight. The desire to provide for all of the needs of this tiny and helpless baby, moment after moment, left me feeling quite helpless. How could it be that such a tiny creature would make

me feel so powerless? After all, I am an adult, experienced, and I had already worked with children in the past. A baby's cry was nothing new to me and holding a baby was familiar to me. So why am I reacting with such intense emotions? Apart from the "hormonal hurricane" a woman goes through after giving birth, it's essentially an adventure – one that is like no other human adventure. This is a dialect; it involves the idea of giving birth to a new life, which creates strong and powerful emotions and great satisfaction. At the same time, the understanding that my husband and I are solely responsible for this newborn child and are absolutely attuned to his needs forces me to waive everything I previously knew. Essentially, this is a dialect of simultaneous giving and taking. I have given him life and my own life, the life I had known before then, has been put aside.

Being a parent is one of life's most complex roles, from an emotional aspect. Assuming the role of a parent requires many personal and interpersonal skills (for example, self-regulation and listening). The parent's role becomes even more complex when a couple's relationship enters the equation. A couple's relationship may lead to conflicts simply because two people have become a single unit, each one with different wants and needs. A lack of expertise in personal and communication skills can cause harm to one's own emotional welfare and result in genuine dilemmas for a spouse and affects the couple's ability to function as parents. A therapist who practices parent training and child direct therapy should have a comprehensive understanding of the systemic approach to family relationships, understanding the roots of conflicts in the couple's relationship and in their parenting system. This will enable the therapist to help navigate the family's ship to a safe harbor. Therapists who engage only in child direct therapy, without including parent