This is a chapter excerpt from Guilford Publications.
CBT Strategies for Anxious and Depressed Children and Adolescents: A Clinician's Toolkit.
Eduardo L. Bunge, Javier Mandil, Andrés J. Consoli, and Martín Gomar. Copyright © 2017.
Purchase this book now: www.guilford.com/p/bunge

MODULE 1

Let's Begin!

MODULE GOALS

- Helping clients and therapists set collaborative treatment goals.
- Engaging a client in treatment by creating a client–therapist team to work on the problem the client and therapist have collaboratively agreed to solve.
- Naming the client's problem and understanding how it affects the client's life, with the goal of eliminating the problem in areas of concern.

WHEN TO USE THESE HANDOUTS AND WORKSHEETS

The Module 1 forms are intended to be used at the beginning of the treatment. In addition, they can be used each time a new problem is identified.

CLINICAL TIPS

- To establish successful alliances with clients, therapists need to be sensitive to the clients' interests, preferences, and personal styles.
- With younger clients, it may be better to go over handouts together, and to complete worksheets together on paper, in a structured way.
- With older clients, it is recommended that therapists simply present the handouts and worksheets to clients and discuss them in session. Although completing worksheets in writing may be beneficial, it may not be necessary with some older clients, especially if they show some reluctance to fill out worksheets.
- With introverted clients, who may not feel comfortable with open-ended questions, the structure provided by the handouts and worksheets may be useful.

Copyright © 2017 The Guilford Press

HOW TO COMBINE FORMS

- All the forms in this module may be used together, whether a client has anxiety, depression, or both. Forms can also be combined with those from other modules, depending on particular clients' needs. For example:
  - "Defining the Problem" can be used as a first step before beginning the "Problem Solving" module (Module 12).
  - "Naming and Mapping the Problem" can be used in an ongoing way, to monitor clients' treatment progress informally and to check in with them about whether they are making headway in solving the problem.
  - "The Miracle Question" can be used for new and specific problems that arise in clients' lives during the course of treatment. (Example: "If a miracle were to happen after this session, how many things would you be able to face during the coming week?")

Copyright © 2017 The Guilford Press

SPECIFIC GUIDELINES FOR "NAMING AND MAPPING THE PROBLEM"

- The goal of this worksheet is to help a client name the problem and view it as something external to the client. Externalizing the problem can help clients separate themselves from the challenges they face. They are able to gain perspective and look at the problem as if it is "out there" and not an integral part of who they are.
- In addition to making a map of the problem as shown in the worksheet, clients can be asked to make a cartoon drawing of their current problem and to give a name to it.
- If a client struggles with mapping or drawing a problem, a therapist can provide ideas and examples from other clients who have dealt with similar problems.
- Therapists can ask clients to describe how this character (the externalized problem) bothers them, and then to name some situations in which they were able to put the character in its place and describe how they felt in those situations.
- Framing the problem as an external entity can motivate and challenge a client.
- Creating a team including client and therapist (and family members, depending on cultural preferences and a client's own wishes) to work on the problem can be very effective.
- Naming the problem enables therapists and clients to replace diagnostic categories such as "social anxiety disorder" or "major depressive disorder" with terms that are more accessible (diagnostic categories may be too abstract for younger clients), such as "the blues."
- Naming the problem by using their own words may help reduce clients' negative

perceptions of mental disorders or difficulties. The removal of stigma or negative connotations can make them feel more comfortable during the therapeutic process.

- Although adolescents may understand the signs and symptoms of a diagnosis as it is described clinically, therapists should still invite them to describe their experience in their own words. This also helps enrich the therapeutic alliance and the sense of a collaborative process, which in turns facilitates adolescents' communication not only with their therapists but with others as well.
- Therapists may ask questions such as these: "When 'the blues' tell you to stay away from your friends, what is the best thing to do?" or "When you are able to challenge the 'Catastrophic Mock,' how do you feel afterward?"

CASE ILLUSTRATION

Mary Ann, an 11-year-old girl experiencing generalized anxiety and social anxiety disorders, lives with her parents in a low-income residence. She is worried about many things, including her performance at school, interacting with classmates, and the idea that someone may break into her house at night. This last idea makes her want to keep the light on while she sleeps; if her parents turn the lights off, she starts crying and screaming. In addition, she experiences difficulties with concentrating and studying, and she keeps to herself during classroom breaks.

The therapist asks Mary Ann to imagine her fears as if they are a bad guy from a comic movie who wants to bother her just for fun. He then provides some examples of names that other clients have used for their problems. Mary Ann decides to call her problem "Ghostly Nasty." She describes it as a "stinky monster" that has no friends, and that deep inside feels lonely and would like to have more friends.

THERAPIST: Great! That sounds like a monster I would like to fight against. What about you?

CLIENT: Hmm . . . yeah, sure. It doesn't look so scary to me.

THERAPIST: So Ghostly Nasty doesn't look scary himself, but tells you lots of scary things, doesn't he?

CLIENT: Yes.

THERAPIST: From what we discussed before, it seems like Ghostly Nasty tells you that someone will break in, that you won't be able to pass your exams, and that no one wants to play with you at break time.

CLIENT: Yes.

THERAPIST: How do you feel when he tells you those things?

CLIENT: Afraid, scared, nervous . . .

THERAPIST: How convinced are you that what he's telling you is real?

Copyright © 2017 The Guilford Press

CLIENT: I think it is pretty real.

THERAPIST: I see. And when you think it is pretty real, you feel pretty scared, because the things he is telling you are not nice.

CLIENT: Yeah.

THERAPIST: Would you like us to see if we can find ways to make Ghostly Nasty go away and stop telling you such things?

CLIENT: Sure, but what if he *is* real?

THERAPIST: Well, we never know if something is real or not until we test it, and next time we can spend some time learning how to test it. Would you like to find out how to do it?

CLIENT: Sure.

THERAPIST: If you challenge him, and suddenly you discover that what he is telling you is not real, how would you feel?

CLIENT: If what he tells me is not real, I will feel great.

THERAPIST: Well, that could be our goal—to learn how to challenge Ghostly Nasty.

CLIENT: Cool!

Copyright © 2017 The Guilford Press

TROUBLESHOOTING

- **What if a child thinks very concretely, and insists that a problem is not external, but rather something that is happening in real life?**
  - **Possible considerations:** Due to their level of cognitive development, this difficulty may come up with younger clients. In addition, adolescents with a defiant attitude may respond as if a problem is concrete. In other cases, it may be that a therapist did not use culturally relevant examples, or in some way did not represent the problem effectively, such as using language a client could not relate to.
  - **How to respond:** Therapists may want to remind clients that this is a game designed to help them talk about difficult issues, or a metaphor for the purpose of gaining a new perspective on the problem. If a client continues to reject this approach, it is better not to insist; a therapist may instead describe the problem in terms of an emotional or cognitive variable, such as "when sadness tells you that no one will like you," or "when you have those sad thoughts."

CULTURAL CONSIDERATIONS

- Both therapists and clients come to treatment with their own ideas based on their cultural backgrounds, life experiences, family traditions, values, beliefs, and spirituality/

religion. Therapists and clients—but especially therapists—need to be mindful of possible differences in outlook resulting from differences in their cultural backgrounds.

- Therapists need to ensure that they approach their clients as individuals rather than as representatives of a given racial, ethnic, or cultural group. It is therefore helpful to ask clients about how they understand their presenting problems and how their families view the problems and possible solutions. Enlisting the clients' help in understanding how their families view treatment can strengthen the therapeutic alliance and help the family members to accept the treatment.
- Therapists should join with clients in brainstorming about possible cultural premises, norms, values, and beliefs that may influence the problem and that may elicit solutions that are culturally congruent. Among Spanish speakers, common ways of gaining perspective on life issues that are likely to be discussed in therapy involve the use of *dichos* or *refranes* (sayings, metaphors, or proverbs). An example of this is the expression "*No hay mal que por bien no venga,*" which can be translated as "There is nothing bad from which good does not come," or "This is a blessing in disguise" (Altarriba & Santiago-Rivera, 1994; Comas-Diaz, 2006; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009; Zuñiga, 1991). In other cases, clients may find their problems and even solutions reflected in the lyrics of songs or by characters in books or movies.
- Some cultural groups tend to value privacy more than others, and young clients may expect (or not) different levels of self-disclosure from their therapists.
- Some topics may be more difficult to bring up than others. The presence of culturally inclusive symbols in a therapist's office can serve as bridges to dialogues about difficult matters. The worksheets in the book have been designed with this in mind as well.
- The term "miracles" may be meaningful for some clients and not for others. Therapists should be sensitive to this and may want to use alternative terms, such as "magic" ("If we could do a magic trick . . . ") or "scientific experiment" ("If there was a scientific experiment that could solve our problems . . . ").

ACKNOWLEDGMENTS FOR FORMS

"The Miracle Question": de Shazer and Dolan (2007).

"Naming and Mapping the Problem": March and Benton (2007).

Copyright © 2017 The Guilford Press

Copyright © 2017 The Guilford Press.
No part of this text may be reproduced, translated, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise, without written permission from the publisher.
Purchase this book now: www.guilford.com/p/bunge

Guilford Publications
370 Seventh Avenue, Suite 1200
New York, NY 10001
212-431-9800
800-365-7006
www.guilford.com