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Cognitive, emotive, and behavioral techniques for depressed children and adolescents

Abstract

Cognitive, emotive, and behavioral techniques for treating depression in children and adolescents are outlined. The importance of prevention and early intervention is stressed, with an emphasis on application to the school setting. Cognitive contributors to depression, disputation strategies, and behavioral interventions are explicated within the framework of Rational Emotive Behavioral Therapy (REBT). The efficacy of REBT is cited in reference to numerous research studies.

**COGNITIVE, EMOTIVE, AND BEHAVIORAL TECHNIQUES FOR
DEPRESSED CHILDREN AND ADOLESCENTS**

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Brianna G. Wilcox

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Cognitive, emotive, and behavioral techniques for treating depression in children and adolescents are outlined. The importance of prevention and early intervention is stressed, with an emphasis on application to the school setting. Cognitive contributors to depression, disputation strategies, and behavioral interventions are explicated within the framework of Rational Emotive Behavioral Therapy (REBT). The efficacy of REBT is cited in reference to numerous research studies.

With nearly 3.5 million young sufferers in America (Koplewicz, 2002), depression during childhood is neither a phase nor a joke. As a disruption plaguing the lives of 1 in 20 children (Compton et al., 2004), this serious but often underdiagnosed condition warrants more attention from school counselors who are often on the frontline in terms of identification and referral. Females, minorities, homosexuals, and other subpopulations at particular risk necessitate even greater responsiveness from those equipped to secure treatment (Evans, Van Velsor, & Schumacher, 2002).

School counselors are uniquely positioned to do just that. When academic progress and life adjustment are severely compromised due to the impact of depression on general functioning (Merrell, 2001), school counselors are equipped with the training to provide effective interventions. Serious consequences ensue in the absence of such interventions, as depression tends to impair functioning in several areas of life. Teenagers and children suffer physically, mentally, emotionally and academically as a result of depression. Grades often drop, sleeping and eating patterns deteriorate, and overall health declines (Evans et al., 2002). Children may be tearful, less energetic than usual, or more aggressive with playmates. As Koplewicz (2002) stressed, such changes exceed childhood moodiness or typical adolescent irritability. Failure to distinguish genuine depression accounts for the high number of cases that go unrecognized, and therefore untreated (Koplewicz, 2002). Lacking treatment,

behavior problems in children tend to escalate, or are attributed to other causes and therefore never adequately resolved. Adolescents may turn to substances or engage in other high-risk behaviors in an attempt to cope with their feelings.

Prevention and early intervention are all the more important in light of these negative outcomes. In addition to various intervention strategies, affective education systematically delivered in group and classroom settings can help prevent depression from materializing in many instances by teaching students to cope constructively with normal developmental concerns before they become problematic (Evans et al., 2002). Unfortunately, depression cannot be averted in all cases, nor are the causes always developmental in nature. Biological factors play a significant role in depression, as manifested in chemical imbalances in the brain (Koplewicz, 2002). Accordingly, antidepressant medication is sometimes a necessary component of treatment (Renaud et al., 1998).

Rational Emotive Behavioral Therapy (REBT), developed by Albert Ellis (2001), is often used with young people in both educational and clinical settings to treat depression, anxiety, and other disorders (Vernon, 1998). This cognitive-based approach can be used in intervention and prevention to help combat the distorted thinking that often occurs in concert with chemical imbalances. Supplementing REBT with psychopharmacological treatment presents no conflict, as the two treatments are complementary in nature. Because children and

adolescents respond particularly well to cognitive therapy (Compton et al., 2004), it is the preferred treatment for this age cohort.

The purpose of this paper is to delineate the REBT treatment philosophy and accompanying interventions that can be used to effectively help depressed students within the time constraints of the school environment. The REBT approach meshes well with the structure of schools and the need for efficiency. Its psychoeducational focus arms young people against the present and future challenges of life by teaching them concrete strategies that empower them to control their own thoughts (Vernon, 1997). For children and adolescents who lack these critical skills, harmful thinking can contribute to depression when irrational beliefs go undisputed and therefore continue to negatively impact feelings and behavior. REBT promotes psychological well-being by encouraging clients to adopt rational beliefs that “result in moderate, less disturbed emotions; are based on reality; and help one achieve one’s goals” (Vernon, 1998, p. 6). Alternatively, “disturbed, negative emotions are caused by absolutistic, rigid, and demanding thoughts” (Vernon, 1998, p. 6). A sound basis for the implementation of an REBT treatment theory is outlined below from an evidence-based perspective, along with an accompanying assortment of helpful cognitive, emotional, and behavioral strategies for treating depression.

Rational Emotive Behavioral Therapy (REBT) Conceptualization of Depression

Several features of childhood and adolescent depression make REBT exceptionally well suited to its treatment. Throughout normal development, children and adolescents are prone to depressive symptoms due to errors in logical thinking, indicating a need for positive coping responses and adaptive learning paths that alleviate those symptoms, rather than a diagnosis that pathologizes them (Brewin, 1996). REBT practitioners adopt that exact philosophy by conceptualizing depression in terms of faulty belief systems that result in maladaptive feelings. Depression characteristically manifests in a negative view of the self, world, and future (Wilde, 2002), a triad that can be effectively combated with cognitive restructuring (Evans et al., 2002). By disputing the irrational beliefs associated with that sort of negative filtering and adopting rational philosophies of living instead, clients can experience more effective emotional responses (Ellis, 2001). Once people realize how they are upsetting themselves unnecessarily, they can come to realize their power to stop depressing themselves, which runs counter to passivity and helplessness (Evans et al., 2002). Self-talk is emphasized due to its association with symptom alleviation in cognitive therapies (Brewin, 1996). Ellis's fundamental principle that faulty thinking causes and sustains emotional disturbance has spawned numerous interventions tailored to child and adolescent clients, including the ABC-DE model (Carey, 1993).

Young people are particularly prone to distorted thinking evidenced in catastrophization, personalization, overgeneralization, and so forth. (Renaud et al., 1998), and therefore benefit from an approach that treats these errors in perception as skills deficits that can be remedied (Compton et al., 2004).

Adolescents also commonly demonstrate errors in logical thinking that influence their interpretation of the world and therefore their affect and behavior (Evans et al., 2002). For instance, young people often see things in black-and-white and therefore attribute great weight and meaning to experiences of failure and rejection (Belsher & Wilkes, 1994). By resisting all-or-nothing thinking, clients can avoid the Binocular Vision (Belsher & Wilkes, 1994) that blows little things out of proportion and minimizes successes. Children can be taught to see things from a more balanced view that considers all aspects of a situation. In so doing, they may come to realize that they have been seeing things through Dark Glasses (Belsher & Wilkes, 1994).

Other common errors in logical thinking involve personalizing, overgeneralizing, and should-y thinking (Belsher & Wilkes, 1994). Children who take responsibility for things that are truly beyond their control overpersonalize by blaming themselves for things that are not totally their fault. In overgeneralization, people demonstrate a tendency to jump to conclusions by making hasty assumptions about more things than they truly have evidence for. One conflict might be viewed so catastrophically that it leads to a pessimistic

outlook. They may overgeneralize by unnecessarily labeling themselves bad because of a few mistakes they have made (Belsher & Wilkes, 1994). In should-y thinking, clients demonstrate unrealistic expectations for themselves and others, often voiced in demands of how things “should” or “must” be. The irrational nature of these and other distortions can result in depression if people fail to effectively challenge them and replace them with rational beliefs and responses. Situations are not awful and intolerable, but unpleasant and manageable.

Efficacy of REBT

A cognitive approach clearly makes sense in light of these considerations, and is substantiated by research that espouses cognitive therapy as the treatment of choice for this population (Compton et al., 2004). Compared to antidepressant treatment alone, relapse rates tend to be much lower (Reinecke et al., 1998). Cognitive therapies have been shown to help prevent recurrence of depression as a result of skills gained during treatment that enhance coping ability (Reinecke et al., 1998). Successful cognitive interventions specifically target social skills and the modification of depressive thoughts (Curry & Reinecke, 2003). A metaanalysis conducted by Reinecke, Ryan, and Dubois (1998) corroborated these findings, espousing relatively high maintenance of treatment gains over time with CBT in comparison to other treatment philosophies. As Ellis (2001) noted, *feeling* better temporarily is not the same thing as *getting* better, but may be one step along the path of finding “more profound ways of getting better” (p. 23).

The aim of REBT transcends the mere alleviation of symptoms to the attainment of “a profound change in the basic philosophy that largely creates people’s disturbing” (p. 85). The holistic focus on thoughts, feelings, and actions attends to the underlying causes of depression without sacrificing the need for observable change. Several researchers have observed enhanced personal efficacy occurring through therapies that promote the acquisition of skills such as assertiveness and problem-solving (Reinecke et al., 1998). In addition, numerous studies have cited enhanced general adjustment and reduced dysphoria in depressed children and adolescents as a result of cognitive-based therapies (Reinecke et al.). School counselors who employ techniques from the extensive sampling below therefore act in alignment with current research.

Cognitive Techniques

At a fundamental level, cognitive techniques combat the distortions underlying maladaptive feeling and behavior patterns typical in depression. By teaching young clients to effectively challenge their irrational beliefs and adopt realistic, rational philosophies of life instead, counselors attack childhood depression at its source.

Identifying Maladaptive Thoughts

Because depressed clients have a tendency to think negatively about themselves and their lives, identifying and monitoring these negative thoughts can reveal a negative outlook colored with pessimistic beliefs, faulty attributions, and

unrealistic expectations which must be addressed in therapy as clients learn to dispute their cognitive distortions (Curry & Reinecke, 2003).

Daily Record of Dysfunctional Thoughts

Labeling the specific distortion is sometimes helpful (Friedberg & McClure, 2002). The counselor might suggest that a student record situations, automatic thoughts and emotions produced, and replacement thoughts that would lead to more rational responses and outcomes (Belsher & Wilkes, 1994)

Cognitive Disputation

Although clients' concerns may be legitimate, the meaning assigned to their experiences can sometimes be far from adaptive or reasonable (Curry & Reinecke, 2003). Clients are instructed to ask themselves a series of evidence-based questions in response to upsetting thoughts, with the intention of decatastrophizing the situation and finding realistic counterthoughts. By approaching feelings in this manner, young people switch from dwelling on their problems to considering solutions and putting things into perspective.

Rational Problem Solving

In this manner, clients develop the ability to adopt a more optimistic outlook by approaching problems systematically, persevering through struggles, and overcoming the urge to avoid facing their problems (Curry & Reinecke, 2003). The RIBEYE model reminds clients to "(R) Relax, (I) Identify the problem, (B) Brainstorm alternative solutions, (E) Evaluate each possible solution, (Y) Say

“Yes to one, and (E) Evaluate outcomes and reward success” (p. 115). By teaching clients to actively confront their problems, they are subsequently empowered to initiate action and adopt a solution-oriented stance toward life situations that bring about dissatisfaction. Unpleasant feelings serve as cues that indicate the need for a plan to manage distress. (Stark, Sander, Yancy, Bronik, & Hoke, 2000).

Altering Automatic Thoughts

Negative self-evaluative thoughts are prevalent in depressed children. Through educational activities, children can be taught to catch destructive cognitions as they transpire. Games that teach them to verbalize and replace negative thoughts help enormously (Stark et al., 2000). Clients learn to identify automatic thoughts and substitute constructive thoughts that they can repeat when they are faced with similar scenarios in the future.

Negative Self-Evaluations

“All of the other self-management skills, coping skills, and cognitive restructuring procedures are brought to bear on the process of working toward and recognizing self-improvement and changing the negative sense of self” (Stark et al., p. 215). Children first learn to set realistic standards for themselves that are not overly perfectionistic. If negative self-evaluations persist, cognitive restructuring is in order to assess the evidence for and usefulness of negative self-beliefs, and to assist with the generation of positive alternatives.

Altering Faulty Information Processing

When children are viewing life through the lens of depression, they may need help seeing that there are positive things going on in their lives. It is as though they are seeing everything through dark glasses, and must be taught to actively search out the good in life. It is usually helpful if the counselor models the procedure by providing examples and non-examples for children (Stark et al., 2000).

Pro-Con Evaluation

Another way to prevent an overly biased view of things is to require the client to conduct a cost/benefit analysis. By forcing the client to consider both the positive and negative aspects of a situation, a less skewed outlook will hopefully result (Belsher & Wilkes, 1994).

Tunnel Vision

One method of bringing that sort of tunnel vision to the forefront is by having a child look through a telescopically rolled piece of paper, through which he or she can see only what lies at the tiny opening. The literal meaning of blowing things out of proportion becomes evident through this activity. If that was all the child believed was in the room, then she or he would truly be making a mountain out of a molehill and generating unnecessary frustration due to that misperception (Ellis & Bernard, 1983).

Detective Chicken Little

It is easier for children to identify and challenge that pattern if they can draw on some vivid corrective experience that serves as a frame of reference (Ellis & Barnard, 1983). The story of *Chicken Little* can be utilized to teach coping skills by having the child imagine how detective Chicken Little would deal with problems. Memorable interventions that require acting as a reporter or private investigator to gather evidence and test hypotheses are often used in cognitive therapies (Friedberg & McClure, 2002).

Confronting and Confuting “Awfuls,” “Terribles,” and “Horribles”

Another characteristic feature of cognitive therapies involves challenging the words clients use to describe their problems in order to demonstrate that the strong meanings associated with the inflammatory language they use can exacerbate problems. Irrational thinking is common in depression, where clients might catastrophize by “mentally converting hassles into outright horrors” (Ellis & Bernard, 1983, p. 95). Learning to detect unrealistic thought processes and adopt more reasonable outlooks is critical for children and adolescents.

Confronting and Confuting “Shoulds,” “Oughts,” and “Musts”

The failure to distinguish between preferences and necessities can bring about self-induced misery, too. Highlighting the irrational nature of self-made laws for how the world should operate is one way of drawing attention to the unrealistic demands people often place on themselves, others, and the world (Ellis &

Bernard, 1983). Why questions, while discouraged in other forms of therapy, can be effective in REBT (Wilde, 1996). Asking why may help to elicit irrational beliefs and extract material for addressing the difference between a demand and a preference for how a client would like things to be. Those who can adjust their expectations may accordingly upset themselves less.

Challenging the “Can’t Stand” Philosophy

Demonstrating the power of language, telling oneself that circumstances are insufferable induces great despair when no escape is in sight. Before making such a declaration, one should investigate whether a particular difficulty is truly unbearable or merely unpleasant to tolerate (Ellis & Bernard, 1983). The difference means learning to live with some discomfort. “Probably the main source of teenagers’ low frustration tolerance is their persistent conviction that they can withstand no inconvenience or discomfort” (p. 96).

Genogram Probe

In this approach, the client compares his or her beliefs to those of family members regarding particular issues, such as the expression of emotion. Both counselor and client can evaluate the source of the maladaptive beliefs that are present, and how the beliefs of other family members may be impacting the maintenance of destructive beliefs by reinforcing a negative outlook. Probing a youngster’s genogram is a concrete way to trace the origin of depressing beliefs

within the family and thwart the continuation of that pattern (Belsher & Wilkes, 1994).

Down Arrow Technique

Asking clients what a given situation means to them or about them may help determine which underlying beliefs are contributing to the depression. The counselor uses the Down Arrow Technique to probe for “the emotional significance of a particular past or anticipated event (or interpretation of it)” in order to determine the meaning it holds for the client (Belsher & Wilkes, 1994, p. 153). The goal in asking “So what?” oriented questions is to elicit “a key belief related to the depression” (p. 153).

Cognitive Forecasting

Ask the client to imagine a hypothetical scenario in the future. Concentrating on the future while talking about pertinent persons and issues dissipates anxiety over facing matters the youngster is hesitant to talk about (Belsher & Wilkes, 1994). Have them reveal what they would probably be feeling in the situation. The focus thereby changes to the future, which many adolescents are more willing to discuss than the past.

Third –Person Perspective

Another method of reducing the threat of revealing one’s own thoughts and feelings is to imagine how they are different from or similar to those of some other person. By first externalizing a problem, a child or adolescent might be

more comfortable talking about the situation. Eventually the counselor moves toward helping translate the discussion from the outsider to the client (Belsher & Wilkes, 1994).

Double-Standard Technique

In cases where clients are beating themselves up over decisions they have made, the Double-Standard Techniques proves to be another effective means of comparing their cognitions to someone else's (Belsher & Wilkes, 1994). If they would deem it unreasonable for one of their friends to make themselves miserable as they are doing, they might come to see that their own self-flagellation is uncalled for.

Cognitive Continuum

“Demonstrations of change are easier if the change is evaluated along a continuum because even a small amount of improvement can still be regarded as movement in the right direction” (Belsher & Wilkes, 1994, p. 137). Clients are asked to rate their feelings on a continuum ranging from “0” to “10,” which may be represented visually for concrete thinkers. This concept challenges “the idea of a binary classification, for example, ‘better and worse,’ rather than ‘good and bad’” (p. 137). Continuum techniques combat all-or-nothing thinking by showing the gray areas in between (Friedberg & McClure, 2002).

Responsibility Pie/Reattribution Pizza

Children who tend to blame themselves for everything that goes wrong might benefit from reattribution or disattribution. Sometimes illustrated with a pie or pizza diagram, this teaches children to understand the various factors that are responsible for an event in percentages so that they don't take responsibility for factors beyond their control (Friedberg & McClure, 2002). Alternative external explanations for events are substituted in place of internal, stable and global attributions that tend to be biased and distorted.

Cognitive Distraction

Sometimes young clients are initially unable to conceptualize how their own thoughts are causing their problems, and symptom alleviation becomes temporarily primary. "Cognitive distraction can be used as a means of buying time until clients are able to learn how they are upsetting themselves. It can help break the cycle of excessive rumination on the negative aspects of clients' situations" (Wilde, 1996, p. 130). When negative, depressing thoughts transpire, clients immediately envision a pre-selected scene that generates a happy or funny memory, thereby supplanting the act of wallowing in misery. Diversion reduces the frequency of automatic thought (Belsher & Wilkes, 1994).

Thought Stopping

The technique of thought stopping runs parallel to distraction, and is aided by zapping, buzzing, or trapping metaphors. It is a similar method that draws

attention to maladaptive thoughts and replaces them with more adaptive self-talk (Belsher & Wilkes, 1994).

Positive Self-Statements

Self-affirmations are one form of adaptive self-talk. People can inoculate themselves against potentially depressogenic situations by anticipating automatic thoughts that might be triggered and orally rehearsing corrective thoughts.

(Belsher & Wilkes, 1994).

Challenging the "A"

At other times, the client's perception of the activating event is incorrect and needs to be challenged (Wilde, 1996). Rather than disputing the "B" as usual, client and counselor would investigate the accuracy of the "A." Because REBT involves asking for evidence, a client who believes he or she is overweight might be asked to compare height and weight against a Body Mass Index chart, for example, in order to demonstrate that the "A" of being overweight is inaccurate to begin with.

Eliminate the Irrational

When people take over for others who have said hurtful things and begin putting themselves down, outside judgments from someone in an authority position can sometimes be effective. "Many times with clients like this, you can use your relationship to an advantage. I told the client I thought I was an excellent judge of character and I did not believe she was stupid, ugly, or a

nobody” (Wilde, 1992, p. 62). Children and teens, who are particularly vulnerable to remarks from their peers, stand to gain from the understanding that their own opinions of themselves are of greatest import. It is not so much what others say about them as whether or not they agree with it!

The Human Junkyard

Nobody, however, is a perfect specimen. The Human Junkyard technique teaches that we all have both positive and negative qualities; it would therefore be foolish for anyone to rate themselves as totally worthless because of a few problems or flaws, just as it would obviously be foolish to throw away a great car just because it had a flat tire (Wilde, 2002, p. 145).

Bad 100% Technique

In the same way, “to be bad, 100% of your behavior must be bad” (Wilde, 1992, p. 59). If someone thinks they are just a bad kid, it might be constructive to draw a big circle and “have child designate what percentage of the behavior is bad/good/neutral” to illustrate that we all “do some good things, some bad things, and some things that are in the middle” (p. 59).

Modeling of Disputation

Because youngsters tend to be very egocentric, “the idea that someone else may have a similar problem can be completely foreign to them. Sharing personal problems with clients can be very powerful with children and adolescents.” (Wilde, 1992, p.49). Through cognitive rehearsal, the counselor overtly

demonstrates the thought process to go through in order to dispute harmful thoughts (Belsher & Wilkes, 1994).

Reframing and Relabeling

Although not unique to REBT, reframing is a potentially powerful counseling skill, particularly for depressed clients. The counselor provides a different context or frame of reference in which to view something distressing which appears insurmountable in order to assign a less catastrophic connotation (Belsher & Wilkes, 1994).

Flat Tire Technique

Clients who lack self-acceptance tend to make overgeneralizations, which makes about as much sense as throwing away a brand new car just because it has a flat tire. By having clients analyze the rationality of such an act, they can compare their nonsensical overgeneralizations about themselves to the ludicrousness of the flat tire metaphor. Have the client consider that, "When you get so down on yourself for making a mistake, you're taking yourself and throwing yourself right on the junk pile" instead of fixing the tire by trying to do better the next time (Wilde, 1996, p. 134). Then ask the client how much sense that makes, in order to illustrate that it is not necessary to rate oneself negatively as a person for every mistake made.

Full Acceptance

Accepting clients as they are, with all their positive and negative traits, liberates them from the view that their faults make them horrible people (Wilde, 1996). If the counselor can regard and address the behavior separate from the person, the clients may come to see that worth and value as a human being is distinct from behavior. By modeling unconditional acceptance, clients will hopefully come to accept themselves despite their shortcomings.

Unconditional Self-Acceptance (USA)

Acceptance from the counselor can promote USA, in which clients come to accept themselves in spite of their faults, not equating failing with being a *failure*. They learn the danger of such overgeneralization, in which “You then make yourself into a *loser* or a *rotten person*, see yourself as practically *always* doing poorly – and acquire a self-fulfilling prophecy of general ineptness.” (Ellis, 2001, p. 321). The goal is to prevent clients from rating themselves as persons, even if their actions are sometimes in error.

Replace Mint

One tool for teaching younger children the disputation process is through Replace Mint (Friedberg & McClure, 2002). Positive coping thoughts are equated with shiny coins, which represent new emotional currencies. Old currency, negative thoughts, can be shredded or traded in for new currency.

Treasure Chest

Similarly, children may like the idea of drawing from a treasure chest full of better feelings. This is a self-instructional task in which the counselor helps the child generate healthy coping statements. The statements are written down and dumped into the treasure chest, which children can pull from whenever they feel low (Friedberg & McClure, 2002).

Time Projection

A final way to impart the magnitude of dysfunctional thoughts entails projecting oneself into the future. The consequences of holding onto a particular pattern of beliefs over time are considered and evaluated (Belsher & Wilkes, 1994). For present-oriented youth, this intervention could instigate change.

Emotive Techniques

When taught to young clients, emotive techniques provide strategies to draw upon during low times. They are not the helpless victims of their moods. Rather, they can take specific actions to change their emotional states, thereby learning to exercise control over their own feelings. The aim of emotive techniques is to help clients avoid extreme emotions like despair or depression, although they may still feel moderate emotions like sadness.

Emotional Thermometer

Illustrating that concept with a thermometer is a concrete way of challenging black-and-white thinking by demonstrating how emotions vary in degree from

high to low (Belsher & Wilkes, 1994). Number gradations and word labels might be used to indicate different intensities of particular emotions. With depression, for example, the continuum might range from sadness to despair.

Rational Emotive Imagery

Another way to combat extreme emotions is through imagery exercises. The goal, according to Wilde (1996), is for the child to vividly imagine the upsetting occurrence, but feel only upset instead of depressed in response. In this way, the client can learn to mentally experience the activating event, but react in a less destructive way with more appropriate feelings, such as sadness instead of depression.

Rational Story Telling Technique (RSTT)

As with REI, the intention of RSTT is for clients to substitute a healthy coping response for an unhealthy one. In RSTT, depressed clients learn to replace irrational beliefs about their situations with rational ones (Wilde, 1996). When children tell stories through characters in the counseling session, they often project their own feelings and fears onto those figures. The counselor can serve as a model by constructing opposing stories that effectively teach children other ways of thinking and feeling in response to the same activating events, thereby encouraging a broader perspective.

Rational Role Reversal (RRR)

Similar to the preceding exercise, Rational Role Reversal requires counselor and client to change positions. The counselor exhibits irrational beliefs, and the task of the client is to obstinately dispute them (Wilde, 1996).

Use of Humor

Because depressed clients often lose perspective on things, using humor to exaggerate client beliefs to an extreme can help them see that their thinking literally does not make sense. Humor should only be used in a supportive manner within an established relationship, and counselors should take care to ensure clients do not perceive them to be making light of them or their situations (Wilde, 1996). Caution must be exercised, since it is not always appropriate or helpful to attempt to use humor with younger children.

Emotional Pie

The emotional pie is another valuable tool for representing emotions concretely rather than numerically, and can be used for self-observation on a daily or weekly basis to determine changes in mood or emotional state. Essentially, the pie serves as a pictorial rendering of the mood chart concept (Belsher & Wilkes, 1994). Choosing two or more different emotional states, the client indicates what percentage of the circle would represent each emotion he or she is feeling.

Behavioral Techniques

As implied by the name, behavioral techniques involve intentionally altering one's actions. In keeping with the evidence, change can only be said to have taken place when observable behavior is different than before. This process can work two ways: sometimes new thinking produces new feelings and actions, and sometimes choosing new behaviors leads to improved thinking and feeling. In both instances, the goal is to embed new coping patterns by focusing on specific overt behaviors.

Pleasant Activity Scheduling

Purposefully scheduling pleasant activities is one such way of designing a life that involves enjoyment. "Participation in enjoyable, rewarding activities has been found in numerous studies to be associated with improvements in mood" (Curry & Reinecke, 2003, p. 112). Work with the client to develop a list of pleasurable activities that are readily available and relatively inexpensive. If clients can devise and follow a schedule of participation in such activities, they will learn to gain control over their feelings by actively combating depressed moods. This intervention meshes with the REBT philosophy of maximizing happiness and minimizing painful experiences.

Picture Schedule

A fun way to adapt Pleasant Activity Scheduling to younger clients is to help them devise a Picture Schedule (Friedberg & McClure, 2002). First, have the

child generate a list of enjoyable activities by asking what he or she did for fun prior to becoming depressed. Once the activities are plotted on the schedule, the child can record his or her feelings below each picture to indicate the weather for the day with metaphors of sunny, cloudy, storming, and so forth. The child deliberately plans and engages in activities that produce a sense of mastery and pleasure (Belsher & Wilkes, 1994).

Social Skills Training

Social skills training helps make such experiences successful by teaching students the skills to have positive interactions with peers through direct instruction, modeling, role playing, stories or books, video clips (Friedberg & McClure, 2002). They also learn to reattribute problems to potentially controllable causes, thereby increasing expectations of success, and adding to their conscious knowledge of effective ways to reduce unwanted emotions (Brewin, 1996).

Social Activities

For teens especially, social activity should be encouraged so that they have a format in which to practice social skills and correct maladaptive beliefs that interfere with teens' ability to construct a healthy support network with both friends and relatives. (Curry & Reinecke, 2003). For adolescents especially, peer relationships are central to social development. Feelings of rejection therefore

contribute to depression, as perception of abandonment tends to magnify feelings of social inadequacy (Curry & Reinecke, 2003).

Mood and Event Monitoring

In collaboration with social activity scheduling, teens can begin tracking both events and the thoughts and feelings that accompany them in a diary or chart. Curry and Reinecke (2003) advocated the inclusion of both positive and negative events in the daily record in order to “address depressed teenagers’ tendency to selectively attend to and remember negative events in their lives, as well as their tendency to magnify the severity of stressful life events” (p. 111). By monitoring changes in mood, teens learn to identify triggers and dispute the accompanying automatic thoughts contributing to negative affect.

Stop Ruminating

In order to abort the cycle of brooding in negativity, clients are encouraged to generate a repertoire of alternative actions. The point is to get the client to engage in any activity besides excessive rumination, which exacerbates the cycle of negative thinking (Wilde, 1996).

Rubber Band Technique

When clients catch themselves wallowing in their own misery or find themselves indulging irrational beliefs, they can snap themselves with rubber bands worn around the wrists. This behavioral technique serves as an

instantaneous reminder to replace self-downing thoughts with appropriate beliefs and rational coping statements (Wilde, 1996).

Paradoxical Interventions

Alternatively, a counselor might ironically choose to prescribe the very symptom whose elimination is sought, in essence instructing an adolescent to make himself or herself as miserable and depressed as possible (Ellis, 1996). This introduces novelty through an unexpected assignment, which may surprisingly help get clients out of a rut by disclosing the absurdity of what they are doing to themselves. A variation on this approach would be to “give the client permission to be depressed but only for short periods of time (Wilde, 1996, p. 129),” like during recess or lunch, to help reduce the amount of time the client experiences the symptom. Counselors should use caution when prescribing paradoxical interventions with younger children, or choose alternative techniques that will not be misunderstood.

Staying in Difficult Situations

Along the same lines, REBT often encourages people to stay in fairly difficult situations until they work solidly at not unduly upsetting themselves about it (Ellis, 1996). If they can overcome their destructive thoughts while in an unpleasant situation, they have a better chance of preventing their unrealistic should's and must's from carrying over into new situations.

Developing Goals

Goals help young people focus on a problem to be solved, which can “assist them in understanding and gaining a sense of control over emotional experiences that are, in some ways, inexplicable and overwhelming to them” (Curry & Reinecke, 2003, p. 108). The structure of using goal setting proffers clients a specific course of action that addresses their unique concerns, providing concrete action and a framework for assessing progress.

Reinforcement

Because REBT focuses on the generation of alternative behaviors, reinforcing actions that are in alignment with those goals is sometimes appropriate. Working with parents to reward the attainment of treatment goals can be an effective way of increasing desired behaviors and ensuring completion of homework exercises that are often a critical component of therapy (Wilde, 1996). Praise, encouragement, and various external rewards may be used as positive reinforcers.

Behavioral Experiments

Students can be encouraged to experiment with new ways of acting, strategically altering the behaviors that sometimes serve as the basis for their thoughts (Stark et al., 2000). New behaviors will hopefully lead to new results, which “provides children with immediate, direct, and concrete contradictory evidence for an existing maladaptive schema” (p. 213). Counselors can help clients design tasks that specifically test the accuracy of such schemas.

Poll Taking

Another way to determine the validity of a client's perceptions is to have them design a survey, which they will then administer to others as a way of seeing how many people hold the same beliefs (Wilde, 1992). Polling others brings about the realization that there are many different ways to respond to a given situation besides the maladaptive one the client has settled upon.

Assertiveness Training

By gaining assertiveness skills, clients will hopefully engage in less self-downing, thereby experiencing fewer feelings of depression. Clients who are afraid of asserting themselves sometimes label themselves bad people if others dislike them or disapprove of what they say or do (Wilde, 1996). It is important to teach them to avoid giving others' opinions too much sway over their feelings or self-esteem. Disputing the catastrophic nature of rejection helps clients see that they *can* stand it if others do not like them and learn to view it as a part of life rather than something they should upset themselves over (Wilde, 1996).

Preventing Depression

While the aforementioned cognitive, emotional and behavioral techniques are crucial aspects of effective REBT intervention, the importance of prevention cannot be underestimated. A critical component of an REBT approach within the schools is affective education sequentially delivered in group and classroom settings. *The PASSPORT Program* (Vernon, 1998) is one example of a

comprehensive, methodically administered curriculum designed to target essential socio-emotional competencies. Psychoeducational programs like Vernon's aim to teach essential coping skills for healthy emotional management with the intention of supplanting depressive coping patterns. A proactive counseling curriculum can help thwart the development of maladaptive responses to adversity, thereby preventing depression from ever materializing for many students. A proactive counseling program helps build the necessary resilience to cope effectively with life's difficulties. Fitting with REBT's psychoeducational philosophy, a preventative curriculum provides students "with the emotional and behavioral tools to deal more effectively with present and future problems (p. 7)" rather than depress themselves about their circumstances. According to Vernon, the goal of Rational-Emotive Education (REE) is for children and adolescents to learn how to think more rationally, "gain emotional insight, and learn sensible coping strategies to minimize emotional distress" (p. 7).

By serving *all* students, a prevention-based program can reduce the stigma that sometimes surrounds matters of mental health (Merrell, 2001). REE teaches social, cognitive and emotional concepts that will help prevent the development of depression and other mental illnesses. Additionally, proficiency in problem solving and interpersonal communication benefits *all* students as they face normal issues of growth and development (Evans et al., 2002). The systematic format of affective education also fits naturally into the structure of schools.

Conclusion

As evidenced by the wide array of techniques delineated in the preceding pages, Rational Emotive Behavioral Therapy connotes a philosophy of life that empowers clients to take control of their own beliefs and actions. Emotional suffering is far from inevitable, no matter the circumstances, and can often be prevented with effective psychoeducational programs. For children and adolescents whose lives are sometimes buffeted by people and forces beyond their realm of influence, gaining the tools to cope with those external factors can be a matter of life and death, literally. At minimum, needless suffering is prevented during a crucial time of development. At most, the human and economic costs of failing to recognize depression in youth play out over a lifetime, as the condition tends to recur or result in suicide (Compton et al., 2004). The simple, yet effective, strategies outlined above can easily be incorporated into a variety of treatment plans. Most importantly, they are school-friendly in that they require little time and can even be assigned as homework in many instances!

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