# Cognitive Restructuring, Self-Esteem, and Coping in Social Interactions

Webinar Series

Dr. Jennifer Ference-Belhomme

# Learning Objectives

- Cognitive Restructuring:
  - Identifying unhelpful thought patterns common to youth with Tic Disorders (TD)
  - Review cognitive-behavioral model with applications specific to TD
  - Applying cognitive restructuring in psychotherapy with youth dealing with TD (with case examples), and overcoming common challenges
- Self-Esteem:
  - Assessing and treating self-esteem challenges specific to the TD population (a cognitive-behavioral approach)
  - Self-Advocacy and self-acceptance: teaching youth with TD how to love themselves
  - The importance of assertive communication in building self-efficacy and self-esteem
- Social Life Challenges:
  - Identifying common social challenges specific to youth with TD
  - Teaching youth with TD how to independently solve their social challenges with effective communication

*The Clinician's Guide to*

# Treatment and Management of Youth with Tourette Syndrome and Tic Disorders

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# Navigating Different Treatment Priorities

His tics are out of control, he really needs to learn how to manage them better

But I don't care about my tics! My problems are with peers and school (and my siblings)

If everyone would leave me alone, I would be fine!

He would improve with tic management, but also needs work on his mood, anxiety, behavior, issues at home, and family relationships. Probably some communication and peer relationship work too. Parenting work and relationship building could help – perhaps family therapy. Psychoeducation about Tics is needed. Medication consultation would be helpful for his ADHD…. ETC

# Spotlight Phenomenon: Youth's Priorities

# Psychotherapy Assessment for Youth with TDs

- Complete your usual intake interview for youth presenting with mental health or adjustment concerns
  - e.g., review presenting problem(s), school, social life, activities, family dynamics, medical history, etc.
- For each area of functioning, attend to how tics get in the way (or not)
  - Eg: “What are your tics like at school?”; “How do they get in the way of your social life”; “Tell me about the peers in your school – how do they treat you when you’re ticcing?”
- Gage how bothered the youth is by their tics and what it is that bothers them the most. This helps to gage interest in addressing them.
  - Eg: “On a scale of 1 to 10, where 10 is the absolute worst, how much do your tics bother you on average?”; “what about your tics bothers you the most? Are they embarrassing? Painful? Disruptive? ”; “when do they bother you the most?”
- Have child rate list of priorities
  - Eg: “what would you like to talk about in sessions and get some help with?”; “What do you think your parents/caregivers would prefer?”

# Psychotherapy Assessment for Youth with TDs

Helpful supplemental assessment tools to include:

- Mood and/or anxiety concerns
  - 7-8 to 18 years: Screen for Child Anxiety and Related Disorders (SCARED; parent and child); Children's Depression Inventory (2nd Ed.; parent and child)
  - 12-13 to 18 years: Beck Youth Inventories (2nd Ed.; youth form only); Multidimensional Anxiety Scale for Children (2nd Ed.; parent and child)
- Behavioral issues; impact of comorbidities
  - 2 to 18 years: Behavior Assessment Scale for Children (3rd Ed.) – more valuable when completed by parents; anecdotally, youth tend to under-report on this
- Self-Esteem concerns
  - 8 years+: Self Perception Profiles (for Children, Adolescents, those with Learning Disabilities, and Emerging Adults) https://portfolio.du.edu/SusanHarter/page/44210

# Detailed Self-Esteem Assessment

- Global Self-Esteem vs. Domain-Specific self-esteem (Harter's Self Perception Profiles, 1985; 1988)
- Clinical interview questions can be targeted to assess global and domain-specific self-esteem function
- Examples:
  - Academic Domain ("How do you feel your tics get in the way of school? Are you worse or better at school because of your tics?")
  - Social Domain ("Do you worry about what others think of you because of your tics? How so?)
  - Physical Domain ("How do you feel about your looks? Do your tics play a role in how you think about your physical appearance?")

# Setting Treatment Priorities

- Share overall impressions with caregivers and youth (as appropriate for developmental level). Review options together.
- Consider timing in the child's life and appropriateness of intervening now
- Be flexible and encourage youth/family to be flexible during treatment process

# Cognitive Model of Development of Unhelpful Thoughts and Behaviors

- In the beginning, tics are barely noticeable (e.g., eye blinks, nose movements)
- In time, inadvertently negative comments/reactions come from others (e.g., “why are you making that sound? Or “stop doing that!”)
- The youth becomes more aware of the tics themselves, and embarrassed
- They begin to anticipate negative reactions when feeling the urge to tic or when they do tic
- To prevent negative reactions, they try to suppress the tics
  - This leads to frustration about self and their tics, along with extreme discomfort
- Suppressing is difficult/painful/frustrating. Leads to increased negative affect. Avoiding others and activities becomes a go-to strategy
- Avoidance leads to decrease in valued life activities, opportunity for positive interactions, and less practice building social skills during important developmental periods

Espil & Houghton, 2018

# Unhelpful Thought Patterns Emerge

- Tics are often perceived as embarrassing, inconvenient, painful, and disruptive lend to growth of unhelpful thinking:
  - Eg: “I can’t do certain activities”; “I can’t fit in”; “There’s something wrong with me”; “I’m a weirdo”
- Cognitive models posit that unhelpful thinking impairs ability to function across social, academic, and occupational domains, thus decreasing overall quality of life
- Cognitive Behavioral Therapy as a solution to changing thinking and subsequently improve functioning

Espil & Houghton, 2018; Beck, 1979

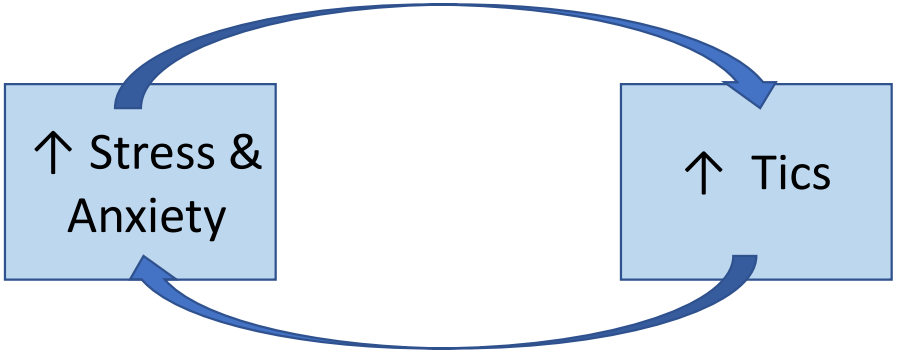
# Thinking Errors Common to Youth with TDs

| Thinking Error | Definition | Example |
|---|---|---|
| Jumping to Conclusions | Greatly inflating likelihood of negative outcome | "If I tic in class, then others will laugh at me" |
| Fortune Telling | Predicting negative future outcomes | "My tics will never get any better"; "I'll never make friends because of my tics" |
| All or Nothing Thinking | Viewing a situation as only two possible outcomes or categories (often include "always" or "never") | "If I can't control my tics, I will not make friends"; "my tics will never go away, so I will always be a loser" |
| Mind Reading | Believing one knows what others are thinking | "My teacher thinks my tics are annoying" |
| Overgeneralization | Making broad, negative conclusions that go well beyond a given situation | "My tics make it too hard to concentrate in math, so I'll never be able to pass my classes" |
| Personalization | Thinking others are behaving negatively because of one's own actions | "The other kids at school do not invite me to sit with them in the cafeteria because of my tics" |
| Oversimplifying | Focusing on one negative aspect of a situation, excluding the broader context | "Everyone just sees me as the kid with tics" |
| Should Statements | Blaming oneself for any perceived failures | "I should be able to control my tics" |

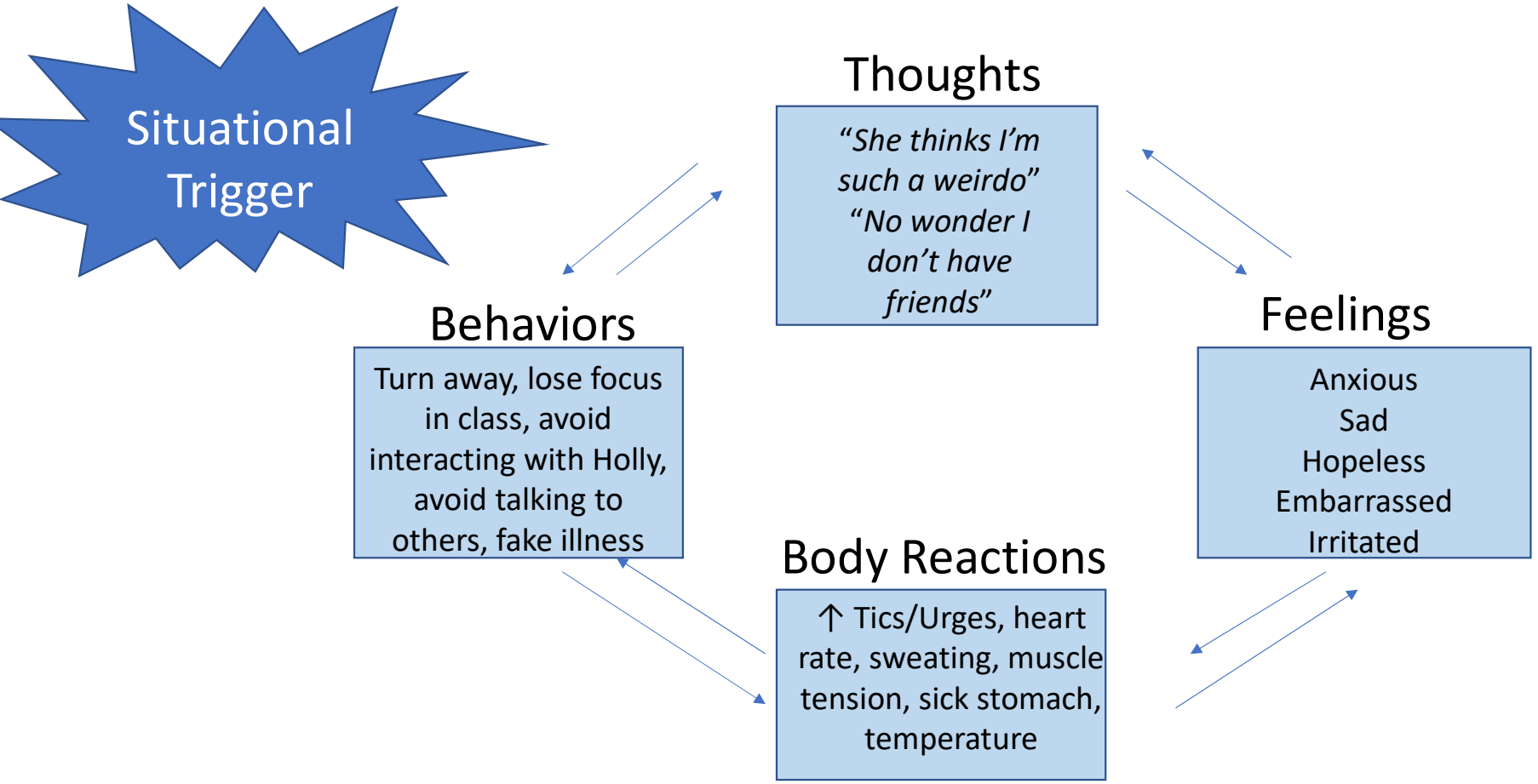
Espil & Houghton, 2018

# Cognitive Restructuring using Cognitive Behavioral Therapy with Youth with TDs

- Research on CBT and cognitive restructuring that is specifically focused on youth with TDs is promising for those with unhelpful thoughts/attitudes, maladaptive behavior patterns, and comorbid mood/anxiety problems (Espil & Houghton, 2018)
- General Goals of CBT in this context:
  - Develop a more positive view of self
  - Encourage re-engagement in life (social, academic, extra-curricular, etc.)
  - Teach how to better manage stress and anxiety, as these tend to worsen tics overall, which then in turn often lead to even more stress/anxiety



# Cognitive Model of Development of Unhelpful Thoughts and Behaviors



# Cognitive Restructuring Techniques

1. Review cognitive behavioral model as in previous slide
2. Discuss nature of automatic thoughts & monitor them in session as well as with homework
3. Begin introducing thinking errors – starting with ones that you notice occurring more often in session. Monitor in session and with homework
4. Challenging unhelpful patterns in thinking/ thinking errors
   - Eg: Socratic questioning – “What is the evidence for this thought?, “is there an alternative explanation?”, “what is the worst that could happen?”
   - Eg: Downward arrow technique – processing of connecting unhelpful thoughts that feed into core beliefs. “And then what will happen? And then what?” etc.

# Cognitive Restructuring Techniques

- During questioning, you really want the youth to come to realize the errs in their thinking and behavior on their own
  - Avoid telling them outright they're wrong – this will usually backfire, creating resistance and doubt
- Ensure to involve parents, giving them information about CBT and how to best respond to their children when distressed
  - Eg: coaching them on reflective listening strategies like validating and normalizing child's thoughts and feelings; avoiding jumping to problem-solving strategies; asking questions that encourage their child to reflect

# Thought Record Examples

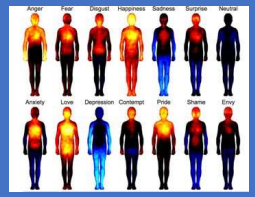
| Day / Time | What happened? | What are you thinking? THOUGHTS | How are you feeling? EMOTION | Body Reaction? Tics? | How intense was this emotion? 1 (not intense at all) to 10 (extremely intense) | What did you do to decrease the emotion intensity? (e.g., relaxation, reframe your thinking, change behavior, etc.) |
|---|---|---|---|---|---|---|
| | | | | | | |

| Situation or Trigger | "Worried" Thoughts | Realistic Thoughts |
|---|---|---|
| | | |

| Day/Time | What happened? | How are you feeling? Intensity (1 to 10 with 1 being not intense and 10 being very intense) | Thought You had<br><br>Is this a thinking error? | What did you do to calm down? |
|---|---|---|---|---|
| | | | | |

**Thoughts**

**Feelings**



**Body Reactions**

**Behaviors**

# Cognitive Restructuring – Case Example

| | |
|---|---|
| Clinician: | Over the past week I had you monitor your thoughts and write down the most stressful ones on your thought record. How did it go? |
| Youth: | It was ok, I did it a couple times. It was hard at first, but got a bit easier. |
| Clinician: | Great! I'm glad you gave it a try! What did you learn from it? |
| Youth: | That I have a lot of these kinds of thoughts! |
| Clinician: | Ok which one would you like to talk about first? |
| Youth: | When I was at basketball, I kept ticcing on the bench, which was really distracting me from the game. I wrote down that I had the thought "why can't I be like normal people? I don't fit in at all." |
| Clinician: | What do you mean by "normal people"? |
| Youth: | I mean like people who don't have tics. (CONT…) |

Modified from Espil & Houghton, 2018

| | |
|---|---|
| Clinician: | Yah. That is something a lot of people with tics deal with over their lives. You're right that in some ways, some tics do make it harder for you to do things. How were you feeling when you were thinking that? |
| Youth: | Terrible. Kind of sad, angry, more anxious |
| Clinician: | Ok yah that makes sense. Did you notice any specific body reactions? |
| Youth: | Yah, I was feeling nauseous and had a headache starting. It felt like the tics were just out of control. I wasn't even tired from playing basketball- the game had really only just started when this happened and I was barely on the court. |
| Clinician: | That makes sense too – remember the discussions we've had about the connections between the mind and body? So how when we feel anxious about something, certain sensations come up in our body, like nausea, dizziness, more tics, and so on. So in a way, these body reactions could also be a warning sign that some unhelpful thoughts are taking a lot of air time in your mind. What do you think about that? |
| Youth: | Yah that makes sense. I tried not to think about the tics or the fact that I feel like such a weirdo. (CONT…) |

Modified from Espil & Houghton, 2018

| | |
|---|---|
| Clinician: | And was that helpful? |
| Youth: | No, not at all – I think it might have made things worse! |
| Clinician: | Funny how that works, hey? The more we try not to think of something, the harder it becomes! This brings us to our next step in changing our unhelpful thinking – replacing them with alternative, more helpful thoughts. So let's say you're having thoughts about not fitting in again. What would be a more helpful thought you might have? |
| Youth: | Maybe that I actually do fit in? |
| Clinician: | That sounds good, and what evidence do you have that you actually do fit in? |
| Youth: | I don't know… I guess maybe that I have a friend? |
| Clinician: | Sure. What else? |
| Youth: | I get along pretty well with the guys on my basketball team and my coach. |
| Clinician: | Perfect! And what about your relationships at school? |
| Youth: | There are some kids that ignore me, but I don't really like them anyways |

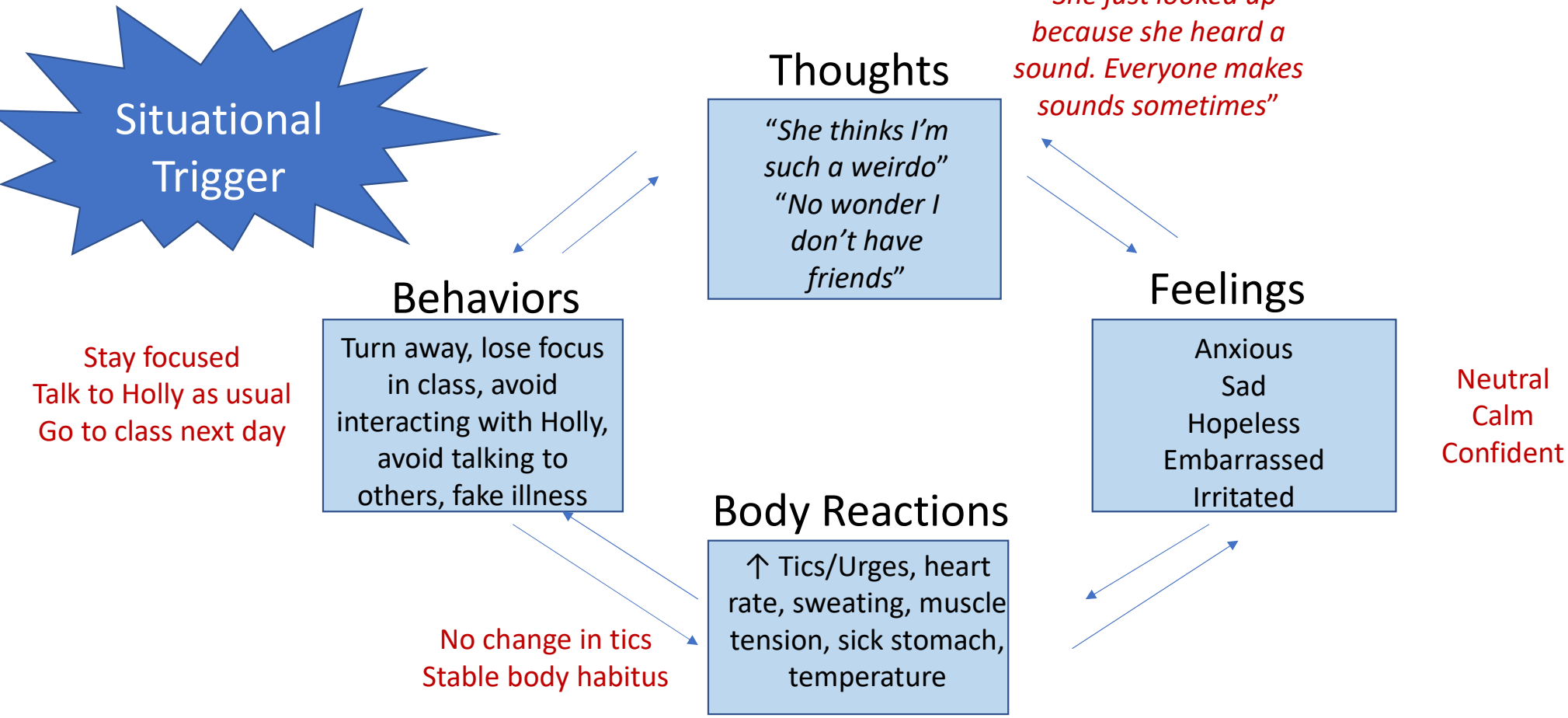
(CONT…)

Modified from Espil & Houghton, 2018

| | |
|---|---|
| Clinician: | Right – no one is liked by everyone. And it sounds like it wouldn't really improve your life to be liked by them anyways, since you're not a big fan of them either. |
| Youth: | Yah. |
| Clinician: | So thinking about the fact that you have friends, you get along well with your basketball team and coach, as well as your school teachers and some classmates – it makes it hard for me to believe that you actually don't fit in, even though you have tics |
| Youth: | Yah that's true. I guess I could tell myself that I actually do fit in most of the time, even though I have tics. It just happens so fast, I sometimes forget and get overwhelmed. |
| Clinician: | You bring up a good point, that's the nature of automatic thoughts – we often do not stop to evaluate them. This is why it's important to keep monitoring your thinking, so you can get used to catching them as they happen. |
| Youth: | Yah, I guess it's worth a try. |

Modified from Espil & Houghton, 2018

# Cognitive Restructuring Impact



# Troubleshooting Cognitive Restructuring

- Negative world views may be accurate (e.g., may be in challenging school and home environments; may not have friends due to social skills deficits)
- Insight into thinking patterns may be limited
- Discomfort discussing negative thoughts and feelings
- Actual versus perceived limitations of tics

Espil & Houghton, 2018

# Cognitive Mechanisms of Low Self-Esteem

(Shirk, Burwell, & Harter, 2003)

- Unrealistic Self-Standards
  - Eg: “If I show any tics, I am a complete failure”; “I cannot tic if I want to be accepted by others”; “Forgetting to use my competing response today is just as bad as not using it at all”
- Inaccurate Self-Evaluations
  - Eg: “I can’t play basketball because of my tics”; “I can never have a relationship with someone because of my tics”; “I’ll never be able to manage my tics”
- Undifferentiated Self-Structure
  - Ie: If a youth identifies with few aspects of self-definition, more likely to feel the functional impairment of tics in all domains, which negatively impacts SE
- Inauthentic or False Self
  - Eg: stigma from TDs may impose a societal pressure on youth to hide their tics or their diagnosis in general

Schreck & Conelea, 2018

# Treatment Targeting Self-Esteem

1) Normalizing and reducing the stigma of tics
   - Psychoeducation
   - Sharing experiences
   - Advocating
2) Cognitive restructuring
   - Look for and reinforce positive beliefs the youth has about him/her self and identify what is most important to them
   - Build positive self-schemas
3) Assertiveness Training
   - Teaching the differences between passive (e.g., staying quiet in response to a bully), passive-aggressive (e.g., rolling eyes at peer teasing you), aggressive (e.g., shouting back or insulting "stop making fun of my tics, loser!", and assertive communication (e.g., I know my tics can sound annoying, but I want you to know that I can't help doing it")
   - Use role plays or in vivo exposures/practice where possible

Schreck & Conelea, 2018

# Troubleshooting Self-Esteem Intervention

- Reduction AND Acceptance
  - No ‘cure’ for TDs
    - Drawing parallels to medical conditions like diabetes or asthma
  - Gaining increased control/better management when needed can lead to increased self-efficacy
  - Moving toward acceptance-based therapy modalities may be warranted
- Low motivation and/or insight
  - Again consider timing of treatment – use motivational interviewing techniques to gage ‘readiness for change’
- Family Context

Schreck & Conelea, 2018

# Psychosocial and Emotional Impacts of Tic Disorders

- Bullying and discrimination
  - 75% report being treated differently because of tics
    - 20.6% asked to leave school
    - 20% discriminated against or treated rudely by a business
    - 13.5% asked to leave a public space
  - Increased bullying comes with increased psychosomatic problems, poor academic achievement, and increased suicide risks
- Most children with TDs have close friendships, but also note problems with broader peer group, reporting feeling different due to tics (Wadman, Tischler, & Jackson, 2013; Conelea et al., 2011)
- Stressful interactions related to tic behaviors often occur (e.g., coprolalia in public) and many perceive being 'neglected' socially
- Unfortunately, negative peer status and interactions can be stable over time, so these issues should be managed proactively
- Friendships have protective qualities – Quality over Quantity

Dempsey, Llorens, Fein, & Dempsey, 2018; Conelea et al. (2011); Starch et al., 2007; Zinner et al., 2012

# Interventions to Manage Peer Issues

- Improve peer understanding of tics to promote greater acceptance
  - Eg: School presentations/discussions; preparing youth for individual conversations
- Engage youth in role plays and practice talking about tics with ‘safe’ peers
- Information about TDs to share with others:
  - General info: medical condition, hereditary, not contagious, not life threatening
  - Give examples, like comparing it to having the hiccups or holding a sneeze
    - Promotes empathy and understanding as to why the youth “can’t just stop”
  - Many peers will want to know if they can help, so sharing that they can just ignore it can be empowering
- Considerations: developmental level and willingness to talk about tics

# Interventions to Manage Peer Issues

- With younger children, get parents involved in efforts to promote friendships
  - Eg: play dates; signing children up for extra-curricular activities; encourage them to talk with teachers regularly to ‘stay in the social loop’; etc.

- Create a ‘Social Map’ with older youth
  - Identify peers youth feels able to talk to and ones to avoid
  - Plan out and rehearse different topics of conversation with various peers
  - Assign homework to practice talking with specific peers

# Managing Bullying

- Laugeson & Frankel (2011) PEERS Treatment Manual
  - Assumption: Bullies tease others to elicit a strong reaction from them, which makes them feel in control, and attracts attention from bystanders
  - Strategy: “Tease the Tease”
    - e.g., Bully: “What’s wrong with your face?”; Child’s Response: “I’ve got tics, so what?” (adding in shoulder shrug, flat facial expression, calm voice)
  - Why it works: limits the attention-seeking function of teasing. Bully gets bored and moves on.
- Brooks Gibbs
  - Assumption: Bullies tease others to gain dominance or power over others
  - Strategy: Don’t show the bully any anger or negative response; instead, behave as though you do not care, letting the words ‘bounce off’
  - Why it works: Child being teased ‘wins’ by not giving the Bully emotional reactions
  - https://www.youtube.com/watch?v=7oKjW1OIjuw

# Troubleshooting Peer Relationship Issues

- Some school environments are not going to be a place for a child to get positive social/peer relationship needs met
  - Work with school and family as much as possible to navigate this
  - If child has to remain at the school, focus on identifying alternative positive environments to build relationships
  - Focus on self-esteem work and resilience in the face of adversity/bullying
- Some children truly struggle with social skills
  - Look into social skills training

# Summary

- Cognitive Restructuring:
  - Identifying unhelpful thought patterns common to youth with Tic Disorders (TD) and challenging these with cognitive-behavioral therapy can significantly improve overall functioning
- Self-Esteem:
  - Cognitive restructuring remains an important component of address SE concerns
  - Encouraging self-advocacy/acceptance, and building habits to identify positives about oneself are also important
  - Assertive communication strategies are crucial to this work, and help with social challenges
- Social Life Challenges:
  - Bullying is a major concern, and as youth learn how to overcome this, as well as how to make/identify better friendships are key to seeing improvement

# Post-Test

1. The _____ is an excellent assessment tool for identifying anxiety symptoms in 8 to 18 year olds
   a) Children's Depression Inventory
   b) Multidimensional Anxiety Scale for Children
   c) Screen for Child Anxiety and Related Disorders
   d) Behavior Assessment Scale for Children
2. The thinking error, Oversimplifying, is defined as:
   1. Predicting negative future outcomes
   2. Focusing on one negative aspect of a situation, excluding the broader context
   3. Making broad, negative conclusions that go well beyond a given situation
   4. Blaming oneself for any perceived failures

# Post-Test

3) “The process of questioning that stimulates curiosity and inquisitiveness to help gradually reveal unhelpful thought patterns and behaviors” is a definition of what type of questioning used in cognitive restructuring:

a) Socratic questioning
b) Downward Arrow Technique
c) Open interview questioning
d) Directive questioning

# Post Test

4) A technique for normalizing and reducing the stigma of tics is to encourage youth to share experiences and engage in advocacy based activities. What additional technique was noted to help with this?

a) Psychoeducation about tic disorders
b) Involving parents
c) Cognitive restructuring
d) Building friendships

5) About ____% of youth with tic disorders report being treated differently because of their tics

a) 60%
b) 90%
c) 20%
d) 75%