Orygen
The National Centre of Excellence in Youth Mental Health

Clinical practice in youth mental health

Modifying cognitive behavioural therapy (CBT) to meet the developmental and clinical needs of adolescents with depression

Introduction

At least three months of CBT is recommended as a first-line treatment for moderate to severe depression in adolescents in the UK *National Institute for Health and Care Excellence (NICE) guideline – Depression in children and young people: Identification and management* that covers the management of depressive disorders among 5-18 year olds.[1] It is also recommended for persistent mild depression that is unresponsive to lower intensity treatments (group CBT, non-directed supported therapy, or guided self-help).

> "It's about using your good clinical judgement to pitch therapy where it is needed for the particular adolescent you're working with.
>
> Clinical Psychologist, headspace

This Clinical Practice Point intends to provide clinicians with a better understanding of how to adapt CBT to meet the clinical and developmental needs of adolescents (aged 12–18 years) with depression. It is designed to support clinicians to:

- Understand the importance of providing developmentally appropriate treatment
- Be aware of challenges they may encounter in implementing CBT with adolescents experiencing depression
- Consider some strategies that may assist in promoting their engagement in CBT
- Consider how to assess adolescents' readiness to engage in CBT
- Understand how to tailor CBT to the developmental level of each adolescent to facilitate engagement, assessment, planning, and implementation of treatment.

Prior knowledge of assessment and treatment of mental disorders in young people, and previous experience in using CBT to treat depression is assumed. Readers are encouraged to complete Orygen's online module and Research Bulletin on closely related topics for further information and guidance (details provided in *Box 1. Resources*).

What is 'developmentally appropriate treatment' and why is it important?

A developmentally appropriate treatment is one that "takes into account the critical developmental tasks and milestones relevant to a particular adolescent's presenting problems (e.g., pubertal development, cognitive development, the development of behavioural autonomy and social perspective-taking during adolescence)." [2 p.430]

There are several reasons why we need to ensure that psychological treatments are developmentally appropriate in adolescence:

- **Age is not a good indicator of cognitive and neural development, particularly in adolescence.** Therefore, treatment needs to be tailored to the adolescent's emotional and cognitive stage of development rather than their age or physical stage of development. [2-4]
- A mismatch between the adolescent's developmental level and the level at which assessment and treatment are 'pitched' is likely to hamper engagement and the establishment of a strong therapeutic alliance. "*The older adolescent may feel that "my counsellor treats me like a baby," whereas the younger (or more cognitively impaired) adolescent may not fully understand the clinician's statements, or may feel insufficient emotional connection with the therapist because the clinician is interacting with him or her in a way that is too abstract or intellectualized.*" [5 p.30]
- Attempting to implement CBT without adapting it to be developmentally appropriate is likely to be ineffective.[6] Moreover the adolescent's symptoms may increase in severity, and functioning may deteriorate in the absence of an appropriate intervention. This may exacerbate hopelessness and helplessness and increase risk.

> "Never presume that developmentally you know what's going on for a young person. Explore where they are at in terms of their emotional, cognitive and social skills and ask them what their understanding is and what they're finding helpful.
>
> Clinical Specialist, Orygen – The National Centre of Excellence in Youth Mental Health

What are some common challenges clinicians encounter when implementing CBT with adolescents experiencing depression?

Challenges can be related to the client, the clinician and/or the service system.

Client-related factors that can get in the way of adolescents' engagement in CBT include: [7]

- Limited communication – adolescents may be more passive than adults requiring greater input from the clinician and more use of non-verbal materials
- Reluctance/ambivalence about engaging in treatment
- The adolescent assuming little/no responsibility for securing change
- Identifying the role of the parent in treatment
- The presence of significant family dysfunction
- Adolescents' difficulty accessing thoughts
- Failure to complete 'homework'
- Adolescents may present with limited cognitive/verbal skills
- Limited emotional literacy[8, 9] – Adolescents with less developed emotional awareness and literacy may struggle to articulate their difficulties and to engage in tasks related to mood monitoring. They may also find it difficult to respond to open-ended questions.

Specific client-related challenges related to implementing CBT *with adolescents experiencing depression* include:

- *Severity and complexity* – **Working with severe and complex presentations has been identified as one of the biggest challenges facing clinicians working with adolescents experiencing depression.**[10] There is evidence that depression with onset prior to 18 years of age is more severe and complex than depression with later onset.[11] For example, it is associated with poorer functioning, increased comorbidity, and increased suicidality.[11] Severity and complexity may have a negative impact on both engagement and treatment outcomes.[10] Adolescents with severe depression may particularly struggle to engage in CBT due to cognitive symptoms such as concentration and memory difficulties.[10]
- *Irritability* – Irritability can be the primary mood disturbance in adolescents experiencing depression, and this can be challenging for clinicians.[12]
- *Disengagement from treatment* – **adolescents experiencing depression are likely to disengage from treatment early, even if their symptoms are improving** (this finding is not unique to CBT).[13, 14] This may be partly because they adopt a short-term problem-solving perspective rather than wanting to engage in longer-term work.[7]

Service-system and clinician-related barriers include:

- Working within resource constraints (e.g., only having a limited number of sessions available), particularly if an adolescent's presentation is complex
- Lack of training in working with adolescents
- Clinicians' anxieties and preconceptions about working with this client group
- Assuming an adolescent's age can tell you what their developmental level is.

TIP Challenges to implementing CBT with adolescents experiencing depression tend to be a mixture of client-, clinician- and service-system related barriers.

Enhancing adolescents engagement in CBT

It is important to remain vigilant for potential barriers to engagement and address these when they arise. If you wait until next session, the adolescent may not turn up! The table below describes engagement issues frequently encountered when working with adolescents and some strategies for addressing these.

Potential challenge to engagement	Strategies that may help to address this
Adolescents' help-seeking is often initiated by others (e.g., parents, teachers) and may be perceived to be coercive.[7]	Anything that enhances adolescents' sense of control over their treatment process is likely to be beneficial.[4] Motivational interviewing can help in exploring and working with ambivalence.[7]
Adolescents are striving for autonomy which may contribute to a preference for solving their problems independently and avoidance behavior.[4]	
Adolescents with poor emotional literacy may struggle to describe their experiences or to respond to open-ended questions.[8, 9]	Use prompts and guesses to get the conversation started and always check with the adolescent about the accuracy of the guesses.
Symptom severity and clinical complexity may be a greater barrier to engagement and positive treatment outcome in CBT than adolescents' level of cognitive development.[10]	Behavioural approaches may be more appropriate than cognitive ones until symptom severity is reduced.[10]
Adolescent 'ego-centrisism' may make it hard for them to see things from other's perspective.[6, 7]	Try to clarify and understand their views. Challenging them may result in oppositional behaviour if the adolescent feels under pressure to defend his/her views.[7]

TIP For more guidance on engagement see Orygen's *Clinical Practice Point: Addressing Barriers to Engagement – Working with Challenging Behaviours* (see *Box 1. Resources*).

It is important to remain vigilant for potential barriers to engagement and address these when they arise. If you wait until next session, the adolescent may not turn up!

Assessment of 'readiness' for CBT

So at what age is it appropriate to use CBT?

- There is no consensus on what age children/ adolescents acquire the necessary level of cognitive capacity needed to benefit from CBT.[3, 4]
- It is important to keep in mind individual differences in adolescents' ability.[3]
- **Age itself is typically not the best marker of appropriateness for CBT**; rather adolescents' cognitive, emotional and social developmental skills need to be considered.[3, 4, 6]
- **There are also other aspects of an adolescent's clinical presentation that are very important to consider when deciding which treatment to implement.** In particular, symptom severity and complexity of presenting issues.[10]

Avoid falling into the trap of thinking that CBT simply needs to be modified to match an adolescent's age, or to their skill level. Their clinical presentation is also import to consider.

How to assess 'readiness' for CBT

Don't think about development in an 'all-or-nothing' way. An individual's ability to use social, emotional and cognitive skills and abilities will vary in different contexts so it is not as simple as categorizing adolescents as either having or not having the necessary skills to engage in CBT. Adolescents may struggle to use their existing skills when they are in an emotionally challenging situations, if they are experiencing mental health difficulties, and/or if they have had less practice in engaging them.[3] So clinicians should attend to how well this particular adolescent can use the particular skills in question, in a given context (e.g., emotionally salient interactions with peers). This provides the opportunity to: (i) highlight the adolescent's strengths and boost their confidence by demonstrating that they have already acquired and used a number of skills in a variety of situations; and (ii) to identify areas where they may benefit from further skill building. Informal assessment of suitability for CBT can include establishing if the adolescent: [15]

- Can identify a suitable focus for therapy
- Can see the potential for control over the problem (can be partial)
- Can take some responsibility for change in the problem
- Can discuss the problem from their and other people's perspectives and describe how they feel
- Is adequately supported to engage in CBT at this time. They may require parental consent and support to participate in addition to some stability in living environment (consider whether the timing is appropriate if there are more immediate needs).

Don't think about development in an 'all-or-nothing' way … attend to how well this particular adolescent can use the particular skills in question, in a given context (e.g., emotionally salient interactions with peers).

The use of cartoons, and perspective taking questions can be helpful in assessing an adolescent's cognitive skills (e.g., "what might your friend think in the same situation?").[15] They can also be used to explore their emotional and social development (e.g., "how might the person in this cartoon be feeling?"). If the adolescent struggles with this kind of questioning, it is important to establish whether other problems (e.g., anxiety) are causing difficulty or if they don't have the necessary cognitive abilities to engage in the task.[15]

Should I use formal tools to assess and adolescent's readiness for CBT?

Currently we don't have enough evidence to know whether formal cognitive assessment assists in determining whether young people have the capacity to benefit from CBT. If a clinician decides to use formal/structured measures, it is important to choose instruments that are valid for use with young people and which will provide relevant information (see [3]).

Considerations in planning and modifying CBT for adolescents experiencing depression

(i) Supporting developmental tasks

It is very important to keep developmental issues at the forefront of your mind when working with adolescents:

- Autonomy – Always try to promote self-efficacy and to work collaboratively but be mindful that adolescents will differ in the degree to which they can be an "equal partner" in the treatment process.[4, p.323] **It is important to support and encourage the development of (i) age-appropriate independence from parents, and (ii) age-appropriate peer relationships.**[16]
- Achievement – Acknowledge and support the increasing skills displayed and responsibilities assumed by the adolescent and assist other adults to do this too.
- Identity – Normalise and validate identity-related issues in the context of normal adolescent development and encourage adolescents to use therapy to explore these issues.
- Intimacy – Relationships become more emotionally intense in adolescence and the potential for intimacy increases. Assisting adolescents to develop skills in social perspective taking may be an important component of therapy.
- Sexuality – Sexual development can bring up many issues and can be a source of conflict between adolescents and their parents. The counselling process can allow space for issues around sexuality to be addressed and provide relevant psychoeducation.

Adapted from [2]

TIP

It is particularly important to support adolescents experiencing depression to develop age-appropriate autonomy from parents, and develop age-appropriate peer relationships

(ii) Thinking contextually

Remember that an adolescent's life events and family context can have a significant impact on their ability to talk about their feelings and engage in different components of treatment.[15] Choose and apply interventions that match the needs of the young person that have been identified through the process of assessment and developing a formulation. Examples of targeted interventions are:

- Family – *Parenting skills training and targeting of the parent-adolescent relationship* is sometimes warranted. However, an adolescent's developmental level and the influence that their relationship with their parents has on the presenting issues should be carefully considered when deciding whether and how to involve parents in treatment. Orienting parents to the CBT model and providing psychoeducation on depression and adolescent development may be helpful (see [4 for review]).
- Peers – *Social skills training* can be helpful because adolescents' social environment becomes increasingly complex as they mature.[2, 17]
- Education/Employment – *Assess* the nature and quality of the educational/employment environment, and *explore* issues related to work/study stressors and work-life balance.[2]
- Culture – **Always be mindful of cultural differences and work in a culturally sensitive way.**[2]

> "Explaining the CBT model, socialisation to what the model is about, and ensuring that the young person has been able to understand it is really important.
>
> Clinical Specialist, Orygen – The National Centre of Excellence in Youth Mental Health

(iii) Selecting and prioritising treatment components

It is helpful to use a modular approach to treatment – selecting the tools that match the individual client's capacity and needs, taking into account comorbidities.[18] **It is usually not a question of whether to use cognitive or behavioural strategies but how much to emphasise each, and when to introduce them.**[19] Moreover, both approaches can be used to support skill-building in emotion regulation.[20]

Using behavioural interventions and problem-solving techniques

The limited evidence available about treatment of adolescent depression suggests that behavioural interventions may be the 'critical ingredient' of CBT for adolescents experiencing depression, however, more research is needed to confirm this (see Orygen's Research Bulletin *'Treating Adolescents Experiencing Depression: What Aspects of Cognitive-Behaviour Therapy Matter Most?'*). The possible advantages of behavioural interventions include:

- Adolescents may be more comfortable with behavioural interventions than more direct cognitive and emotional work, particularly early in treatment.
- Behavioural interventions can make the CBT process "real and relevant" through making the process experiential and more concrete than cognitive techniques that focus on thinking.[21 p.185]
- It may be particularly helpful to focus on behavioural interventions (at least initially) if: (i) the adolescent is struggling to engage in cognitive work,[10, 16, 22] (ii) the adolescent presents with severe symptoms and/or clinical complexity;[10] and/or (iii) the adolescent has attention difficulties and/or learning difficulty.[16, 22]
- There is some evidence to suggest that increasing physical activity has a positive impact on depression when used as an add-on to treatment.[23]

Simple targeted 'stepwise' interventions such as problem solving may also be helpful brief treatment strategies.[15]

Don't overlook the importance of behavioural interventions.

Choose cognitive interventions carefully and try to 'pitch' them at the right level

Cognitive techniques should be diverse and exist along a continuum from (i) less complex techniques (e.g., distinguishing thoughts, feelings and behaviours; increasing awareness of one's thought processes, identifying negative automatic thoughts) to more complex ones (e.g., cognitive restructuring)[24] and (ii) shorter-term goals (e.g., increasing cognitive coping skills) to longer term ones (e.g., schema work)[7]:

- Carefully consider which cognitive techniques are used; how they should be used (e.g., with more explanation, concrete instruction) and when (see [3]).
- **Prior to introducing any cognitive technique, consider what skills are required for an adolescent to be able to benefit from it;** if they have these skills; if they have the potential to benefit from the technique with support.
- A priming approach in which the clinician supports an adolescent to increase their cognitive skills can be used as 'scaffolding' for cognitive therapy by enhancing CBT relevant capacities early on in the therapeutic relationship (see [2, 3, 4]). For example, engaging in thought monitoring tasks may support an adolescent to become more aware of their self-talk.[4] While encouraging them to 'put themselves in someone else's shoes' and imagine what they might think about a particular situation can support them to understand that two people can hold different beliefs without either being completely 'right' or 'wrong'. Before using a priming approach, it is important to consider whether the adolescent is developmentally ready and has sufficient environmental support to develop new skills.[2]
- **Clinicians may need to act as skilled 'thought catchers' listening for and reflecting back beliefs, appraisals and assumptions that become evident as an adolescent talks** because adolescents may struggle to articulate their thoughts, especially in response to direct questions.[7]
- It may be better to focus on the development of cognitive and behavioural coping skills (for example, recognising negative automatic thoughts, perspective taking, relaxation strategies) rather than longer-term work of addressing underlying schemas and beliefs.[7]

> "I love the behavioural aspect to CBT. It's a really good way to start off the therapeutic process. It makes sense and is a nice way in to some of the cognitive work.
>
> Clinical Psychologist, headspace

Carefully consider which cognitive techniques are used; how they should be used (e.g., with more explanation, concrete instruction) and when.

Modifying the pace and structure of therapy

Adolescents experiencing depression are likely to disengage from talking therapies early, even if they are getting better.[13, 14] Adolescents who recover from a depressive episode are at high risk of experiencing a relapse. **It may be helpful to plan therapy with this in mind:**

- Focus on shorter-term rather than longer-term goals;
- Think carefully about which components of CBT to include early in treatment (behavioural interventions seem to be a good choice),
- **Try to give the adolescent a positive experience of therapy so they are more likely to come back if they relapse.**

> **TIP** Consider the *pace and structure* of therapy carefully – it may be better to plan to deliver a brief treatments (i.e., ≤ 12 sessions; at least initially).

Using **cartoons** as props can be a helpful way to provide psychoeducation and support adolescents to understand the links between their thoughts, feelings and actions. This can be a particularly useful strategy for 'cognitive priming'. Many examples of this technique are provided in the Student Workbook for the Adolescent Coping With Depression course [27; available to download at http://www.kpchr.org/]

From treatment planning to implementation

Modifying language and getting creative

Be mindful of how you use language and don't be afraid to get creative:

- **Use simple language, however be mindful not to 'dumb it down' too much.**
- Adolescents can be quite black-and-white in their thinking style (e.g., "good" vs. "bad") be mindful of this and use language that reflects dimensionality (e.g., "better" or "worse").[25]
- Using **mnemonic aids** and **metaphors** (e.g., in one CBT program for adolescents, negative automatic thoughts are described as 'pop-ups' or spam and working on dealing with them as being like building a firewall).[26]
- **Use in-session activities and to try to be more creative and playful** when implementing CBT with adolescents, for example, using games, role plays, and visualisations.[4] The use these more concrete tasks may be helpful rather than more abstract verbal tasks.[15]
- **Games** and **quizzes** can be a fun, concrete way to introduce behavioural, cognitive and emotional strategies (e.g., playing 'emotions charades' as described in Orygen's online module listed in *Box 1. Resources*).
- **Role-plays** can be a great way to rehearse therapeutic techniques.[4] If the adolescent struggles with abstract reasoning, it may be helpful to work through cartoon sequences of different scenarios prior to engaging in role-plays.

Adapted from [4]

> "It's about being creative, trying out new things, maybe they don't work and that's ok. It's about making something a bit more fun for them to remember and take away.
>
> Clinical Psychologist, headspace

> **TIP** For more ideas on how to adapt language, use visual aids and get creative in implementing CBT with adolescents experiencing depression, see Orygen's online module (listed in *Box 1. Resources*).

The 'H word' – promoting homework adherence

Homework adherence among adolescents experiencing depression has been associated with improved treatment response to CBT, and decreased severity of self-reported depressive symptoms including hopelessness, and suicidality.[28] Unfortunately, adolescents experiencing depression often fail to complete their homework.[28] **The good news is that there are things you can do to increase the odds that they will:**

- Provide a rationale and make sure to leave enough time to discuss, review and trouble-shoot homework, particularly in the first session.[29]

- Avoid referring to it as 'homework' as this often brings up negative associations for adolescents.[7] 'An assignment' or 'an experiment' may be more helpful.[30]
- Try to develop a reward system for homework completion that is meaningful to the adolescent to maximize their chance of compliance.[12]
- Avoid making the adolescent feel guilty if they haven't completed it as this is usually unhelpful.[12]

> "If I do a review with a young person on therapy, what stood out for them, more often than not, they will talk about the activities we did together rather than what we talked about.
>
> Clinical Psychologist, headspace

Take home messages

As a clinician, **you should feel confident in offering CBT to adolescents experiencing moderate-to-severe depression** as it is (i) recommended as a first-line treatment (NICE guideline) and (ii) can be adapted to meet the clinical and developmental needs of this group. **You are likely to already adapt your therapeutic approach to meet the needs of individual clients in your day-to-day practice. You should feel confident that you have the skills to do the same when implementing CBT with adolescents experiencing depression, and seek extra training and supervision as required.** Remember to ask your adolescent clients how they are finding therapy, if it seems to be making sense to them, and for ideas on how you could improve things.

Box 1. Resources

For more detailed information and practical guidance see Orygen's **online module** *Modifying Cognitive Behavioural Therapy (CBT) To Meet the Developmental and Clinical Needs of Adolescents Experiencing Depression* (**all of Orygen's resources are available at** www.orygen.org.au).

For a **CBT manual,** including client worksheets and resources, see Orygen's *Cognitive Behavioural Therapy for Depression in Young People: A Modular Treatment Approach.*

You may also be interested in Orygen's **Research Bulletin:** *Treating Adolescents Experiencing Depression: What Aspects of Cognitive-Behaviour Therapy Matter Most?*

For more tips on engagement see Orygen's **Clinical Practice Point:** *Addressing Barriers to Engagement – Working with Challenging Behaviours.*

For a **review of the literature** on developmental considerations in treating adolescents experiencing depression with CBT, see Garber and colleagues (2016) *Developmental Demands of Cognitive Behavioral Therapy for Depression in Children and Adolescents: Cognitive, Social, and Emotional Processes.* Annual Review of Clinical Psychology, 12: 181-216.

For a **good example of a behavioural intervention** that was modified to meet the clinical and developmental needs of adolescents experiencing depression see Weersing and colleagues (2008) *Brief behavioral therapy for pediatric anxiety and depression: Piloting an integrated treatment approach.* Cognitive and Behavioral Practice 15(2): 126-139.

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