Development of an Integrative and Modular Approach
To treat complex anxiety disorders in children

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Child and Adolescent Psychiatry

The authors have no financial relationships to disclose
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Affective Disorders

- One of the main causes of morbidity in childhood and adolescence
- High impact on family, social and academic functioning
Anxiety Disorders
Natural course

- Continuity (few prospective studies)
  - Strict homotypic
  - Broad homotypic
  - Heterotypic (depressive disorders; substance use disorders; suicide)

Increased risk for developing psychopathology in adulthood

Increased risk of chronicity if not treated
(Keller et al., 1992; Ollendick & King, 1994)
Prevalence

- **High Prevalence** (6-20%, Costello et al., 2004)
  - In children
    - 10-20% with at least one mental health problem (Relatório Mundial de Saúde, 2001)
    - 15-20% anxiety disorders (Beesdo, K. et al, 2011)
  - The presence of a depressive disorder ↑ the risk of a subsequent depressive episode (Kovacs et Devlin, 1998)
  - ¾ of the children with early-onset of dysthymia will have MDE (Kovacs et al. 1994)
  - Anxiety may often precede depression (Compas et al, 1993; Reinherz et al, 1993; Cole et al, 1998; Wittchen et al, 2007)

(Lifetime prevalence of mental disorders in US Adolescents, Merinkangas, KR et al)
Prevalence and Burden

The mental illness burden has been underestimated

Responsible for 30% of disability

Depression is the leading cause of disability worldwide (12%)

(\textit{WHO, 2000})

- Important impact in several areas
- High social costs (21x more than the general population)
- Associated with unhealthy lifestyles and poor life quality
- Highly comorbid disorders
- ↓ Productivity and ↑ lost working days

Only 1/5 of children with psychiatric disorders receive appropriate treatment

\textit{US department of Health and Human Services, 1999}
Cognitive-Behavioural Psychotherapy
Evidence

- Large number of studies
- Several programs
  - Empirically validated
- **Cochrane Review** *(James et al. 2013)*
  - 41 RCT’s (N=1806)
  - Sample: children and young people diagnosed with mild to moderate anxiety disorders
  - Remission rate of anxiety disorders **59% CBT vs. 16.1% controls**
  - NNT = 6
# Cognitive-Behavioural Psychotherapy Evidence

<table>
<thead>
<tr>
<th>EST trial</th>
<th>EST manual</th>
<th>Primary diagnosis</th>
<th>Age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ollendick et al. (2009)</td>
<td>One session treatment (Ost and Ollendick 2001)</td>
<td>Specific phobia</td>
<td>7–16</td>
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<tr>
<td>Pincus et al. (in press)</td>
<td>Panic control therapy for adolescents (Pincus et al. 2008)</td>
<td>Panic disorder with or without agoraphobia</td>
<td>14–17</td>
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<td>Beidel et al. (2000)</td>
<td>Social effectiveness therapy for children (Beidel et al. 1998)</td>
<td>Social phobia</td>
<td>8–12</td>
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<tr>
<td>Brent et al. (1997)</td>
<td>Cognitive therapy (Brent and Poling 1997)</td>
<td>Major depressive disorder</td>
<td>13–18</td>
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</tbody>
</table>
Cognitive-Behavioural Psychotherapy
Weaknesses

- **Inherent to studies** (selection bias, samples, settings, long-term outcomes, studies with samples that include only mild or moderate cases)

- **Regarding therapeutic process**
  - Severity of symptoms
  - Cognitive factors
  - Comorbidity
  - Parental psychopathology
  - Parental behaviours
  - Intrinsic therapy processes

- **Lack of studies on predictors of clinical response** (change in symptoms vs. cognitive change)

- **Lack of comparative studies with other psychotherapies**
Psychodynamic Psychotherapy

Evidence

- **Retrospective study – Anna Freud Centre** (Fonagy et al. 1994)
  - Children with diagnosis of anxiety disorders (with or without comorbidity) show significant improvements with Psychodynamic Psychotherapy

- **More than 85%** of the 299 children with anxiety and depressive disorders had **no emotional disturbance after 2 years of treatment**

- **Case studies**
  - Longer follow-ups, with sustained improvements despite difficulties in designing studies
Psychodynamic Psychotherapy
Weaknesses

- Despite extensive clinical experience, scientific studies are scarce
- Large proportion of literature based on case studies
- Difficulties in comparing studies and performing meta analyses
- Difficulties in the operationalization and definition of goals to be achieved and in therapeutic setting, due to model subjectivity
Family interventions
Evidence

- Affective disorders are associated with extremely invasive parental practices (Parker. 1983)

- Children describe their families as more conflicting, confusing, less firm, less open to free expression, less democratic in decision making, when compared to descriptions of children without anxiety and depressive disorders (Starke, Humphrey, Crook and Lewis, 1990)

- Association between controlling parental styles and the development of internalizing symptoms (Silverman et al. 1988; Stark et al. 1990)
Current Trends

- Definition of an Anxiety and Depressive Disorders proficiency model for the children and adolescents CBT Therapist (Sburlati et al. 2014)
- Importance of the **in vivo practice**
- Focus on conceptualization of each case and modular approaches (Chorpita et al. 2007) vs. manualized (Kendall & Hedtke 2006) and planning a treatment adapted to each child
- Flexible practices (Beidas et al. 2010)
- Adaptations according to the pathology and the development phase
- Family involvement (Wood et al. 2006; Dummett 2014; Vidair et al. 2013), parent-child approach, attachment issues
NPA

- **Rationale**
  - High prevalence of anxiety and mood disorders in clinical and community samples
  - Significant impact on several areas of functioning
  - Diagnostic challenges
  - Further need to investigate effective treatment models
NPA

- **Aims**
  - Identify high risk groups
  - Identify prodromic symptoms of severe psychopathology
  - Explore and validate integrative intervention models

- **Target Population**
  - Children from 4 to 12 years old evaluated in our CAP outpatient unit from February 2015 until present
Method

- Case selection/screening
- Inclusion/exclusion criteria
- Drawing of research & therapeutic plans

PROGRAM HIGHLIGHTS

- Modular structure
- Schedule flexibility
- Intervention with parents & child
- 6 months to 1 year length – can be prolonged
- Supervision
NPA

- PHASE I – Theoretical training in psychopathology
- PHASE II – Research instruments/scales
- PHASE III – Drawing of modular Program
<table>
<thead>
<tr>
<th>Measure</th>
<th>Population</th>
<th>What measures</th>
<th>How</th>
<th>Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBCL</td>
<td>4 – 18 y</td>
<td>Dimensions of child psychopathology</td>
<td>Caregivers (self-report)</td>
<td>Grouping in syndroms</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>113 items</td>
<td>Definition through score results - normal,</td>
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<td></td>
<td></td>
<td></td>
<td>Likert 0-2</td>
<td>borderline or clinical</td>
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<tr>
<td>SCL-90</td>
<td>Adults</td>
<td>Symptoms of Psychopathology</td>
<td>Self-report</td>
<td>Grouping in 9 syndroms</td>
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<tr>
<td>CBCL</td>
<td>4 – 16 y</td>
<td>Impact on global functioning</td>
<td>According to clinical evaluation</td>
<td>Levels of functioning - 1 to 100</td>
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<tr>
<td>CDI</td>
<td>7 – 12 y</td>
<td>Presence &amp; severity of depressive</td>
<td>Self-report</td>
<td>1) Negative humor</td>
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<td></td>
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<td>symptoms</td>
<td>27 items</td>
<td>2) Interpersonal problems</td>
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<td>3) Inefficiency</td>
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<td>4) Anhedonia</td>
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<td>5) Low self esteem</td>
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<tr>
<td>YMRS</td>
<td>5 – 17 y</td>
<td>Severity of manic symptoms</td>
<td>According to clinical evaluation</td>
<td>1) Negative reactivity</td>
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<td>11 items</td>
<td>2) Task persistence</td>
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<td>Likert 0-4</td>
<td>3) Sociability</td>
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<td>4) Activity</td>
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<tr>
<td>SATI</td>
<td>8 - 12 y</td>
<td>Temperament</td>
<td>Caregivers (self-report)</td>
<td>1) Self perception profile</td>
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<td>38 items</td>
<td>-8 sub-scales: school competence; social</td>
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<td>acceptance; sports competence; physical</td>
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<td>esteem; competence in portuguese;</td>
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<td>competence at maths.</td>
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<td>8 – 15 y</td>
<td>Perception of competence &amp; self esteem</td>
<td>Self-report</td>
<td>1) Concerns &amp; anxiety in parents on child’s</td>
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<td>36+10 items</td>
<td>physical or psychological safety</td>
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<td>Double option</td>
<td>2) Parental overprotection</td>
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<td>Items - 1 to 4</td>
<td>3) Parents encouragement of child’s confronting</td>
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<td>Dimensions of Anxiety</td>
<td>Self-report</td>
<td>5 dimensions corresponding to specific</td>
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<td>3) Parents encouragement of child’s confronting</td>
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<td>PID-5-BF</td>
<td>11 – 17 y</td>
<td>Personality Traits</td>
<td>Self-report</td>
<td>5 domains of personality traits</td>
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<td>1) Negative emocionality</td>
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<td>2) Distancy</td>
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<td>4) Desinhibition</td>
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<td>How</td>
<td>Dimensions</td>
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<td>FES</td>
<td>&gt; 8 y</td>
<td>Personal perceptions on family functioning</td>
<td>Self-report 90 items T/F convertible to likert 1-6 Real form Ideal form Expectancy form</td>
<td>3 major dimensions: 1) Relationship (cohesion, expressivity &amp; conflit)</td>
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<td>2) Personal growth (independency, orientation to: success, intelectual/ cultural, recreational &amp; moral/ religious emphasis)</td>
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<td>3) System maintenance (organization &amp; control)</td>
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<td>EMBU (P e C)</td>
<td>Parents of children 8 – 11 y</td>
<td>Perceptions on parental educational styles  C – child’s P – parents self-report</td>
<td>Self-report or with the child C - 32 items P – 42 items Likert 1-4</td>
<td>3 dimensions 1) Emotional support</td>
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<td>2) Rejection</td>
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<td>3) Control attempt</td>
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<td>PSI</td>
<td>Parents of children 0– 12 y</td>
<td>Magnitude of stress impact on parent-child system</td>
<td>Self-report 120 items 4/5 Y/N option scale</td>
<td>Domain child - 6 sub-scales</td>
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<td>Domain parents - 7 sub-scales</td>
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<td>E. Preocupações Parentais</td>
<td>Parents of children 0– 12 y</td>
<td>Parental concerns</td>
<td>Self-report 37 items Likert 1-6</td>
<td>5 Sub-scales</td>
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<td>Family school &amp; development concerns</td>
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<td>Preparation</td>
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<td>Fears</td>
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<td>Negative behaviors</td>
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<td>Parental Alliance</td>
<td>Parents</td>
<td>Agreement between parents concerning the child</td>
<td>Self-report 20 items Likert 1-5</td>
<td>Agreement</td>
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<td>Questionnaire of Family Resiliency</td>
<td>Parents &amp; other relatives</td>
<td>Family capacity to respond &amp; adapt to stress &amp; crisis situations</td>
<td>Self-report Different scales according to dimension</td>
<td>Family</td>
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<td>- Changes</td>
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<td>- Coherence</td>
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<td>- Flexibility</td>
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<td>- Involvement</td>
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<td></td>
<td>- Social support</td>
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<tr>
<td>FACES IV</td>
<td>All family members &gt; 12 y</td>
<td>Family cohesion &amp; flexibility</td>
<td>Self-report 62 items 5 option scale</td>
<td>Evaluation through circumplex model</td>
</tr>
<tr>
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<td>According to family type</td>
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</tbody>
</table>
ASSESSMENT
- Semi-structured interview
- Family Psychiatric History Questionnaire
- C-Gas
- CBCL

REFERRAL TO NPA
- Diagnosis
- Score C-Gas
- Score CBCL

NPA
- EMBU

ANXIETY DISORDERS
- SCARED
- EASP

DEPRESSIVE D.
- BIPOLAR D.
- DMDD
- CDI
- YMRS
- Self esteem scale

COMORBIDITY PD Traits
- PID-5-BF

1st appointment CAP Unit
**Program Flow Chart**

**MODULE 1**

- ‘ice breaking’ & relationship building

**CAP Comprehensive Assessment**

- NPA Team Meeting
- Case Formulation
- Flowchart for core treatment plan

**Therapist assignment**

**Is the therapist known to the child?**

- NO
- YES

**MODULE 2**

- Learning about Anxiety
- Fear Hierarchy
- FEAR Plan

- Child-Parents Intervention
  (end of session)
- Fear rating chart & Fear Ladder

**Prepared for *in vivo* practice?**

- NO
- YES

**MODULE 3**

- Exposure
  - Fear Ladder (gradual exposure tasks)
  - Fear Thermometer
  - Reinforcement & Rewards

**NO**

**YES**
Program Flow Chart

Prepared for in vivo practice?

NO

Child issues?

MODULE 4 Imaginal Exposure & Insight building

Psychodynamic Approach

Family issues?

MODULE FAMILY

CBT Approach

FEAR Plan
Plan STOP
Cognitive Restructuring
MODULE 4
Imaginal Exposure & psychodynamic insight

Psychodynamic Approach
Enhance reflective capacity & explore underlying conflicts

Borderline Organization  Depressive Organization  Neurotic Organization
Program Flow Chart

Family Dynamics
- Avoidance Reinforcement?
- Modelling?
- Excessive/non-supported exposure?

Family interview

Family issues?

NO

Module Family
- Psychoeducation
- CBT
- Systemic

Parental Psychopathology

Therapeutic support in adult psychiatry services

Prepared for *in vivo* practice?

NO
Other Modules

- **Relaxation Module**: Can be used throughout the program according to the child needs.

- **Social Skills Module**: If social anxiety is the main issue or if child has scarce social skills.

- **Maintenance & Relapse Prevention**: Plan to minimize anxiety during exposure; Relapse prevention if needed.
Module 1

- Main Goals

- Build a relationship with the child
- Explain the program in a simple way
- Emphasize therapist-child as a team
- Define and establish the therapeutic setting
- Introduction of materials, portfolio,...
Module 1

- **Building a relationship with the child**
  - Know the child and his/her own universe
  - Seek connection and therapeutic closeness

- **Explain the program in a simple way**

  Contextualize:
  - Explain who we are and what we do
  - Revisit the main reason for referral
  - Explore and deconstruct myths
  - Clarify expectations and objectives
  - Clarify confidentiality issues and its limits
Module 1

- **Emphasize therapist-child as a team**
  - Explain the importance of child participation and perspective: encourage expression of opinions and doubts
  - Create a setting where the child genuinely feels understood

- **Define and establish the therapeutic setting**
  - Playing
  - Drawing

... But also reflection moments
Module 1

- **Parents Session**
  - Listen to parents’ concerns
  - Understand the expectations regarding the program
  - Explore how they manage their child’s anxiety and their own
  - Adequate strategies for the best management of anxiety episodes
    - Explore attempted solutions and their results
    - Redefine the “problem” and refocus on the solutions
    - Importance of progressive exposure to anxiogenic situations
  - Reinforcement of child’s strengths
Module 2

Main Goals

- Present the intervention model following a modular CBT approach
- Increase the child’s learning about anxiety and his/her capacity to identify alarm signs
- Find a common language and negotiate common intervention goals
- Prepare for exposure tasks
Module 2

- **Specific Goals**
  - Present the CBT model of anxiety
  - Distinguish normal vs. pathologic anxiety
  - Explain the CBT intervention model – FEAR Plan
  - List and name the fears
  - Build a fear hierarchy and define intervention targets
  - Introduce self-monitoring (preparing for exposure)
Module 2

- Present the CBT model of anxiety

Anxiogenic Situation

How did my body react?
Sensations (physical)

What did I think?
Cognition

How did I feel?
Emotions

What did I do?
Behaviour
Module 2

- Distinguish normal versus pathologic anxiety

Identify situations where anxiety is protective

Compare anxiety disorders to false alarms
Module 2

- Explain the CBT intervention model – FEAR Plan

  **F – Feeling frightened?**
  Recognize anxiety manifestations – “body clues”

  **E – Expecting bad things to happen?**
  Automatic negative thoughts; cognitive distortions

  **A – Actions and attitudes that can help?**
  Confrontational strategies; relaxation; behavioural strategies

  **R – Results and rewards**
  Build self-monitoring and self-reward competencies
Module 2

- List and name the fears

- Build a fear hierarchy and define intervention targets
  - Give the fear a name
  - Use arts or dramatic techniques to represent the fear
  - Choose which fear to start with
    (the most difficult? the least intense?)
Module 2

- Introduce self-monitoring (preparing for exposure)

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<thead>
<tr>
<th>Date</th>
<th>11/12/2017</th>
<th>18/12/2017</th>
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</thead>
<tbody>
<tr>
<td>Fear</td>
<td>Intensity - 0 to 10</td>
<td></td>
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<tr>
<td>Dark</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Sleep alone</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Stay home alone</td>
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<td>7</td>
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</table>
Module 2

- Introduce self-monitoring (preparing for exposure)
  - Choosing which fear to deal with
  - Define a clear intervention goal
  - Together with the child, create the number of steps necessary to reach the final goal
    (adding/decomposing in new steps as we move forward on the fear ladder)

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<table>
<thead>
<tr>
<th>Sleep alone</th>
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<tbody>
<tr>
<td>Sleep in own bed with parent(s) near</td>
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<tr>
<td>Sleep in own bed with parent</td>
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<tr>
<td>Sleep in parent’s bed</td>
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</tbody>
</table>
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Module 3

In vivo Exposure

- **Main Goals**
  - The A of the FEAR plan
  - Increase motivation and rapport in therapy
  - Provide opportunities of control and containment in uncomfortable or anxiogenic situations
  - Increase the insight of the child and his/her ability to identify, accept and deal with fear and anxiety
  - Give the parents a more active role
Module 3

- Theoretical mechanisms of Exposure
  - Habituation
  - Extinction
  - Emotional processing
  - Self-efficacy
Module 3

- **Premises**
  - To have a clear and well-defined exposure hierarchy
  - To conduct exposure in a gradual, systematic and collaborative manner
  - Avoidance of unnecessary safety beliefs
  - Challenge of cognitive distortions (e.g., catastrophizing,...)
Module 3

- In vivo Exposure
  - Exposure step by step
  - Fear thermometer
  - The need of **persistence** in Exposure
  - Redefine the hierarchy, if necessary
  - Encourage self-monitoring in the sessions and with recordings
  - Gain the perception that something bad won’t happen
  - Reinforce the treatment gains and encourage self-reward (item “R” of the FEAR plan)
  - Parental psychoeducation concerning the role of exposure is extremely important
Module 3

- Types of exposure
  - *In vivo*
  - Interoceptive
  - Narrative
Module 4

- A supplemental module to be used when:
  - *In vivo* Exposure is not yet possible
  - Exposure tasks and therapeutic gains need additional reinforcement
  - There is a need to increase insight or of a more interpretative approach

This includes:

- **CBT approach**
  - Reinforcement of the previous modules – FEAR plan
  - Exposure in Imagination
  - Cognitive Restructuring techniques

- **Psychodynamic approach**
Module 4

CBT Approach

- Exposure in Imagination
  - Management of intrusive thoughts
  - When preparing for *in vivo* Exposure
  - Management of uncertainties or in situations not amenable to direct confrontation
Module 4

- **Cognitive Restructuring**
  1. Identification of **Automatic Negative Thoughts** and **Cognitive Distortions**
  2. Connection of intrusive thoughts and images, emotions and safety behaviours - **Circle of anxiety maintenance**
  3. Creation of an **acceptance atmosphere** and validation of the emotional impact of such cognitions (do not challenge them too soon)
  4. **Decentering**
  5. **Looking for evidences** that challenge the Negative Thought, as opposed to evidences that sustain it
  6. Consolidation of **Alternative Thinking**
  7. Do some **behavioural experiments** -> Return to module 3
Module 4

- Other strategies
  - Positive Mental Imagery
  - Self-talk/Thought substitution
  - Thought Stopping
  - Thought Acceptance
Module 4

Psychodynamic Approach

- **Main Goals**
  - Enhance mentalization and reflective capacity
  - Improve affect regulation
  - Explore underlying conflicts

  Clarifying and giving meaning
  Emotional attunement
  Repair of attachment IWMs

Object Relations
Affections
Ego & Mechanisms of Defense
Superego
Module 4

- **Borderline Organization**
  - **Separation/individuation difficulties**
    - Resolve pathological clinging - working with parent & child
    - Approach primitive defense patterns

- Explore the **fear of separation** and abandonment – by keeping parents near he/she creates the illusion that they are under his/her control

- Clarification of **intergenerational boundaries** and roles

- Address feelings of **emptiness** due to splitting & projective mechanisms – empathize and clarify
Module 4

- Borderline Organization
  - In therapeutic setting clarify ongoing interactions
    - Boundaries, omnipotence, aggressiveness
    - Foster reality testing capacity and minimize distortions – neutralizing splitting
    - Resolution of pre-oedipal conflicts
    - Increase negative affects tolerance & enhance empathy
    - Support superego integration (conscience)
    - Impulse control

More objective perception of others & limits
> Self reflective capacity
Module 4

- Depressive Organization
  - Dependency/Autonomy
  - Aggression/Guilt – the importance of aggression repression

- Negative self-concept
- Fears of loss and not being loved – helplessness
- Parents narcissistic functioning
- Symptom vs. autonomy gains

> Ability to recognize negative emotions and connect them to thoughts & behaviours

Co-construction of a different image of self
Module 4

- **Neurotic Organization**
  - Dependency/Autonomy
  - Aggression/Guilt – the importance of exclusion & rivalry

- Feelings of loss linked to fear of exclusion
- Oedipal conflictuality
- Reinforce identification to same gender parent
- Address regressive attitudes

*Requires that the child had experienced continuous, positive investment*

*Constancy in his/her internal world*
Module 4

- **Interface Organizations**
  - Para-neurotic functioning
  - Para-depressive functioning

(Palacio-Espasa & Dufour, 2003)
Module Family

- Main Goals
  - Encourage parental cooperation throughout the program
  - Address parents’ concerns (questions and doubts)
  - Facilitate new and different relational models
Module Family

- Framing the child and the symptom in the family context
- Inform the family about the nature of the problem and treatment program
- Assess what has already been tried to help the child deal with anxiogenic situations; discuss new strategies
- Emphasize the child's strengths
- Allow the child to evolve at his own pace instead of focusing only on the anxiety management
Module Family

- **Parent-child relational patterns**
  - How parents deal with anxiety-generating situations
    - Overprotection
    - Controlling parenting styles
    - Reinforcement of anxious behaviour and avoidance
    - Parental perception of excessive threats

- **Address family issues in a transgenerational perspective**
  - Dependency/autonomy
  - Conflict resolution
  - Communication patterns
  - Expressed emotions/criticism
You’re going to be wrong a fair amount of times

So the issue is...

…how do you be wrong well?

Ray Dalio, Founder of Bridgewater Associates, in Forbes, Quote of the Day
Openly and thoughtfully disagreeing on important issues is the most powerful way of creating meaningful work, meaningful relationships, and great outcomes.

Bridgewater Associates,
How to address...

- Emptiness
- Alternative thinking
- Omnipotence
- Oedipal Conflict

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YOU MEAN TO TELL ME THAT ONE DAY I'LL HAVE TO CLEAN MY OWN BUTT?