Culturally Responsive Cognitive Skills Guide

Goals:

1. *Provide education on the connection between thoughts, emotions, and behaviors.*
2. *Discuss helpful and unhelpful thoughts.*
3. *Identify values-aligned cognitive coping skills.*

The role of cognitive skills in treatment has historically varied depending on whether a youth is experiencing a more classic anxiety disorder (e.g., Generalized Anxiety, Separation Anxiety, Social Anxiety, Panic Disorder) compared to Obsessive Compulsive Disorder (OCD) or disorders with primarily behavioral protocols, such as Selective Mutism. Specifically, while cognitive skills are traditionally a part of treatment protocols for classic anxiety disorders, primary reliance on cognitive skills in OCD has largely been demonstrated to be ineffective; in some cases, cognitive strategies can develop into rituals that a youth uses to reinforce their OCD. Similarly, attempting to deliver cognitive skills to address symptoms of Selective Mutism, (especially if delivered non-verbally) may end up reinforcing patterns of avoidance related to speaking. That being said, for youth with OCD or Selective Mutism who also meet criteria for other anxiety disorders or Post-Traumatic Stress Disorder, cognitive skills may be introduced later in a treatment course to address these co-occurring conditions once OCD or selective mutism symptoms have stabilized.

Cognitive skills – most notably, cognitive restructuring – have historically been a major component of evidence-based treatment protocols for classic anxiety disorders. However, there has been emerging data over the past decade questioning the potential added utility of cognitive restructuring above and beyond the benefit associated with Ex-CBT alone. While there are certainly some youth who demonstrate clear cognitive distortions and overestimations of threat (e.g., feeling 100% certain that any dog will bite them if given the opportunity) that will benefit from cognitive restructuring, we do not recommend cognitive restructuring be employed as a *universal strategy* for youth with anxiety and related disorders. Rather, we encourage use of cognitive restructuring only when there is both: (1) clear evidence of cognitive distortions or maladaptive thought patterns, and (2) a hesitancy to engage with exposure practices driven by maladaptive thought patterns (e.g., a youth may need to learn information about true levels of risk to be willing to engage in an exposure practice).

Another important reason that cognitive restructuring should be used carefully and sparingly is that it has the potential to invalidate the clients' experiences by incorrectly labeling something a cognitive distortion that may in fact be a culturally normative or realistic or adaptive thought. However, cognitive coping skills other than cognitive restructuring (e.g., development of coping thoughts or affirmations) may be useful in helping clients cope with anxiety and chronic identity-related and environmental stressors. **Throughout this work, we must work to be mindful of our own biases about what constitutes an irrational thought based on our own personal upbringing, culture, and fears. Using colleagues or supervisors to work through determining how irrational a client's thought is can be a helpful strategy to support these reflections.**

While the principles below can be applied to any youth struggling with anxiety or OCD, they specifically focus on strategies for ensuring cognitive skills are delivered in a culturally responsive manner that acknowledges the connection between thoughts, feelings, and behaviors and supports clients to develop healthy thinking patterns while recognizing that many youth, especially those from marginalized or minoritized backgrounds, experience realistic fears and thought patterns that while distressing are not appropriate for traditional cognitive restructuring methods.

<u>Guiding Principle #1</u>: Whether or not you plan to use more formal cognitive restructuring with a client, it is often helpful to discuss the role of thoughts in youth's experience of anxiety or OCD, and to acknowledge that while thoughts may or may not be realistic given the client's context, they can still have an impact on client's emotional experience.

- <u>Intended Impact</u>: It is important to recognize that clients may experience identity-related or environmental worries that may be realistic or related to true events the client has to deal with; these thoughts may be the primary drivers of distress or occur alongside other cognitive distortions associated with disordered anxiety. It can be helpful to explicitly discuss that our thoughts can be both helpful and unhelpful; this can also set the stage with building insight to identify any other *maladaptive* or unhelpful thought patterns.
- <u>Strategies</u>:
  - Help client investigate the effects of their thoughts on their emotions by engaging in socratic questionning.
    - How does this thought make me feel?
      - *E.g., "It makes me feel powerless and that things will never get better."*
      - *E.g., "This thought makes me feel like I have to touch my desk in a particular order to keep it from coming true."*
    - What is this thought communicating to me?
      - *E.g., "This issue is affecting me and my community and making my life harder."*
    - Is the thought I am having my own belief about myself, or am I internalizing societal messages or messages I have heard from others about me or people with a similar identity?
    - In what ways is this thought affecting my actions in the short-term and long-term?
      - *E.g., "In the short term, it's causing me to isolate myself and making me less motivated to do my work."*
      - *E.g., "In the long term, this could lead my grade point average to drop a lot and could impact my future. I might also not feel very connected to my community."*
    - Based on observations of short-term impact and predictions of long-term impact, how much this thought is serving me?

Guiding Principle #2: Be cautious about using traditional language associated with cognitive restructuring, such as "challenging" or replacing" unhelpful thoughts. Instead, consider using terms like "evaluate how helpful" our thoughts are and "developing alternative ways of thinking" that can be more adaptive and helpful. <u>Note</u>: This principle <u>does not pertain to youth with OCD</u>, since, as noted above, we would minimize use of restructuring strategies altogether when addressing OCD symptoms.

- <u>Intended Impact</u>: Traditional Ex-CBT protocols for classic anxiety disorders may focus on helping a client engage in detective thinking to identify irrational or catastrophic thoughts. Detective thinking questions such as "*How likely is it that X might occur? Has it ever happened before? Do you have evidence for that?*" can run the risk of invalidating the client's valid experiences if asked in a way that clearly is intended to try to disprove the client's expectations. However, helping clients target unhelpful thoughts while avoiding labeling them as irrational or unlikely to come true (especially for clients with realistic identity-related or environmental fears), can help you to develop cognitive coping skills (e.g., utilizing coping thoughts, or more helpful thoughts) to reduce distress without invalidating their experience.
- <u>Strategies:</u>
  - Step away from irrational thinking, which artificially places thoughts into a category of either "rational" or "irrational", and instead target internalization and negative self-focused thoughts.

        - Consider this example of a negative self-focused thought developed through internalizing racist comments: *"I am stupid, I am different that everyone else, I have nothing to contribute."*
            - The clinician could respond with support in understanding with the goal of eventually further evaluating these clearly unhelpful thoughts: *"I wonder if you are having those thoughts because of the way that others have treated you? How does that thought make you feel? What can you remind yourself about what other people say versus what you know about yourself?"*
            - The clinician can then support the youth to identify a new coping thought: *"Although other kids are telling me I am stupid, I know that I am just as smart as they are."*
    - Acknowledge the realistic nature of the client's thought and help them to reframe it so that it also generates feelings of empowerment and motivation, instead of helplessness.
        - Consider an example where a trans youth expresses a lot of distress about the current sociopoitical context and transphobia they are hearing about in the news: "*I am just so worried about what will happen both to me and others in my community with the new legislation that is being passed."*
            - The clinician could respond by validating the client's distress and using socratic questioning to identify strategies to support more helpful and less distressing thinking: *"You told me you are thinking about how the LGBTQIA+ community is under attack from policymakers and really hurting right now. This is a really hard thing to experience and thought to have. You also told me that you want to be a voice for your community and advocate. I wonder if we can come up with more helpful thoughts that remind you of your and your communities strengths, despite the past and current struggles?"*
            - The clinician can then support the youth to identify an alternative, more helpful thought: *"My community is really hurting right now and I know I can advocate and connect to people with similar values."*
- Support youth to shift the focus of their thoughts away from the distressing content itself and toward the ability to tolerate their distress. Focus evaluation of client thoughts about their ability (or inability) to cope with emotions that may arise from dealing with difficult experiences. Be careful with insinuating that the client should just cope with unjust treatment by focusing on their ability to tolerate their emotional experience, in order to take values-driven action.
    - Consider an example where a client is worried about experiencing racism at school and is avoiding engaging in-class presentations: *"If I talk in front of the class, that kid is going to make a racist comment again, and I can't take that."*
        - The clinician could use socratic questioning about the client's ability to tolerate or cope with a stressful situation or the emotions that arise to generate thoughts that build self-efficacy in their own ability to cope with distressing experiences: *"What do you fear will happen if your classmate does say something racist after your presentation? How would you cope with the anger/sadness?" and, "What could being able to tolerate the understandable anger you feel help you to do next?"*
        - The clinician could then guide the client to come up with coping thoughts about their ability to tolerate/or cope with their emotion: *"Even if he does say something to me, I can feel my anger and tell the counselor what happened and I will also be proud of myself for doing a presentation in front of the class."*

***Guiding Principle #3: For youth experiencing distressing cognitions that do not seem clearly irrational and appropriate for traditional cognitive restructuring, help clients develop positive cognitive coping skills to cope with chronic worry; this is especially important for youth chronic identity-based or environmental stressors*.**

- Intended Impact: Many youth with anxiety and OCD, and especially those with chronic identity-related and environmental stressors, have chronic worry thoughts that get in the way of their lives. They can benefit from positive cognitive coping instead of, or in addition to, challenging the helpfulness of their thoughts.
- Strategies:
    - Integrate cultural strengths within coping thoughts.
        - What are your client's cultural strengths and can they be used to cope with chronic identity-related or environmental stressors (e.g., historical examples of resilience, art and music, prayer, church, community, family strengths)?
        - Utilize these strengths to develop coping thoughts: *"I can get through this, I have my family on my side".*
    - Support client to use culturally appropriate balanced thinking – many thoughts can be both realistic and unhelpful. Depending on the client, identifying their thoughts may only be the first step toward identifying other interventions, that can be used to optimally support the client
        - Consider a client who is experiencing acculturation stress related to differing values between her and her family:
            - Example thoughts a client like this might experience (e.g., *"If I set boundaries, my family will be upset"*) may both be realistic and unhelpful.
            - The clinician can guide the client in coming up with a more balanced thought that incorporated family strengths (e.g., *"My family cares about my happiness; we have a different way of showing our care*").
            - In some cases, other strategies (e.g., weighing the pros and cons of choosing to set boundaries in a way that may clash with her family culture, encouraging personal values assessment and exploration, family communication skills) can be helpful to further support the client in developing balanced ways of thinking about difficult situations that are tailored for her.
    - For clients who take on "adult" worries or worries about things largely outside their own control a worry sorting exercise may be useful.
        - Guide the client to sort their worries into distinct categories: (1) those worries that they have control over, (2) those worries they and others around them do not have any control over, and (3) worries that are best left to the adults in their life to manage. Helping youth separate these worries and label which are and are not under their control or are even their "responsibility", can help them release some of the burden of their stressors. It is often helpful to involve caregivers in this practice, because they can help reinforce which worries do not "belong to the client", and which worries may be able to be held collectively and discussed more openly within the family.
    - A similar activity that can be done separately from worry sorting or can build on an initial worry sorting exercise is to work with youth to create a worry bucket to hold their worries. Akin to "prescribed worry time," youth can identify a few minutes a day to allow themselves to experience and process their worries, writing down each and identifying which worries fall into the category of "things I cannot control". Youth can then be encouraged to physically place their written worry into the "worry bucket", to visualize letting go of the unhelpful worry.
    - It is also often helpful to use externalizing language to help youth begin to differentiate between their anxiety or OCD intrusive thoughts from those thoughts that feel more congruent with their own self and values (e.g., "W*hich of my thoughts are OCD thoughts and which are my own thoughts?*" or "*Is this my anxiety trying to boss me around or is this an anxiety alarm that I should listen to?*").

- For younger kids, you may create a worry monster that the child can draw and practice "bossing back" with helpful coping thoughts that facilitates approach behavior (e.g., "I *know I can be brave*" or "*My anxiety/OCD is not the boss of me*").
- Utilize mindfulness or grounding strategies with clients with chronic identity-related or environmental stressors, or with chronic intrusive thoughts.
  - This is particularly helpful for realistic thoughts that tend to "get stuck" in the youth's brain (i.e., youth ruminate or perseverate on these worries). Youth are encouraged to practice letting their thoughts come and go without engaging with them and are encouraged to try to maintain attentional focus on the present moment, rather than the worry. These strategies can help reduce the "power" that are thoughts have over our emotions and behavior.
  - See the Augmented Strategies section for more guidance about how to utilize mindfulness and grounding strategies.

References

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