

How can cognitive
behaviour therapy
(cbt) be modified to fit
the needs of young
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Cognitive Behaviour Therapy Modification in Young Children Cognitive behaviour therapy can be defined as a psychotherapeutic method that is used to treat a variety of psychological problems such as disorders involving moods, anxiety, personality disorders and eating disorder among other types of disorders (Kendall, 2011, p12; Pavuluri et al, 2004, p531). Cognitive behaviour therapy is problem oriented, this means that it is focussed on a specific problem affecting the patient and also action oriented meaning it is focuses on helping a patient identifying a specific strategy that will help him or her overcome the problems (Kendall et al 2008, p282; Safren et al, 2003, p836). This paper will address some of the ways in which cognitive behaviour therapy can be modified to fit the needs of young children.

As it is usually the case with almost all paediatric procedures, they are usually tested with adults before they can be brought to children; therefore, cognitive behaviour therapy is no exception. Due to children's limitations in metacognition and their inability to classify feelings, clinicians need to adjust their pacing of therapy's content and the speed of therapy (Butler, Chapman, Forman & Beck, 2006, p22).

One of the things that psychiatrist need to adjust in cognitive behaviour therapy for children is the time frame with which they carry out the therapy (March et al, 2005, p813). Children do not have fully developed metacognition abilities therefore the speed at which they will respond to therapy will be slower than that of adults. Due to these challenges, therapist need to ensure that the spacing of the whole course of the therapy is in such a way that the child will not be overburdened by the therapy due to congestion of the therapy or it will be too spaced such that the effectiveness of the therapy will be compromised. The inability of children to express their

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feelings, which may help in easier diagnosis of the disorders, will require the time required for full cycle of therapy to increased (Wood et al, 2006, p315). Due to the stage of development in children cognitive abilities, cognitive behavioural therapies for children will always focus on the behavioural aspect of the therapy since it will be more effective, however, the behavioural aspect too will require the children to be trained in social and problem solving skills (Nauta, Scholing, Emmelkamp & Minderaa, 2003, p1273; Kendall & Hedtke, 2006, p101). These characteristics among children requires that the therapy be combined with other skills or at least provide an opportunity for the child to learn other skills that will make the treatment effective (Sukhodolsky, Kassinove & Gorman, 2004, p251). In cases where the children is too young to learn any meaningful skill, the therapy should be modified in such a way that it will not necessarily include the need to have any other skills for the treatment to be effective. In addition, the parent or guardians of the patients will have to be trained in administering part of therapy at home in order for it to be effective (Walkup et al 2008, p2755; Barmish & Kendall, 2005, p576).

Cognitive behaviour therapy that is administered to adults has to be modified in order to treat problems that face young children; this is because these two groups of individuals are in different levels of cognitive development. Some of the ways that cognitive behaviour therapy can be modified to fit the needs of young children is to adjust the time frame that is required for a full cycle of the therapy, secondly the therapy can be accompanied by training in social and problem solving skills for older children and involving the parents for younger children.

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