

# Referring to relevant scientific literature, discuss critically

Literature



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Therapists believe that this is the best approach as it directly addresses a child's thoughts and behavior and teaches them to challenge those that are unhelpful (Glared and Glared, 2008). In doing this, it allows children and adolescents to practice techniques for behavioral change in the safety of a therapy environment, which they can then transfer to other fields (Kendall, as cited by Kaplan, Thompson and Coarsen 1995). When undertaking CB with a child or adolescent their developmental stage needs to be taken into consideration as it may have an influence on the effectiveness of the therapy (Durbar as cited by Kaplan et al. 1995) and also create limitations to what they can do. Grave and Blithest (2004) suggests that between the ages of 5 and 8 developmental immaturity occurs. Harrington (2003) states that some techniques within CB require the patient to possess certain cognitions to carry out tasks and if the patient is at a developmental stage where they cannot complete the tasks then a barrier is formed. Clark (2005) proposes that sessions need to be 'developmentally appropriate' and engage the child; adolescents are more able to participate in more adult sessions, whereas younger children may benefit from treatment centered around play.

This is demonstrated by Grave and Blithest (2004) who state that combining CB and play is an "effective way of communicating with young children" (page 414). The child's developmental stage may also govern how much adult involvement there will be in the therapy; Clark (2005) highlights that "the younger the child, the more likely it is that parents may become involved in treatment" (page 130), this is due to the on-going developmental changes and the child's dependency. Kaplan et al. (1995) state that arenas should be educated in the cognitive behavioral techniques being used and when the

child attempts to use something learned in therapy at home, should give positive feedback and assume the role of co-therapist. Harrington (2003) discusses how the role of an adult can enhance the therapy as they can communicate things to the therapist that the child may be reluctant to talk about. There are also ethical issues to be taken into consideration when undertaking CB with adolescents.

Kendal and Degrade et al. (As cited by Clark, 2005) highlight that it is adults, usually parents, who accompany children and adolescents to therapy sessions and although not the patient themselves, dictate what issues they would like the therapy to address. Degrade et al. (As cited by Clark, 2005) continues to discuss how this may create a barrier to the treatment for children and young people as it teaches them techniques that they can later call upon when facing similar situations in the future.