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Clinical Intervention Using Cognitive Restructuring

Funmibi Yusuff and M.S. Clinical Mental Health Counseling

Description of the Intervention

- Cognitive Restructuring entails having a client evaluate their negative thinking/beliefs for whether or not they are beneficial to induce change/the desired behavior. Some examples of these negative cognitions are black-and-white thinking, catastrophizing, overgeneralizing, personalizing, etc.
- With cognitive restructuring, clients will examine their thinking patterns thorough through a process of steps and techniques (e.g. providing evidence for and against the accuracy of that thought) in order to examine their maladaptive patterns of thinking, the reasons for the thoughts, and develop new alternative, and healthy thinking patterns.
- The goals of choosing this specific intervention is to help client's whose negative thought patterns have developed into maladaptive behaviors that are affecting their life be reduced. The ultimate goal is removal of negative thoughts/behaviors and replacing them with healthy and effective ones.

Brief Review of the Research

- In an article that examines the purpose and effectiveness of CR, Cebrián and Elvira (2019) found 58.5% of psychologists felt that applying CR depended on the clinical problem. For these clinicians they expressed that out of 14 problems, 11 reached 60% or higher; this included: mood disorders (91.6%), anxiety problems (90%), problems of anger/aggressiveness (81.3%), social skills problems (80.6%), and relationship issues (80.2%) (Cebrián & Elvira, 2019).
- Penedo et. al (2020) looked at the long-term effects of these techniques on clients with depression. By examining emotion-based techniques with cognitive techniques, they looked to see which was more effective in helping to lower long-term depression. They found that implementing cognitive restructuring was associated with lower cognitive behavioral avoidance and greater self-efficacy which in turn was associated lower long-term depression.

Clinical Problem Addressed

- Client is a 18 year-old cis-gender female high school senior. They have never been in formal therapy prior to contacting the Inner You and were initially diagnoses with an Adjustment Disorder with depressive and anxiety symptoms by the intake clinician. Client reported having some suicidal ideation with a method in mind in the intake but in the first session did not report having a method in mind.
- Client reported that they would like to work on their interpersonal relationships and increasing prosocial behaviors by making more friends. Client struggled to connect with others due to doing online school. Client reports dealing with anxiety and depression and lacking a lot of motivation to participate in school.
- Client was diagnosed during intake by another clinician with:
 - 309.28 - F43.23 - *Adjustment Disorder - With mixed anxiety and depressed mood*
- I decided to change client's diagnosis after six sessions with them and several outcomes measures supporting these diagnoses:
 - 300.02 - F41.1 - *Generalized Anxiety Disorder*
 - 296.33 - F33.2 - *Major Depressive Disorder - Recurrent episode, Severe*

Conceptualization of the Intervention

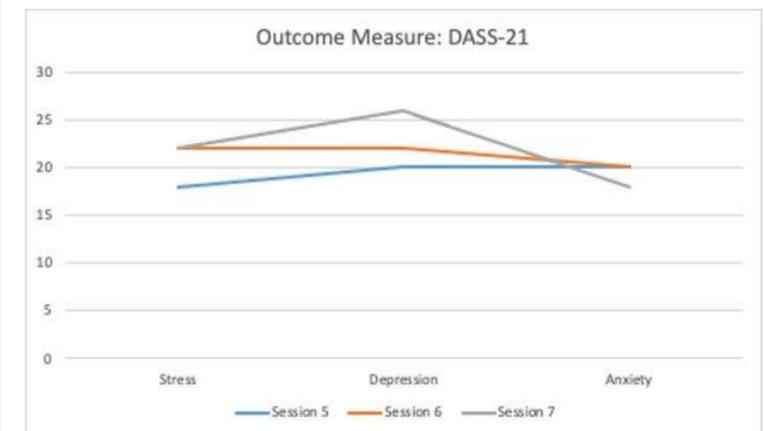
- Client is someone who is controlled by their beliefs and thoughts and can cause them to spiral into a negative thought cycle. Client did not have effective coping patterns to manage anxiety and depression and this is where their negative thoughts were able to control their actions. Client's thoughts are reinforced by perceived beliefs/opinions she thinks that others hold of her, particularly her parents. This is exacerbated due to lack of social skills and communication with parents.
- This intervention should allow the client to examine their negative thinking and determine if it's helping them with their problems and causing their desired behavior (which is to increase motivation, prosocial behavior, and reduce anxiety and depression).

Implementation

- When I first began using this intervention with my client, they were open to trying it and willing to participate as I explained how it works. The first time we used it, I asked the client to describe a distressing situation or a time where they were anxious. I then asked them to tell me what they were thinking. We then used cognitive restructuring to evaluate the client's thought. Client reported that they didn't realize that their thought was negative or that there wasn't truth to it after the exercise. I shared with the client that if they were to continue using cognitive restructuring, it could help them examine more of their thoughts.
- In the following sessions, we continued using these techniques (such as an exercise called Thoughts on Trial) and client reported that it helped them examine their thoughts in a more objective light.)

Evaluation and Outcome

- For the clinical intervention, I used the DASS-21 outcome measure for majority of the measurements. The DASS-21 stands for the depression, anxiety, and stress scale that has 21 questions regarding each of these areas.
- Session 2: PHQ-9 & GAD-7:
 - In this session, the Patient Health Questionnaire (PHQ-9) examined the patient's depression with 9 questions. The Generalized Anxiety Disorder scale examined the patient's anxiety
- The GAD-7 indicated that they had moderate anxiety which was causing them a significant amount of difficulty to complete their daily activities.
- The PHQ-9 indicated they had moderately severe depression with the same difficulty to complete daily tasks.
- When using the DASS-21 it indicated that their stress increased then leveled out (would score as moderate), their depression went up each session (would score as severe), and their anxiety leveled out (would score as extremely severe). I do not believe in the specific time frame we had, that cognitive restructuring was effective. Albeit, given more time, I do believe client could have experienced some changes.



References

- Penedo, J.M.G., Coyne, A., Constantino, M.J., Krieger, T. Theory-specific patient change processes and mechanisms in different cognitive therapies for depression. (2020). *Journal of Consulting and Clinical Psychology*. 88(8).
- Cebrián, R. P., Elvira, A.C. (2019). *Applying cognitive restructuring in therapy: The clinical reality in Spain. Psychotherapy Research*. 29(2). 198-212. DOI: <https://doi.org/10.1080/10503307.2017.1341655>

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