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Cognitive-Behavioral Therapy

What is cognitive-behavioral therapy?

Cognitive-behavioral therapy (CBT) is a common type of short-term talk therapy. It uses a practical, skills-driven approach to identify and adjust unhelpful thoughts or thought patterns that cause a person distress or impact their ability to function. In applying these strategies, CBT can help improve the way a person feels. CBT also targets a person's behavior, helping to adjust their actions to more closely match their goals and values (such as spending time with family and friends, attending to school, or taking medication more consistently).

How does CBT work in the context of gastrointestinal conditions?

Stress worsens the symptoms of many gastrointestinal (GI) conditions, including chronic abdominal pain, stooling and toileting issues, and rumination (or the involuntary, reflexive regurgitation of food shortly after eating). In addition, having a chronic GI condition *creates* stress—it can change an individual's ability to form and maintain friendships, attend school consistently, remain active in extracurricular activities, consistently get quality sleep, and maintain complex medication schedules.

Successful treatment of many GI conditions requires addressing stress, even if the stress was not present before the GI symptoms started. CBT teaches strategies for better managing stress, including deep breathing, muscle relaxation, and distraction, as well as addressing motivation and difficult thoughts and feelings.

How long does CBT therapy last?

CBT is designed to be a relatively short-term therapy, usually 12 sessions or less. As with most types of talk therapy, the effectiveness and number of sessions often depend on how well patients and families follow-through with practicing the skills and exercises introduced in the sessions. Therapists using CBT will often recommend homework between sessions to solidify the skills taught during therapy appointments.

For some people with chronic conditions, occasional “booster sessions” can be helpful over time to maintain improvements and to address new challenges that arise.

Should someone taking medication for mood or behavior also go to therapy?

Yes—research shows that the most effective treatment for most mood and behavior challenges, whether related to a medical condition or not, is a combination of CBT and medication. In many cases, medication can help manage symptoms while therapy helps address the underlying cause of the symptoms and teaches long-term strategies to help manage life’s challenges.

How do you find a therapist who practices CBT?

- You can get a list of providers from your insurance company, or ask your pediatrician/family doctor, family friends, your school, church, or others you trust.
- The therapist should spend more than half their time working with adolescents (not an adult specialist who sees some kids).
- The therapist should use some form of behavioral or cognitive-behavioral techniques (just ask!).
- The therapist does *not* need to be a GI specialist, though some understanding of your child’s medical condition may be helpful.
- The therapist needs to be somebody your child trusts—someone who “gets” your child.
- Feel free to have an initial session or two to “try out” several therapists before deciding who is the right fit for your child and family.

What are some specific targets or goals of CBT for a child with a GI condition?

- Maintaining a consistent daily schedule that encourages functioning with symptoms.
- Dealing with academic stress (such as coordinating with teachers to address make-up work and making recommendations regarding appropriate accommodations at school).
- Addressing social issues that may develop after lengthy absences from school and withdrawal from social activities (such as developing “scripts” for helping children address their peers’ questions, encouraging social interaction by formalizing “play dates” or other structured social activities with peers).
- Intervening with sleep problems.
- Encouraging active coping strategies (such as positive self-talk, deep breathing and other forms of relaxation, distraction, and problem-solving) to manage physical complaints, including abdominal pain, and any known stressors.
- Identifying emotions, and working to understand, accept, and cope with those emotions.
- Managing perfectionism, anxiety, irritability, and depression.
- Collaborating with parents as appropriate to support continued improvement.

- Maintaining motivation to continue following the treatment plan even when challenging.

Resources

psychcentral.com

Putting the Pieces Together for You: Children’s Mercy Abdominal Pain Clinic patient booklet

Handbook of Pediatric Psychology

Authors: Amanda D. Deacy, PhD, and Parker Huston, PhD

Editor: Amanda D. Deacy, PhD

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→ Locate a Pediatric Gastroenterologist

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