Article 16

Mood Management: A Cognitive Behavioral Skills Building Program for Adolescents

Carol A. Langelier

Adolescence is a confusing time. Sometimes you laugh so hard that your sides ache and at other times you think things could never possibly get better. It's like a roller coaster ride. With its ups and downs, and twists and turns, sometimes things happen so fast that it makes you feel dizzy. It's a time when adults don't seem to understand a thing you're going through and your friends becomes more important than you ever believed imaginable.

Caught up in all of its contradictions, it is often difficult for you to understand that adolescence is simply a phase of your life. You are embroiled in its passion and caught in its web. You may act before you think and jump to conclusions before checking out the entire story. Amidst all of this confusion, you may need a road map that helps you find your way through this maze called adolescence. Mood Management is a skills-building program designed to be your road map. (Langelier, 2001, p. 1)

Many adolescents are frequently confronted with a wide range of negative emotions that interfere with their ability to function effectively in academic, vocational, and social settings. Emotions such as anger, depression, and anxiety can vary in intensity from mild to severe and can be triggered by both acute and chronic factors. As adolescents struggle to cope with the challenges of identity development, learning to effectively respond to the emotional demands they encounter from day to day is essential to their success in school, work, and social settings (Cash, 2003; Velting, Setzer, & Albano, 2004).

Although Glover (1999) suggested that the developmental phase of adolescence is not significantly distressful to a majority of adolescents, for those who do struggle with the adverse effects of negative emotions such as depression, anger, and anxiety, adolescence is a stage of life that presents significant challenges. As Weissberg, Kumpfer, and Seligman (2003) pointed out, "As we enter the 21st century, substantial percentages of young people experience

mental health problems, engage in risky behaviors, and lack social-emotional competencies" (p. 426).

The Relationship Among Emotion, Cognition, and Learning

Helping adolescents learn how to effectively respond to these negative emotions is one of the goals of counselors in both educational and clinical settings. Although a number of different approaches may be employed to move adolescents toward the goal of effectively responding to their emotions, Sylwester (1994) suggested that learning how and when to do this is a rational process governed by complex interrelated brain systems, the brain stem, and limbic system. Greenleaf (2002) pointed to the notion that adolescence is an important time for learning: "During adolescence, the brain begins to define what is important to remember; discards useless or irrelevant information; and develops ways to retain, access, and learn new information" (p. 25). Further emphasizing the relationship between emotion, cognition, and learning, Kovalik and Olsen (1998) suggested a significantly important relationship linking emotion, attention, learning, and memory: "One of their key roles [emotions] is to tell the brain what is worth attending to and the 'attitude' with which one attends." Goleman (1995) also pointed out the importance of emotion and learning, stating, "Good moods, while they last, enhance the ability to think flexibly and with more complexity" (p. 85).

This relationship among emotion, cognition, and learning is important to consider as counselors plan intervention strategies with those adolescents experiencing emotional distress in response to the challenges they encounter from day to day. Given the emphasis on cognition and emotion, and in consideration of Greenleaf's (2002) assertion that during adolescence the brain functions to "develop ways to retain, access, and learn new information" (p. 25), the choice of counseling interventions based on

cognitive theories seems consistent with the notion that adolescents can learn to closely examine their emotional response to a given situation. "Students can learn how and when to use rational processes to override their emotions, or to hold them in check" (Sylwester, 1994, p. 64).

Further Rationale for Choosing CBT With Adolescents

In addition to the link between cognition and emotion as a driving motivator for counselors to consider interventions based on cognitive theories as a strategy of choice, Pert (1997) provided further rationale for this type of intervention by pointing out the link between emotion and bodily sensations. "Emotions and bodily sensations are thus intricately intertwined, in a bidirectional network in which each can alter the other. Usually this process takes place at an unconscious level, but it can also surface into consciousness under certain conditions or be brought into consciousness by intention" (pp. 141-142).

Given the interdependent nature of the relationship among cognition, emotion, behavior, and bodily sensations, cognitive behavioral therapies appear to be the logical choice for counselors working with adolescents who exhibit impairment in academic, vocational, social, and/or behavioral domains due to ineffective management of distressing negative emotions such as anger, depression, and anxiety. Research serves to support this logic.

As Velting, Setzer, and Albano (2004) stated, "The past 20 years have advanced our understanding of the psychopathology, course, and disability associated with anxiety disorders in youth. These advances are occurring concurrently with the development of scientifically sound assessment and treatment techniques focused specifically on children and adolescents" (p. 42). The treatment technique found to be most efficacious for treating anxiety in children and adolescents is cognitive behavioral therapy. "Treatment with cognitive behavioral therapy (CBT) is the common thread underscoring all effective treatments for anxiety disorders; that is, there are no well-controlled, systematic studies attesting to the acute and long-term efficacy of any other psychosocial treatment modality for anxiety disorders in youth" (p. 49).

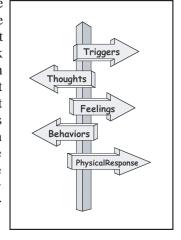
Just as research supports the use of cognitive behavioral techniques with adolescents struggling with anxiety, there is evidence that supports the use of this treatment modality for those struggling with depression as well as anger (Ackerson, Scogin, McKendree-Smith, & Lyman, 1998; Rosello & Guillermo, 1999; Weersing & Weisz, 2002). Thus, the link among emotion, behavior, and cognition as well as research-supported treatment outcomes suggesting the efficacy of CBT drives counselors in both educational and clinical settings to strongly consider intervention strategies based on this approach.

The Mood Management Program

Mood Management (Langelier, 2001) is a cognitive-behavioral skills-building program designed to help adolescents learn how to effectively manage difficult emotions such as anger, depression, and anxiety as well as low self-esteem. The program is used in both educational and clinical settings in individual or group counseling formats and in schools as a classroom guidance program. Teaching adolescents to recognize what triggers the feelings, thoughts, behaviors, and physical responses that create conflict in various domains of functioning is the core essence of this program. From setting goals for emotional wellness to maneuvering a challenging map, adolescents learn stepby-step the essential elements of CBT that will ultimately enable them to respond more effectively to the triggers that have typically resulted in emotional distress, poor behavioral choices, and negative consequences. The analogy of a journey guided by using a road map, driving carefully and encountering traffic jams is used throughout the program as a means to introduce the elements of CBT in a language that is meaningful and understandable for adolescents.

For example, the street post they see in the Mood Management Skills Workbook (Langelier, 2001) introduces them to the core elements of CBT by using CBT terminology for street names. Five CBT "streets" are introduced: Triggers, Thoughts, Feelings, Behaviors, and Physical Responses. "Mood Management is a skills-building program designed to be your road map. It is a way for us to learn together how five important 'roads' often converge to cause an

emotional traffic jam. The names of the roads are shown on the street post at the right. We will talk about these roads in much more detail throughout the Mood Management Program. By using this workbook you will learn techniques that enable you to maneuver these five roads more skillfully so you can better



negotiate the traffic jams of your adolescence" (p. 2).

Throughout the workbook, adolescents answer specific questions aimed at exploring additional CBT concepts. For example, they consider that, "The name of one of the 'five roads' is Feelings. What feelings do teenagers struggle with? What do teenagers do to try to cope with these feelings? What are some of the consequences of dealing with emotions in an ineffective way?" (p. 2). With this particular set of questions, the importance of the relationship among feelings, behaviors, and consequences is introduced and serves as the foundation from which adolescents will ultimately learn the most important skill in their journey toward emotional wellness, challenging their faulty cognitions.

Each unit in the workbook follows the same format. A concept is introduced followed by a discussion focusing on specific questions that guide CBT concepts and terminology. A skill session is then completed, which allows learning the skill with the help of the counselor. Then a general review of the key concepts of the unit is completed followed by assigning homework.

Key Points

The key concepts of the Mood Management Program include

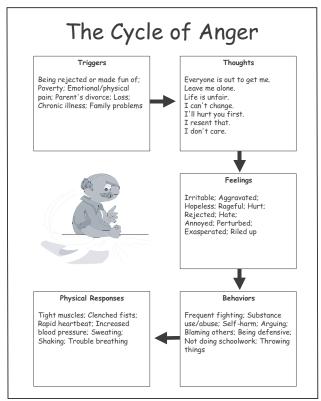
- understanding emotional wellness;
- setting goals for emotional wellness;
- •understanding the difference among thoughts, feelings, and behaviors;
- understanding the emotional mind;
- recognizing the traffic jams of the emotional mind:
- challenging the emotional mind; and
- creating an action plan.

Understanding the Emotional Mind

Once the basics of CBT are introduced, the program focuses on the concept of the emotional mind vs. the wellness mind. Adolescents are introduced to this concept and learn that the emotional mind creates a way of thinking that keeps them stuck emotionally. Emphasis is placed on teaching them to recognize when they are in their emotional mind with the ultimate goal of learning how to exit from it. "The emotional mind tends to be very powerful. It reacts very quickly in stressful situations, producing thoughts that are negative and self-defeating. You know that you are in your emotional mind when you feel overwhelmed by emotions and can't seem to feel better no matter how hard you try" (p. 34).

Emotional Mind Thoughts	Wellness Mind Thoughts
I'm a failure.	It's OK to ask for help.
I can never do anything right.	I am good at some things.
No one likes me.	I do have some friends.
I'll never amount to anything.	I can learn to do this.

Exiting from the emotional mind requires an understanding of the traffic jam that keeps adolescents stuck in their emotional cycle, resulting in negative behaviors, poor choices, and negative consequences. The traffic jams of adolescence are explained and specific examples of the emotional cycles are given. Adolescents are then taught to explore their own emotional cycle. The cycle of anger is as follows.

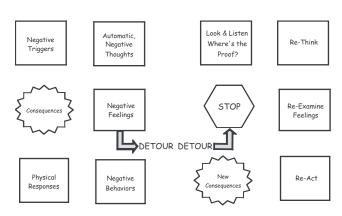


Mood Management Skills Workbook - Unit 5 - Page 50

Challenging the Emotional Mind

Challenging faulty thinking, a core concept of CBT, is taught in the workbook through the analogy of a road map (Langelier, 2001, p. 74), as shown in the following diagram. Using the following nine steps, the counselor teaches adolescents to complete their own road map in order to challenge their faulty thinking.

- 1. Recognize triggers.
- 2. Listen for your emotional mind.
- 3. Identify automatic negative thoughts and core beliefs.
- 4. Identify and rate the intensity of the negative emotions associated with faulty thinking.
- 5. STOP, LOOK, AND LISTEN.
- 6. Find evidence from your life that disproves negative thoughts and core beliefs.
- 7. Re-think: Change faulty thoughts to more realistic thoughts based on evidence.
- 8. Re-examine and rate the intensity of feelings now that you've changed your thoughts.
- 9. Re-act: Develop an action plan to change your behavior.



Thus counselors use Mood Management as a means to apply CBT strategies and concepts in their work with adolescents, teaching them how to challenge self-defeating thoughts and core beliefs in order to feel better and engage in more appropriate choices.

References

- Ackerson, J., Scogin, F., McKendree-Smith, N., & Lyman, R. D. (1998). Cognitive bibliotherapy for mild and moderate depressive symptomatology. *Journal of Consulting and Clinical Psychology*, 66(4), 685-690.
- Cash, R. E. (2003). When it hurts to be a teenager. *Principal Leadership*, 4(2), 11-15.
- Glover, R. J. (1999). Coming of age: Developmental norms of the adolescent years. *NASSP Bulletin*, 83(203), 62-69.
- Goleman, D. (1995). *Emotional intelligence*. New York: Bantam Books.
- Greenleaf, R. K. (2002). The adolescent brain: Still ready to learn. *Principal Leadership*, 2(8), 24-28.
- Kovalik, S., & Olsen, K. D. (1998). How emotions run us, our students, and our classrooms. *NASSP Bulletin*, 82(598), 29-37.
- Langelier, C. (2001). Mood management: A cognitive-behavioral skills-building program for adolescents. Skills Workbook. Thousand Oaks, CA: Sage.
- Pert, C. (1997). *Molecules of emotion: Why you feel the way you do*. New York: Scribner.
- Rosello, J., & Guillermo, B. (1999). The efficacy of cognitive behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *Journal of Consulting and Clinical Psychology*, 67(5), 734-745.
- Sylwester, R. (1994). How emotions affect learning. *Educational Leadership*, *52*(2), 60-65.
- Velting, O. N., Setzer, N. J., & Albano, A. M. (2004). Update on and advances in assessment and cognitivebehavioral treatment of anxiety disorders in children and adolescents. *Professional Psychology: Research* and Practice, 35(1), 42-54.
- Weersing, V. R., & Weisz, J. R. (2002). Community clinic treatment of depressed youth: Benchmarking usual care against CBT clinical trials. *Journal of Consulting and Clinical Psychology*, 70(2), 299-310.
- Weissberg, R. P., Kumpfer, K. L., & Seligman, M. E. (2003). Prevention that works for children and youth: An introduction. *American Psychologist*, 58(6/7) 425-432.