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Personal Introduction



**Anne van Wendel de
Joode**

Health care psychologist

(in training for Clinical
psychologist)

Alda Elzinga

Health care psychologist

Supervisor Dutch Organization CBT

Today's goal

- To boost your knowledge on how to approach children with urinary incontinence, dysfunctional voiding and recurrent urinary tract infections in a cognitive behavioral way

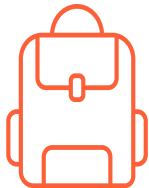
Steps



1. Developmental psychological perspective



2. Basics of cognitive behavioral therapy (+applied)



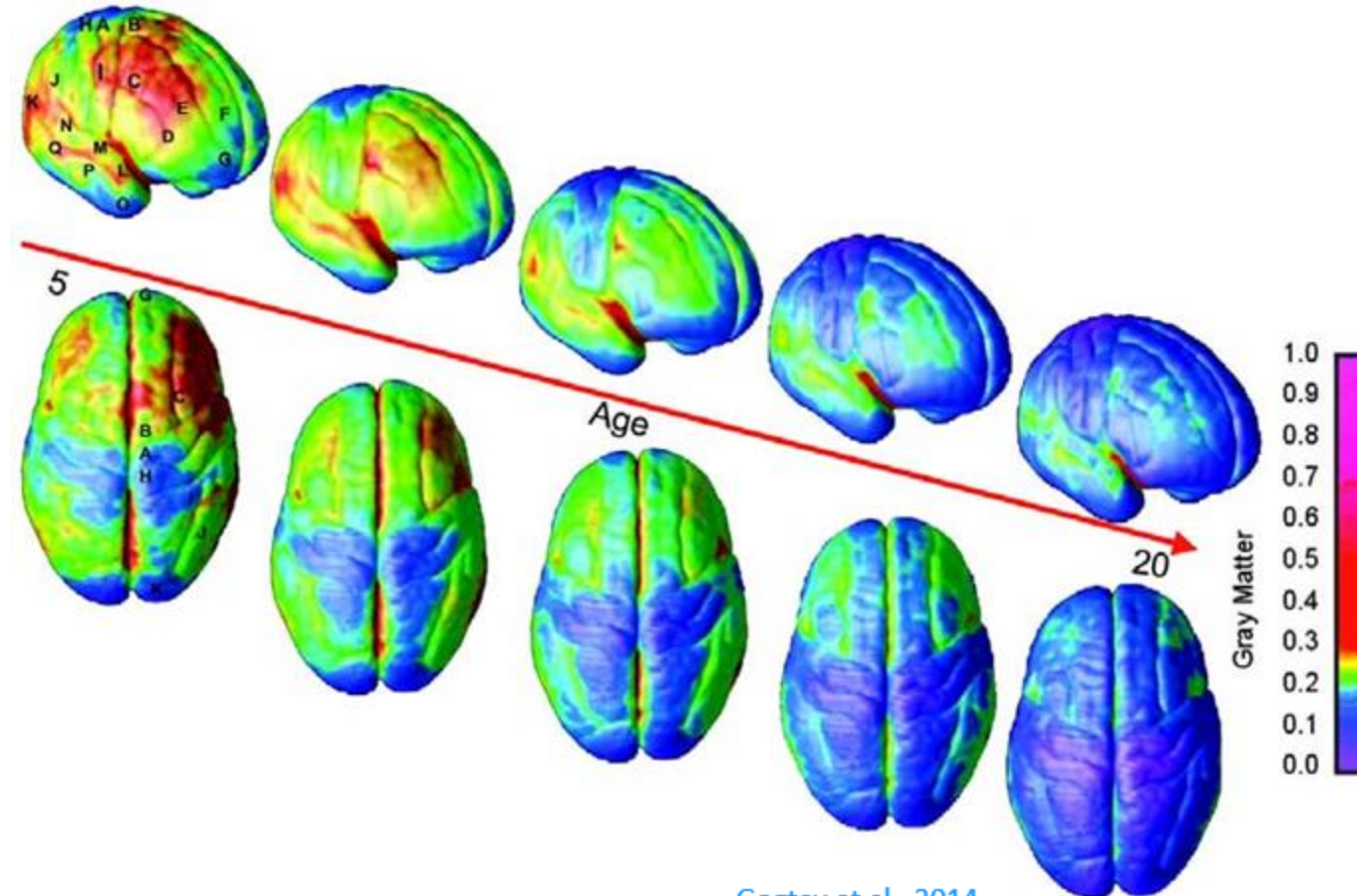
3. Take home message

A photograph of two young children, a boy and a girl, sitting on a grassy field. The boy, in the foreground, is wearing a white t-shirt and a white headband with a grid pattern. He is smiling and looking towards the right. The girl, behind him, is also smiling and looking in the same direction. They are both holding bubble wands. Several bubbles are floating in the air around them. The background is a lush green field with trees in the distance. A large orange rectangle is overlaid on the right side of the image, containing the text '1. Basics of Development psychology'.

1. Basics of Development psychology



Neurological perspective



Gogtay et al., 2014



Attachment: basic condition for learning



PIAGET'S 4 STAGES OF COGNITIVE DEVELOPMENT



Sensorimotor stage

0 to 2 Year old

Characteristics:
Motor activity without
use of symbols

Preoperational stage

2 to 7 years old

Characteristics:
Development of language,
memory, & imagination.

**Concrete operational
stage**

7 to 11 years old

Characteristics:
More logical and methodical
manipulation of symbols.

**Formal operational
stage**

12 Year to Up

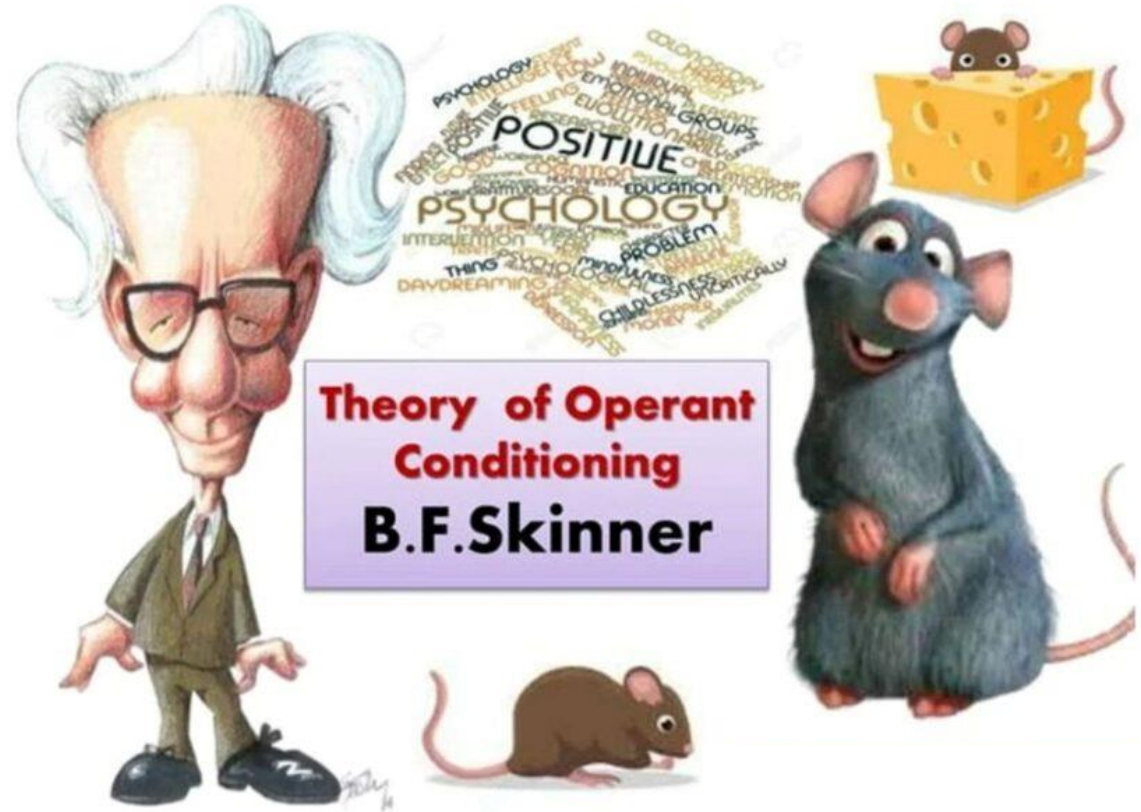
Characteristics:
Use of symbols to relate
to abstract concepts.

A young man with dark hair, wearing a blue and white plaid shirt and blue jeans, sits on a light-colored couch. He has his hands clasped in front of him and is looking intently at someone off-camera to his left. In the foreground, the arm and hand of another person, wearing a dark long-sleeved shirt, are visible, gesturing towards him. The background is a simple, bright room with a white wall and a cardboard box on a shelf.

2. Basics of cognitive behavioral therapy

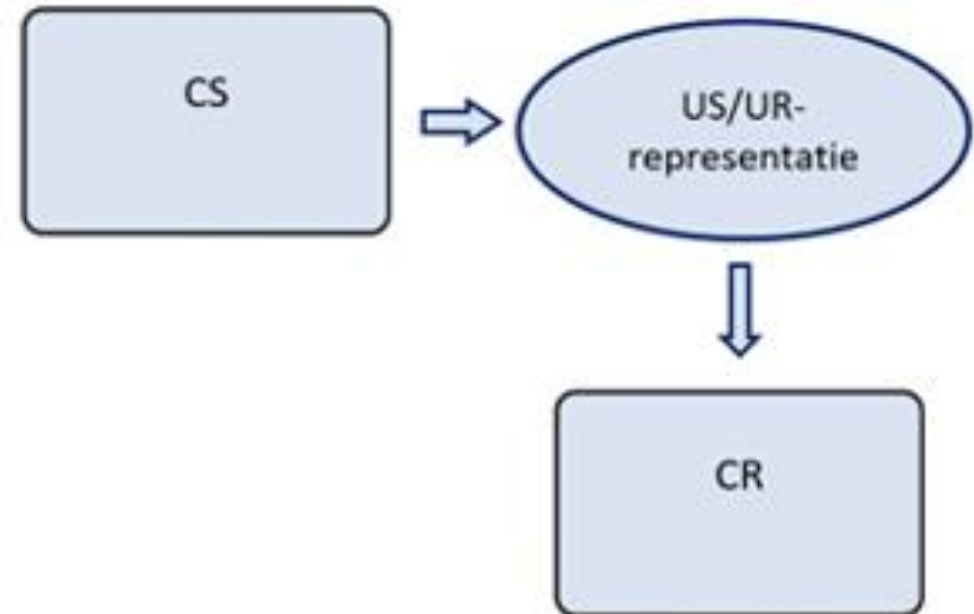


Refreshing memory





Meaning analysis





Functional analysis (S+ or S-)





Framework



A photograph of four young children sitting on a light-colored floor, playing with colorful wooden blocks. The child in the foreground is a girl with curly brown hair, wearing a blue and white checkered shirt, looking down at the blocks. To her left, a boy in a red and white plaid shirt is also playing. In the background, another boy in a red and blue plaid shirt is visible, and to the right, a boy in a yellow and blue plaid shirt is looking down. The floor is covered with various colored blocks (red, yellow, green, blue) and some small toys. An orange rectangular box is overlaid on the right side of the image, containing the text "Applied Cognitive Behavioral Therapy".

Applied Cognitive Behavioral Therapy



Case 1: Donald (3 years old)



- Urinary tract infection
- Medical operation
- Temper tantrums
- Separation anxiety
- Nightmares



Case 1: Analysis + treatment

Mediation therapy

Classical conditioning:
Parent-Child EMDR Therapy

Operant conditioning:
Stimulating going to the toilet
Reward system





Case 2: Julia (8 years)

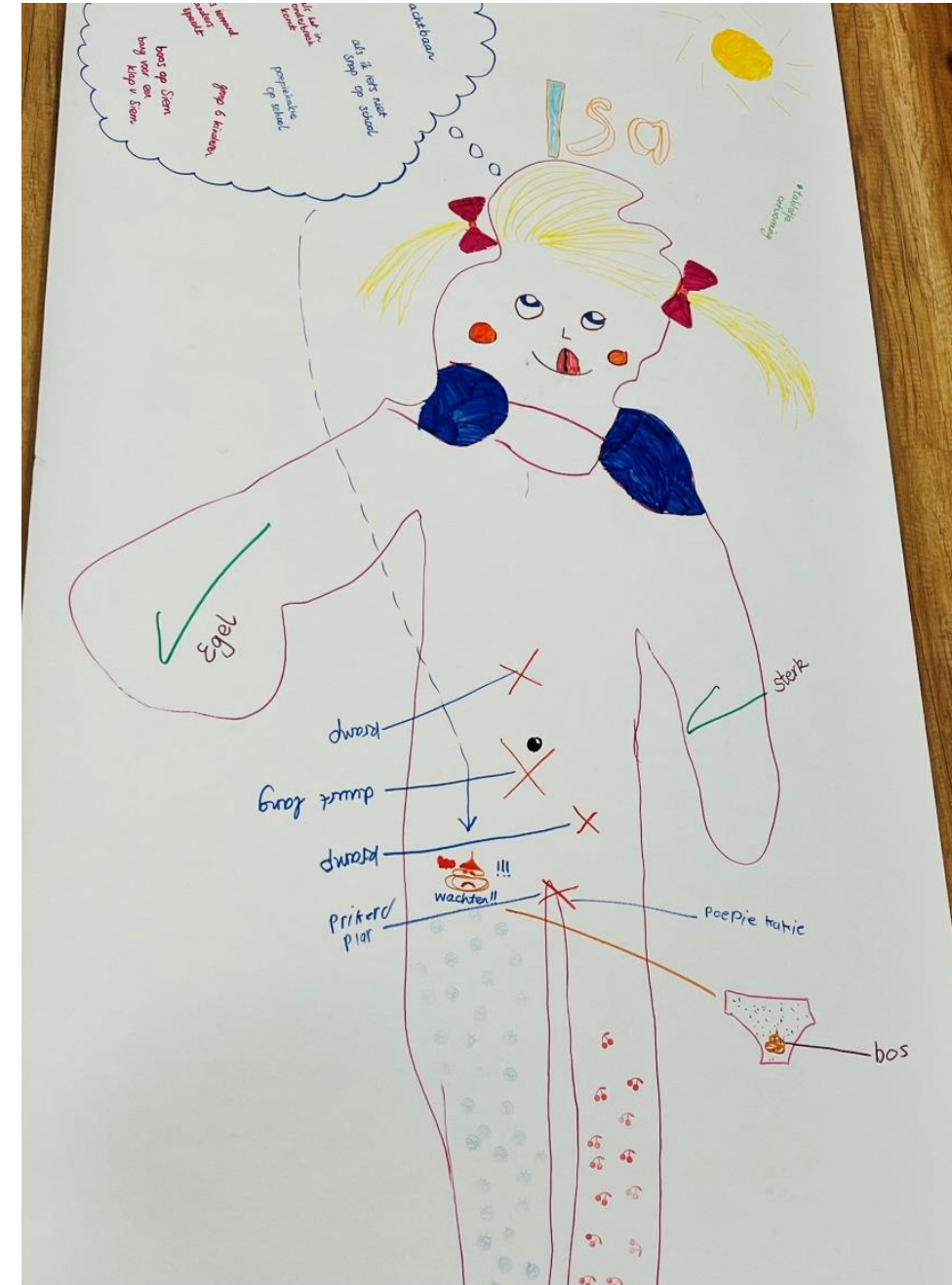
- Toilet training problems
- No control over bowel movements
- Avoiding bowel irrigation





Case 2: Analysis and treatment

- Classical & operant conditioning
- Psycho-education parents
- EMDR mother & child
- Mediation therapy
- Reward system





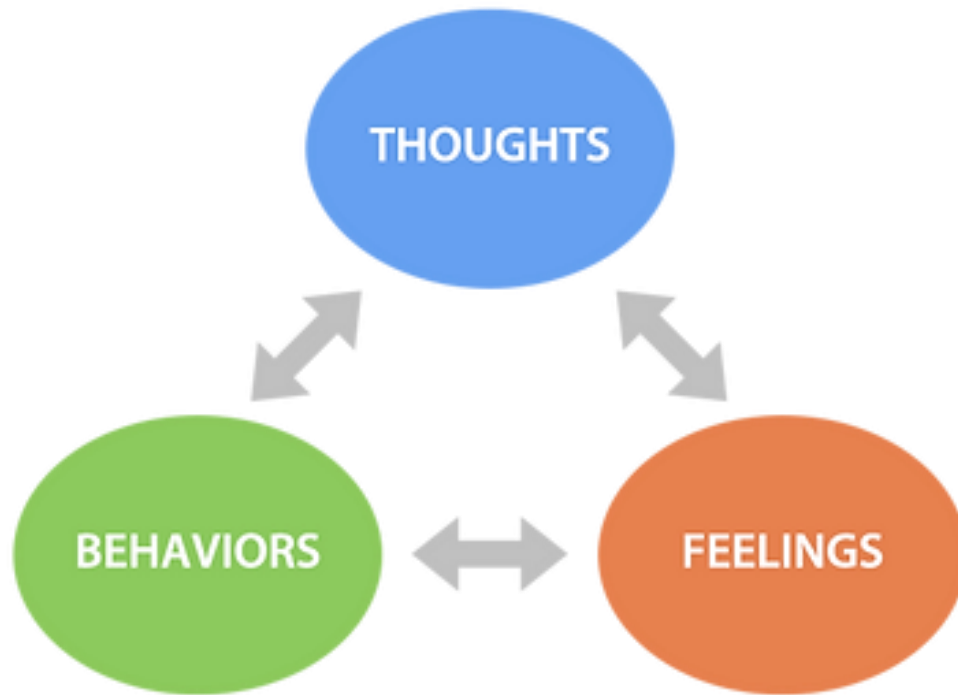
Case 3: Emma (14 years)

- Incontinence due to bladder instability
- Strong fear of medical treatment
- Sudden expanding fears and emotional mood swings





Case 3: Analysis and treatment



- EMDR
- Cognitive restructuring
- Behavior modification (exposure!)
- Self-Monitoring
- Relaxation techniques



3. Take home message



Conclusion

- CBT can be helpful in working with children with incontinence and dysfunctional voiding
- Developmental age is important in deciding what techniques to use
- Analyse, understand and adjust



HOW TO USE COGNITIVE BEHAVIORAL THERAPY

PREOPERATIONAL STAGE (2-7 YEAR)



Task: Exploring the world from a safe base

Fear: Getting separated from safe base, damaging the body and loss of autonomy

Symbolic thinking, language development, imaginative play, egocentrism, and magical thinking, with ongoing brain growth focused on social interaction.



- Communicate and interact through **mediation**.
- Create a **positive learning environment** with humor and compliments.
- Assess **motivation for change** with child and parents; set realistic goals.
- Encourage parents as role models and do things together.
- Maintain clear boundaries.
- Support emotional **regulation** (anger, fear, sadness).
- **Mentalize** by verbalizing situations.
- Use concrete materials for visual understanding.

... focus on problem behavior, **but** concentrate on behavior you'd like to see.

... connect only with parents, **but** make sure you connect with the child and look for positive outcomes.

... delay reward for too long, **but** offer immediate reward for small steps.



CONCRETE OPERATIONAL STAGE (7-11 YEAR)



Task: Learning (school), social referencing and competition

Fear: Being left out/not being accepted, wanting to be normal

Development of logical thinking tied to concrete situations and gain problem-solving skills as the prefrontal cortex matures. Growth of autonomy, able to see others' perspectives and able to reflect on thoughts and actions. Shifting focus from parents to teachers and peers. A medical condition may feel like a burden.



- **Direct interaction** with the child; get connected.
- Explore the burden of the medical condition.
- Create a **positive learning environment** with humor, rewards, and encouragement.
- Assess **motivation** for change.
- Stimulate autonomy and set **clear goals**.
- **Parents** are given a **supporting role**.



- ... focus on problem behavior, **but** concentrate on behavior you'd like to see.
- ... make use of a protocol, **but** personalize always.
- ... continue if there is no progress, **but** evaluate what is blocking chance.

CBT-techniques

- Cognitive restructuring
- Behavior modification
- Exposure
- Self-monitoring
- Mindfulness and relaxation techniques
- Role play



FORMAL OPERATIONAL STAGE (12 YEARS +)



Task: Exploring identity, sexuality and autonomy.

Fear: Insecurities and moodswings. Fear of not fitting in

Development of abstract and hypothetical thinking, solve complex problems, and consider future scenarios. Brain maturation enhances planning and regulation. Sensitivity to rewards is high. Focus shifts to peers, with increasing independence from parents.



- **Build connection** and show interest.
- Explore the burden of the medical condition.
- Create a **positive learning environment** with humor, rewards, and encouragement.
- Assess **motivation** for change and set **clear goals**.
- Stimulate **autonomy** and personal **responsibility**.
- Identify the **support network**.



- ... involve parents without asking, **but** consider separate parent counseling.
- ... set goals yourself, **but** use open communication instead.
- ... continue if there is no progress, **but** evaluate what is blocking chance.

CBT-techniques

- Psycho-education
- Cognitive restructuring
- Behavior modification
- Exposure
- Self-monitoring
- Mindfulness and relaxation techniques
- Dissonance Resolution
- Cognitive Assessment Methods
- Emotion Regulation Skills
- Acceptance and Commitment Therapy



Just can't get enough

<https://www.youtube.com/watch?v=6lp-LPc3LGI>





Thank you for your attention!

Alda Elzinga. A.elzinga@umcutrecht.nl

Anne van Wendel de Joode, MSC. A.a.m.vanwendeldejoode@umcutrecht.nl