Advanced 3 Day intensive Training:
Cognitive-Behavioural Therapy for Multiple Symptom Sets

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CBT FOR MULTIPLE SYMPTOM SETS:
OVERVIEW OF CONFERENCE

- Day 1: Core Competencies in CBT
  - Socialisation to the Model
  - Levels of Cognition
  - Early Maladaptive Schemas
  - Case Concpetualisation
  - CBT Tools and Techniques
- Day 2: Common Issues of Clinical Concern
  - Cognitive Model of Depression
  - Cognitive Model of Anxiety/PTSD/OCD
  - A Cognitive Approach to Anger
  - Cognitive Model of Addiction
- Day 3: Personality Disorders

CBT FOR MULTIPLE SYMPTOM SETS:
DAY 1 AGENDA

> **Introductory Remarks**

> **Socialisation to the Cognitive Model**

> **Levels of Cognition**

> **Early Maladaptive Schemas**

> **Behavioural Pattern Breaking**

> **Cognitive Conceptualisation**

> **CBT Tools and Techniques**

> **Application to Clinical Practice**

MYTHS ABOUT CBT

> **CBT Deals only with matters of the head and not matters of the heart**

> **In CBT the therapeutic relationship isn't important**

> **CBT is helpful for simple problems, but to treat more serious problems you need a more complex approach**

> **CBT is just about positive thinking**

> **CBT doesn't get at the "root" of the problem**

WHY CBT??

> **Easily implemented in clinical setting**

> **Evidence based treatment**

> **Neurobiological findings**

COGNITIVE BEHAVIOR THERAPIES

"A SET OF PSYCHOTHERAPEUTIC INTERVENTIONS THAT ATTEMPTS TO HELP CLIENTS AMELIORATE SYMPTOMS AND ENHANCE GENERAL WELL-BEING BY FOCUSING ON DIFFERENT ASPECTS OF THINKING AND BEHAVIOR"

CBT UMBRELLA/"OFFSHOOT" MODELS

* Rational Emotive Therapy
* Schema-Focused Therapy
* Dialectical Behavior Therapy
* EMDR

* Acceptance & Commitment Therapy
* Strengths Based Cognitive Therapy
* Trial - Based Cognitive Therapy
* Mindfulness-Based Cognitive Therapy

ADVANCED COGNITIVE BEHAVIOR THERAPY (CBT)

Events   Thoughts   Feelings   Actions   Results

DIALECTICAL BEHAVIOR THERAPY (DBT)

DIALECTICAL BEHAVIOR THERAPY

- Developed by Marsha Linehan in the 1970s

- Looking for a method to treat chronically suicidal

- Found traditional CBT to be too invalidating

- Added validation to empirically supported CBT

- Concept of Dialectics

DIALECTICAL BEHAVIOR THERAPY

"Juxtaposes contradictory ideas and seeks to resolve a conflict; a method of examining opposing ideas in order to find truth"

DIALECTICAL BEHAVIOR THERAPY:
CORE MODULES

> **Mindfulness Skills**

> **Emotion Regulation Skills**

> **Distress Tolerance Skills**

> **Interpersonal Effectiveness Skills**

COGNITIVE BEHAVIOR THERAPY (CBT)

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> **Aaron T. Beck, 1960, University of Pennsylvania**

> **Principle that thoughts influence feelings**

ADVANCED COGNITIVE BEHAVIOR THERAPY (CBT)

Events   Thoughts   Feelings   Actions   Results
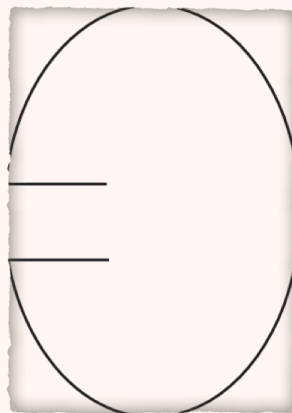

COGNITIVE BEHAVIOR THERAPY - CORE BELIEFS

> **Core Beliefs/Schemas**

> **Beck identified beliefs in 3 different areas**

    1. **Beliefs about self**

    2. **Beliefs about others**

    3. **Beliefs about the world**

COGNITIVE BEHAVIOR THERAPY - TENETS

> Term "schema" Coined in 1926 by Piaget - "Structures that integrate meaning into events

> Beck - "Cognitive structures that organize experience and behavior"

> Landau & Goldfried - "mental filters that guide the processing of information"

COGNITIVE BEHAVIOR THERAPY - TENETS: IDENTIFYING CORE BELIEFS

Judith Beck, 2011

COGNITIVE BEHAVIOR THERAPY - TENETS:
IDENTIFYING CORE BELIEFS

> **Example Beliefs About Self**

- **I am a failure**

- **I am worthless**

- **I am vulnerable**

- **I am helpless**

- **I am a burden**

- **I am defective**

- **I am unlovable**

COGNITIVE BEHAVIOR THERAPY - TENETS:
IDENTIFYING CORE BELIEFS

> **Example Beliefs About Others**

- **Others are mean**

- **Others are uncaring**

- **Others are self-absorbed**

- **Others aren't deserving of my time**

- **Others are to be taken advantage of**

- **Others are unreliable**

- **Others are untrustworthy**

**COGNITIVE BEHAVIOR THERAPY - TENETS:
IDENTIFYING CORE BELIEFS**

> **Example Beliefs About the World**
  - **The world is exciting**
  - **The world is boring**
  - **The world is scary**
  - **The world is evil**
  - **The world is a lost cause**
  - **I am defective**
  - **The world is dangerous**

ADVANCED COGNITIVE BEHAVIOR THERAPY (CBT)

Events   **Thoughts**   **Feelings**   **Actions**   **Results**

SCHEMA FOCUSED THERAPY (SFT)

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> Broad, comprehensive theme or pattern

> Comprised of memories, cognitions, emotions, bodily sensations

> Developed in childhood, elaborated in adulthood

> 18 Schamas in 5 different domains

SCHEMA FOCUSED THERAPY (SFT)

> **Domain #1: Disconnection and Rejection**

- **Abandonment**

- **Mistrust**

- **Defectiveness**

- **Emotional Deprivation**

- **Social Isolation**

SCHEMA FOCUSED THERAPY (SFT)

> **Domain #2: Impaired Autonomy & Performance**

- **Dependence**

- **Vulnerability**

- **Enmeshment**

- **Failure**

SCHEMA FOCUSED THERAPY (SFT)

- ❯ **Domain #3: Impaired Limits**
  - **Entitlement/Grandiosity**
  - **Insufficient Self-Control**

SCHEMA FOCUSED THERAPY (SFT)

- ❯ **Domain # 4: Others Directness**
  - **Subjugation**
  - **Self-Sacrifice**
  - **Approval Seeking**

SCHEMA FOCUSED THERAPY (SFT)

> **Domain #5: Overvigilance**

  - **Negativity**

  - **Emotional Inhibition**

  - **Unrelenting Standards**

  - **Punitiveness**

SCHEMA FOCUSED THERAPY (SFT):
CHARACTERISTICS OF SCHEMAS

> Active vs Dormant

> Compelling

> Pervasive vs Discrete

COGNITIVE BEHAVIOR THERAPY (CBT): SCHEMA REINFORCEMENT PROCESS

> Maintenance

> Avoidance

> Overcompensation

BREAK

Cognitive Conceptualisation: The Road to Recovery

COGNITIVE CONCEPTUALIZATION: THE ROADMAP TO RECOVERY

> Develop Hypothesis

> Look for Opportunity to Share With Patient

> Ongoing with Accumulation of New Data

CONCEPTUALIZATION DRIVES GOAL SETTING

1. Problem List
2. Goal List
3. Behavioral Targets
4. Identify Triggers for Behaviors
5. Identify Cognitions associated w/ target behaviors

CONCEPTUALIZATION DRIVES TREATMENT PLANNING

DOCUMENTATION ACRONYM

B

I

R

P

P

CONCEPTUALIZATION DRIVES DOCUMENTATION

CASE STUDY: "LISA"

CASE EXAMPLE - LISA: COGNITIVE CUE CARD

CASE EXAMPLE - LISA: COPING CARD

BREAK

CBT TOOLS AND TECHNIQUES

TYPES OF INTERVENTIONS

1. Environmental Interventions

2. Behavioral Interventions

3. Cognitive Interventions

4. Pharmacological Interventions

ADVANCED COGNITIVE BEHAVIOR THERAPY (CBT)

Events   **Thoughts**   **Feelings**   **Actions**   **Results**

COGNITIVE INTERVENTIONS

1. **Mindfulness**

2. **Distraction**

3. **Cognitive Restructuring**

MINDFULNESS EXERCISE

DISTRACTION TECHNIQUES

1. Take a hot bath
2. Paint
3. Go for a walk
4. Play a game on my phone
5. Go to a club
6. Stretching exercises
7. Practice Karate/Martial arts
8. Lift weights
9. Play with yarn/stressball
10. Call a friend

COGNITIVE RESTRUCTURING

> **Identify and Label Distortions**

> **Challenging**

> **Rational Disputation**

> **Statistics and Likelihood**

> **Imagery**

> **Perspective/Comparison**

> **Polling Exercises**

> **Belief Modification Strategies**

COGNITIVE DISTORTIONS

IDENTIFYING AND LABELLING COGNITIVE DISTORTIONS

1. Rationalization. In an attempt to protect yourself from hurt feelings, you create excuses for events in life that don't go your way or for poor choices you make. We might call these *permission-giving statements* that give ourselves or someone else permission to do something that is in some way unhealthy.

2. Overgeneralization. You categorize different people, places, and entities based on your own experiences with each particular thing. For example, if you have been treated poorly by men in the past, "all men are mean," or if your first wife cheated on you, "all women are unfaithful." By overgeneralizing, you miss out on experiences that don't fit your particular stereotype. This is the distortion on which all of those "isms" (e.g., racism, sexism) are based.

3. All-or-nothing thinking. This refers to a tendency to see things in black and white categories with no consideration for gray. You see yourself, others, and often the whole world in only positive or negative extremes rather than considering that each may instead have both positive and negative aspects. For example, if your performance falls short of perfect, you see yourself as a total failure. If you catch yourself using extreme language (best ever, worst, love, hate, always, never), this is a red flag that you may be engaging in all-or-nothing thinking. Extreme thinking leads to intense feelings and an inability to see a "middle ground" perspective or feel proportionate moods.

COGNITIVE DISTORTIONS

4. Discounting the positive. You reject positive experiences by insisting that they "don't count" for some reason or another. In this way, you can maintain a negative belief that is contradicted by your everyday experiences. The terms *mental filter* and *selective abstraction* basically describe the same process.

5. Fortune telling. You anticipate that things will turn out badly and feel convinced that your prediction is already an established fact based on your experiences from the past. Predicting a negative outcome before any outcome occurs leads to anxiety.

6. Mind reading. Rather than predicting future events, engaging in this distortion involves predicting that you know what someone else is thinking when in reality you don't. This distortion commonly occurs in communication problems between romantic partners.

7. Should statements. You place false or unrealistic expectations on yourself or others, thereby setting yourself up to feel angry, guilty, or disappointed. Words and phrases such as *ought to, must, has to, needs to,* and *supposed* to are indicative of "should" thinking.

8. Emotional reasoning. You assume that your negative feelings reflect the way things really are. "I feel it, therefore it must be true."

9. Magnification. You exaggerate the importance of things, blowing them way out of proportion. Often, this takes the form of fortune telling and/or mind reading to an extreme. This way of thinking may also be referred to as *catastrophizing* or *awfulizing*.

10. Personalization. You see yourself as the cause of some external negative event for which, in fact, you were not primarily responsible. You make something about you that is not about you and get your feelings hurt.

MODIFYING COGNITIONS – IDENTIFYING ATS

- ➤ Pt language

- ➤ "What was going through your mind?"

- ➤ Thought Logs

- ➤ Journaling

COGNITIVE RESTRUCTURING - ELICITING BELIEFS

- ➤ Downward Arrow

- ➤ Themes in Thought Logs

- ➤ Heightened Affect

- ➤ Belief Questionnaire

COGNITIVE INTERVENTIONS: DEALING WITH YOUR "INTERNAL ROOMMATE"

COGNITIVE INTERVENTIONS: WHAT ARE YOU TELLING YOURSELF?

COGNITIVE RESTRUCTURING

Identify Distorted Thought and Challenge!
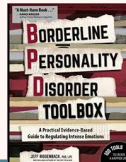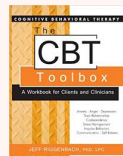

HOW DO WE CHALLENGE OUR THOUGHTS?

- Is It Rational?

- What is the likelihood?

- How important is it?
- If I act on these thoughts what could happen?

- What is the evidence this thought is true?

- Is it helpful?

- Acceptance (if cannot change)

- Are there any alternative explanations?

- Am I blowing it out of proportion?
- Perspective-taking? Comparisons?

- Are there any exceptions?

- Reassigning blame

- Continuums

- Smile?

LET'S CONNECT!

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THANK YOU!