

- WESTERN CANADA MENTAL HEALTH SUMMIT -

# IMPROVING SKILLS & COMPETENCIES FOR MENTAL HEALTH & EDUCATION PROFESSIONALS

WEDNESDAY, MAY 24, 2023 – FRIDAY, MAY 26, 2023

Best Western Premier Calgary Plaza Hotel & Conference Centre

1316 33 St NE, T2A 6B6, Calgary, AB

**JEFF RIGGENBACH, PH.D.**

## WORKSHOP #17

Mastering the Core Skills and Competencies of CBT

Day Two | 12:45pm – 4:00pm



**JEFF RIGGENBACH**  
PH.D.

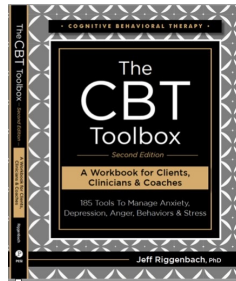
Jeff Rigenbach, Ph.D. is a best-selling and award winning author who has earned a reputation as an international expert in CBT and personality disorders. Over the past 20 years he has developed and overseen CBT-based treatment programs for Mood disorders, anxiety disorders, addictive behaviour disorders and Personality Disorders at two different psychiatric hospitals and clinics serving over 3,000 clients at multiple levels of care. Dr. Rigenbach trained at the Beck Institute of Cognitive Therapy and Research in Philadelphia, is a Diplomat of the Academy of Cognitive Therapy and a certified cognitive therapist.



208-197 Forester Street  
North Vancouver, BC, Canada  
V7H 0A6

T 604 924 0296 F 604 924 0239  
TF 1 800 456 5424  
E registration@jackhirose.com

## **CBT Strategies for Evidence-Based Care: Nothin' But the Skills!**



**Jeff Rigenbach, PhD**  
**[clinicaltoolboxset.com](http://clinicaltoolboxset.com)**

## **CBT Strategies for Evidence-Based Care: Origins of Model**

- **Developed by Dr. Aaron Beck, University of Pennsylvania**
- **Based on principle that thoughts influence feelings**

## **CBT Strategies for Evidence-Based Care: The Cognitive Model**

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

## **CBT Strategies for Evidence-Based Care: The Cognitive Model**

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

## **CBT Strategies for Evidence-Based Care: Levels of Cognition**

## **CBT Strategies for Evidence-Based Care: Areas of Core Beliefs**

- **Beliefs about self**
- **Beliefs about others**
- **Beliefs about the world**

## **CBT Strategies for Evidence-Based Care: Beliefs About Self**

- I am a failure
- I am worthless
- I am unlovable
- I am defective
- I am helpless
- I am a burden

## **CBT Strategies for Evidence-Based Care: Beliefs About Others**

- Others are kind, Competent
- Others are mean/judgmental/critical
- Others are unreliable
- Others are untrustworthy
- Others are self-centered

## **CBT Strategies for Evidence-Based Care: Beliefs About the World**

- The world is exciting!
- The world is boring
- The world is meaningless
- The world is scary
- The world is evil

## **CBT Strategies for Evidence-Based Care: CBT tools and techniques**

1. Environmental Interventions
2. Behavioral Interventions
3. Cognitive Interventions
4. Pharmacological Interventions

## **CBT Strategies for Evidence-Based Care: Cognitive Interventions**

1. Mindfulness
2. Distraction
3. Cognitive Restructuring

## **CBT Strategies for Evidence-Based Care: 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

# CBT Strategies for Evidence-Based Care: Cognitive Restructuring

## 1. Identifying and Labeling 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~~ **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.



## CBT Strategies for Evidence-Based Care: 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.

## CBT Strategies for Evidence-Based Care: Cognitive Distortions



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 *overgeneralizing*.
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.

## **CBT Strategies for Evidence-Based Care:**

### **Cognitive Restructuring– Identifying ATs**

- **Pt language**
- **“What was going through your mind?”**
- **Thought Logs**
- **Journaling**

## **CBT Strategies for Evidence-Based Care:**

### **Cognitive Restructuring - Eliciting Beliefs**

- **Downward Arrow**
- **Themes in Thought Logs**
- **Heightened Affect**
- **Belief Questionnaire**

## **CBT Strategies for Evidence-Based Care:**

### **Rational Responding - Dealing with Your “Internal Roommate”**

## **CBT Strategies for Evidence-Based Care:**

- 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?

## **CBT Strategies for Evidence-Based Care:**

### **Skills for Treating Depression**

## **CBT Strategies for Evidence-Based Care:**

### **Behavioral Activation**

- Activity Monitoring
- Activity Scheduling

## **CBT Strategies for Evidence-Based Care:**

**Life Areas Associated with Depression**

- 1. Mastery**
- 2. Pleasure**
- 3. Meaning**

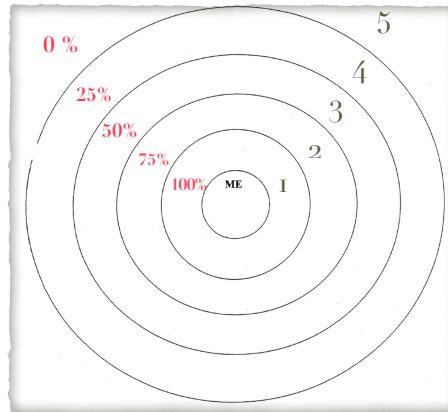
## **CBT Strategies for Evidence-Based Care:**

**Skills for Treating Depression - Self Care**

## CBT Strategies for Evidence-Based Care:

### Relationship Work

Intimacy  
=  
“Into - Me - See”



## CBT Strategies for Evidence-Based Care:

### Skills for Treating Depression: Gratitude

- |                       |                       |
|-----------------------|-----------------------|
| ● Family              | ● Pets                |
| ● Friends             | ● Entertainment       |
| ● Housing             | ● Kind Strangers      |
| ● Financial Provision | ● Shoes               |
| ● Senses              | ● Time to be on earth |
| ● Teachers            | ● Employment          |
| ● God                 | ● Good Food           |
| ● Nature              | ● Laughter            |
| ● Sun & Moon          | ● Physical Health     |

## **CBT Strategies for Evidence-Based Care: Positive Psychology**

## **CBT Strategies for Evidence-Based Care:** **Skills for Treating Depression - Rainy Day Coping Narrative**

“Just because I can’t see it now  
doesn’t mean it isn’t coming”

## **CBT Strategies for Evidence-Based Care:**

### **Strategies for Treating Depression - Negative Cognitive Triad**

- Self
- Others
- World/Future

## **CBT Strategies for Evidence-Based Care:**

### **Skills for Treating Depression - Belief Modification Protocol**

1. Identify Maladaptive Belief
2. Identify Alternate Adaptive Belief
3. Rate Believability
4. Interventions
5. Rate Believability at Regular Intervals



**CBT Strategies for Evidence-Based Care:  
Belief Modification Protocol**

**CBT Strategies for Evidence-Based Care:  
Strategies for Treating Depression: Data Logs**

## **CBT Strategies for Evidence-Based Care:**

**Anxiety = Risk/  
Resources**

- Increased Awareness of Resources
- Increase Resources
- More Realistic Appraisal of the Risk

## **CBT Strategies for Evidence-Based Care:**

### **Skills for Treating Phobias**

- **In-Vivo**
- **Hierarchies**
- **Behavioral Experiments**

## CBT Strategies for Evidence-Based Care:

### Cognitive Behavioral Therapy: Behavioral Experiments

- 1) Identify Assumption w/ specific predicted Outcome
- 2) Collaboratively ID task that will test assumption
- 3) Experiment must have clear bearing on validity
- 4) Review Findings

[https://www.youtube.com/watch?v=jRFfDps3\\_6M](https://www.youtube.com/watch?v=jRFfDps3_6M)


## CBT Strategies for Evidence-Based Care: Strategies for Treating Panic Disorder

- Trigger is anxiety vs environmental
- Restructure Misinterpretation of sx
- Interoceptive Strategies

Empirically supported protocol: Clark, Barlow

## **CBT Strategies for Evidence-Based Care: Strategies for Social Anxiety**

- Trigger is always people
- Approval-Seeking Schema Work
- Challenging People Pleasing Cognitions
- Continuums



My Wife Neighbor's Dog

- Polling Exercises

## **CBT Strategies for Evidence-Based Care: Skills for Treating Anxiety - Schema Based Journaling**

## CBT Strategies for Evidence-Based Care:

### Anger Management

## CBT Strategies for Evidence-Based Care: Skills for Treating Anger and Impulse Control

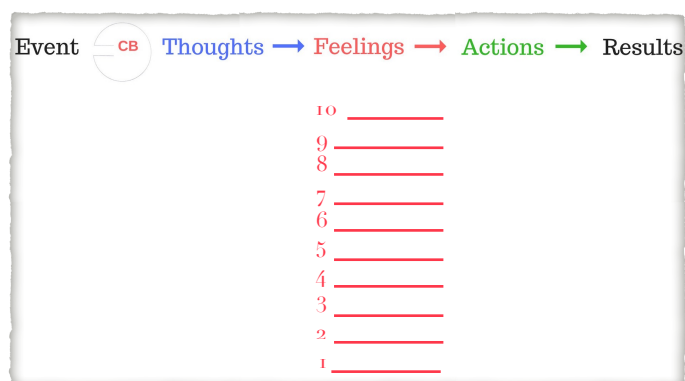
**trigger** → **Should**

- Identification of Triggers
- Identification of Target Behaviors
- Identify Bodily Sensations
- Identification of Emotions
- Challenging “Hot” Cognitions
- Coping Statements
- Role Plays
- Letter Writing
- Values Clarification
- Schema/Forgiveness Work
- Pros and Cons

## CBT Strategies for Evidence-Based Care: Skills for Treating Anger and Impulse Control

- Anger Awareness Exercises
- Challenge Shoulds (Practice Acceptance)
- Assertiveness Exercises
- Express anger in safe environment
- Letter writing
- Journal of triggers and responses
- Exercise
- Develop ability to empathize with person angry with
- Count to 10
- Walk away
- Cognitive Behavioral Chain Analysis

## CBT Strategies for Evidence-Based Care: Scaling Your Anger



## **CBT Strategies for Evidence-Based Care: Skills for Treating Anger and Impulse Control**

- **Challenging “Shoulds”/Acceptance**

## **CBT Strategies for Evidence-Based Care: Cognitive Behavioural Chain Analysis**

**CBT Strategies for Evidence-Based Care:  
Skills for Anger and Impulse Control - Cue Card**

**CBT Strategies for Evidence-Based Care:  
Skills for Anger and Impulse Control - Cue Card**



## CBT Strategies for Evidence-Based Care: Forgiveness-Interfering Cognitions

- Forgive and Forget**
- **Forgiveness = Trust**
  - If I forgive I have to like/love and stay in relationship with them
  - If I forgive him I am letting him off the hook
  - If I forgive I am saying what she did is ok
  - I will not give him the satisfaction of my forgiveness

## CBT Strategies for Evidence-Based Care:

### Relapse Prevention

- Relapse - “a recurrence of symptoms after a period of improvement”

## **CBT Strategies for Evidence-Based Care: Relapse Prevention: Warning Signs**

- **Appetite Disturbance**
- **Sleep Disturbance**
- **Escalation in suicidal or self-injurious thoughts**
- **Increased “moodiness”/agitation/“Stressed out”**
- **Social Withdrawal**
- **Feeling “disconnected”/Paranoid**

## **CBT Strategies for Evidence-Based Care: Relapse Prevention Road to Recovery**

- **Things I’m Doing Right**
- **Vulnerabilities to relapse**
- **Episode Management**
- **Failing Forward**
- **Road to Recovery**
- **Restructuring Cognitions Related to Loss**
- **Booster Sessions**

## **Relapse Prevention: How Do I Know I am Getting Better?**

**Questions???**



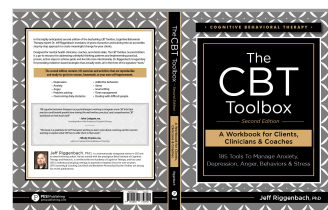
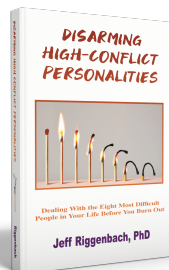
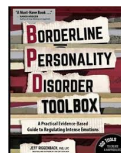
WHAT HAVE YOU  
LEARNED ?

## LET'S CONNECT!

Website: [clinicaltoolboxset.com](http://clinicaltoolboxset.com)

Email: [jeff@jeffriggenbach.com](mailto:jeff@jeffriggenbach.com)

Facebook: DrJeff Riggenbach



**THANK YOU!**