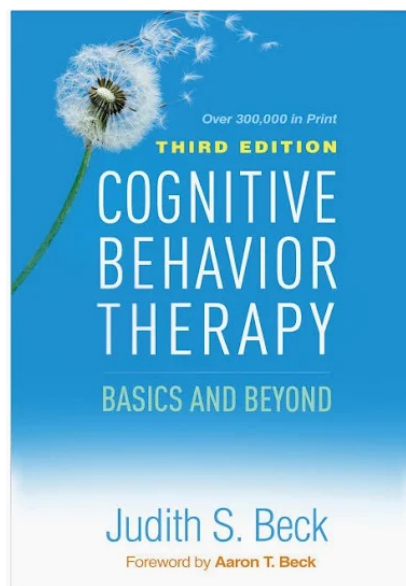


Cognitive Behavior Therapy

Dr. Carissa Muth
Clinical Director
Sunshine Coast Health Centre



1



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Therapy Model

1. Theory of personality and psychopathology backed by empirical evidence
2. Model of psychotherapy with sets of principles and strategies
3. Empirical findings of outcomes (including Randomized Control Trials)



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Example- Behavior Therapy

1. Personality is a result of interactions between the individual and environment (conditioning). Pathology is caused by maladaptive learning leading to unhealthy behavior.
2. To change a person, you must change their environment (Watson). Habituation, positive reinforcement, extinction (Skinner).
3. Exposure therapy for phobias (success rates up to 90%). Behavioral activation for depression treatment shown just as effective as medication



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Cognitive (Behavior) Therapy

1. Personality is established based on information processing activating a person's cognitive, affective, motivational, and behavioral responses to the physical and social environment (APA). Pathology is caused by maladaptive beliefs, behavioral factors, and maintaining factors (Beck).
2. People learn to evaluate their thinking in a more adaptive and realistic manner they experience a decrease in negative emotional and maladaptive behavior.
3. Considered the "gold standard" for many disorders



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Other treatments based on CBT

Emotional Behavior Therapy (Ellis, 1962)

Dialectical Behavior Therapy (Linehan, 1993)

Problem- Solving Therapy (D'Zurilla & Nezu, 2006)

Acceptance and Commitment Therapy (Hayes et al., 1999)

Exposure Therapy (Foa & Rothbaum, 1998)

Cognitive Processing Therapy (Resick & Schnicke, 1993)



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Cognition Levels

1. Automatic thoughts- Most superficial level
2. Intermediate beliefs – Underlying assumptions
3. Core beliefs- Beliefs about yourself, others, and the world



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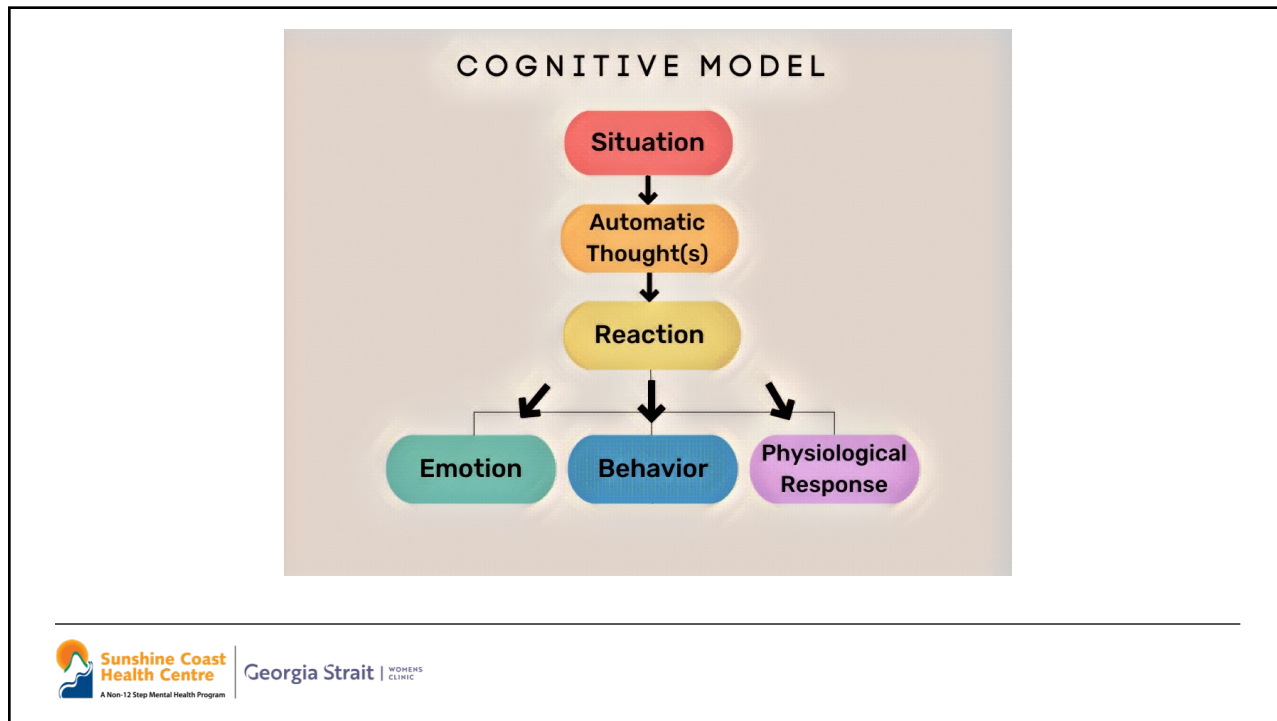
Principles of Treatment

1. CBT Treatment Plans are based on an ever-evolving cognitive conceptualization
 - Cognitive formulation (key cognitions, behavioral strategies, and maintaining factors that characterize disorder)
 - Incorporate strength, positive qualities, and resources
 - Identify behavioral obstacles, precipitating factors, developmental events, and enduring patterns of interpreting

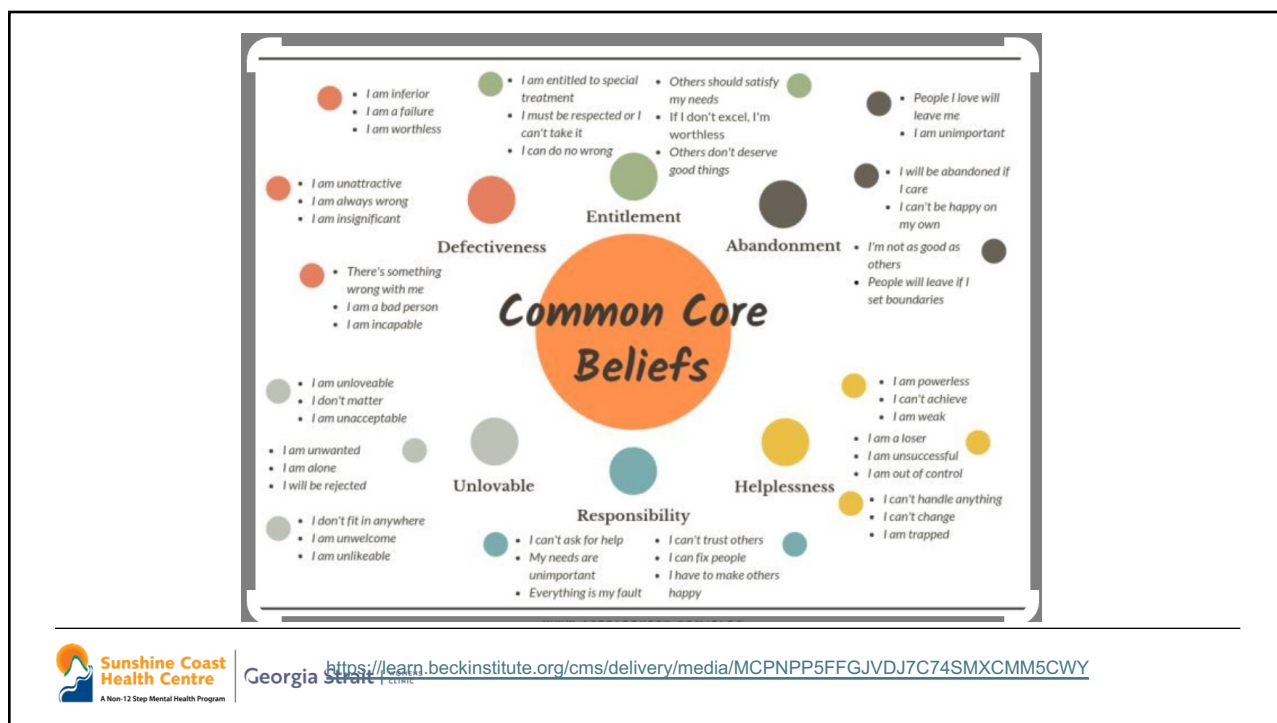


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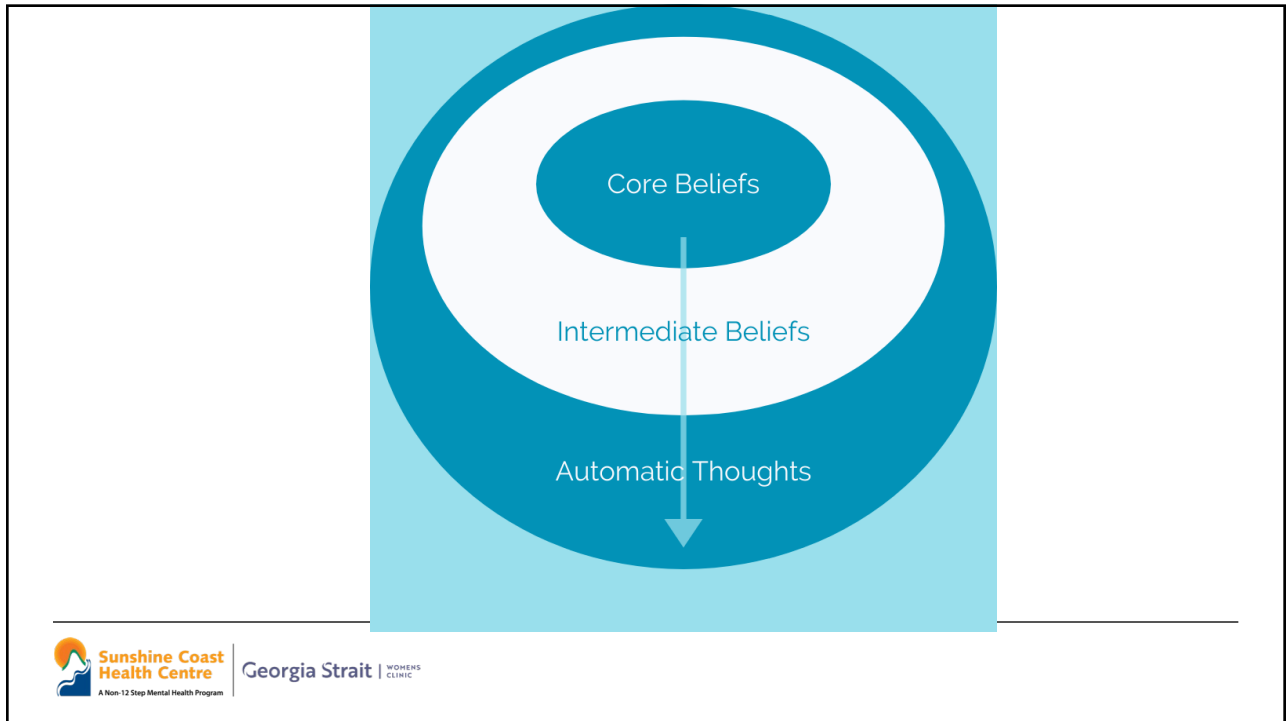
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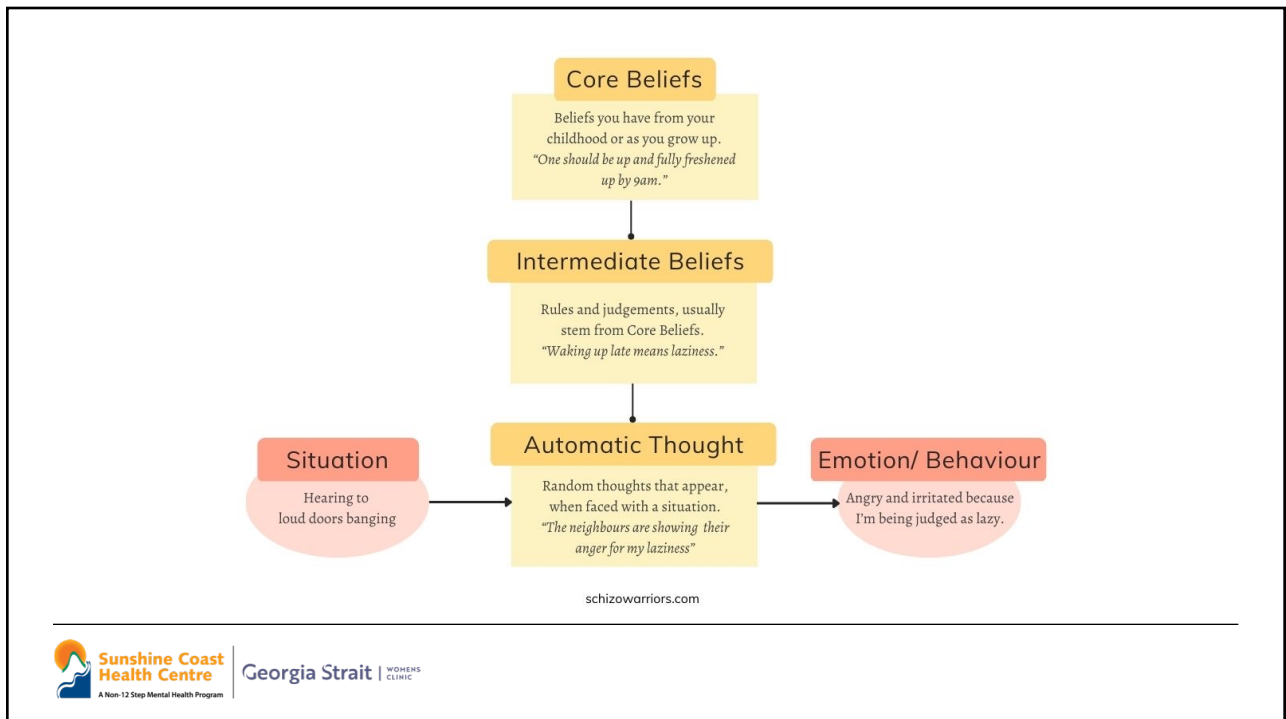
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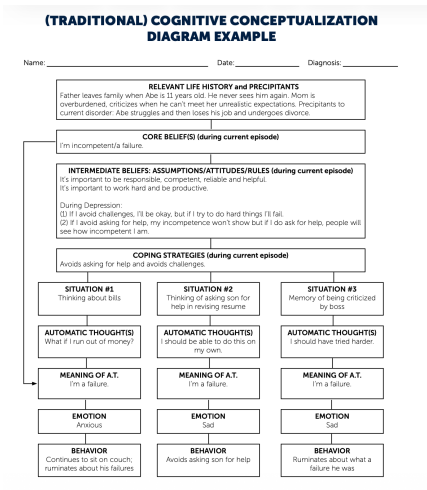


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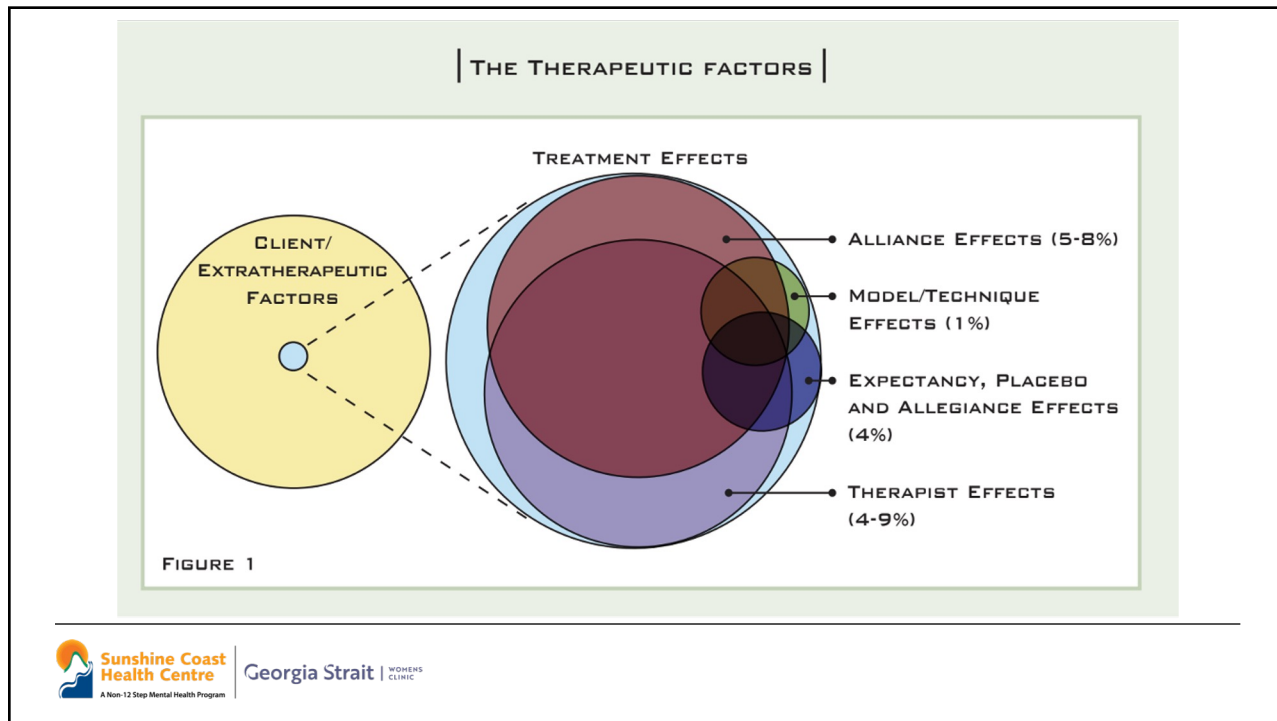
Principles of Treatment

2. CBT requires a sound therapeutic relationship
 - Rogerian skills
 - Alliance on treatment plan
 - Collaborative decisions
 - Eliciting feedback

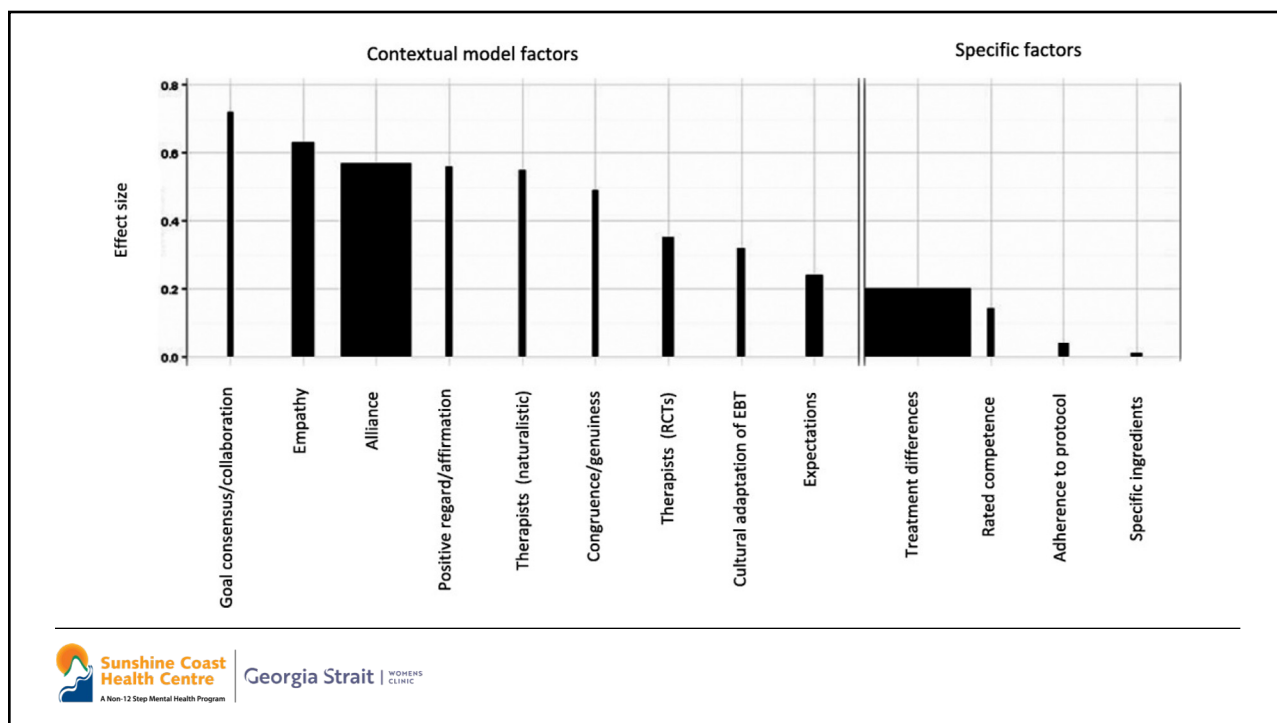


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Principles of Treatment

3. CBT continually monitors client progress
 - Routine monitoring improves outcomes
 - Measure progress toward goals, general functioning, therapeutic alliance



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Principles of Treatment

4. CBT is culturally adapted and tailors treatment to the individual
 - Clients have better outcomes when their therapist appreciates the significance of cultural and ethnic differences, preferences, and practices.
 - Address the client's and family's needs, emphasize culturally respectful behavior, identify culturally related strengths and supports, validate client's experiences of oppression.



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Principles of Treatment

5. CBT emphasizes the positive
 - Emphasize positive emotion and cognition in treating depression
 - Inspire hope



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Principles of Treatment

6. CBT stresses collaboration and active participation
 - Therapy as teamwork
 - Might start with therapist being more directive with treatment plan and homework
 - Move toward client helping to decide steps toward goals, problem solving potential obstacles, evaluating dysfunctional cognitions, summarizing important points, and devising homework



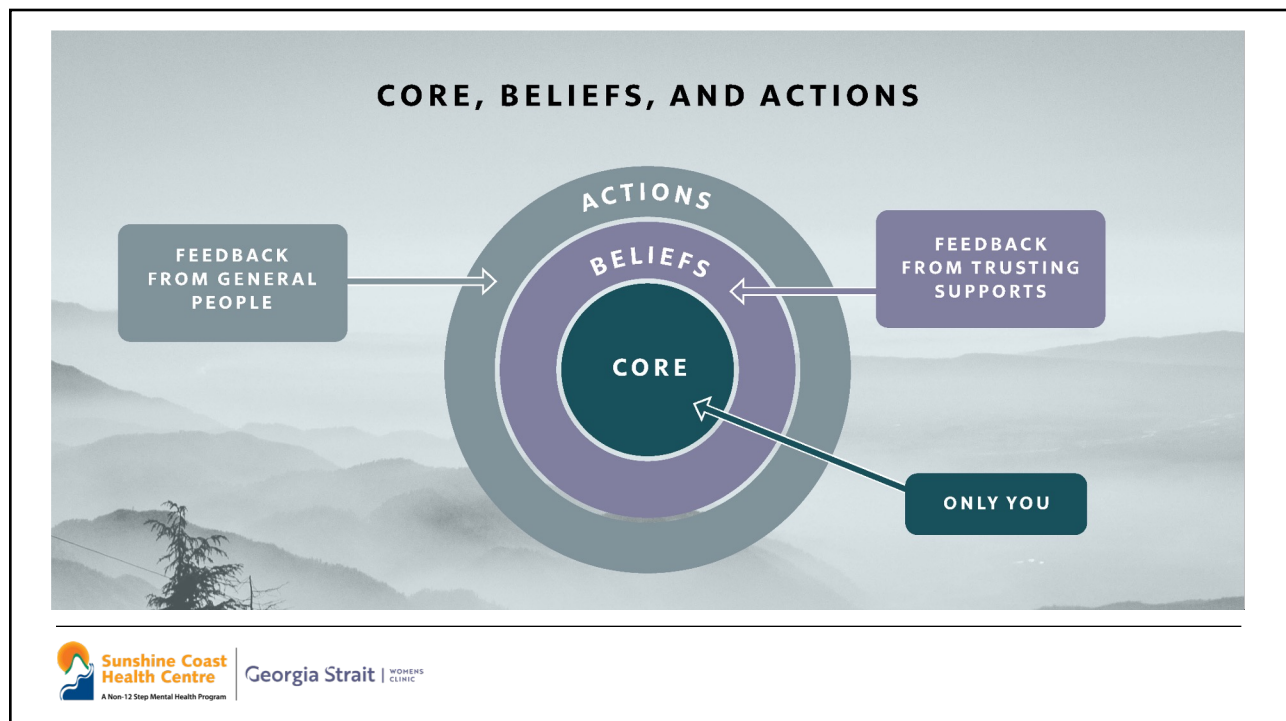
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Principles of Treatment

- 7. CBT is aspirational, values based, and goal oriented
 - Ask clients about their values, aspirations, and specific goals in the first session

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Principles of Treatment

8. CBT initially emphasizes the present
 - For most clients- involves a strong focus on the skills they need to improve their mood (and their lives)
 - Shift focus to the past in 3 circumstances
 1. When the client expresses a strong desire to do so
 2. When work toward current problems and future aspirations produces insufficient change
 3. Helping to understand how past events and patterns shape current dysfunctional thinking and behavior



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Principles of Treatment

9. CBT is educative
 - Goal of treatment (and important to alliance) make therapy understandable
 - Discuss expectations of treatment, structure of sessions
 - Present treatment plan, conceptualization and incorporate feedback
 - Explain techniques



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Principles of Treatment

10. **CBT is time sensitive**
 - Many clients with anxiety or depression require between 6 to 16 sessions
 - Make it as short as possible while fulfilling objectives
 1. Help client recover from their disorder
 2. Work toward fulfilling their aspirations, values, and goals
 3. Resolve their most presenting issues
 4. Promote satisfaction and enjoyment in life
 5. Learn skills to promote resilience and avoid relapse



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Principles of Treatment

11. **CBT sessions are structured**
 1. Aim is to conduct therapy as efficiently as possible
 2. Reestablish therapeutic alliance
 3. Review homework
 4. Prioritize session agenda
 5. Discuss goals or issues on agenda
 6. Summarize session
 7. Establish homework
 8. Elicit client feedback



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Second Edition

Highly Effective Therapy

Effecting Deep Change in Counseling and Psychotherapy

Len Sperry



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DEEP THERAPEUTIC CHANGE

Table 2 Markers of Three Levels of Therapeutic Effectiveness



Markers of Therapeutic Effectiveness	Minimally Effective	Adequately Effective	Highly Effective
1. Make and implement effective clinical decisions		(x)	x
2. Develop an effective therapeutic alliance	x	x	x
3. Assess readiness and treatment-promoting factors			x
4. Resolve resistance and ambivalence			x
5. Resolve therapeutic alliance strains and ruptures		x	x
6. Resolve transference-countertransference enactments			x
7. Perform an integrative diagnostic assessment	(x)	(x)	x
8. Specify an accurate DSM diagnosis	x	x	x
9. Develop a CC ^a —clinical formulation		x	x
10. Develop a CC ^a —cultural formulation			x
11. Develop a CC ^a —treatment formulation			x
12. Draft an integrative clinical case report	(x)	x	x
13. Establish a treatment focus			x
14. Maintain the treatment focus			x
15. Effect therapeutic change	x	x	x
16. Plan and implement culturally-sensitive interventions			x
17. Resolve treatment-interfering factors accordingly		(x)	x
18. Monitor progress and revise treatment			x
19. Evaluate progress and prepare clients for termination	x	x	x
20. Utilize supervision to add, enhance, evaluate competencies		(x)	x

* = Case conceptualization, x = present, (x) = partially present.

are those for which one strives to achieve, and those who achieve them often are considered the experts" (Kaslow, 2004, p. 775).

Highly effective therapy is associated with aspirational competence rather than with minimal competence. As designated in this book, those practicing highly effective therapy are more likely to function at the high

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Treatment Planning 165

Goal: Getting a job

Identify steps and potential obstacles; create plan to address obstacles.

Step 1: Update résumé.

Potential Obstacles

- Automatic thoughts: "I won't do this right"; "I won't get hired anyway"
- Skill deficit: how to describe previous work experience

Plan to Overcome Obstacles

- Socratic questioning to evaluate automatic thoughts; summarize for therapy notes
- Look online for sample résumés
- Ask son for help; evaluate automatic thoughts that could pose obstacles (e.g., "I shouldn't ask for help"); summarize for therapy notes
- Give self credit for taking these steps
- Set specific Action Plan to look online and ask son; assess likelihood of completion; if indicated, look for additional obstacles or change Action Plan

Step 2: Identify potential jobs and apply for them.

Potential Obstacles

- Automatic thoughts: "If I look online, I won't be able to find any in my area"; "If I network, people will find out I'm unemployed and they'll think less of me"
- Problem/skill deficit: doesn't know where to look online

Plan to Overcome Obstacles

- Socratic questioning to evaluate automatic thoughts; summarize for therapy notes
- Ask son for help in finding job opportunities online

Step 3: Go on interviews.

Potential Obstacles

- Automatic thoughts: "I'll make a bad impression"; "I'll mess it up"

Plan to Overcome Obstacles

- Role-play
- Work on making good eye contact; firm handshake, smiling, acting as if he's confident

FIGURE 9.2. Sample plan for a specific goal.

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Principles of Treatment

12. CBT uses guided discovery and teaches clients to respond to their dysfunctional cognitions
- Ask clients questions to help them identify their dysfunctional thinking
 - Evaluate validity and utility of their thoughts
 - Devise a plan of action (cognitive restructuring-process of assessing and responding to maladaptive thinking)



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IDENTIFYING THOUGHTS WORKSHEET

PART 1:

REMEMBER: JUST BECAUSE I THINK SOMETHING, DOESN'T NECESSARILY MEAN IT'S TRUE. WHEN I CHANGE MY UNHELPFUL OR INACCURATE THOUGHTS, I'LL LIKELY FEEL BETTER.

Instructions: When my mood gets worse or I'm engaging in unhelpful behavior, ask myself: **"What was just going through my mind?"** Write down my thoughts below.

PART 2:

REMEMBER: IT'S IMPORTANT TO CATCH MYSELF THINKING IN A HELPFUL WAY.

Instructions: When I'm engaging in helpful behavior, ask myself, **"What was I thinking that allowed me to do this?"** Write down my thoughts below.





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Cognitive Distortions

All-or-nothing thinking	Example: "If I'm not a total success, I'm a failure."
Catastrophizing (fortune telling)	Example: "I'll be so upset, I won't be able to function at all."
Disqualifying or discounting the positive	Example: "I did that project well, but that doesn't mean I'm competent; I just got lucky."
Emotional reasoning	Example: "I know I do a lot of things okay at work, but I still feel like I'm a failure."
Labeling	Examples: "I'm a loser." "He's no good."
Magnification/minimization	Example: "Getting a mediocre evaluation proves how inadequate I am. Getting high marks doesn't mean I'm smart."
Mental filter (selective abstraction)	Example: "Because I got one low rating on my evaluation [which also contained several high ratings], it means I'm doing a lousy job."
Mind reading	Example: "He's thinking that I don't know the first thing about this project."
Overgeneralization	Example: "Because I felt uncomfortable at the get-together, I don't have what it takes to make friends."
Personalization	Example: "The repairman was curt to me because I did something wrong."
"Should" and "must" statements	Example: "It's terrible that I made a mistake. I should always do my best."
Tunnel vision	"My son's teacher can't do anything right. He's critical and insensitive and lousy at teaching."




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THOUGHT RECORD: SIDE TWO WORKSHEET

Date/time	Situation	Automatic Thought(s)	Emotion(s)	Adaptive Response	Outcome
	1. What event (external or internal) is associated with the unpleasant emotion? Or what unhelpful behavior did you engage in?	1. What thought(s) and/or image(s) went through your mind (before, during or after the event or unhelpful behavior)? 2. How much did you believe the thought(s)?	1. What emotion(s) (sad/ anxious/ angry/ etc.) did you feel (before, during or after the event or unhelpful behavior)? 2. How intense (0-100%) was the emotion?	1. (optional) What cognitive distortion did you make? 2. Use questions below to compose a response to the automatic thought(s). Indicate how much you believe each response.	1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What would be good to do?

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When Cognitive Restructure doesn't work

- There are more central automatic thoughts
- The evaluation of the automatic thought is implausible, superficial, or inadequate
- The evidence that supports the automatic thought has not been adequately expressed
- The automatic thought is actually a core belief
- The client understands intellectually the thought is distorted but not on an emotional level
- The automatic thought is part of a dysfunctional thought pattern

Mindfulness

1. Mindfulness of Thought- for clients who excessively ruminate, worry, or try to suppress intrusive thoughts or images
2. Mindfulness of Internal Stimuli- for intense emotion and other distressing internal experiences
3. Mindfulness for self-compassion- for clients who experience a great deal of self-criticism

Principles of Treatment

13. CBT includes Action Plans (a.k.a. Homework)
 - Consist of
 - Identifying and evaluating automatic thoughts that are obstacles to client's goals
 - Implementing solutions to problems and obstacles that could arise in the coming weeks, and/or
 - Practicing behavioral skills learned in session



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Examples of Action Plans

1. Reading therapy notes
2. Monitoring automatic thoughts
3. Evaluating and responding to automatic thoughts
4. Doing behavioral experiments
5. Disengaging from thoughts
6. Implementing steps toward their goals
7. Engaging in activities to lift affect
8. Credit lists



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Increasing adherence

- Tailor to the individual
- Provide the rationale (link to goals and/or values)
- Collaboration
- Identify barriers
- Be practical with likelihood of follow through



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Principles of Treatment

14. CBT uses a variety of techniques to change thinking, mood, and behavior
 - Adapt strategies from many psychotherapeutic modalities within the cognitive framework



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COMMON NEGATIVE

Core Beliefs

I'M NOT GOOD ENOUGH

I'm a failure, I can't change, I will never succeed, everyone else is better than me, there is no point in trying in life

I'M UNSAFE

You can't trust anyone or anything, you have to be in control to survive, you should never be vulnerable or let your guard down


IT'S MY FAULT

I always get it wrong, I need to try harder, I have to help everyone, I am selfish to think about myself, I have to be perfect

I'M UNLOVABLE

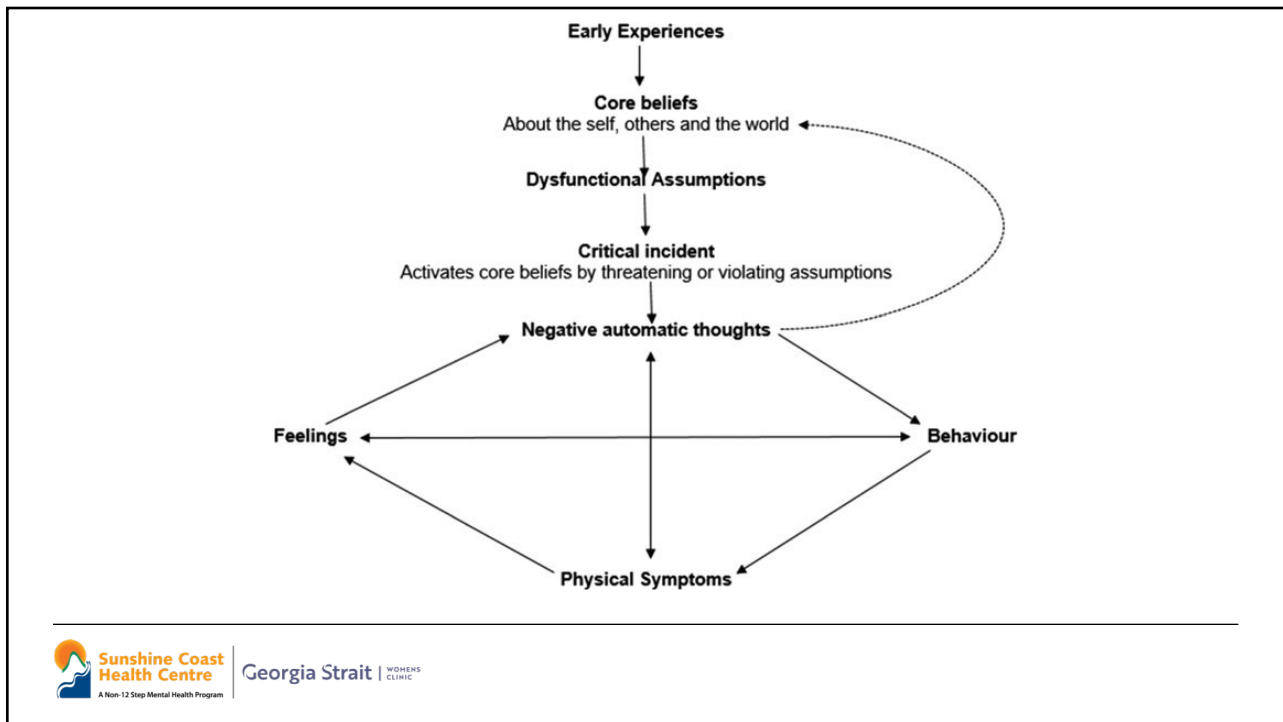
Nobody wants me, nobody understands me, I bore others, people hate me, I'm better off alone

Credits: P&G Clinical Services.

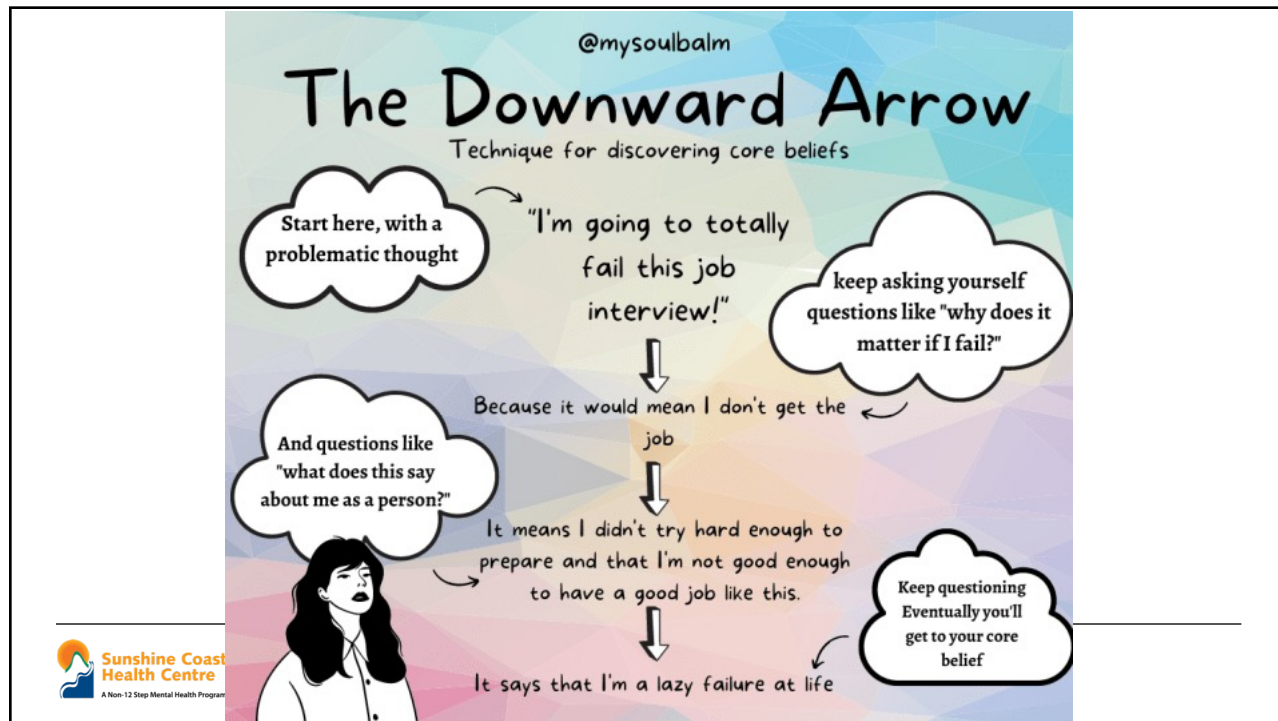


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Concepts about beliefs (p. 297)

- Beliefs are ideas, not truths and can be tested and changed
- Beliefs are learned, not innate.
- Beliefs can be rigid and "feel" as if they are true
- Beliefs originated through the meaning clients put to their experiences, often during developmental years
- When relevant schemas are activated, clients recognize data that support their core beliefs, while discounting data to the contrary.

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Exploring beliefs

1. Pose a hypothesis about the belief
2. Use a metaphor to explain information processing
3. Determining when the belief originated or became maintained
4. Explain beliefs using diagram



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Strengthen positive beliefs (p.304)

- Elicit positive data and drawing helping conclusions about their experiences
- Elicit the advantages of believing adaptive beliefs
- Pointing out the meaning of positive data
- Referencing other people
- Using a chart to collect evidence
- Inducing images of current and historical experiences
- Acting as if



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Modifying maladaptive beliefs (p.309)

- Socratic questioning
- Reframing
- Behavioral experiments
- Stories, movies, and metaphors
- Cognitive continuum
- Using others as a reference point
- Self-disclosure
- Intellectual- emotional role plays
- Historical tests
- Restructuring the meaning of early memories



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