

# Cognitive Behavioural Therapy

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A rapid guide to CBT

# What is CBT?

“Cognitive behaviour therapy is one of the forms of psychotherapy that has been scientifically tested and found to be effective in hundreds of clinical trials for many different disorders. In contrast to other forms of psychotherapy, cognitive therapy is usually more focused on the present, more time limited, and more problem solving orientated. In addition, patients use specific skills they can use for the rest of their lives. These skills involve identifying distorted thinking, modifying beliefs, relating to others in different ways and change”

Beck Institute for Cognitive Behavioral Therapy

# CBT Treatment Application

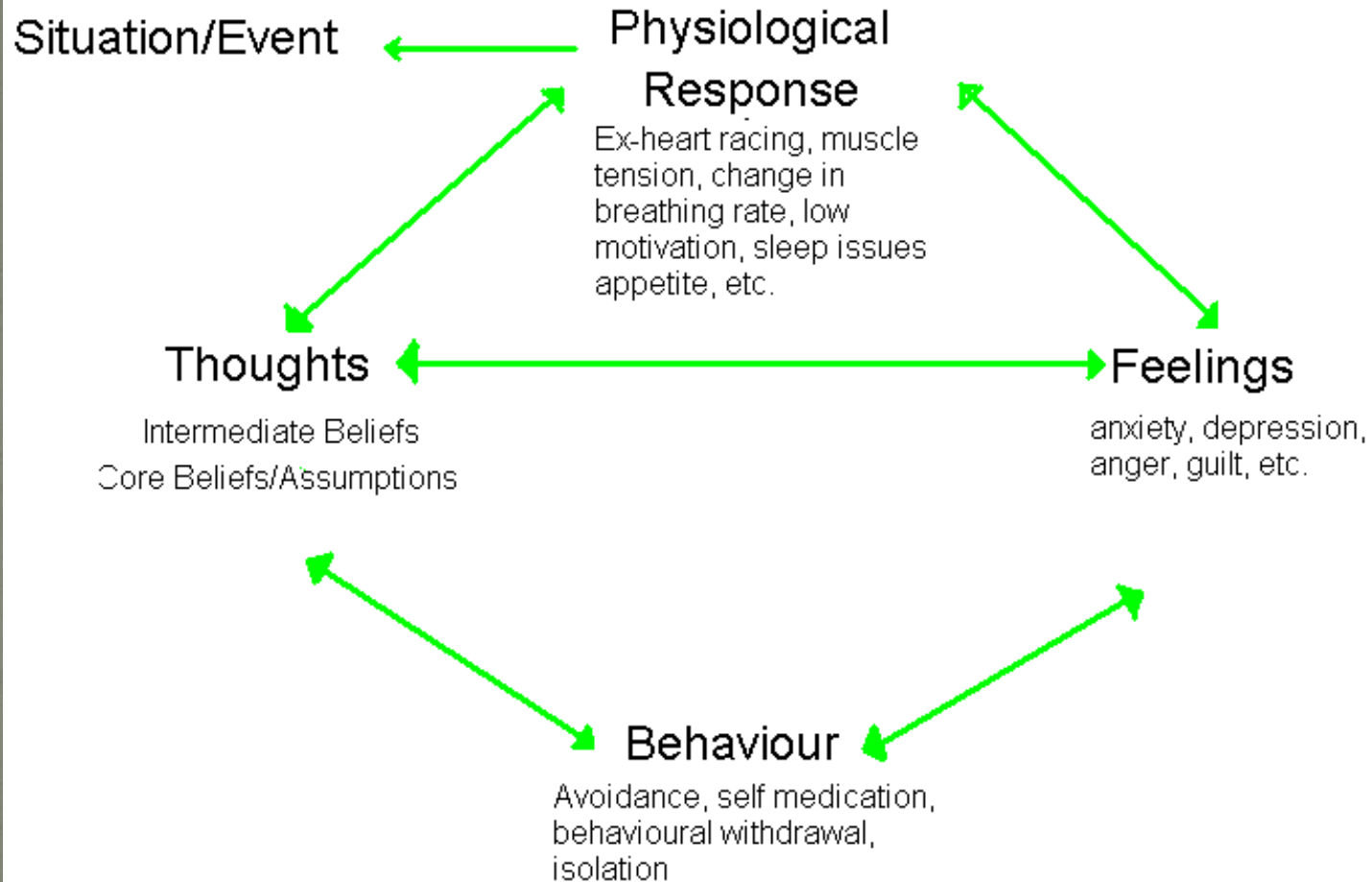
- CBT is commonly and effectively used to treat the following:
  - Depression
  - Anxiety
  - Panic
  - Anger
  - Obsessive compulsive disorder
  - Relationship problems
  - Addictions
  - Social phobias
  - Post Traumatic Stress Disorder
  - And more....



# Structure of CBT

- Case conceptualization
  - Requires thorough assessment
  - Clear set of goals
- Familiarization with the CBT model
  - Understanding the problem and the treatment
  - Defining roles-client and therapist
- Symptom and Schema Focused Intervention
  - Modifying cognitive behavioural variables
- Relapse Prevention

## CBT Cycle

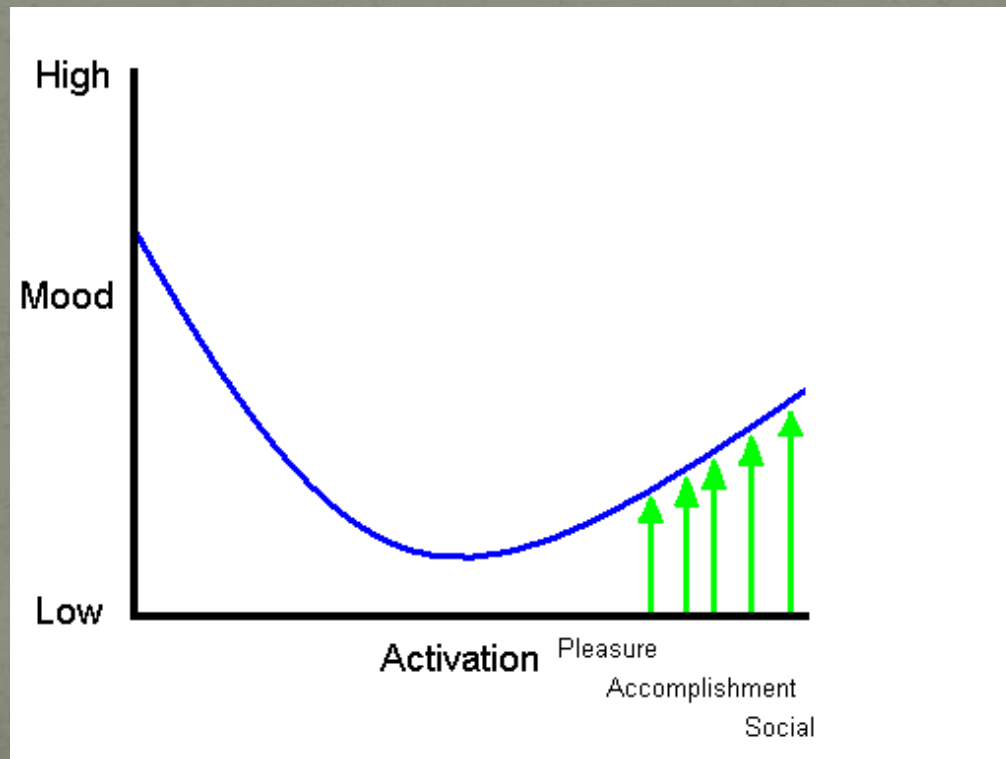


# Techniques of CBT (Cognitive & Behavioural)

- Behavioral Activation
  - PAS-Pleasure, accomplishment, social
- Working Through Thoughts and Beliefs
  - Identifying distortions, thought logs, challenging distortions, shifting beliefs
- Experiments and Actions Plans
  - Creating behavioral experiments and evidence in challenging core beliefs/thoughts
- Exposure Work
  - Hierarchy, Targeting Safety Behaviors, Decreasing excessive reassurance, tolerating anxiety/emotions, reducing avoidance, exposure response prevention
- Relaxation Skills
  - Progressive Muscle Relaxation, Deep Breathing, Grounding, Visualization, etc.
- Targeting the Physiological Symptoms
  - Life Style Strategies
  - Introspective work

# Behavioral Activation

- Getting Activated-The How To's:
  - Step 1.
    - Give the behavioral rationale





# Activation

- Have clients record their activity (pleasure, accomplishment, social-PAS)



	ACTIVITY	MON	TUE	WED	THU	FRI	SAT	SUN
1	Self-care(shower,shave,teeth etc.)							
2	Eat three meals, however small (check for each)							
3	Sleep (# of hours)							
4	Exercise, however little (# of minutes)							
5	Relaxation (# of minutes)							
6	Accomplish one small task or goal each day							
7	Social contact (enough but not too much)							
8	Pleasure activities/hobbies (check for each)							
9	Do something nice for yourself							
10	Do something nice for someone else							
11	Replace negative thoughts with helpful thoughts (check # times)							
12	Miscellaneous (your choice)							

# Working Through Thoughts and Beliefs

- Give the Cognitive Rational
  - Creating an awareness of the role thoughts play on emotions including depression, anxiety, anger, etc.
  - The Triad of negative thoughts about the self, the world and the future.
- Identifying Cognitive Distortions
  - Review list of common distortions (CBIS Manual)

# Common Thinking Errors

The situations we find ourselves in don't cause our depressed feelings — our ways of perceiving the situations do. Here are some distorted ways of thinking that often increase depression. Check the ones that most relate to you.

## **FILTERING**

Everyone's life has negative aspects. If you focus only on the negative and filter out all positive or neutral aspects, your life will indeed seem depressing.

## **EMOTIONAL REASONING**

"I feel it so it must be true." Remember feelings are not facts. Emotions are based on subjective interpretations, not hard evidence.

## **OVER-INCLUSIVE**

You think of one problem or demand, then another and another, until you feel completely overwhelmed.

## **BLACK OR WHITE THINKING**

You think only in extremes or absolutes, forgetting that most things fall into shades of grey.

## **JUMPING TO CONCLUSIONS**

You predict a negative outcome without adequate supporting evidence.

## **MIND READING**

You believe that others are thinking and feeling negatively about you and you react as if this is true.

## **PREDICTING THE FUTURE**

You anticipate that things will turn out badly and you feel convinced that your predictions are true.

## **CATASTROPHIZING**

You blow things out of proportion and imagine the worse case scenario. This intensifies your fear and makes it difficult for you to cope with the actual situation.

## **SHOULD**

You make rigid rules for yourself and others about how things "should" be. When these rules are not followed you become depressed and angry.



WORKSHEET 7.2: Thought Record

# THOUGHT RECORD

1. Situation	2. Moods	3. Automatic Thoughts (Images)	4. Evidence That Supports the Hot Thought	5. Evidence That Does Not Support the Hot Thought	6. Alternative/ Balanced Thoughts	7. Rate Moods Now

# Experiments and Action Plans

- Rational-challenging thoughts by engaging in behavioral experiments that shift beliefs and help increase mastery.

## WORKSHEET 8.1: Experiment

**THOUGHT TO BE TESTED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experiment	Prediction	Possible problems	Strategies to overcome these problems	Outcome of experiment	How much does the outcome support the thought that was tested? (0-100%)

**WHAT HAVE I LEARNED FROM THESE EXPERIMENTS?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**WORKSHEET 9.5. Core Belief Record: Recording Evidence That a Core Belief Is Not 100% True**

**Core Belief:** \_\_\_\_\_

**Evidence or experiences that suggest that the core belief is not 100% true all the time:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

# Exposure Work

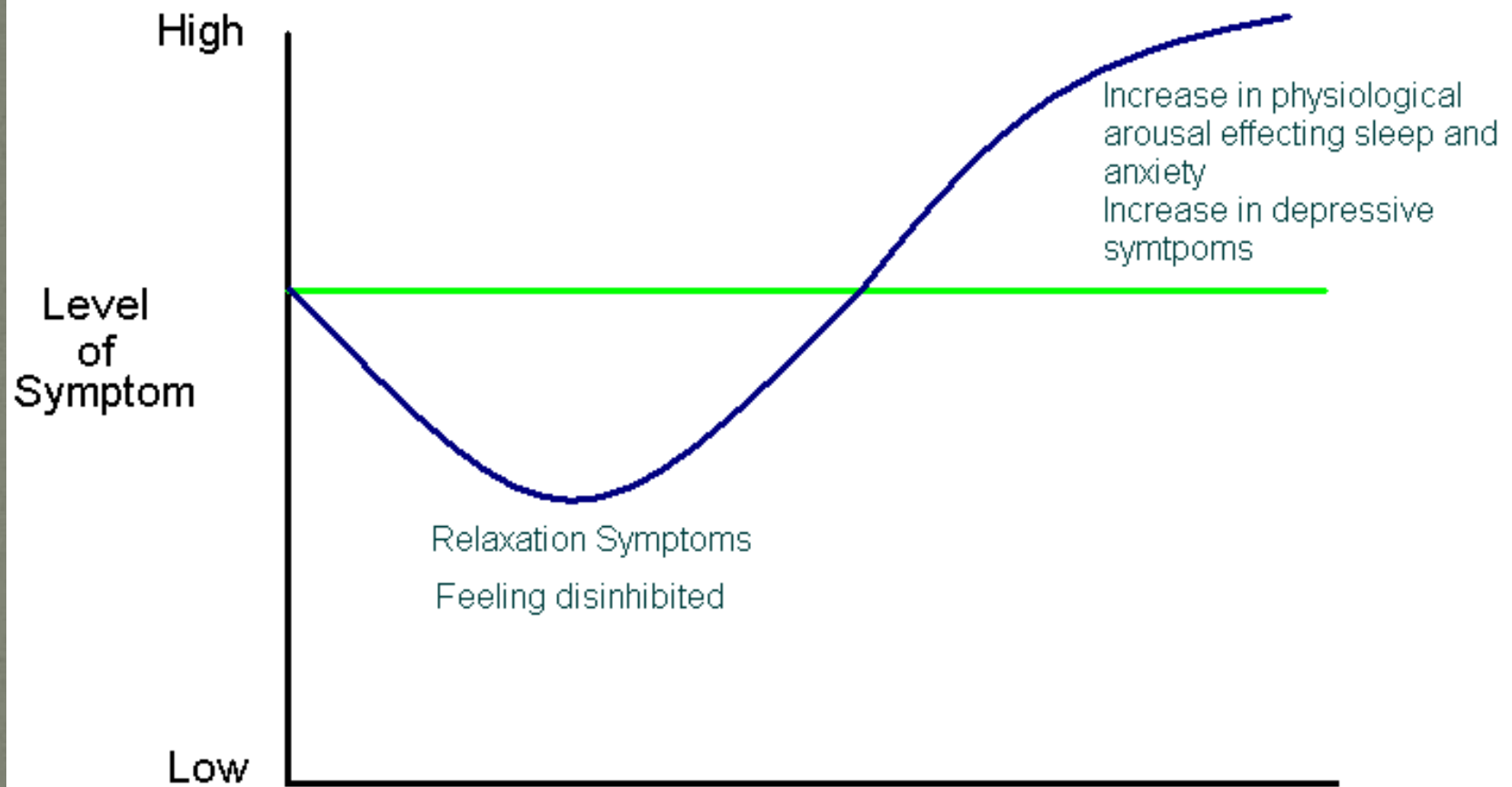
- Rationale:
  - Habituation-with repeated exposure to stimulus, anxiety decreases over time
  - Fearful predictions are disconfirmed
  - Allows for processing of feared stimulus
  - Increases feelings of mastery

# Relaxation Skills

- Rationale
  - Increasing healthy coping skills in symptom management
  - Reduce impulsivity and reactivity
  - Slows down the CBT cycle of thoughts, feelings, behaviors, and physiological arousal



## Effect of Alcohol on Symptoms



# Targeting Physiological Symptoms

- Rationale: decreasing symptom arousal in some areas while increasing symptoms in other areas
- Use of relaxation skills
- Use of lifestyle strategies
  - Sleep
  - Exercise
  - Eating patterns
  - Avoiding the use of mood regulating substances

# Interpersonal Therapy

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A quick overview



# Goals of Treatment

- To alleviate symptoms and improve functioning
- Resolve current interpersonal problems
- Improve communication
- Improve relationships
- Build and increase support
- Help shift how people view and access relationships

# The Interpersonal Inventory

- Core exercise in helping to formulate the focal area
- Helps understand how patients view and how they function in relationships
- A review of past and current relationships
- Helps to link interpersonal events to a patients timeline

# Case conceptualization

## Choosing 1 of 4 focal areas

- Role transitions
- Interpersonal disputes/conflicts
- Grief
- Interpersonal deficits



# Resources

- Cognitive Behavioral Interpersonal Skills Manual – retrieved from  
<http://www.gpscbc.ca/sites/default/files/CBIS%20Manual%20Nov%202013%20v2.pdf>
- Mood Gym – retrieved from  
<https://moodgym.anu.edu.au/welcome>
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- Davis, M., Eshelman, E.R. & McKay, M. (2000). *The relaxation & stress reduction workbook* (5<sup>th</sup> edition). Oakland, CA: New Harbinger Publications.
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# Resources cont'd

- Hyman, B.M. & Pedrick, C. (2005). *The OCD workbook* (2<sup>nd</sup> edition). Oakland, CA: New Harbinger Publications.
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- Zuercher-White, E. (1998). *An end to panic: Breakthrough techniques for overcoming panic disorder* (2<sup>nd</sup> edition). Oakland, CA: New Harbinger Publications.