

Cognitive Behavioral Therapy

Theory of Change

Change occurs by learning to modify dysfunctional thought patterns. Once a patient understands the relationship between thoughts, feelings, and behaviors, s/he is able to modify or change the patterns of thinking to cope with stressors in a more positive manner.

Role of Therapist

- The therapist is a collaborative teacher who uses structured learning experiences that teach patients to monitor and write down their negative thoughts and mental images. The goal is to recognize how those ideas affect their mood, behavior, and physical condition.
- Therapists also teach important coping skills, such as problem solving and scheduling pleasurable experiences.
- The therapist creates structured sessions and provides homework for clients to continue to work on problems in-between visits.

Treatment Goals

- Patients learn to recognize negative patterns of thought, evaluate their validity, and replace them with healthier ways of thinking.
- Patients' symptoms or problems are relieved.
- Patients develop positive coping skills and strategies

Main Concepts:

- **Negative Cognitive Triad:**
 1. View of self ("I'm not worth anything.")
 2. View of the world ("Everybody hates me.")
 3. View of prospects for the future ("There are no hopes for my future.")
- **Automatic Thoughts:** Thoughts about ourselves or others that individuals are often not aware of and thus are not assessed for accuracy or relevancy.
- **Maladaptive Automatic Thoughts:** These are automatic thoughts that are typically centered on negative themes or distorted reflections that are accepted as true.
- **Schemas:** A network of rules or templates for information processing that are shaped by developmental influences and other life experiences. These rules dictate how individuals think about and interpret the world and play a role in regulating self-worth and coping skills. Changing schemas is a major target of CBT.
- **Overgeneralization:** Single negative event is seen as a never-ending pattern of defeat. One mistake leads to "I never do anything right"
- **Arbitrary Inference:** Cognitive distortion that leads to drawing conclusions without evidence or facts to support those conclusions

- **Selective Abstraction:** Attending to detail while ignoring total context. Taking detail out of context and missing the totality of the situation
- **Personalization:** Seeing yourself as a cause of negative external event
- **Polarized Thinking:** Thinking in extremes, viewing things as black or white.

Interventions

- Teach the client about negative triad
- **Socratic Questioning:** Questioning allows the therapist to stimulate the client's self-awareness, focus in on the problem definition, expose the client's belief system, and challenge irrational beliefs while revealing the client's cognitive processes.
- **Reframing:** Thinking differently by "reframing" negative or untrue assumptions and thoughts into ones that promote adaptive behavior and lessen anxiety and depression
- **Cognitive Restructuring:** Teaches client to identify irrational, distorted, or maladaptive beliefs, question the evidence for the belief, and generate alternative responses.
- **Homework:** To assist with cognitive restructuring, clients are often assigned homework. Typical CBT homework assignments may include activities in behavioral activation, monitoring automatic thoughts, reviewing the previous therapy session, and preparing for the next therapy session.
- **Self-Monitoring:** Also called diary work, self-monitoring is used to record the amount and degree of thoughts and behaviors. This provides the client and therapist information regarding the degree of a client's negative affirmations.
- **Behavioral Experiments:** The experiment process includes experiencing, observing, reflecting, and planning. These steps are conducted through thought testing, discovery, activity, and/or observation.
- **Systematic Desensitization:** Systematic Desensitization pairs relaxation with exposure to something stressful. Clients are taught to relax in anxiety producing situations.
- **Anxiety Management Training:** Teaches skills for specific situations using imagery. The client practices relaxation until anxiety is reduced then continues with imagery.
- **Assertiveness Training:** Teaches client to specify desires and needs using minimally effective responses to assert their position. Used with unassertive or overly aggressive clients.
- **Behavioral Activation:** Increases activity for depressed or passive clients by using activity scheduling and incentives.
- **Communication Skills Training:** Used in couples therapy to help couples talk about feelings and problems.
- **Downward Arrow:** Used to uncover underlying assumptions. "If this is true, what does it mean about you and your life?"

- **Exposure:** Client faces fear stimuli without resorting to escape or avoidance maneuvers. Can be done in real life or with imagery
- **Finding Alternatives:** Clients review all possible options and alternatives for either interpreting a situation or resolving a problem
- **Labeling Distortions:** Teaches client to recognize and label particular distortions in thinking that can lead to problems with interpretations of events.
- **Mastery/Pleasure Ratings:** Clients use activity chart and rates mastery or pleasure that they derive from activity
- **Opposite Action:** Client is encouraged to engage in behavior that is be counterintuitive or opposite to what she or he may feel at time (e.g., when feeling very angry say something kind or decent)
- **Problem-Solving Training:** Teaches a step approach of orienting to the problem, problem definition, generation of alternatives, decision making and solution implementation and verification of results
- **Relaxation Training:** Teaches client to relax muscles to condition a relaxation response to counter tension. Uses imagery, music, and other stimuli to assist in acquiring response
- **Successive Approximation:** Client and therapist collaborate in developing a plan for the client to engage in steps that approximate an ultimate goal, to allow the client to have success at each step along the way to the goal.
- **Three Column Technique:** client collects automatic thoughts and lists the situation in which the thought occurred, the automatic thought, and the associated feelings
- **Thought Record:** expands on the three column technique, with columns to record alternative responses to the automatic thought and behavioral or emotional outcomes of changing the thought

Phases of Treatment

Beginning: Establish safe and supportive therapeutic relationship; Complete a functional analysis to assess and define the problem and negative thought patterns; Educate and explain CBT; Set collaborative goals.

Middle: Identify negative thought patterns; Uncover negative schemas; Assign homework to self- monitor thoughts and moods and behaviors; Label cognitive distortions; Reframe thoughts; Learn and practice new skills and behaviors.

End: Review gains; Identify skills learned; Rehearse for new situations; anticipate future struggles.