What do you know about CBT?

- How is it utilized?
- Who benefits from it?
- What population does it target?
- How can it be harmful?
- What acronym is associated with understanding what CBT is?
TAKE OUT A SHEET OF PAPER

We will do some CBT with you right now...

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Socratic Questions

Thoughts are like a running dialogue in your brain. They come and go fast. So fast, in fact, that we rarely have the time to question them. Because our thoughts determine how we feel, and how we act, it’s important to challenge any thoughts that cause us harm.

Spend a moment thinking about each of the following questions, and record thorough responses. Discuss, and explain ‘why’ or ‘why not’ in your responses.

- Thought to be questioned: __________________________
- What is the evidence for this thought? Against it? __________________________
- Am I basing this thought on facts, or on feelings? __________________________
- Is this thought black and white, when reality is more complicated? __________________________
- Could I be misinterpreting the evidence? Am I making any assumptions? __________________________

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Characteristics of CBT

- Based on Scientific Learning Principles
- Focus is on how a client acts and how a client thinks as opposed to what a client feels. The F word...
- Obviously relate and target client’s difficulties, distortions, problems, assumptions and beliefs
- Systematic in nature – prescribed manner, prescribed sequence, prescribed intervention, manner, time and order
- Target problems relatively quickly
- Limit use of victimization, blaming, or passing of responsibility
- Direct
- Blended activities – drawing, presentation, writing, adding up, assessing, imagining – activating different parts of the brain
- Outcome research is and has been conducted on the effectiveness of CBT
Cognitive Behavioral Therapy

- Formula = ABC’s
  - Beliefs
  - Feelings
  - Actions
  - Outcome

Belief = Event = Feelings = Action = Outcome = Event ===

Cognitive Behavioral Therapy

- Thinking Errors
- Use of Absolutes
- Unexamined beliefs
- Practitioner describes use of CBT and enlists recipient’s participation
- Provide guidance to help person understand the connection between beliefs and behaviors
- Provide guidance to explore other way to see the same thing
- Provide guidance to explore the effect of different beliefs about the same thing on feelings and behavior
Where does the practitioner’s role produce the most impact?

- Beliefs (that come from upbringing, environment, genetics, exposure, relationships, etc.) impact the response to an event. The starting point is the belief, not the event. The event occurs, impacted by the belief (through corresponding feelings) and shapes the behavioral response (corresponding behavior) or outcome. As CBT professionals we are to build on the cognitive process to reshape belief systems so that the next event produces a favorable outcome for the client due to the reshaped belief.

Beliefs about Events

Person is Exposed to an Event

Compare Event to Belief

• New Event

Antisocial Tendencies, Beliefs, Diagnosis, Attitudes

Correctional Counseling Inc.
Faulty beliefs cause inappropriate behavior...

Beliefs about the world, reality, people, situation and place is a choice formed by beliefs. Thus, clients select to behave in ways that can cause them harm or additional problems.

Feelings can be wrong and inappropriate especially since they are attached to beliefs. Feelings are triggered by a belief or set of beliefs when they are challenged by a person, event or situation.

Feelings increase the impact of the associated belief and cause the subsequent behavior. The individual perceives the situation as the person, event or situation being the cause.

Understanding feelings – what does it do? Does the behavior change?

The behavior will change only when the belief, attitude, habit about the event that would cause the reaction, changes.

Cognitive Behavioral Therapy continued

- Duration – between 5-10 months typically meeting once per week in group setting or individually
- Structured manuals provided
- Breakdown = comprised of cognitive theory and behavioral theory. Behaviorism focuses on external behaviors and disregards internal mental processes. Cognition emphasizes the importance of internal thought processes.

- Industry – can be applied to multiple other therapeutic approaches or stand alone as a practice. Can be applied to any other cognitive distortion.
- Practitioner goal – Utilizing outcome that is self-enhancing not self-defeating
- Sequentially how a client gets from thinking to behavior by understanding the internal dialogue (conscious or subconscious). Identifying, understanding, dealing with automatic, emotion-filled thoughts.
1) Behavioral Therapy (BT) - exposure response prevention (desensitization), behavioral activation, social skills training and communication training.
2) Cognitive Therapy (CT) - evidence-based thinking, hypothesis testing our thoughts, activity scheduling and prediction. Comparable to medication therapy. Emphasizes thought-focused set of interventions.
3) Cognitive Behavioral Therapy (CBT) - integration of BT and CT. Changing self-defeating and/or unrealistic thinking patterns as much or even more than the need for behavior change. Thinking *cognition is of central importance to our emotional life.

Third generation CBT’s:
1) Acceptance and Commitment Therapy (ACT) - explores the role of acceptance in our emotional and cognitive conundrums. Emphasis is on procedural knowledge (body language) as a way of learning what paradoxically happens when we try to harp to control our thoughts or inner emotions. Mindfulness…
2) Dialectical Behavioral Therapy (DBT) - challenges us to face and make our peace with the complex and opposite truths often inherent in different situations. Skill-based approach.
3) Functional Analytic Psychotherapy (FAP) - interpersonal forms of therapy by challenging therapy and client to utilize the time in session to raise mindful awareness for our behavior.
4) Comparison Informed Psychotherapy - social-emotional intelligence treatment

Mindfulness Based CT - not changing content of thoughts but the reaction to our thoughts.

Recognizing Cognitive Distortions…
- Why do we code?
- Why do we document?
- Why do we diagnose? (for those that can)
CLIENTS HAVE THINKING ERRORS...

Take out a sheet of paper...
Worries, Wants and Needs

3 Worries

3 Wants

3 Needs