

Cognitive Behavioral Therapy

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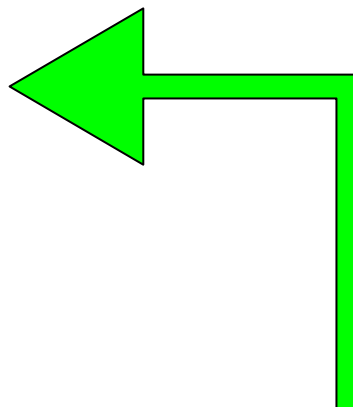
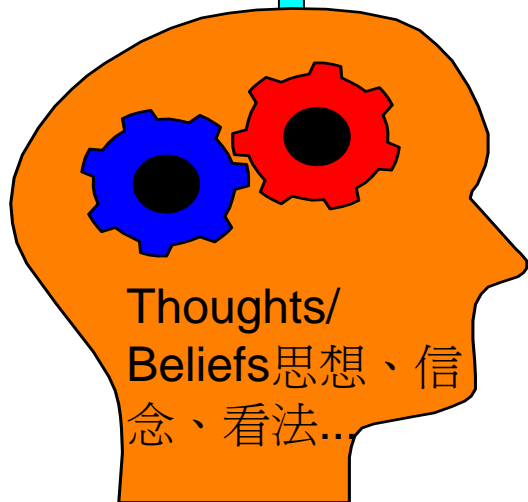
Philosophy

- Epictetus “It is not things themselves that disturb men, but their judgments about these things”.
- William Shakespeare “ There is nothing either good nor bad, but thinking makes it so” (Hamlet, Act II, Scene II)

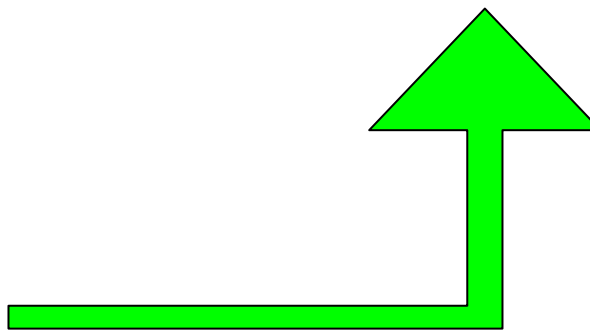
What is the “Theory” behind Cognitive Behavioural Therapy (CBT)?

- It stipulates that the way an individual feels and behaves is influenced by the way he / she structures his / her experiences

事件(Event)



行為反應
Action



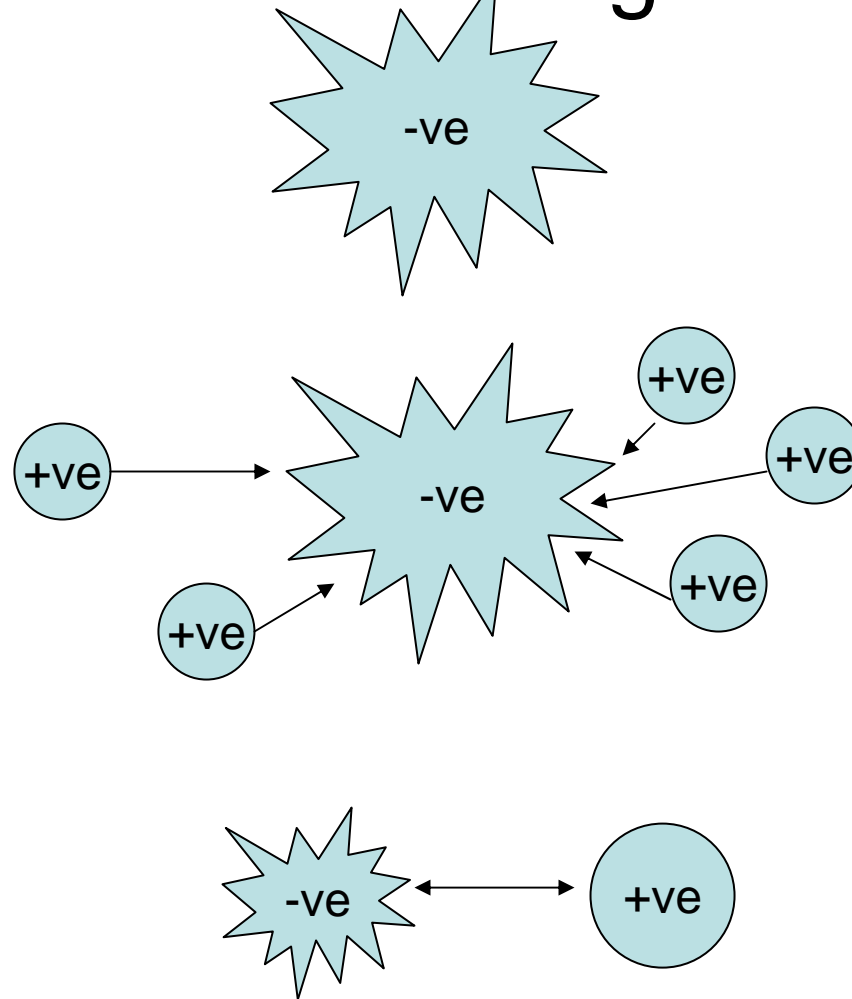
What is Cognitive Behavioural Therapy (CBT)?

- Cognitive therapy is a focused form of psychotherapy based on a model stipulating that psychological disorders involve dysfunctional thinking.
- In contrast to other forms of psychotherapy, CBT is usually more focused on the present, more time-limited, and more problem-solving oriented.

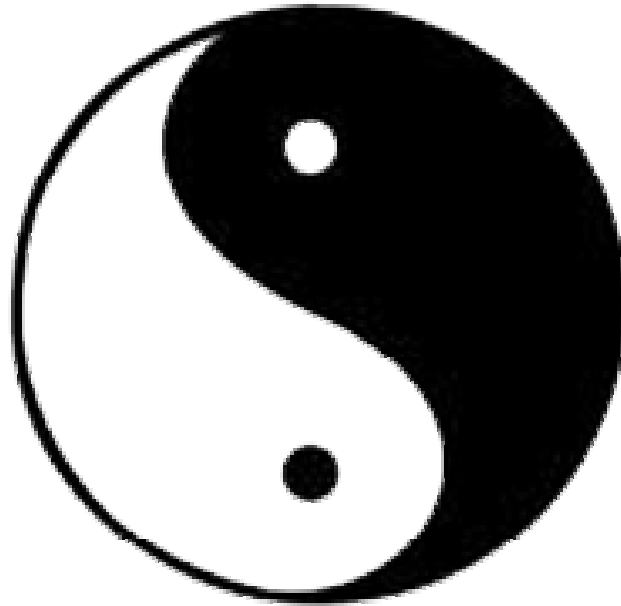
How effective is CBT?

- CBT can substantially reduce the symptoms of many emotional disorders – over 300 clinical trials have empirically supported this.
- Benefits may last longer than medication.
- Lower relapse rate than medication
- anger management
- anxiety and panic attacks
- chronic pain
- depression
- drug or alcohol problems
- eating problems
- general health problems
- obsessive-compulsive disorder
- phobias
- post-traumatic stress disorder
- sleep problems

Realistic Thinking \neq Positive Thinking



The Wisdom of the Tai-Chi Circle: The Dialectical view of Life



福夸禍之所伏，禍夸福之所倚 (易經)

The Basic Goals of CBT

- To challenge the thoughts about a particular situation by identifying the cognitive traps
- Help the patient to identify less threatening alternatives
- To test out these alternatives in the real world

1) *Schemas / Core beliefs*

- *Beck distinguished 3 levels of cognition that cause and maintain psychopathology*
- Schemas: Internal models of the self and the world developed over the course of experiences beginning in early life
- Schemas may lie dormant until they are activated by conditions similar to those under which they originally developed .

2) Maladaptive Assumptions

- **Must / Shoulds and If-then statements**
- “If I don’t pass the exam, it means that I’m a failure”
- “If I’m depressed now, then I will always be depressed”
- “People will think less of me, if I am depressed”

3) Automatic Thoughts (ATs)

Cognitive Triads

- Negative view of the self (e.g., I'm unlovable, ineffective)
- Negative view of the future (e.g., nothing will work out)
- Negative view of the world (e.g., world is hostile)
- ATs are not given the same consideration as other thoughts but rather they are assumed to be true

Unhealthy Self-Talk

- **B** Black and White Thinking
- **A** Awfulizing
- **D** Discounting the Positives
- **M** Maximizing the Negatives
- **O** Overgeneralization
- **O** Overestimating likelihood of Negative Outcome
- **D** Demanding
- **S** Self- Blame

Example

- **Situation:** A colleague brushes past me in the cafeteria without saying “hello”.
- **Schema:** I am unlovable.
↓
- **Assumption:** I need her approval to feel worthwhile.
↓
- **Automatic Thought:** She doesn’t like me
↓
- **Emotions:** sad, depressed, hopeless

Clinical Procedures in CBT

- Preparing the client by providing a cognitive rationale for treatment and demystifying treatment
- Applying the client to monitor thoughts that accompany distress
- Implementing behavioral and cognitive techniques
- Identifying and challenging cognitions through the process of being in problematic situations that evoke such thoughts
- Examining beliefs and assumptions by testing them in reality
- Preparing clients by teaching them coping skills that will work against relapse.

Dysfunctional Thought Record

- Tool to identify, evaluate and change automatic thoughts (Beck, 1979)
- A record has columns for objectively describing triggering situations and associated automatic thoughts and emotions, and alternative, self-enhancing responses.

Dysfunctional thought record

Date/ time	Situation	Automatic thoughts	Emotions	Alternative response	Outcome
	<ol style="list-style-type: none"> 1. What actual event or stream of thoughts, or daydream or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have? 	<ol style="list-style-type: none"> 1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time? 	<ol style="list-style-type: none"> 1. What emotions (sad, anxious, angry etc) did you feel at the time? 2. How intense (0-100%) was the emotion? 	<ol style="list-style-type: none"> 1. What cognitive distortion did you make? 2. Use questions at bottom to compose a response to the automatic thought(s) 3. How much do you believe each response? 	<ol style="list-style-type: none"> 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 will you do? (or did you do?)

How Do we Get started?

Therapist's Role

- Collaborative Empiricism
- A guide, catalyst and teacher
- Genuine, unconditional positive regard and empathy

Intervention goals for CBT

1. Establish a good working relationship
2. Alleviate symptoms and facilitate remission
3. Help patient to: solve problems, modify dysfunctional thinking and beliefs, learning coping strategies, learn needed skills, modify dysfunctional behaviour
4. Relapse prevention

Structure of the Initial Stage of Therapy

- 1) Setting the Agenda
- Explain the rationale of structure, elicit patient's active participation
- 2) Mood Check
- Beck Depression Inventory
- Beck Anxiety Inventory
- Beck Hopelessness Scale
- Self rating of mood 0-100
- 3) Review of Presenting Problem
- 4) Problem Identification

Structure of the Initial Stage of Therapy

- 5) Goal Setting
- Translate specific problems into goals for therapy.
- Suggest patient to write down important points in the session, or to listen to an audiotape of the therapy session
- 6) Educating about the Cognitive Model
- An important overarching goal of CT is to teach the patient to become her own cognitive therapist.

Structure of the Initial Stage of Therapy

- Educating the patient about the model, using her own examples, and gives a preview of therapy.
- 7) Expectations for Therapy
- 8) Educating the Patient about her Disorder
- 9) End of Session Summary and Homework Setting
- 10) Feedback
- To strengthen rapport, show that therapist cares about what the patient thinks.
- To identify and resolve any misunderstanding

Setting goals with clients

1. Ask “how would you like to be different?”
 - “how would you like your life to be different?”
 - “what would you like to be doing differently ?”
2. Break large goals into smaller, behavioral ones
3. Ensure goal specific change for patient, not for someone else
4. If patient isn't specific, ask about concrete areas (how would you like to be different at work, home, with friends, family? What would you like to do to improve your physical health, leisure time, household management etc.?)

Cognitive Restructuring

- Evaluate thoughts
- Examine their implications
- Look at evidence
- Consider alternative interpretations

Probes for identifying Automatic thoughts

Ask patients to ask themselves:

- What is going through my mind right now in this situation?
- What does this situation mean to me or to my life?
- What is most upsetting about this situation?
- What thoughts or images make me feel _____ (sad, anxious, angry, etc.) in this situation?

If patients can not identify thoughts

- Focus on their emotions and / or physiological response initially
- Facilitate re-experiencing of situation
- Through imagery / role-play

Socratic Questioning

- What is the evidence that my thought is true?
Not true?
- What's an alternative explanation or viewpoint?
- What's the worst/ most likely outcome?
- What are the advantages and disadvantages of telling myself (this thought)
- What would I tell (a specific friend) if he /she viewed this situation in this way?

Decatastrophizing

- Avoid focusing on the most extreme negative outcome
- Ask self: ' So what is the worst thing that might happen? And if so, would this be really horrible? How can I survive it?'

Identifying Assumptions and Core Beliefs

- “If..., then...”
- Downward arrow
 - If this thought is true, what’s so bad about that?
 - What’s the worst part about that?
 - What does it mean to you? About you?

The importance of homework

- Much of the change occurs between sessions
- Exercise analogy
- Predictor of success

Inter-session Practice

- Inter-session practice encourages the patient to generalize skills learned in sessions to tackle problems encountered in everyday life.
- a practice review time at the beginning of each scheduled treatment session
- This review process can be summarized by four simple questions:
- What went well?
- What did not go so well?
- What have you learned as a result?
- How can you put into practice what you have learned from this task?

Graded Task Assignments

- Establish a hierarchy of events that involve the target behavior.
- Tasks arranged in steps from least anxiety producing to most anxiety producing.
- Imaginal Exposure
- In-Vivo Exposure
- E.g. Exposure Response Prevention for OCD

Problems

- Noncompliance CBT
 - a) lacks skills
 - b) maintenance factors- environmental stressors - fear of change- negativism in therapy
 - c) therapist sharing dysfunctional belief
 - d) lacks motivation
 - e) goals-unrealistic/vague
 - f) poor timing
 - g) lacks progress- poor self esteem

Bibliotherapy

- Prescription of reading assignments or internet searching

Patients who do not respond well to CBT

- Severely disturbed
- High level of cognitive dysfunction
- Severe interpersonal disturbances
- Severely personality disordered
- Do not have ready access to own feelings and thoughts
- Do not readily identify target problems
- Cannot readily form a collaborative relationship with therapist
- Not motivated to do homework assignments.

Recent Developments in CBT

Third Wave of Behaviourism

Increased Emphasis on Developmental Issues

- Emphasis on discussing the historical roots of clients' maladaptive beliefs.
- Clients are less self-blaming if they can understand the historical roots and the fact that the beliefs were learned and thus can be relearned.
- Edwards (1990) discussed the use of clients' imagery of their early memories to access beliefs in an emotionally charged way.

Acceptance

- The relationship between acceptance and change is a central concept in current discussions of psychotherapy
- Empirically-oriented therapies tend to overemphasize the importance of changing all unpleasant symptoms, without recognizing the importance of acceptance e.g. Panic syx
- Mindfulness encourage the acceptance of pain, thoughts, feelings, urges or other bodily, cognitive and emotional phenomenon without trying to escape change or avoid them

Mindfulness Practice

- Paying attention in a non-judgmental way: on purpose, in the present moment, and non-judgmentally (Kabat-Zinn, 1994)
- Observing one's thoughts without judgement and without being overtaken by them can provide new insight that help interrupt automatic and problematic responses.

Mindfulness-based Cognitive Changes

- Mindfulness leads to changes in thought patterns, or in attitudes about one's thoughts
- Understand they are just thoughts rather than reflections of reality, and do not necessitate escape or avoidance behaviour
- Non-judgmental, de-centered view of one's thoughts may interfere with ruminative thought pattern in depressive disorder
- Learning to focus on “one-mindfully” on the present moment develops control of attention, a useful skill for people who are often distracted by worries and negative moods

Further Training

- 1) www.beckinstitute
- Beck Institute for Cognitive Therapy and Research
- 2) info@cacbt.org
- The Chinese Association of Cognitive Behaviour Therapy (CACBT)
- 3) <http://www.aacbt.org>
- The Australian Association for Cognitive and Behaviour Therapy (AACBT)

- 4) <http://www.babcp.com>
- British Association for Behavioural and Cognitive Psychotherapies (BABCP)