Cognitive Behavior Therapy: Basics and Beyond

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Agenda
1. Intro to CT, research, theory, principles
2. Conceptualization of individual clients
3. Therapeutic alliance
4. Setting goals
5. Planning treatment
6. Modifying cognitions
7. Modifying behavior

Definition of Cognitive Therapy

Techniques Used In Cognitive Therapy (partial list)
• COGNITIVE
• BEHAVIORAL
• PROBLEM SOLVING
• EMOTIONAL/EMOTIONAL REGULATION
• ACCEPTANCE AND COMMITMENT
• MOTIVATIONAL INTERVIEWING
• ENVIRONMENTAL
• POSITIVE PSYCHOLOGY

• INTERPERSONAL
• COMPASSION-BASED
• MINDFULNESS
• BIOLOGICAL
• EXPERIENTIAL
• SUPPORTIVE
• THERAPEUTIC RELATIONSHIP TECHNIQUES

CBT Outcome Studies: Psychiatric Disorders (partial list)
MAJOR DEPRESSIVE DISORDER
BIPOLAR DISORDER (WITH MEDS)
SCHIZOPHRENIA (WITH MEDS)
GENERALIZED ANXIETY DISORDER
PANIC DISORDER
SOCIAL PHOBIA
POST-TRAUMATIC STRESS DISORDER
OBSESSIVE COMPULSIVE DISORDER
HYPOCHONDRIASIS
SUBSTANCE ABUSE
BULIMIA AND ANOREXIA
PERSONALITY DISORDERS
CBT Outcome Studies: Medical Conditions (partial list)

- IRRITABLE BOWEL SYNDROME
- CHRONIC PAIN
- CHRONIC FATIGUE SYNDROME
- MIGRAINE HEADACHES
- HIV DEPRESSION
- COLITIS
- SEXUAL DYSFUNCTION
- FIBROMYALGIA
- OBESITY

CBT Outcome Studies: Formats and Settings (partial list)

- COUPLES PROBLEMS
- FAMILY DYSFUNCTION
- GROUP TREATMENT
- FORENSIC SETTINGS
- INPATIENT SETTINGS
- COMMUNITY MENTAL HEALTH
- SCHOOLS
- CHILDREN, ADOLESCENTS, ADULTS, AND OLDER ADULTS

Comparison of Relapse Rates

Cognitive Therapy Checklist

1. COGNITIVE CONCEPTUALIZATION
2. STRONG THERAPEUTIC ALLIANCE
3. GOAL SETTING
4. AGENDA
5. ACTION PLANS (HOMEWORK)

Cognitive Therapy Checklist (cont.)

5. PROBLEM-SOLVING ORIENTATION
6. EVALUATION OF THOUGHTS AND BELIEFS
7. BEHAVIORAL CHANGE
8. RELAPSE PREVENTION

COGNITIVE MODEL (to educate clients)
General Cognitive Model

ENVIRONMENT

Situation

Behavior

Automatic Thoughts

Emotion

Targeted Cognitions for Different Disorders

DEPRESSION:
SELF, WORLD, AND FUTURE

OBSESSIVE COMPULSIVE DISORDER:
APPRAISALS OF OBSESSIVE COGNITIONS

ANOREXIA:
CONTROL, WORTH, PERFECTION

PANIC:
CATASTROPHIC MISINTERPRETATION

PARANOIA:
TRUST, VULNERABILITY

Automatic thoughts are associated with specific emotions and behaviors

SITUATION: HUSBAND IS LATE COMING HOME.

AUTOMATIC THOUGHTS: ??????

EMOTIONS:
1. ANXIOUS
2. SAD
3. ANGRY
4. HAPPY

BEHAVIORS: ??????

Longitudinal Cognitive Model

EARLY EXPERIENCE
Abusive, neglectful, angry mother and absent father
Critical older siblings
Child must fend for herself

FORMATION OF BELIEFS
"I'm incompetent."

DYSFUNCTIONAL ASSUMPTIONS
"If I try my hardest and do really well, maybe I'll be okay."
"If I don't try my hardest, my incompetence will show."

COPING STRATEGIES (TO GET THROUGH LIFE)
Works very hard
Tries not to let incompetence show

CRITICAL INCIDENTS
Good (not excellent) rating by supervisor
Critical coworker
Physical illness persists

NEGATIVE AUTOMATIC THOUGHTS
"I can't do anything right."
"I'll probably get fired."
"I'll never get better."

SYMPTOMS OF DEPRESSION

BEHAVIORAL
Lowered activity levels
Withdrawal from positive activities
Impaired coping with practical problems

AFFECTIVE
Sadness
Guilt
Shame
Anxiety
Anger

PHYSICAL
Sleep disturbance
Loss of appetite
Loss of sexual desire

COGNITIVE
Indecisiveness
Poor concentration and memory
Rumination

MOTIVATIONAL
Apathy, inertia
Avoidance, tasks seem overwhelming
Loss of self-reliance
Categories of Core Beliefs

HELPLESSNESS
UNLOVABILITY
WORTHLESSNESS

Core beliefs about other people and the world

Building The Therapeutic Alliance with Clients

- SOLID COUNSELING SKILLS: EMPATHY, POSITIVE REGARD, COMPASSION, GENUINENESS, ACCURATE UNDERSTANDING AND REFLECTION, ATTUNEMENT
- COLLABORATION AND COLLABORATIVE EMPIRICISM
- RATIONALE FOR INTERVENTIONS
- SHARED CONCEPTUALIZATION AND TREATMENT PLAN
• ATTUNEMENT TO CLIENT’S EMOTIONAL STATE.
• ELICITATION OF FEEDBACK (DURING AND AT END OF SESSION)
• POSITIVE REINFORCEMENT FOR NEGATIVE FEEDBACK
• VARIATION OF STYLE
• SOLVING PROBLEMS/ALLEVIATING DISTRESS

Coping Cards for Therapists
• Be a nice human being in the room with every client.
• Treat every client in the way I would like to be treated.
• Clients are supposed to be difficult. That’s why they’re clients.
• I shouldn’t be able to “cure” every patient. I should be able to establish a good alliance and work toward solving problems.

When Clients Have A Negative Reaction
• PROVIDE POSITIVE REINFORCEMENT
• CONCEPTUALIZE PROBLEM (THERAPIST ERROR? CLIENT MISAPPRAISAL?)
• PLAN STRATEGY

When Therapists Have A Negative Reaction
• PREDICT PROBLEMS IN ADVANCE
• IDENTIFY OWN AUTOMATIC THOUGHTS, BELIEFS, AND DYSFUNCTIONAL COPING STRATEGIES
• USE STANDARD CBT TECHNIQUES: COPING CARDS, THOUGHT RECORDS, ETC.
• SEEK EXTRA SUPERVISION
• ROLEPLAY PREDICTED DIFFICULTIES
• SELF-CARE

Goal Setting

Pre-Goal Setting
• ASK ABOUT CLIENTS’ VALUES
• REVIEW A TYPICAL DAY IN CLIENT’S LIFE: WEEKDAY AND WEEKEND (IF DIFFERENT)
• LISTEN FOR:
  --WHAT THE CLIENT SEEMS TO BE DOING TOO MUCH OF
  --WHAT THE CLIENT SEEMS TO BE DOING TOO LITTLE OF?
Setting Goals with Clients

How would you like your life to be different as a result of therapy?
What would you like to be doing differently?

Setting Goals with Clients

• Break larger goals into manageable ones.
• Ensure goals are under client’s control.
• Be careful that clients don’t feel overwhelmed. Group same category goals together.
• May need to address interfering automatic thoughts.

If needed, question more specifically

“If you were feeling better, what would you like to be doing differently. . .
• at work/home/with family/with friends
• about your spiritual/cultural/intellectual side
• about your physical health
• about your leisure time?”

Treatment Planning

1. Initial Stage
• Establishing the therapeutic relationship
• Providing psychoeducation
• Setting goals
• Socializing client to cognitive model

1. Initial Stage (cont.)
• Socializing client to process of therapy
• Solving current problems/working toward goals
• Eliciting, evaluating, responding to automatic thoughts
• Modifying dysfunctional behavior
• Teaching client coping strategies
• Start relapse prevention

2. Midphase
• Continue previous activities
• Identify/conceptualize/modify dysfunctional assumptions/beliefs with client
• Identify/conceptualize/modify dysfunctional coping strategies with client
3. Final Phase

- Continue above activities
- Prepare client for termination
- Problem-solving predicted difficulties

- Teach self-therapy.
- Identify early warning signs of relapse/recurrence.
- Develop plan for relapse/recurrence (including expected graph of progress)

In-Session Treatment Planning Questions

- How can I help the client feel better by the end of the session?
- How can I help the client have a better week?

Structure of the Therapeutic Interview

Beginning (engagement, data collection, agenda)
- Mood check, bridge, agenda, homework review

Middle (discussion of problem #1)
- Collect data, conceptualize problem, collaboratively plan a strategy, implement strategy, assess need for additional strategies, summary (recorded), action plan

End
- Summary, action plan review, feedback

Identifying Automatic Thoughts

WHEN YOU NOTICE OR INFERENCE A REACTION (CHANGE OF AFFECT, BEHAVIOR, PHYSIOLOGY), OR WHEN A CLIENT HAS DESCRIBED SUCH, ASK:

- “What was just going through your mind?”
  Or
- “What were you thinking?”

Additional Questions to Elicit Automatic Thoughts

- Were you thinking …? [supply opposite thought]
- Were you imagining or predicting something?
- Were you remembering something?
- What did the situation mean to you?
If clients can not identify thoughts

- FOCUS ON THEIR EMOTIONS AND/OR PHYSIOLOGICAL RESPONSE INITIALY
- FACILITATE RE-EXPERIENCING OF SITUATION
  - THROUGH IMAGERY
  - THROUGH ROLEPLAY
- ASK ABOUT IMAGES

Socratic Questions

- What is the evidence that my thought is true?
  What is the evidence that my thought is not true?
- What’s an alternative explanation or viewpoint?
- What’s the worst thing that could happen? How could I cope with that?
  What’s the best that could happen?
  What’s the most likely outcome?

When Automatic Thoughts are True

1. WHAT WILL BE THE EFFECT OF REPEATING THIS THOUGHT TO YOURSELF OVER AND OVER?
2. [GIVEN THAT THIS THOUGHT IS TRUE],
   --WHAT IS THE WORST PART ABOUT IT?
   --WHAT'S THE WORST THAT COULD HAPPEN?
   -- WHAT DOES IT MEAN TO YOU?
   --WHAT DO YOU CONCLUDE?
3. WHAT (IF ANYTHING) CAN YOU DO?

****WORK TOWARD ACCEPTANCE.

Evaluating & Responding to Cognitions

- What is the effect of telling myself _____ [this thought]? What could be the effect of changing my thinking?
- What would I tell _____ [a specific friend/family member] if he/she viewed this situation in this way?
- What should I do now?

Responding to Automatic Thoughts

1. Coping cards
2. Worksheets
   - Testing your thoughts worksheet
   - Traditional Thought Record

All can be written or audio-recorded.
Worth doing on own if distress decreases by 10%.
Testing Your Thoughts Worksheet (partial)

- What makes me think the thought is true?
- What makes me think the thought is not true or not completely true?
- What’s another way to look at this?

Coping Card #1

**Automatic Thought:**
“I won’t be able to keep this job, and I’ll end up homeless.”

**Response:** Mark [boss] criticized me but I’ve been here a long time and have reasonable evaluations. If ever I can’t pay the rent, I can live with my parents temporarily or get a job as a live-in caregiver. I won’t end up on the street.

Coping Card #2

If I’m too upset to respond to my thoughts:
Call Tracy or Ruth  
Curl up with Max [dog]  
Watch comedy DVD  
Take a walk  
Take a bath  
Play a video game

I deserve credit for anything I do other than lying on my bed crying.

THOUGHT RECORD

Directions: When you notice your mood getting worse, ask yourself, “What’s going through my mind right now?” and as soon as possible jot down the thought or mental image in the Automatic Thought Column.

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>AUTOMATIC THOUGHT(S)</th>
<th>EMOTION(S)</th>
<th>ALTERNATIVE RESPONSE</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td>(cont.)</td>
</tr>
</tbody>
</table>

Questions to help compare an alternative response: 1. What is the evidence that the automatic thought is true? 2. What is the evidence that the automatic thought is partly true? 3. What is the evidence that the automatic thought is not true? 4. What is the evidence that this new response is true? 5. How long has this thought been going on? 6. What would it be like to have a different thought? 7. What would be the effect of changing any thinking? 8. Is “[name]” in this situation? Would this thought apply to you? 9. Could you have let this go? 10. Does this help me in any way?
Identifying Core Beliefs

THE DOWNWARD ARROW TECHNIQUE:
(Varying questions to elicit meaning of automatic thoughts)
“What does that mean to you?”
“If that’s true, what’s so bad about that...?”
“What’s the worst part about...?”
“So what if...?”
“What does that mean about you?”

Behavioral Interventions (as appropriate)

1. BEHAVIORAL ACTIVATION
2. ADDRESS SKILL DEFICITS*
   Problem solving
   Interpersonal deficits
   Managing at home/work

*But make sure there is really a deficit, not just interfering cognitions.

Behavioral Interventions

3. INCREASE ADAPTIVE BEHAVIOR
   Exercise
   Healthy eating
   Reduction of harmful substances
   Relaxation/meditation/mindfulness
   Insomnia strategies

Skills Training (partial list)

- Exposure hierarchies (anxiety)
- Time management skills
- Credit lists (keep track of whatever you do that’s even a little difficult, but you do it anyway)
- Graded task assignments
- Bibliotherapy

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- Newsletters
- Research blogs
- CBT Training—workshops onsite and offsite, supervision, consultation, webinars, online training
- Beck Depression Inventory, Hopelessness Scale, Scale for Suicide Ideation, Beck Youth Inventories www.beckscales.com
- Cognitive Therapy Worksheet Packet