

Cognitive Behavioral Therapy (CBT)

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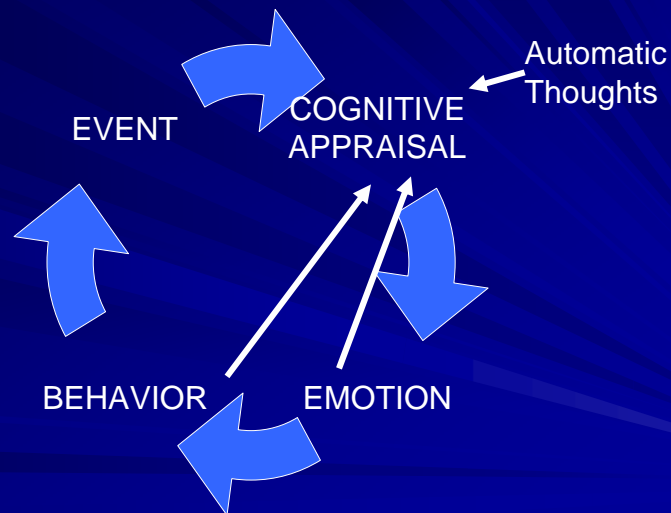
A Brief History of CBT

- Epictetus (55-135, Greek Stoic)—“Men are disturbed not by things, but by the view which they take of them.”
- 1950’s Rational Emotive Therapy (Ellis) ABC-DE influenced by
 - Adler, “I am convinced that a person’s behavior springs from his ideas.”
 - behaviorists, such as Joseph Wolpe
- 1960’s Cognitive Therapy (Beck)
- 1980’s *Feeling Good* (Burns)

A Word About CBT

- Designed to address unrealistic thinking and outcome expectations associated with depression.
- Uses verbal techniques to investigate the reasoning behind specific attitudes and assumptions.
- Client is taught to recognize, monitor, and record negative thoughts on a daily record.
- Beck recommends first including behavioral techniques
 - using pleasurable activities for reinforcement
 - breaking tasks into simple steps
 - providing assertiveness training
 - guidance in role-playing and mental rehearsal

Basic Cognitive-Behavioral Model



Adapted from: Wright, Basco, & Thase (2006) *Learning Cognitive-Behavior Therapy*

Automatic Thoughts

- Occur below fully-conscious mind, *preconscious*
- Private, unspoken, rapid-fire
- With psychiatric disorders can be flooded by these

Feelings	Situation	Automatic Thoughts	Assumptions
<i>sad</i>	<i>turned down for date tonight</i>	<i>I disgust her</i>	<i>I disgust her because I have Parkinson's</i>

The Therapeutic Alliance in CBT

- CBT should be grounded on an empathic, collaborative therapeutic relationship—empathy is most efficacious aspect
- Therapist is directive, provides information and challenges thinking
 - With age, adults want more satisfying emotional contact (validate, don't challenge)
 - With age can come cognitive slowing (access emotional states)

General Steps in the CBT Process

- Psychoeducation (socialization)
- Cognitive Restructuring and Behavioral Activation
- Terminal Components (e.g., Psychological Resource Building)

Psychoeducation

- Mini-lessons in session
 - e.g., elicit automatic thoughts and then explain the nature of automatic thoughts
- Provide an exercise template
 - e.g., complete a sample homework sheet in session
- Encourage use of a therapy notebook
- Suggest readings—consider visual issues
- With the aging—basis of psychoeducation is an effective interview & hearing the client
 - Remove blame—“this is a medical problem”
 - Value the relationship above the protocol

Cognitive Restructuring: Identifying Automatic Thoughts

- Socratic Questioning
 - Ask questions that help clients think about the problem
 - Open-ended
 - Avoid leading questions
- Generate Rational Alternatives
 - Encourage openness to full range of possibilities
 - Brainstorm: list lots of ideas
- Examine the Evidence—for and against

Cognitive Restructuring: Modifying Automatic Thoughts

- Decatastrophizing
 - What is the worst that can happen? Could you tolerate this for 15 minutes?

- Reattribution

_____ W _____ T _____

Not at
All

Completely

W= Where I want to be T= Where I am today

* from: Wright, Basco, & Thase (2006) *Learning Cognitive-Behavior Therapy*

Modifying Automatic Thoughts: Thought Change Record

Notice It → Question It → Change It

Catch*	Check*	Change*
Joe is upset with me.	I am jumping to conclusions.	I can ask Joe why he is frowning. I might be able to help.
I am an idiot.	I am name-calling.	One small mistake does not make me an idiot.

*Three C's from: McQuaid, J. R., & Carmona, P. E. (2004). *Peaceful Mind*. Oakland, CA: New Harbinger Publications, Inc.

Cognitive Restructuring: Modifying Automatic Thoughts

- Cognitive Rehearsal
 - Think through the situation in advance
 - Identify possible automatic thoughts and behavior
 - Modify the automatic thoughts (thought change record)
 - Rehearse the new way of thinking and behaving
 - Implement the new strategy
- Coping Cards

* from: Wright, Basco, & Thase (2006) *Learning Cognitive-Behavior Therapy*

Behavioral Methods

- Behavioral Activation—What could you do?
- Activity Scheduling & Monitoring
 - Keep a schedule
 - Monitor for Mastery and Pleasure
 - Increase Mastery and Pleasure activities
- Graded Task Assignment—break into steps
- Behavioral Rehearsal-role playing
- Specific skills
 - Thought stopping
 - Breathing Retraining
- Problem-solving

Finding, Evaluating, and Changing Schemas

- Schemas—core beliefs underlying automatic thoughts
- Steps similar to those for automatic thoughts:
 - Educate Clients about Schemas
 - Identify schemas—deeper questioning
 - I'm no good at relationships → I am defective
 - Examine the Evidence
 - Modify Schemas
 - Rehearse

Video Clips

- Illustration 18 (Examining the Evidence)

from: Wright, Basco, & Thase (2006) *Learning Cognitive-Behavior Therapy: An Illustrated Guide*. Washington, DC: American Psychiatric Assn.

New Directions

- Mindfulness-based Cognitive Therapy (Segal)
- Acceptance and Commitment Therapy (Hayes)
- Dialectical Behavior Theory (Linehan)

Mindfulness

- Defined as, “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.”
- CBT focuses on changing thought content while mindfulness changes relationship to the thoughts—see them as passing events that do not necessarily represent a state of reality.
- Mindfulness is especially important in preventing relapse.

Acceptance & Commitment

- Acceptance
 - The alternative to experiential avoidance
 - Active “taking-in” of a situation
 - abandonment of dysfunctional change agendas
 - “active process of feeling feelings as feelings, thinking thoughts as thoughts, remembering memories as memories...”
- Commitment
 - Reconnecting with values, goals, actions
 - Engaging in valued action

* from: Hayes, Strosahl, & Wilson (1999). *Acceptance and Commitment Therapy*

The Promise for the Aging

- Less focus on the cognitive
- Developmental Stage
 - Ego Integrity versus Despair
 - meaning in life
- Focus on the present