CBT: BASICS AND BEYOND

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❑Historical Developments

❑Principles of CBT

❑Basics of CBT

- Basic Cognitive Model

- In-depth cognitive Conceptualization

- Core beliefs

- Dysfunctional Assumptions

- CBT strategies

❑Structuring sessions

❑Application of strategies

❑Termination and Relapse Prevention

❑Beyond CBT

HISTORICAL DEVELOPMENT

A. T. Beck psychoanalyst → Hypothesis – depression as result of "hostility turned inwards"

Free association and dream analysis → Uncovered themes of loss, deprivation, defectiveness → Developed idea of "Automatic Thoughts" → Cognitive Therapy

HISTORICAL DEVELOPMENT

1977 – RCT proved cognitive therapy to be as effective as Imipramine

1979 – publication of first CT manual (Beck, Rush, Shaw, and Emery)

Influences of Behavior therapy and REBT

Development of CBT

PRINCIPLES OF CBT

- ✓ Treatment plans based on ever-evolving cognitive conceptualization

- ✓ Requires sound therapeutic relationship

- ✓ Stress on collaboration and active participation

- ✓ Individualized treatment plans

- ✓ Continually monitors client progress through rating scales and feedbacks

- ✓ Emphasizes the positive

PRINCIPLES OF CBT

✓ Initially emphasizes the present

✓ Time-sensitive and Structured

✓ Uses guided discovery and teaches client to respond to their dysfunctional cognitions

✓ Includes Action Plan/Homework

✓ Uses variety of techniques to change thinking, behavior and mood

COGNITIVE CONCEPTUALIZATION

- Cornerstone of CBT

- Formulation to understand client's presenting problems

- Also, can include strengths, positive qualities and resources

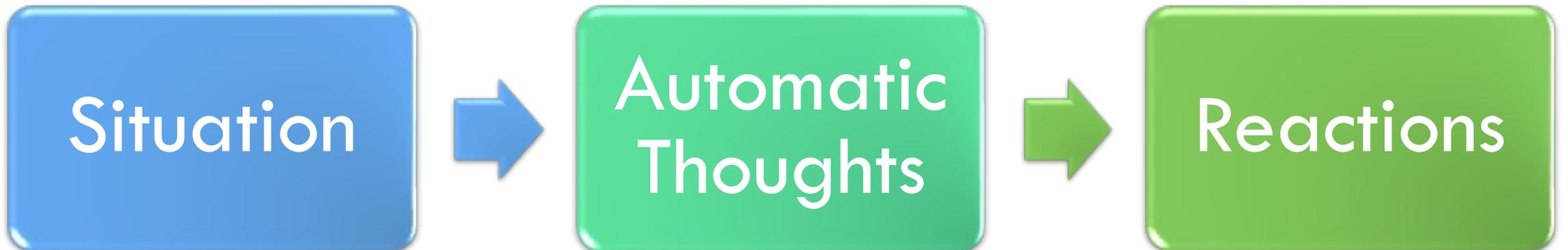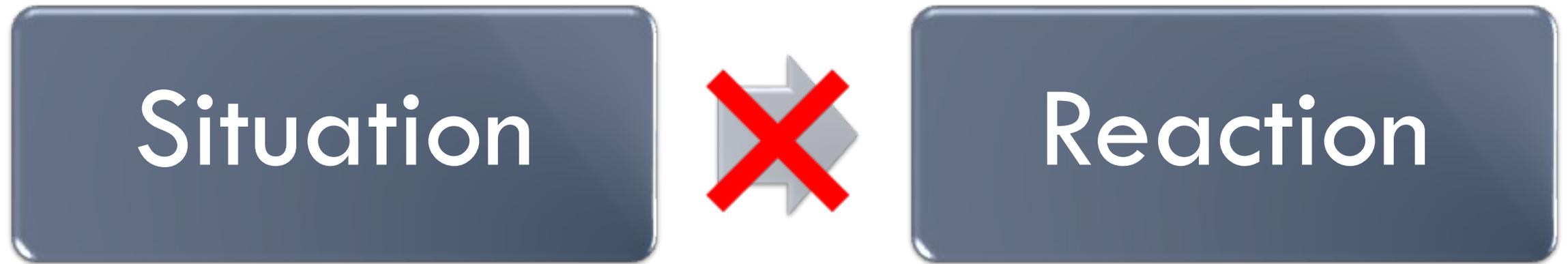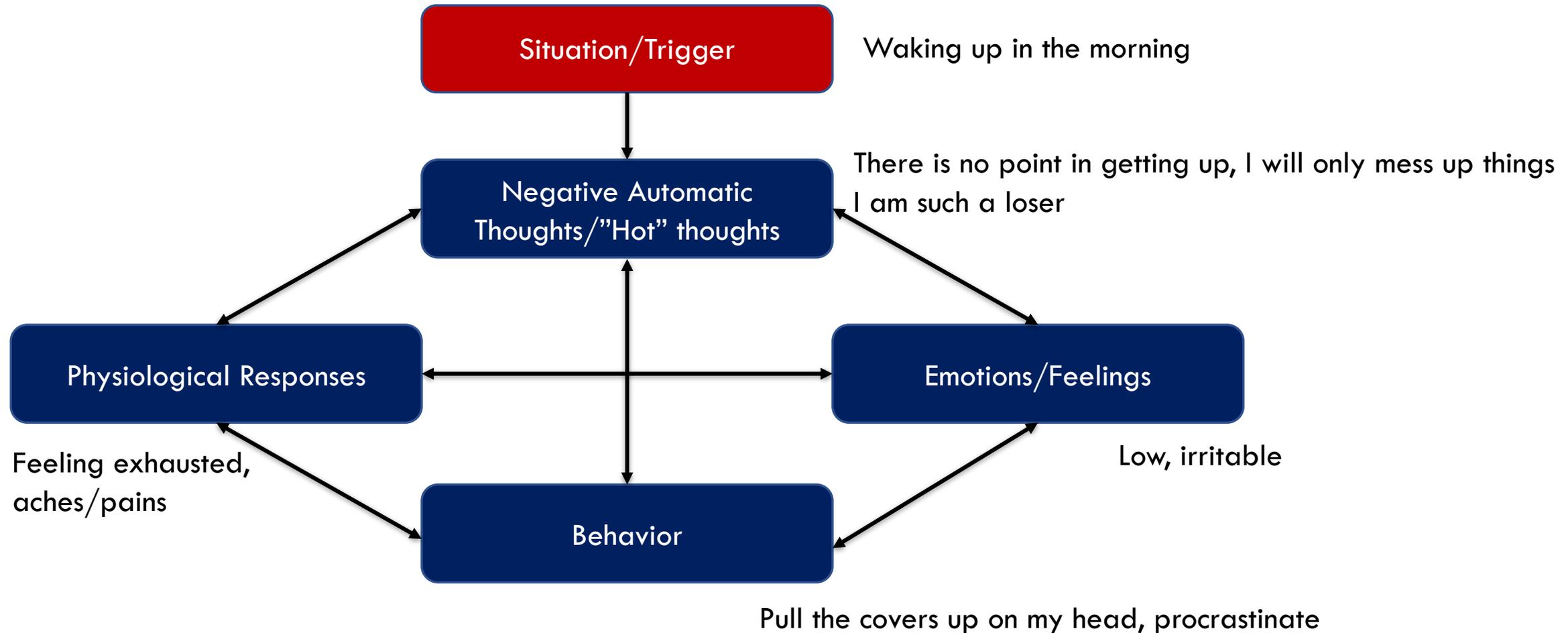- STARTS WITH BASIC COGNITIVE MODEL

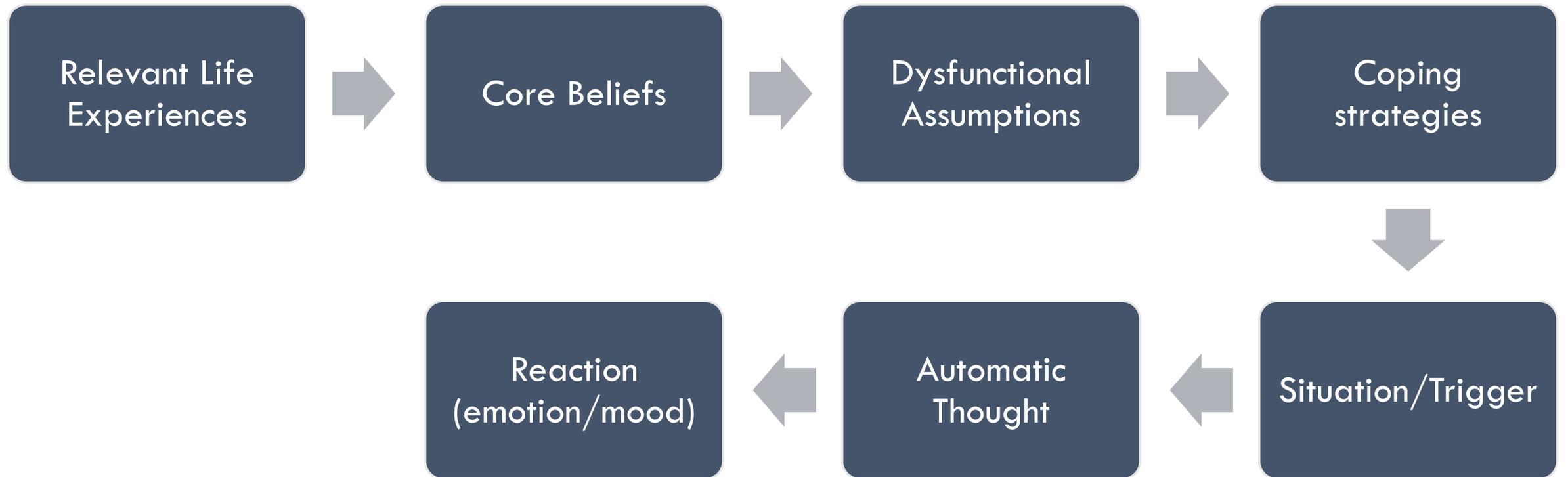# BASIC COGNITIVE MODEL

Situation → Reaction

BASIC COGNITIVE MODEL

Situation ✗ Reaction

Situation → Automatic Thoughts → Reactions
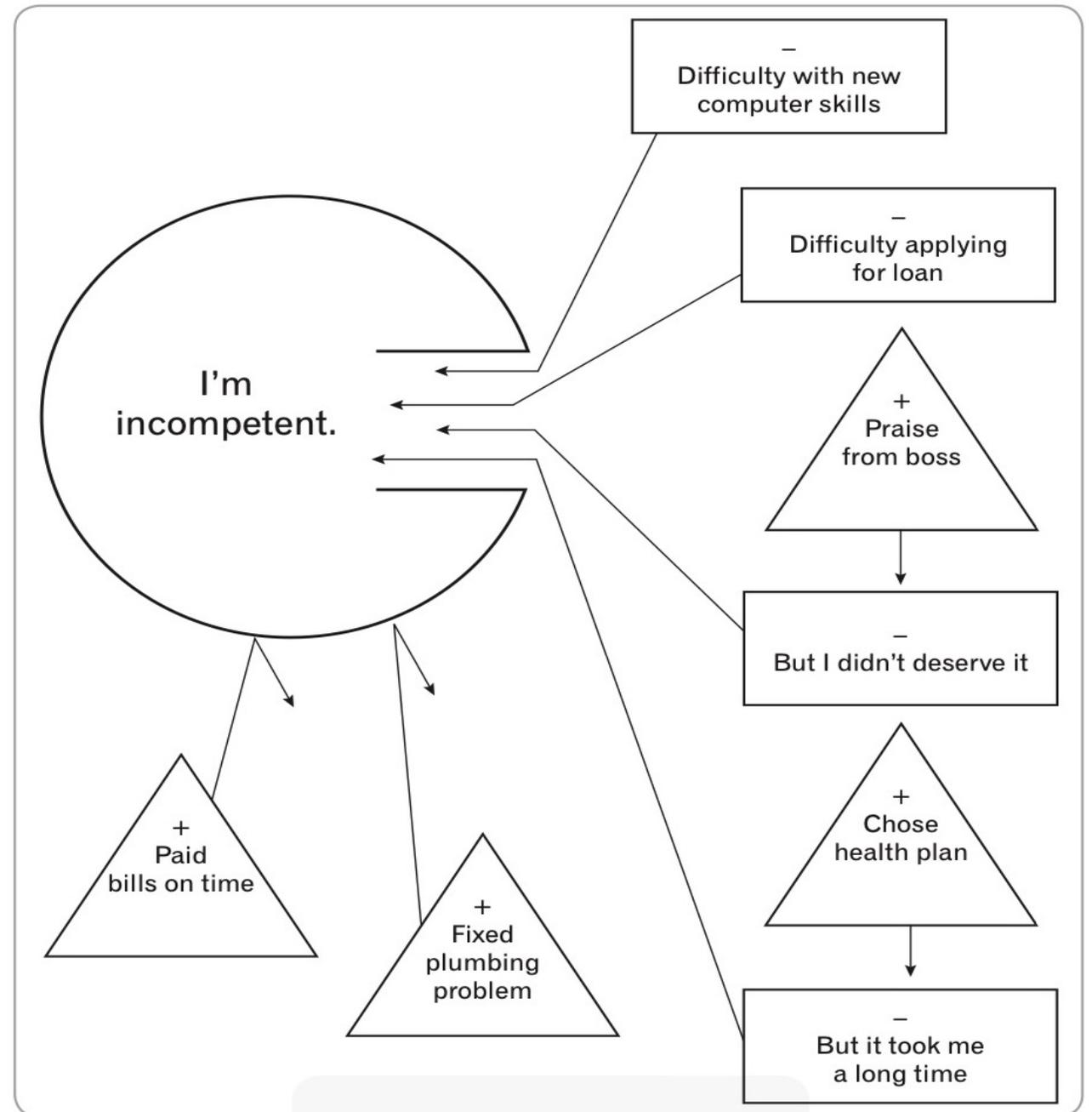
BASIC COGNITIVE MODEL

CORE BELIEFS

- Ideas that people develop about themselves, world and future

- Affected by experiences

- A person with negative core beliefs/schemas tend to have distorted way of processing information
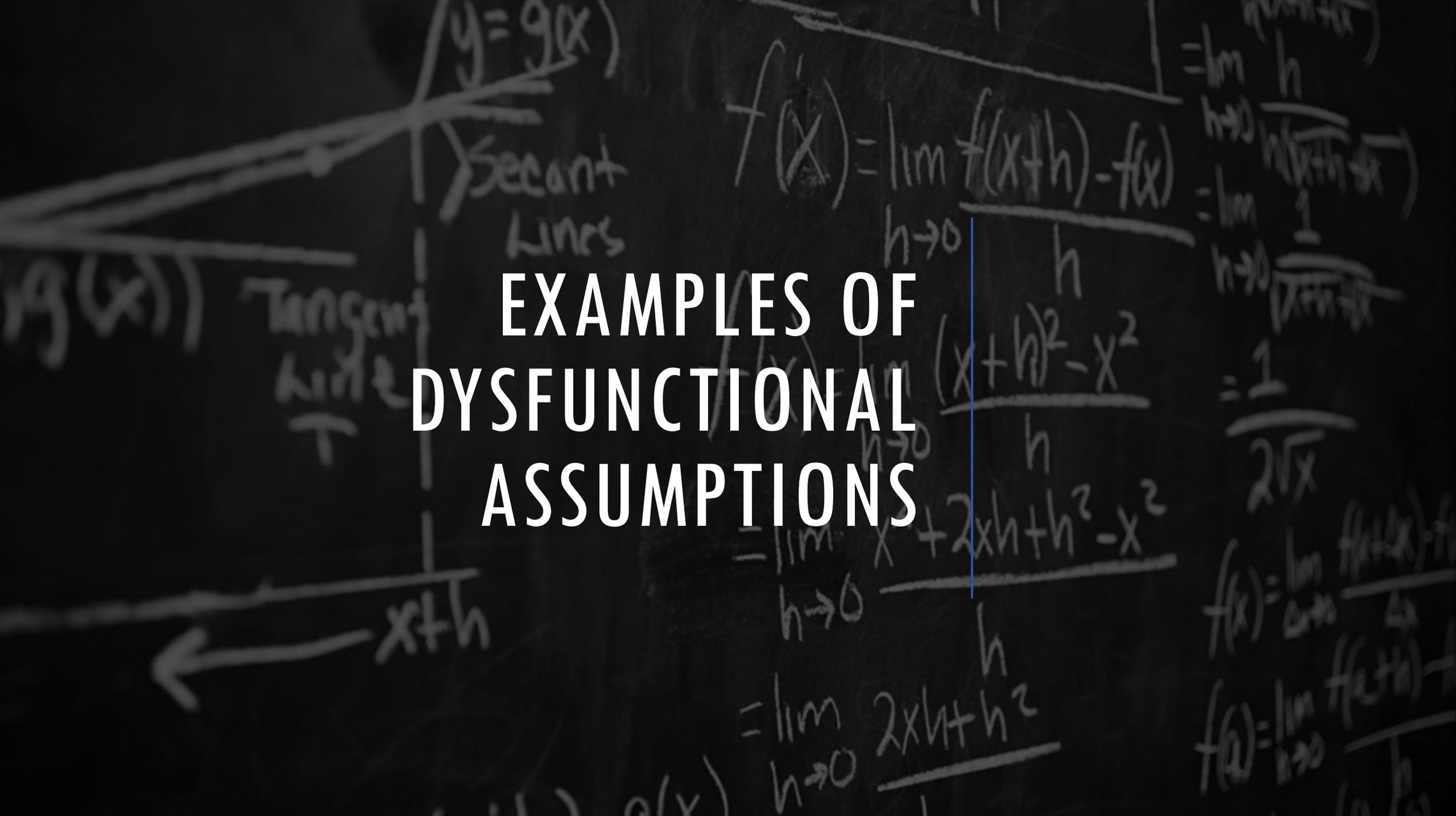
COMMON CORE BELIEFS

- Helplessness
  - "I am incompetent, useless, needy"
  - "I cannot cope"
  - "I am powerless, weak, vulnerable, likely to get hurt"
  - "I am inferior, failure, loser"
  - "I am not good enough"

- Unlovable
  - "I won't be loved or accepted"
  - "I am unattractive, boring, unimportant"

- Worthlessness
  - "I am toxic"
  - "I don't deserve good things"
  - "I don't deserve to live"

DYSFUNCTIONAL ASSUMPTIONS

- Also known as Thinking errors OR cognitive errors OR cognitive biases, OR cognitive distortion

- Faulty patterns of thinking → Happens when our thoughts and reality do not match each other

- Happens to ALL of us

- Problem → rigid, global, and taken as facts

EXAMPLES OF DYSFUNCTIONAL ASSUMPTIONS

SELECTIVE ABSTRACTION OR MENTAL FILTER

- Paying attention to only negative aspects of the situation, instead of whole situation

- E.g.: Everyone talked to me, but X didn't say hello to me in the party
  → **"My whole evening is spoilt"**
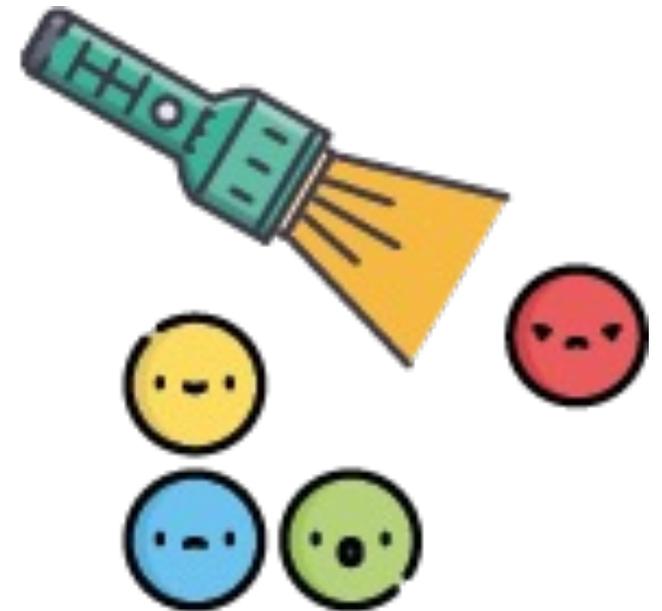
OVER-GENERALIZATION

- Sweeping negative conclusions going far beyond current situation

- E.g.: Failing one test → **"I am going to fall all the exams"**

All cats have four legs.
I have four legs.
Therefore, I am a cat.

BLACK AND WHITE OR ALL OR NONE THINKING

- Assuming things/people/situations to be either good or bad, without considering the grey areas.

- E.g.: My father scolded me yesterday : **"He doesn't love me at all"**

CATASTROPHIZING OR FORTUNE TELLING

- Assuming the worst possible scenario in a situation

- E.g.: Mother has made the promise in front of the doctors, but **she definitely will break it.**
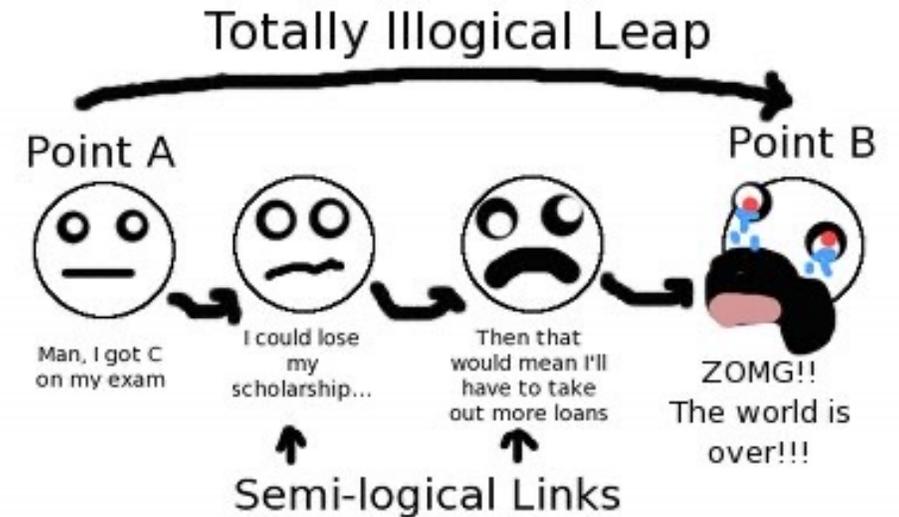
MIND READING

- Assuming we know what, the other person is thinking/feeling

- E.g.: **"He looked at his watch, I must be boring him."**

EMOTIONAL REASONING

- You think something must be true because you "feel" it so strongly, ignoring or discounting evidence to the contrary. "I feel, therefore it is"

-

- E.g., **"I know I do a lot of things okay at work, but I still feel like I'm a failure."**
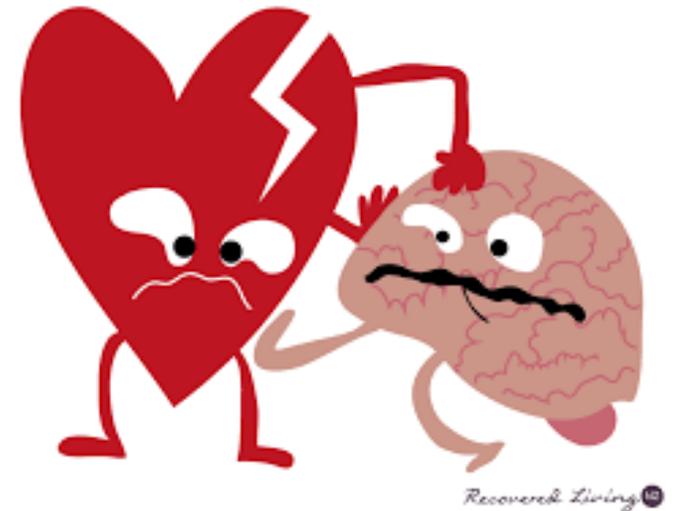
LABELING

▪ Negatively labeling himself, others, events, or the world very quickly.

▪ E.g.: **"I'm a loser because I have some anxiety symptoms. I am completely useless"**

PERSONALIZATION

- Believing others are behaving negatively because of you, without considering more plausible explanations for their behavior.

- E.g.: **"My parents are fighting because I am did not score well in Math."**

IMPERATIVES/SHOULDS OR MUSTS

- Having a precise, fixed idea of how you or others should behave, and you overestimate how bad it is that these expectations are not met.

- E.g.: **"I should not be anxious."**

MAGNIFICATION AND MINIMIZATION

- Exaggerating the importance of mistake and lessening the importance of personal achievement.

- E.g.: **"Anyone could have passed that Math competition"**

JUMPING TO CONCLUSIONS

- Making a hasty decisions without taking all facts into consideration.

- E.g.: **"He didn't call me back, he is trying to ignore me"**
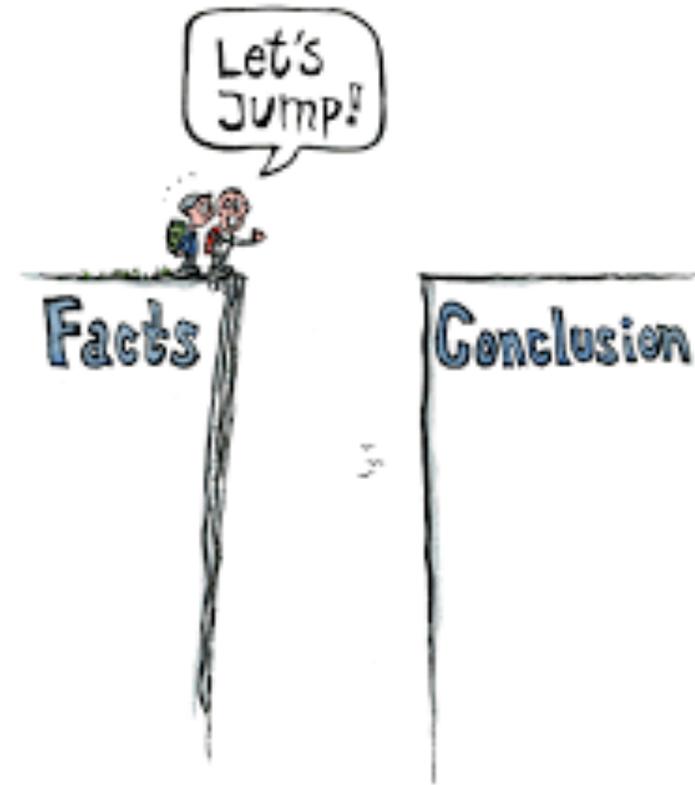
COGNITIVE CONCEPTUALIZATION - EXAMPLE

Core Beliefs

"I am incompetent"

→

Dysfunctional Assumptions

"If I fail, people will reject me"

→

Coping strategies

- Developing low standards
- Avoiding hard work

↓

Reaction (emotion/behavior)

- Sad
- avoid active participation

←

Automatic Thought

"This is too hard"

"I wouldn't be able to understand this"

←

Situation/Trigger

- Attending a CBT lecture
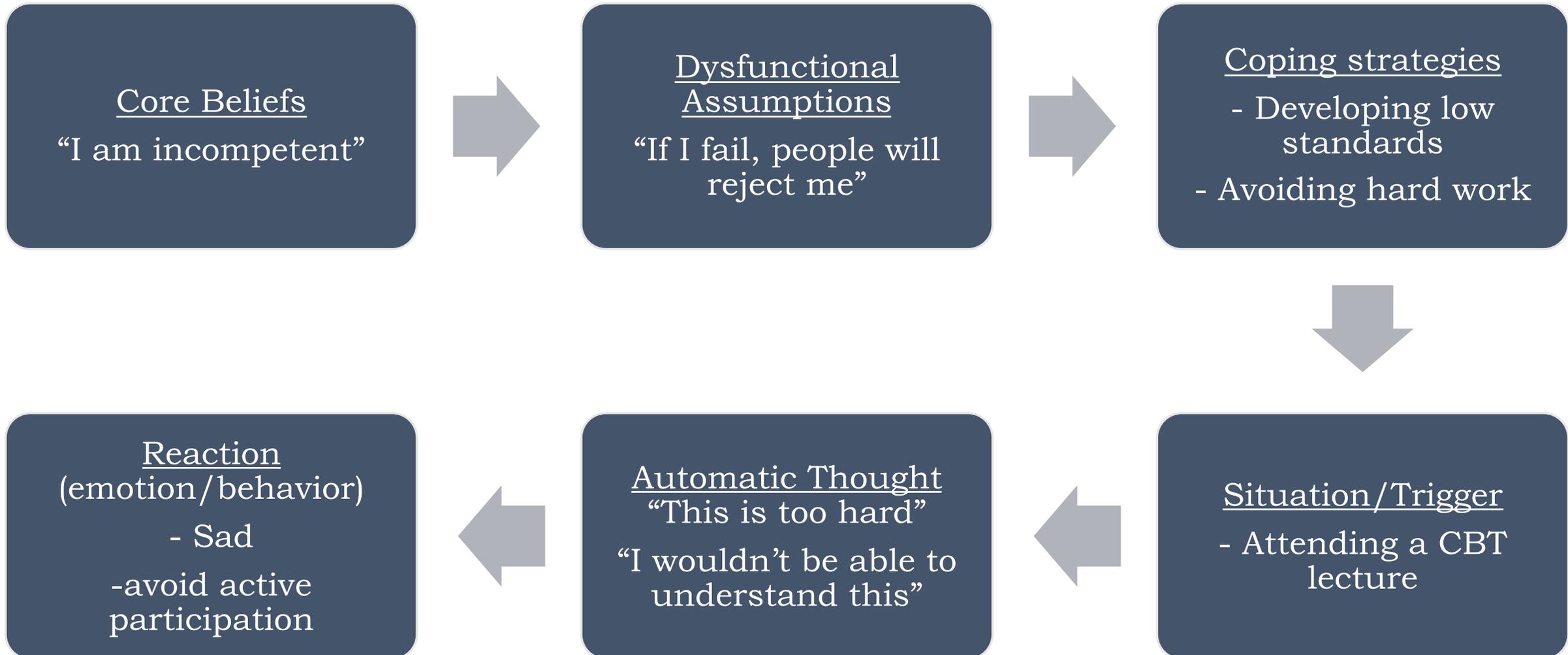
CBT STRATEGIES

Cognitive Strategies	Behavioural Strategies	Other Strategies
• Identifying NATs • Identifying Dysfunctional Assumptions • Identifying core beliefs • Cognitive Restructuring	• Activity Scheduling • Pleasure & Mastery Rating	• Relaxation/Deep Breathing • Mindfulness • Distraction strategies • Decision-making • Exposure strategies • Goal setting • Behavior Experiment • Lifestyle modifications

CHOOSING STRATEGIES FOR CLIENTS

- Severity of symptoms

- Current needs and goals of the client

- Patient's readiness to engage in cognitive work

CBT SESSIONS - OVERVIEW

Sequence	

2-3	**Assessment of Current Difficulties**
	     Symptoms
	     Life Problems/Significant Life Events
	     Associated Negative Thoughts
	     Associated distress and dysfunction
	Assessments
	     BDI-II, BAI
	Identify aspirations, goals and values
	Goal-setting (short/long)
	Discussion of practical details
	Presentation of Basic Cognitive Model

15-20	**CBT sessions starting with first goal**
3-5	Termination and Relapse Prevention

THERAPY SESSION STRUCTURE

- Mood Check

- Review
  - Of events since last session
  - Of Homework

- Set the Agenda

- Session's Agenda
  - Specific problems
  - Specific Strategies

- Assigning Homework

- Summary & Feedback of the session

Approx. 10-15 mins

Approx. 20-25 mins

Approx. 10 mins

Approx. 10 mins

50-60 mins

THERAPY SESSION STRUCTURE – MOOD CHECK

- Visual Analog Scale (0-10)

- BDI-II every alternate session

THERAPY SESSION STRUCTURE – REVIEW OF EVENTS & HOMEWORK

➢ Asking patients to reflect on following questions between-sessions

- ✓ What did we talk about in last session that was important? What do my therapy notes say?

- ✓ What has my mood been like, compared to other weeks?

- ✓ What happened (positive and negative) this week that my therapist should know?

- ✓ What problems do I want help in solving? What is a short name for each of these problems?

- ✓ What homework did I do? (If I didn't do it, what got in the way?) What did I learn?

THERAPY SESSION STRUCTURE

- Mood Check

- Weekly review

- Set the Agenda

- Session's Agenda
  - Specific problems
  - Specific Strategies

☐ Decide on 1 or 2 agenda items

☐ Understand exact issue and context

☐ Use appropriate strategies

THERAPY SESSION STRUCTURE

- Mood Check

- Weekly review

- Set the Agenda and Dealing with issues

- Assigning Homework
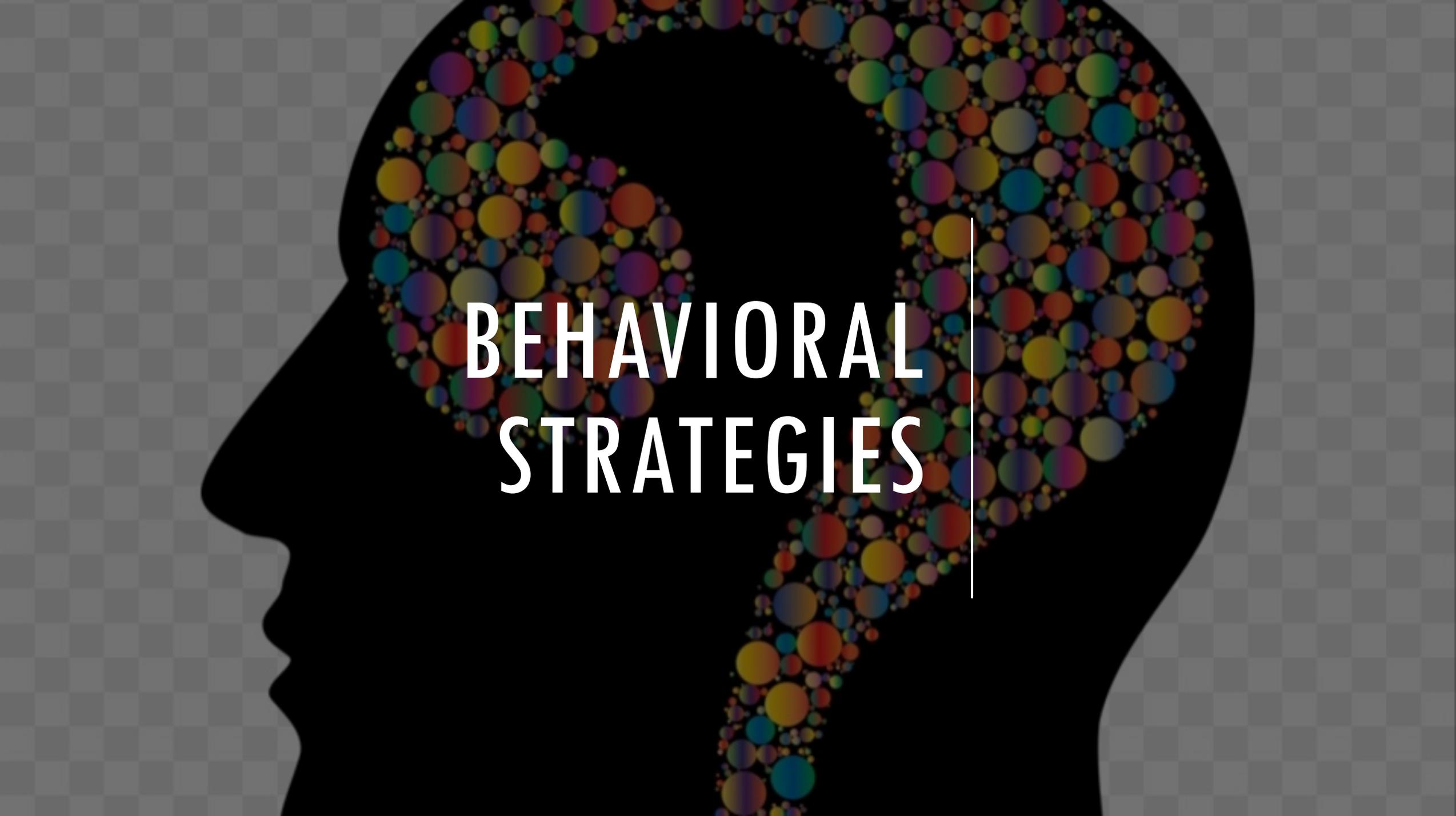
- Summary & Feedback of the session

APPLICATION OF STRATEGIES

BEHAVIORAL STRATEGIES

ACTIVITY SCHEDULING

Situation – Thinking about initiating an activity

(Common A.T.) "I am too tired"

"I wont enjoy it"

"I wont be able to do it"

(Common behavior - Remaining inactive

(Common) emotion Sadness

ACTIVITY SCHEDULING

Inactivity → Depression (cycle diagram)
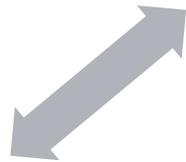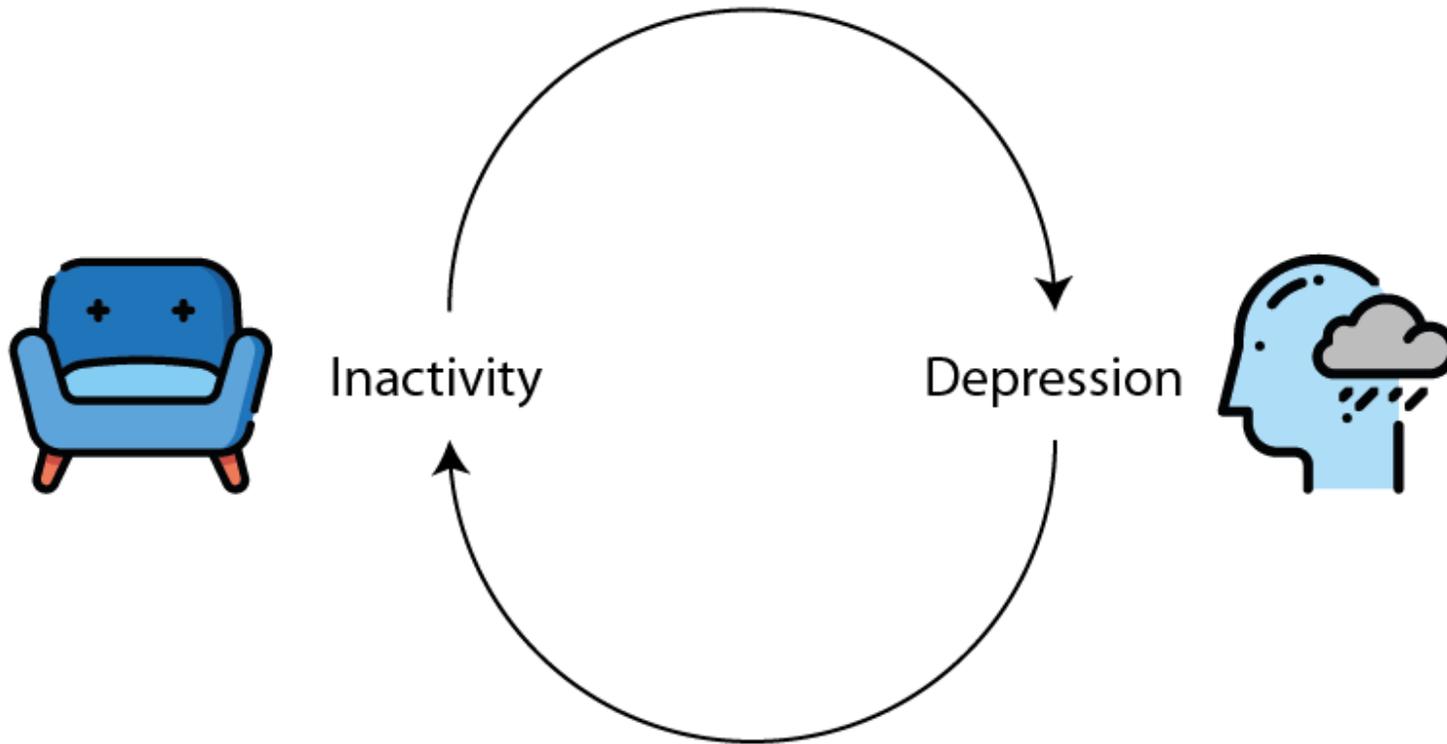
ACTIVITY SCHEDULING

Behavioral Activation (BA) is effortful to begin with...

...but then becomes self-reinforcing

Inactivity

Depression

Do more of what matters to you

Feel better about yourself

PSYCHOLOGYTOOLS®
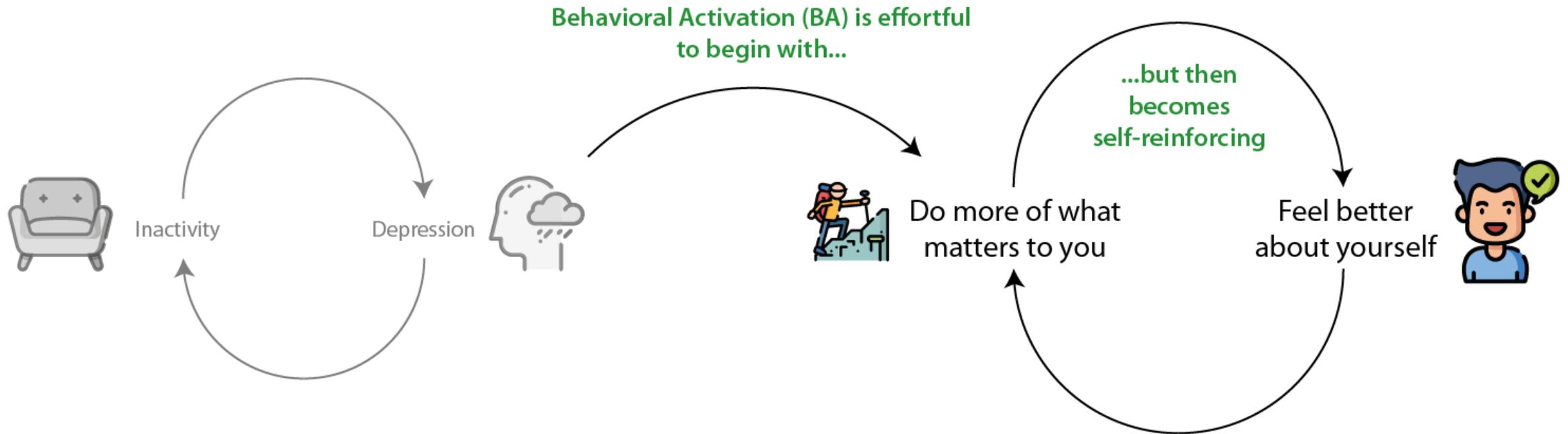
BEHAVIOR STRATEGIES – ACTIVITY SCHEDULING

- **Step 1:** Ask client to note down what they actually do and rate each activity in terms of:
  - Pleasure (sense of enjoyment) – 0-10
  - Mastery (sense of achievement) - 0-10

- **Step 2:** Using their:
  - *Values* (what is important to them - e.g., get involved in community, spend time with family)
  - *Aspirations* (How they want life to be - e.g., gain knowledge) and
  - *Goals* (what they want to accomplish through therapy - e.g., lose 2 kgs in 1 month) → create an activity schedule for them.

- **Step 3:** either fill activity chart or make a to-do list

EXAMPLE - ACTIVITY CHART

Name: _____

Aspirations, values and goals: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00-7:00 AM							
7:00-8:00 AM							
8:00-9:00 AM							
9:00-10:00 AM							
10:00-11:00 AM							
11:00-12:00 PM							
….							

TROUBLESHOOTING

- Go slow.

- Negotiate between patient's pace and what you think needs to be done

- Include reinforcements

- Remove possible obstacles (e.g., patient may feel disheartened that they are able to do bare minimum → psycho-educate)

- If possible, include a co-therapist (from caregivers) who can push patient to do certain activities
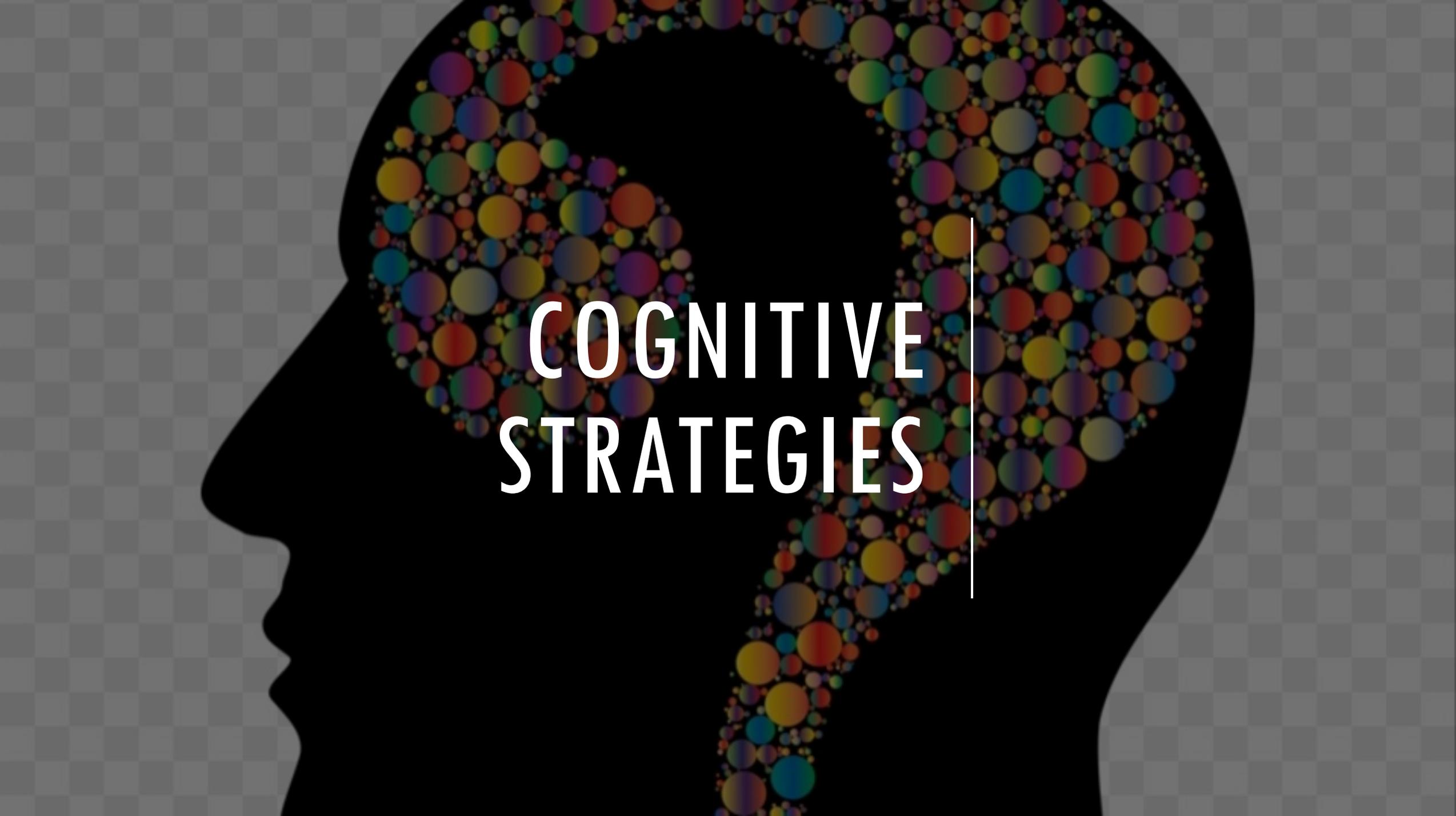
COGNITIVE STRATEGIES

COGNITIVE STRATEGIES

Identifying Automatic Thoughts

Identifying dysfunctional assumptions/thinking errors

Challenging/Modifying thoughts

Identifying and managing Core Beliefs

IDENTIFICATION OF AUTOMATIC THOUGHTS

- One strategy - Various names

  - Dysfunctional Thought Record
  - Thought Diary
  - A-B-C charting
  - Situational Analysis

COGNITIVE STRATEGIES

- Identification
  - Of automatic thoughts
  - Dysfunctional assumptions
  - Core beliefs

- Cognitive restructuring

COGNITIVE STRATEGIES

- Identification
  - Of automatic thoughts
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Identification Strategies
- **Thought Diary**
- Dysfunctional Thought Record
- A-B-C charting
- Situational Analysis

THOUGHT DIARY

Situation

- Event, thought, memory

Feelings/Emotions

- What did the situation make me feel?
- Intensity of emotions (0-100)

Thoughts

- What was I thinking?
- What in the situation made me feel____?
- What does this situation mean to me?
- Intensity (0-100)

COGNITIVE STRATEGIES

- Identification
  - Of automatic thoughts
  - Dysfunctional assumptions
  - Core beliefs

- Cognitive restructuring

Identification Strategies
- **Thought Diary**
- Dysfunctional Thought Record
- A-B-C charting
- Situational Analysis

Troubleshooting Roadblocks

TROUBLESHOOTING PROBLEMS IN IDENTIFICATION AT

PROBLEM	SOLUTION
In form of interpretation (e.g., "I think I was denying my real feelings")	Probe further using feelings as base
Confusion between emotions and thoughts ("It felt as if she didn't want me here")	Explain difference between emotions and thoughts
It could be in form of question ("What if she thinks that I am stupid")	Convert to statements
Unable to retrieve thought	Re-create situations through imagery
Multiple thoughts	Allow client to record all

COGNITIVE STRATEGIES

- Identification
  - Of automatic thoughts
  - Dysfunctional assumptions
  - Core beliefs

- Cognitive restructuring ⟶ Is my thought ?

```
        ┌─────────────────┐
        │  Is my thought ?│
        └────────┬────────┘
         ┌───────┴────────┐
   ┌──────────┐      ┌──────────┐
   │ Irrational│      │  Rational │
   └──────────┘      └──────────┘
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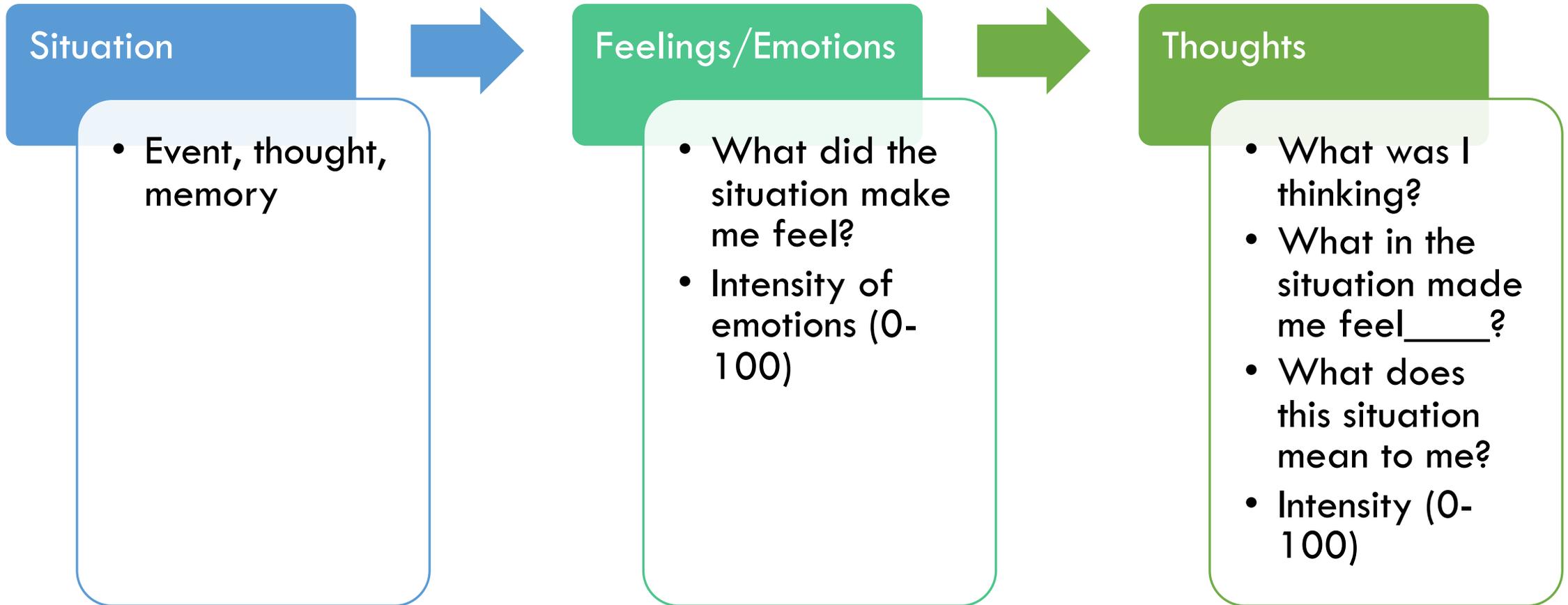
COGNITIVE STRATEGIES

- Identification
  - Of automatic thoughts
  - Dysfunctional assumptions
  - Core beliefs

- Cognitive restructuring →

```
              ┌─────────────────┐
              │  Is my thought ? │
              └─────────────────┘
                       │
          ┌────────────┴────────────┐
   ┌─────────────┐          ┌─────────────┐
   │  Irrational │          │   Rational  │
   └─────────────┘          └─────────────┘

   ┌──────────────────────────────────────┐
   │        Evidence for and against       │
   └──────────────────────────────────────┘
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COGNITIVE STRATEGIES

- Identification
  - Of automatic thoughts
  - Dysfunctional assumptions
  - Core beliefs

- Cognitive restructuring →

```
┌─────────────────────┐
│   Is my thought ?   │
└─────────────────────┘
      ┌───────┴───────┐
┌───────────┐   ┌───────────┐
│ Irrational │   │  Rational  │
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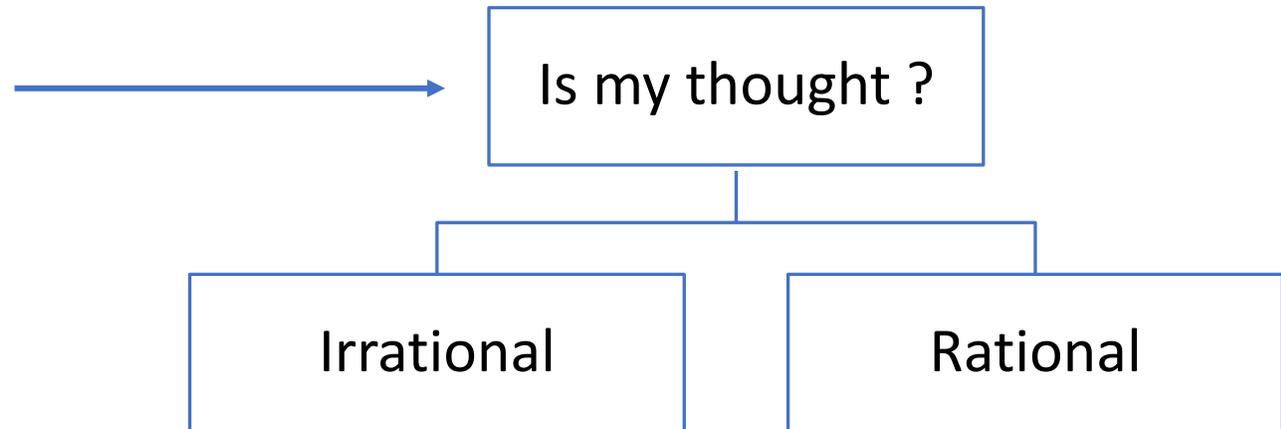
"No matter what I do, I will never succeed in life."

"I haven't studied at all, its next to impossible that I will pass."

Is my thought?????

Irrational
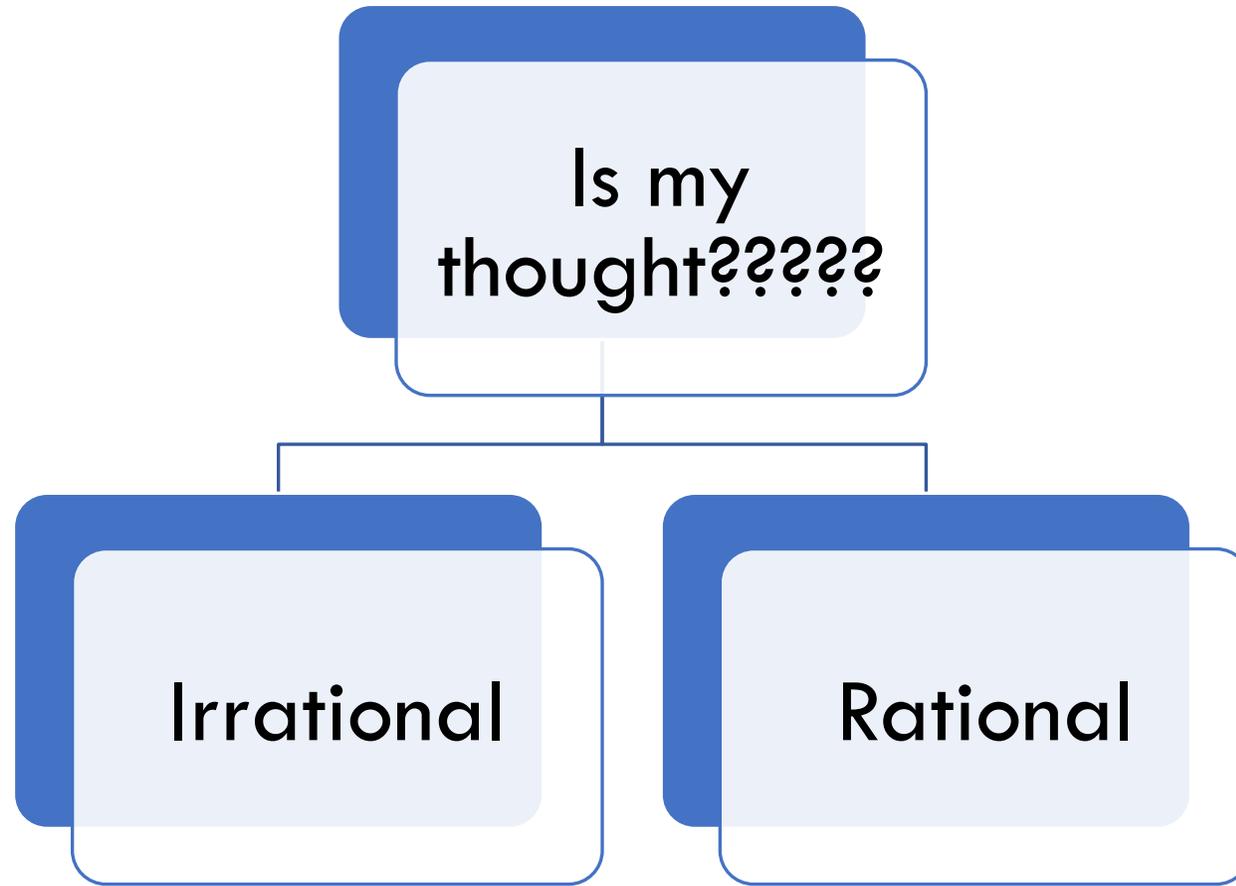
Rational

Evidence for and against

Is my thought?????

Irrational

"No matter what I do, I will never succeed in life."

Rational

"I haven't studied at all, its next to impossible that I will pass."

THE NEXT STEP?

Is my thought?????

Irrational

- Identify dysfunctional assumption
- Cognitive Restructuring
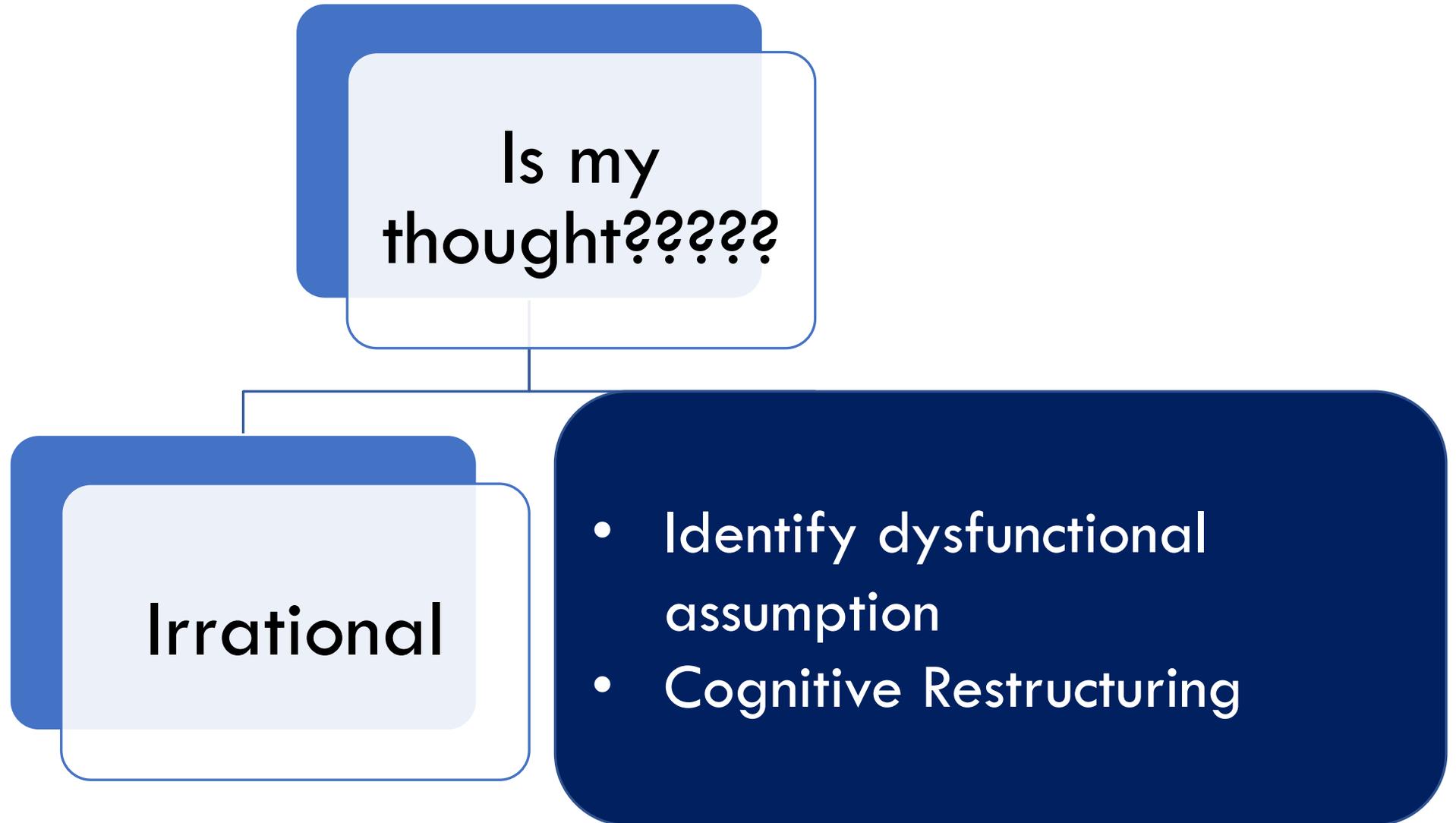
COGNITIVE RESTRUCTURING— SOCRATIC QUESTIONING

- The "Thinking Error" Question
  - Am I making a thinking error?

- "Advantage/Disadvantage" Question
  - What would be the advantage or disadvantage of thinking like this?

COGNITIVE RESTRUCTURING— SOCRATIC QUESTIONING

- The "De-catastrophizing" Question
  - What is the worst that could happen?
  - What is the best that could happen?
  - What is a more realistic outcome?

- "Distancing" Question
  - If _____ (friend's name) was in this situation & had this thought, what would I tell him/her?

COGNITIVE RESTRUCTURING– SOCRATIC QUESTIONING

- The "Alternative Thinking" Question
  - Is there another way to look at the situation?

- What would be more balanced way of thinking/rational thought?

COGNITIVE RESTRUCTURING— SOCRATIC QUESTIONING

Balanced thinking is **NOT** about rationalizing your thoughts.

Balanced thinking is **NOT** about seeing everything positively.

Balanced thinking is about looking for new information that you might otherwise overlook.

EXAMPLE

Negative Automatic Thought

- "I am not able to do basic things, I am such a loser" (90)

Dysfunctional Assumption

- Labeling

Rational Thought

- "I am going through depression, which is making even basic things difficult. I am making an effort to deal with things and that counts." (40)

EXAMPLE

Negative Automatic Thought

- "I will never be able to do anything good in my life" (70)

Dysfunctional Assumption

- Catastrophization

Rational Thought

- "I cannot predict the future. I can give a try in the present" (40)

- "I have achieved reasonably well till now, chances are high that I will do well in life"

THE NEXT STEP?

Is my thought?????

Rational

Is it effective or helpful?
What can I do in this situation?

"I haven't studied at all, its next to impossible that I will pass."

PROBLEM-SOLVING

DEFINING THE PROBLEM

BRAINSTORMING POSSIBLE SOLUTIONS

EVALUATING SOLUTIONS

IMPLEMENTATION

REVIEW

IN-DEPTH COGNITIVE CONCEPTUALIZATION
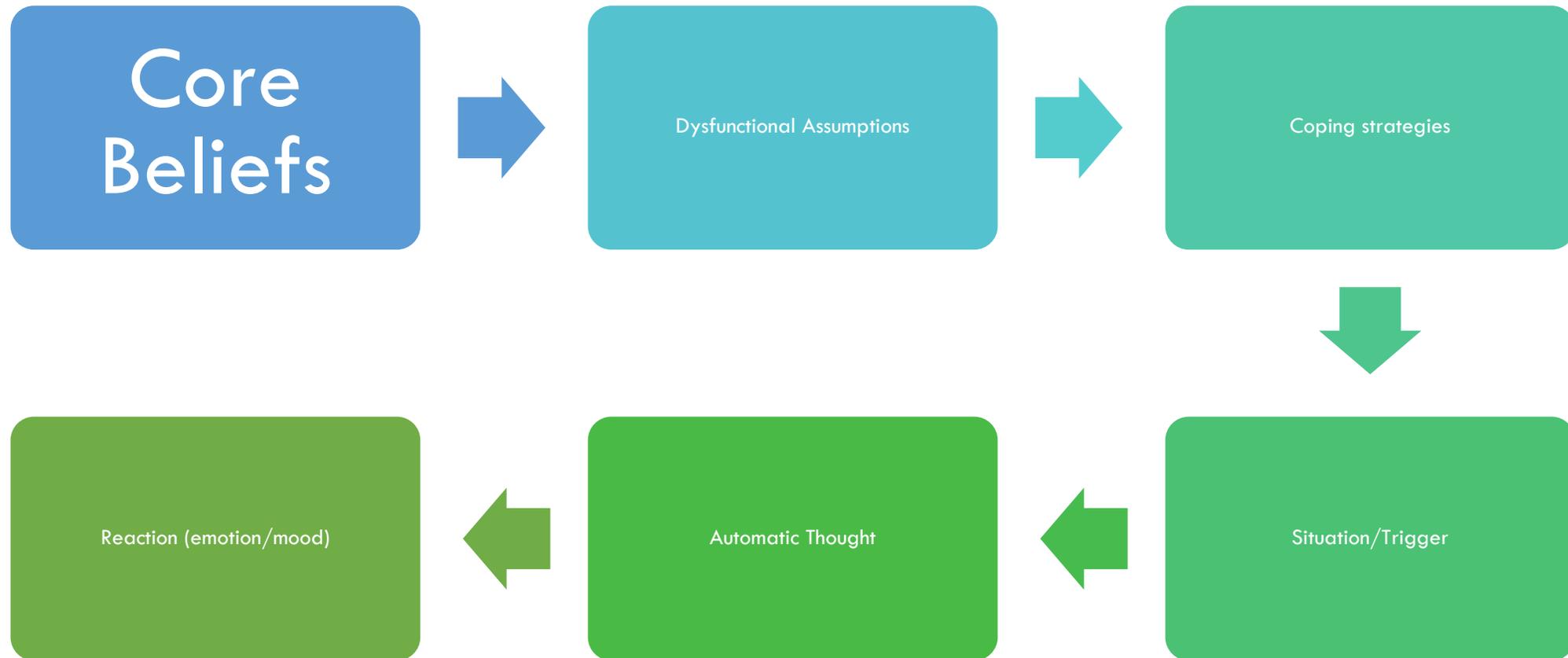
IDENTIFYING CORE BELIEFS — "SO WHAT" QUESTIONING

Automatic thought: 'I'm the only member of the team they dropped'

(SO WHAT? *If this was true, what would this mean about me?*)

↓

'I'm the easiest person to get rid of. It's always me first'

(SO WHAT? *If this was true, what would this mean about me?*)

↓

'Nobody bothers about me'

(SO WHAT? *If this was true, what would this mean about me?*)

↓

'I'm worthless'
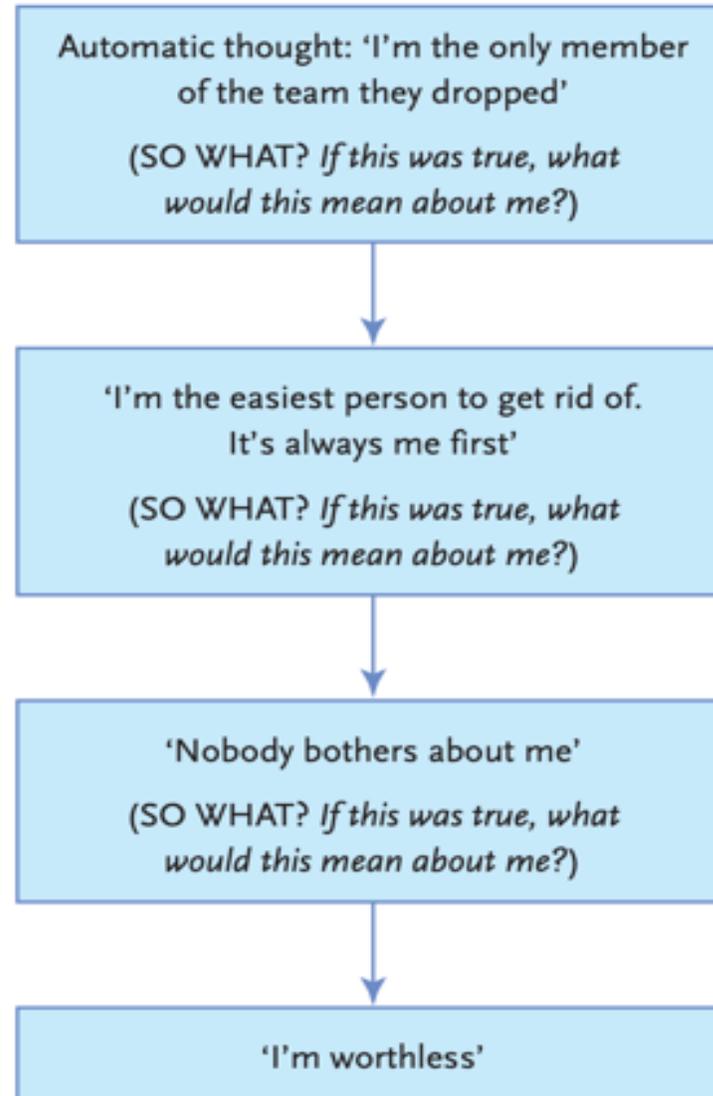
DEALING WITH CORE BELIEFS

- Socratic Questioning

- Behavior Experiments

- Cognitive Continuum (Simran says – "I am incompetent")

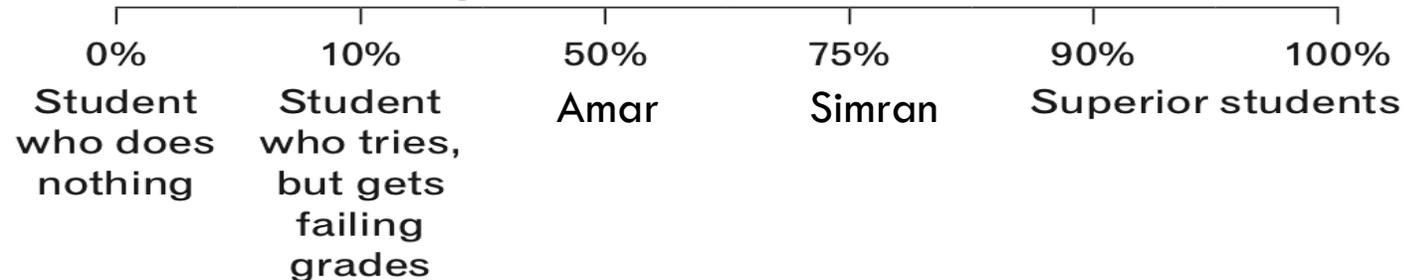**Initial Graph of Success**

0%   90%   100%

Simran   Superior
                                                  student

Revised Success Graph

0%   10%   50%   75%   90%   100%

Student   Student   Amar   Simran   Superior students
who does   who tries,
nothing   but gets
            failing
            grades

DEALING WITH CORE BELIEFS

Emotional-Intellectual Role Play	Useful when patient understands the futility of belief, but are emotionally not able to let go Playing and inter-changing two part
Using others as reference point	People who hold same belief as patient People who don't

OTHER STRATEGIES

- Relaxation Exercises (JPMR, Mindfulness etc.)
- Exposure Strategies (in-vivo, in-vitro, interoceptive)
- Goal-setting (SMART)
- Decision-making (Pros and cons)
- Sleep Hygiene

TERMINATION AND RELAPSE PREVENTION

- **Premature termination**
  - No change in severity
  - Patient's choice
  - Not a good "fit"

- **Goals met**
  - Tapering
  - Note: prepare for termination from the start

TERMINATION AND RELAPSE PREVENTION

- Attributing progress to patient

- Encouraging active use of skills

- Preparing for setbacks during therapy

- Responding to concerns about tapering sessions

- Create coping cards

- Booster sessions

CBT: BEYOND

- "Third wave"
  - Mindfulness
  - Dialectical Behavior Therapy
  - Value-based Therapy

- "Process-oriented"
  - Focus shift from manualized treatment to specific therapeutic mechanisms

THANK YOU

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TEST OUR KNOWLEDGE - CASE

Anisha is a 30-year-old woman experiencing symptoms of social anxiety. She avoids social situations, feels extremely self-conscious, and worries excessively about being judged by others

- Which CBT technique would be most beneficial for challenging Anisha's negative beliefs about being judged?

a) Behavioral activation

b) Thought stopping

c) Cognitive restructuring

d) Relaxation training

- Anisha's therapist assigns her "exposure" exercises to gradually confront her fears. What is the rationale behind exposure therapy?

  a) To force Anisha into uncomfortable situations

  b) To reinforce avoidance behaviors

  c) To decrease anxiety by repeatedly facing feared situations

  d) To distract Anisha from her anxious thoughts

- During therapy, Anisha learns to identify cognitive distortions in her thinking patterns. Which distortion is evident when she thinks, "If I make a mistake, everyone will think I'm a failure"?

a) All-or-nothing thinking

b) Overgeneralization

c) Catastrophizing

d) Personalization

- As part of CBT, Anisha develops a hierarchy of anxiety-provoking situations. What is the purpose of this hierarchy?

  a) To avoid anxiety-inducing situations

  b) To rank situations from least to most anxiety-provoking

  c) To identify situations that trigger anxiety

  d) To challenge Anisha's beliefs about social judgment

- Anisha's therapist encourages her to challenge the evidence supporting her negative thoughts. What is this technique called?

a) Socratic questioning

b) Thought stopping

c) Behavioral rehearsal

d) Imagery exposure

- Anisha completes a thought record to examine the evidence supporting her anxious thoughts. What is the purpose of a thought record in CBT?

a) To document all thoughts that arise during therapy sessions

b) To validate the accuracy of anxious thoughts

c) To identify patterns in thinking and challenge cognitive distortions

d) To track progress over time in reducing anxiety symptoms

- Anisha's therapist focuses on changing her daily routines. Which component of CBT is being emphasized here?

  a) Exposure therapy

  b) Interpersonal therapy

  c) Relaxation training

  d) Behavioral techniques

- Anisha goes to a party and while talking to her friend has the thoutht, "She is just being nice, she would be thinking how boring I am." What kind of dysfunctional assumption is this?

a) Mind-reading

b) Selective Abstraction

c) Personalization

d) Maximization and minimization

- What is the ultimate aim of CBT in Anisha's case?

  a) Complete elimination of all anxiety symptoms

  b) Fostering acceptance of her social anxiety

  c) Developing coping strategies to manage anxiety effectively

  d) Encouraging Anisha to avoid social situations