

# About the Instructor....

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- Disclosures-
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# References

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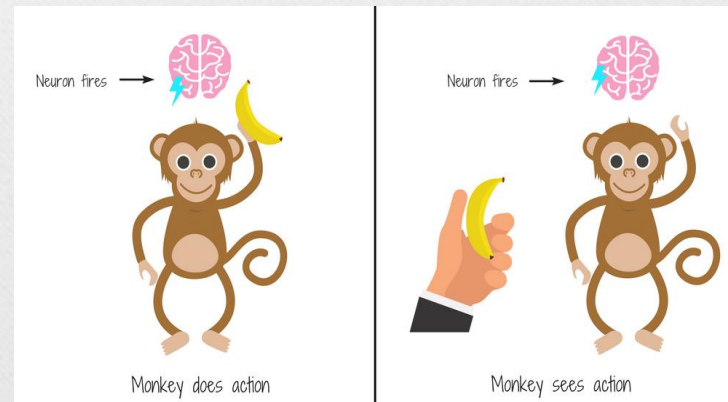
# Why learn CBT? I'm not a therapist..

## Like it or not, yes, you are

- Patients come to you to feel better- and they often do, regardless of what you do or prescribe.
- Patients often do not accept their mental health struggles, they seek medical answers for their physiological symptoms.
- The mind and body are inseparable.
- Any time you provide education, advice, or supportive listening, you are engaging in cognitive work which is at the foundation of therapy.
- Too few therapists, especially for underserved communities, long waiting lists, and insurance barriers.
- Your patients already trust and respect you, and rarely feel comfortable sharing their vulnerability with an unknown third party.
- Learning therapy makes us more skillful diagnosticians.

## Pills don't build skills....

- Patients experiencing psychopathology want to heal, pharmacology creates space, for patients to change.
- Neuroplasticity is real, I become what I think.....
- Mirror neurons: hardwired to follow modeled behavior



# Compassion

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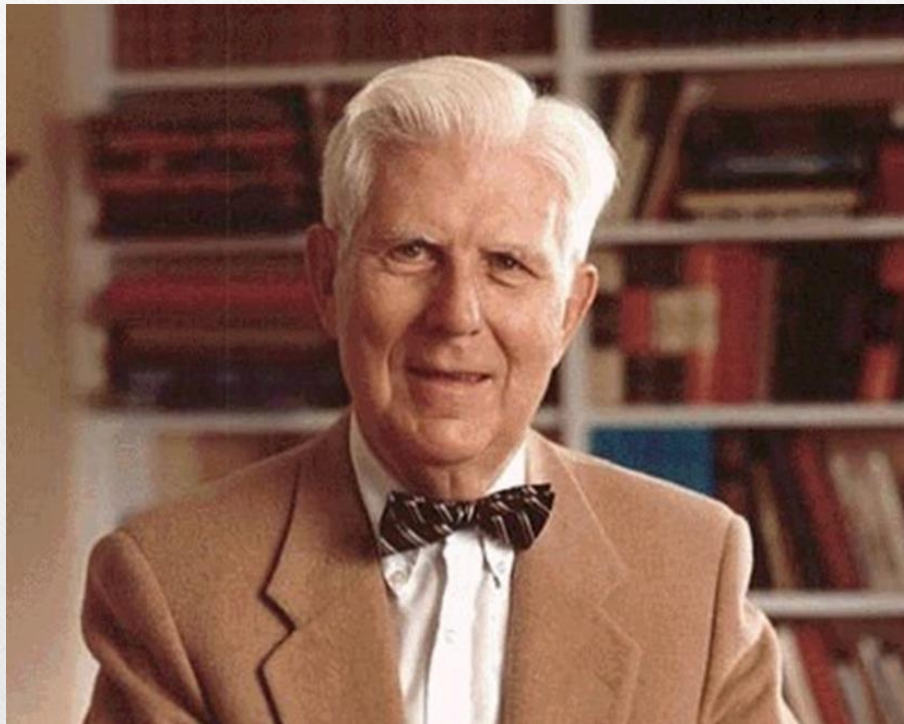
- Compassion is the ability to actively promote the other's welfare and give priority to the other's needs. It is a deliberate commitment to pursue the welfare and best interest of others. It is a commitment to seek to understand others' experiences, values, and motivations without engaging in explicit or implicit judgment. Lastly, compassion is an understanding that everyone strives towards a fulfilling life and at times encounters barriers which can evoke feelings of sadness, pain, and shame; as such, compassion is acceptance of one's path and choices, and respect for the difficult emotions that a person can experience along the way.

# Evocation (Drawing Out, Rather Than Imposing Ideas)

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- The “Client-Centered” approach is one of the practitioner’s drawing out the individual’s own thoughts and ideas, rather than imposing their opinions as motivation and commitment to change is most powerful and durable when it comes from the client.
  - No matter what reasons the practitioner might offer to convince the client of the need to change their behavior or how much they might want the person to do so, lasting change is more likely to occur when the client discovers their own reasons and determination to change. The practitioner’s job is to “draw out” the person’s own motivations and skills for change, not to tell them what to do or why they should do it.

# Aaron Beck- the father of the Cognitive Model

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# The Cognitive Model

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- Aaron Beck's attempts in the 1950s and 1960s to empirically validate the Psychoanalytic therapy, were less than successful, but from those experiments, involving depressed patients, he made a crucial observation.
- In every case subject, he identified distorted negative cognitions (thoughts and beliefs) and that these distorted cognitions were central to their pathology.
- He developed a short term treatment plan that, for the first time, directly targeting those negative cognitions.

# Cognitive Behavioral Therapy

- Conceived by Psychiatrist/Psychoanalysis Aaron Beck in the mid 1960s, as Cognitive Therapy-as a treatment for depression has evolved and adapted and been influenced by other theorists, Adler, Ellis, and Lazarus... and is the origin or progenitor to such modern modalities such as Dialectical behavioral therapy (DBT), Acceptance and commitment Therapy (ACT), and Cognitive Processing Therapy.
- As practiced today it typically incorporates techniques from several other modalities, including behavioral activation, but at its core, it is still based on Aaron Becks “Cognitive Model.”



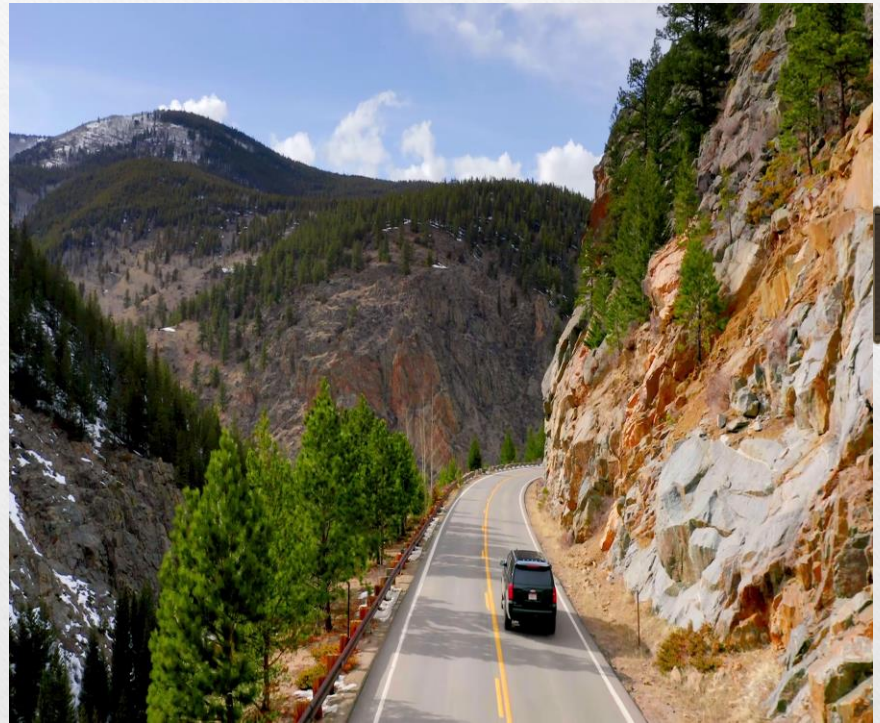
# PIG!

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- Once upon a time, a woman was driving alone on a lonely mountain road. There were tall bluffs on one side of the narrow two lane road and steep cliffs on the other side. It was impossible to see very far ahead. The light was beginning to fail as the sun began to set and a mist like fog pressed in. As she entered a bend in the road, a car suddenly appeared, straddling the double yellow line, it was heading straight for her! At the very last minute the car veered back into their lane, narrowly avoiding a head-on collision! As the driver passed he put his head out his open window looked directly at the woman, and shouted “PIG!”

# What do you make of this?

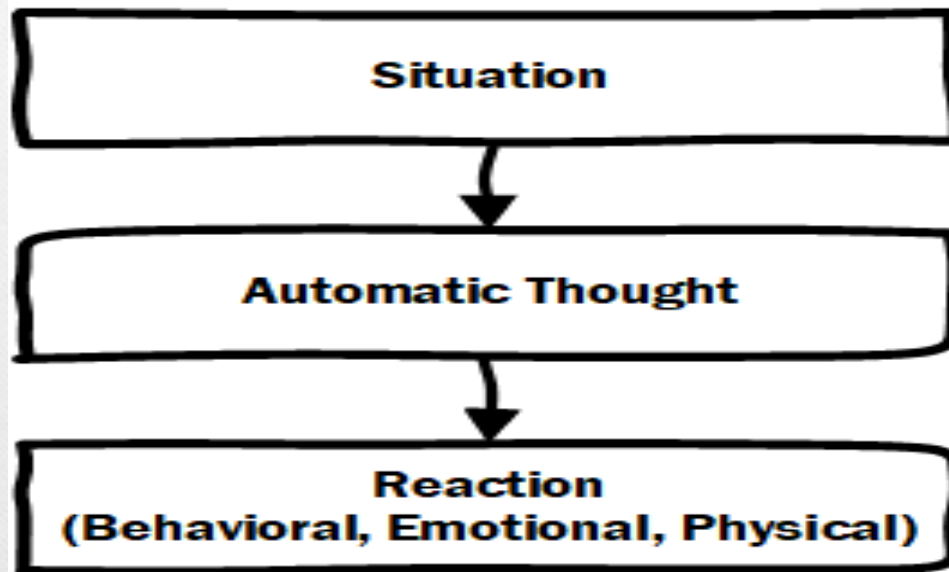
- What a rude guy!
- Why is he calling me a pig, he's the one driving in the middle of the road?
- Why did I ever leave home in the first place, this is crazy!
- This is dangerous, I don't feel safe!



# Understanding from the CBT perspective

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## **Cognitive Model**





# HOW CBT WORKS

TRACK  
AUTOMATIC  
THOUGHTS  
WHEN FEELING  
DEPRESSED.



LOOK FOR PATTERNS IN  
UNPRODUCTIVE SELF-TALK,  
CORE BELIEFS REGARDING  
INADEQUACY, SELF-WORTH,  
UNLOVABILITY, REJECTION, SHAME,  
AND RELATIONSHIP CONCERNS.



SITUATION

YOU NOTICE  
THAT YOUR FRIEND  
IS EATING  
LUNCH WITH  
SOME-  
ONE  
ELSE.



THOUGHT

SHE  
DROESN'T  
LIKE ME  
ANYMORE.



EMOTION

SAD



## THOUGHTS

What we **think** affects  
how we feel and act

# CBT

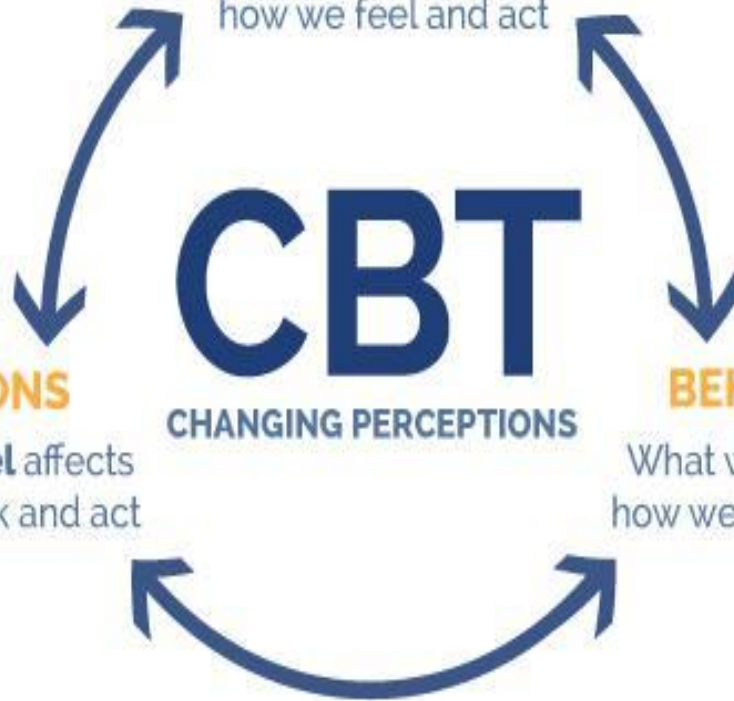
CHANGING PERCEPTIONS

## EMOTIONS

What we **feel** affects  
how we think and act

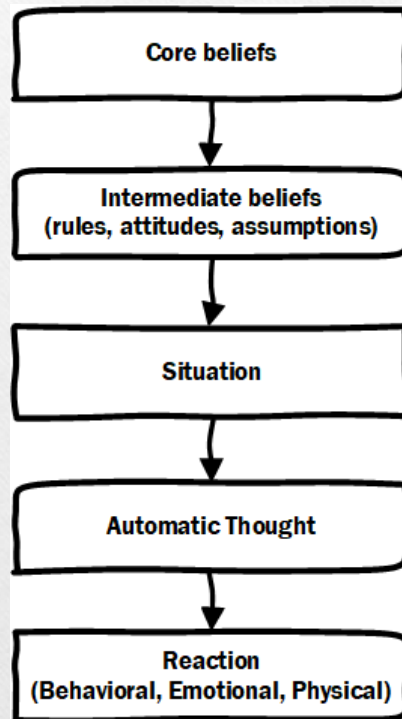
## BEHAVIORS

What we **do** affects  
how we think and feel

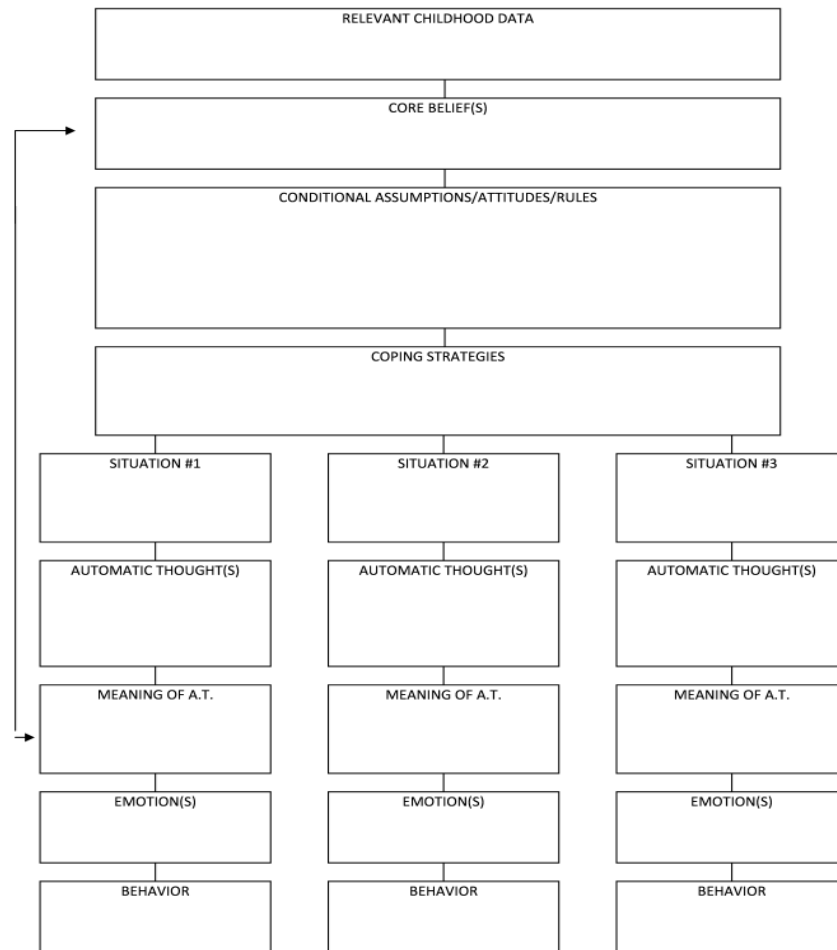


# Basic Cognitive Conceptual Diagram

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### Cognitive Conceptualization Diagram





# Graduate Student Sara

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**Relevant Childhood and Social Influences**  
Only child of a single mother  
Socialized by mother to be strong and independent; never allowed to cry or give the perception of weakness  
Few African Americans in school and work environments  
Burden to invalidate negative academic and behavioral stereotypes  
Little guidance or research support from faculty in the department

**Core Beliefs**  
"I'm different"  
"I'm vulnerable"  
"I'm not good enough"

**Conditional Assumptions/Beliefs/Rules**  
"If I work hard, I'll be accepted"  
"If I make a mistake, terrible things will happen"  
"If I share how I feel, I'll be rejected"

**Compensatory Strategies**  
Self-criticism, Self-blame, Conformity to social standards, Avoidance, Overeating, Keeping feelings to self, Being careful with words and behavior, Joking

**Situation #1**  
Thinking about completing her research proposal

**Automatic Thought**  
"No one ever understands my research deas. I probably won't even complete my dissertation."

**Meaning of Automatic Thought**  
"I'm not good enough"

**Emotion**  
Hopeless, anxious, sad

**Behavior**  
Avoids working on the research proposal

**Situation #2**  
Sitting in the breakroom at work

**Automatic Thought**  
"I should just leave. I don't fit in."

**Meaning of Automatic Thought**  
"I'm different"

**Emotion**  
Angry, anxious, embarrassed

**Behavior**  
Sits alone in her car for lunch

**Situation #3**  
Talking to her mother on the phone

**Automatic Thought**  
"I can't tell my mother how I feel, she find out that I am weak"

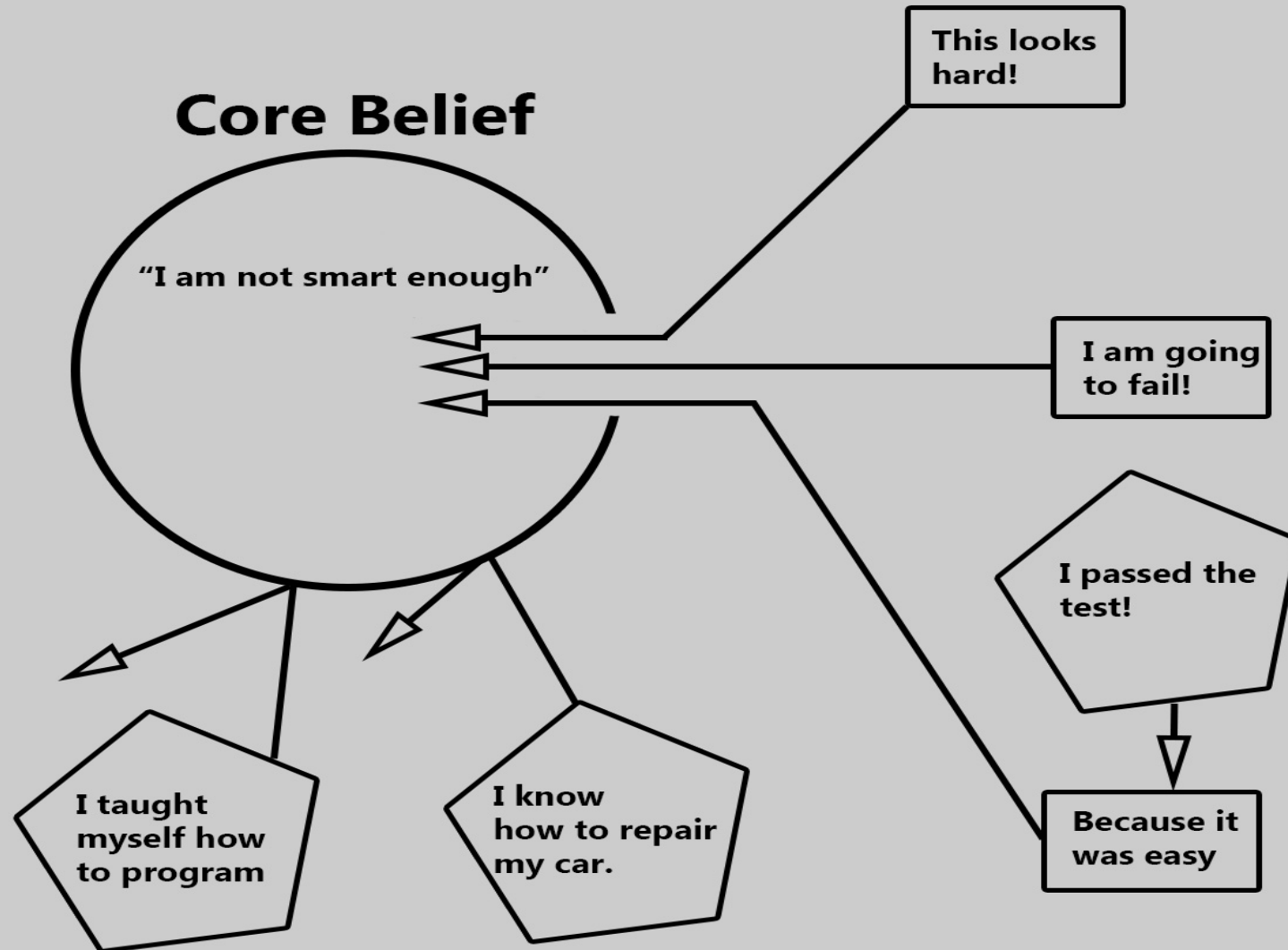
**Meaning of Automatic Thought**  
"I'm vulnerable"

**Emotion**  
Isolated, lonely

**Behavior**  
Keeps difficulties secret



# Core Belief



# CHANGING CORE BELIEFS

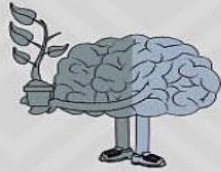


# You are no longer alone in this...

## Strongest Evidence supports:

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- Collaborative Empiricism
- Accurate Empathy and Affirmations
- Nothing motivates like success- help them recognize it, celebrate it, and they will build on it.
- Collecting and delivering client feedback



## Situation

You experienced a massive setback in your goal



### Thought

"I am a failure. I'm not cut out for this. I might as well stop trying."

### Feeling

Hurt, Incompetent, Discouraged, Humiliated

### Behavior

You withdraw, shut down, or give up

### Thought

"Failing at this one thing does not define my worth or competency. I have my strengths that I can focus on."

### Feeling

Hopeful, Confident, Worthy, Competent

### Behavior

You feel your feelings, but then push yourself to try harder next time and keep going.

# Rachel

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- 30 year old
- 5 years on the job, getting little recognition and feels that she has no work friends.
- Past intimate relationships usually quite abusive, recently divorced
- Feels like she is failing in life, currently contemplating suicide.



# COGNITIVE CONCEPTUALIZATION DIAGRAM

## RELEVANT CHILDHOOD DATA

Mother was alcoholic with borderline personality disorder; both parents physically and emotionally abusive; had few friends, only misfits like me

## CORE BELIEFS

I am unlovable, unworthy  
I am vulnerable to experiencing negative emotions

## CONDITIONAL ASSUMPTIONS/BELIEFS/RULES

Positive: If I hide my real self I may appear acceptable to others      Negative: if I show my true self I'll be rejected  
Positive: If I keep a lid on my emotions I'll be OK      Negative: If I start to feel bad I won't be able to tolerate it

## COMPENSATORY STRATEGIES

Avoid initiating conversations or calling attention to myself; Avoid thinking about things that make me feel bad; Avoid negative emotions through distraction and avoidance of social situations; Avoid asserting myself with others or displeasing them

### SITUATION #1

Thinking about party she has been invited to

### AUTOMATIC THOUGHT

I won't have anything to say. No one will want to spend time with me. I'll have a terrible time

### MEANING OF A.T.

I'm unlikable

### EMOTION

Anxious, sad

### BEHAVIOR

Stay home instead of going

### SITUATION #2

Realizes she is anxious about upcoming staff meeting

### AUTOMATIC THOUGHT

I can't stand feeling this way

### MEANING OF A.T.

I'm vulnerable. I could lose control of my emotions

### EMOTION

Anxious

### BEHAVIOR

Eat to distract myself

### SITUATION #3

Therapist asks me about childhood

### AUTOMATIC THOUGHT

If I tell therapist she will think I am terrible

### MEANING OF A.T.

I'm bad/unacceptable

### EMOTION

Anxious

### BEHAVIOR

Avoids revealing

# What is anxiety?

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Anxiety Equation: 
$$\text{Anxiety} = \frac{\text{Danger}}{\text{Coping / resources}}$$

↑ Over estimate  
Danger  
↓ Under estimates  
Coping / resources

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First, they need to decide how committed they are to anxiety/worry

- Worry has a psychological purpose, before you assume the patient considers anxiety/worry a bad thing, first listen closely to find out what these thoughts and feelings do to them and for them.



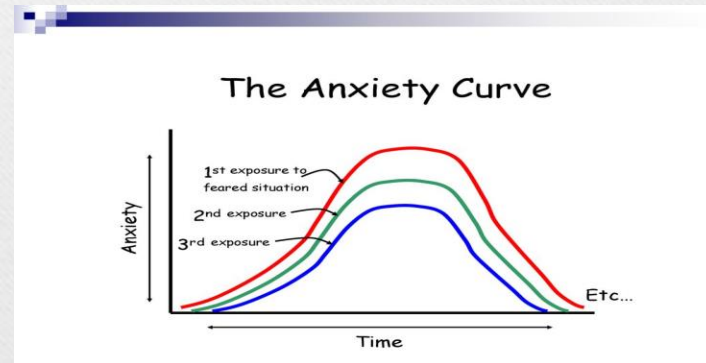
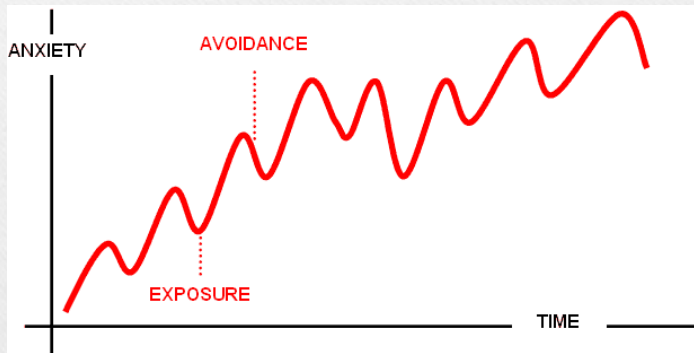
# Cost Benefit Analysis of Worry

	Keeping my current belief/coping strategy of: "Worrying/Seeking certainty"	Incorporating a modified coping strategy/belief: "Accepting uncertainty and Focusing on the present moment"
<b>Advantages</b>	<ul style="list-style-type: none"> <li>-Helps me stay safe, and alert for danger</li> <li>-Helps me avoid becoming aware of new ideas, trying new things, or meeting new people- new things are so stressful!</li> </ul> <p>30% advantage</p>	<ul style="list-style-type: none"> <li>-Likely to enjoy a lighter mood</li> <li>-Be more focused and productive</li> <li>-More enjoyable to live with and be around.</li> <li>-Improved interpersonal relationships</li> <li>-Less stress and anxiety</li> <li>-Less painful muscle tension and stress related illness, like headaches, stomach aches.</li> </ul> <p>80% advantage</p>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>-Difficult to mentally focus on tasks, or to plan ahead.</li> <li>- Worry makes me feel anxious all the time</li> <li>- Puts me in a bad mood</li> <li>-Makes it hard to trust anything or anyone</li> <li>-Makes it hard for others to be around me</li> <li>-Gives me headaches, back pain, and diarrhea.</li> </ul> <p>70% advantage</p>	<ul style="list-style-type: none"> <li>-May feel uncomfortable for a time</li> <li>- Perhaps I will forget something important. (Although it is more likely that I will forget when I am overly anxious and distracted by worry)</li> <li>-Require me to deliberately monitor my thinking, which sounds like work.</li> </ul> <p>20% advantage</p>

# Exposure Therapy

“By the power of avoidance!”

“Who wants to live forever!”



# Constructing the In Vivo Hierarchy



Treatment rationale



Daily life examples



SUDS



List of avoided situations



Anxiety intensity ratings

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

- ● ● | Exposure hierarchy example – PTSD (car accident)

SUDs	Trigger
10	Driving on freeway where accident happened
8	Talking about the memory of the accident
7	Watching a car accident in a movie/TV show
5	Driving on a busy road at rush hour
4	Driving on a busy road not at rush hour
3	Driving in a busy parking lot
2	Driving around the block
1	Sitting in driver's seat of car in driveway

# How to do In Vivo Exposure

- Select activity w/ moderate SUDS (e.g., 30-40)
- Ideally: stay in exposure activity until SUDS decreases 50%
  - ▣ This may not occur initially, but should stay until SUDS drops some
- Stay for at least 30 minutes & until SUDS decrease from peak levels
- Systematically remove safety behaviors
  - ▣ Example: 1. Sit at back of empty movie theater; 2. Sit at back of crowded theater; 3. Sit in middle but on aisle; 4. Sit in middle of crowded theater
- Work your way up the hierarchy – goal is to complete hardest items at top by end of PE
- Ideally they'll do **daily** in vivo exposure!



## Simple “bottom up” processing activities often work, when nothing else will.

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- The vagus nerve (cranial nerve X) is a mixed nerve composed of 20% “efferent” fibers (sending signals from the brain to the body) and 80% “afferent” (sensory) fibers (carrying information from the body to the brain).
- When the body relaxes, it sends the message to the brain that it can “stand down”

# Quick muscle relaxation exercise



This exercise will teach you to recognise and reduce muscle tension. You can relieve tension in any part of your body just by tensing and relaxing each muscle in turn.

**1**

Find and sit in a comfortable chair.



**2**

Close your eyes and concentrate on your breathing. Slowly breathe in through your nose and out through your mouth.



**3**

Make a fist, squeezing your hand tightly.



**4**

Hold this for a few seconds, noticing the tension.



**5**

Slowly open your fingers and feel the difference—notice the tension leaving. Your hand is much lighter and relaxed. Enjoy this feeling.



If you have any physical injuries or conditions that may cause muscle pain, don't tense the muscle in that area.

## Benefits of deep breathing

**1** 70% of toxins are released simply by breathing properly. If you aren't breathing properly, the toxins do not get released.

**2** Releases tension. When you are afraid, stressed or nervous, your breathing pattern changes. Breathe slowly, purposefully and deeply to feel relaxed.

**3** Relieves emotional distress. Clear out negative or confused feelings with a deep breath.

**4** Eases your pain. Breathe in deeply, hold your breath and then visualize that pain leaving your body as you breathe out.

**5** Improves your blood. Deep breathing releases carbon dioxide and increases oxygen supply, improving blood quality.

**6** Elevates your mood. Breathing increases pleasure-inducing chemicals in your body.

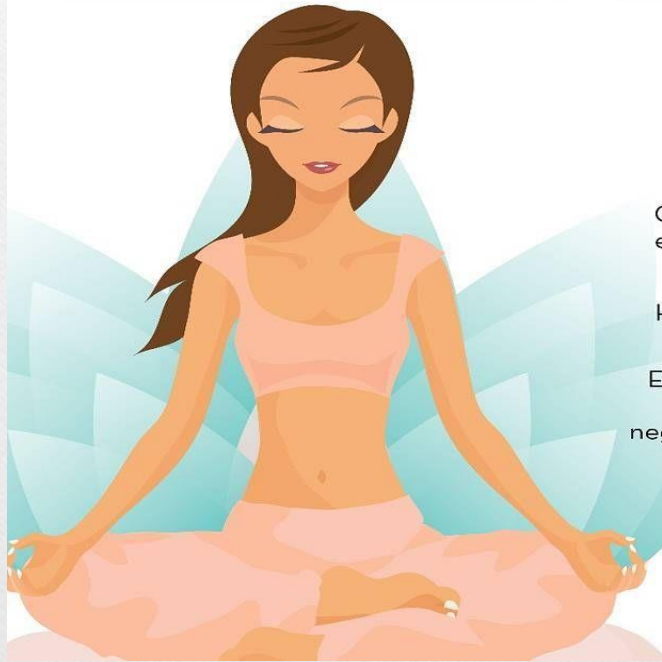
## HOW?

Count to 5. Inhale through your nose, expand your belly and feel your body being filled with healing energy.

Hold and count to 3. Feel the healing energy cycle through your body.

Exhale completely with a slightly open mouth, envision the toxins and negativities leaving your body count to 5.

Repeat until you are completely relaxed.



# Cognitive Distortions

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These are some of the most common ones- more information can be found on-line at:

<https://www.verywellmind.com/ten-cognitive-distortions-identified-in-cbt-22412>

WHERE'S THE EVIDENCE THAT THIS IS TRUE IN ALL SITUATIONS?

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## LABELING

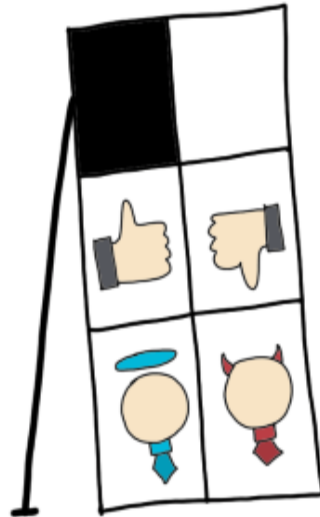


THE TENDENCY TO MAKE GLOBAL STATEMENTS ABOUT YOURSELF OR OTHERS BASED UPON SITUATION SPECIFIC BEHAVIOR.

HOW MANY DIFFERENT WAYS COULD OTHER PEOPLE INTERPRET THIS?

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# BLACK AND WHITE THINKING



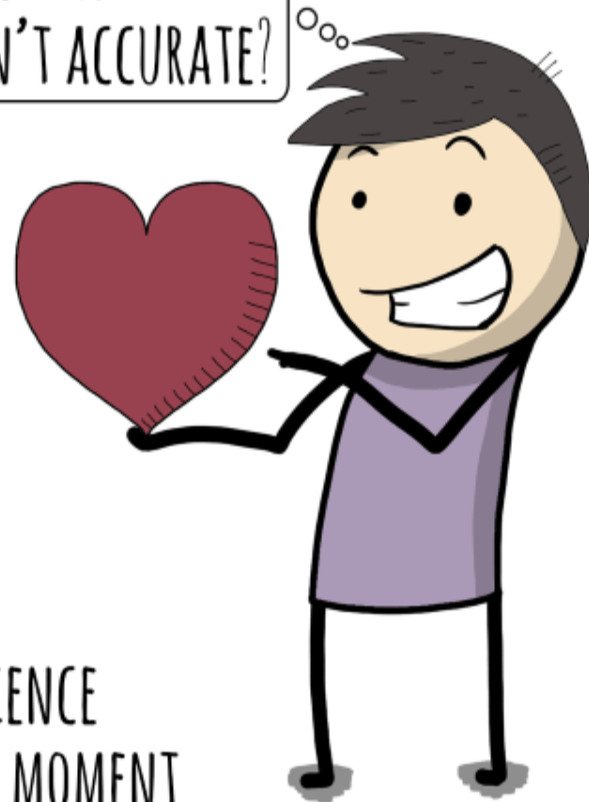
THE TENDENCY TO SEE THINGS AS ALL-OR-NOTHING.  
THINGS ARE EITHER GOOD OR BAD, RIGHT OR WRONG.

WHAT EVIDENCE SUGGESTS THAT  
HOW I'M SEEING THIS ISN'T ACCURATE?

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## EMOTIONAL REASONING

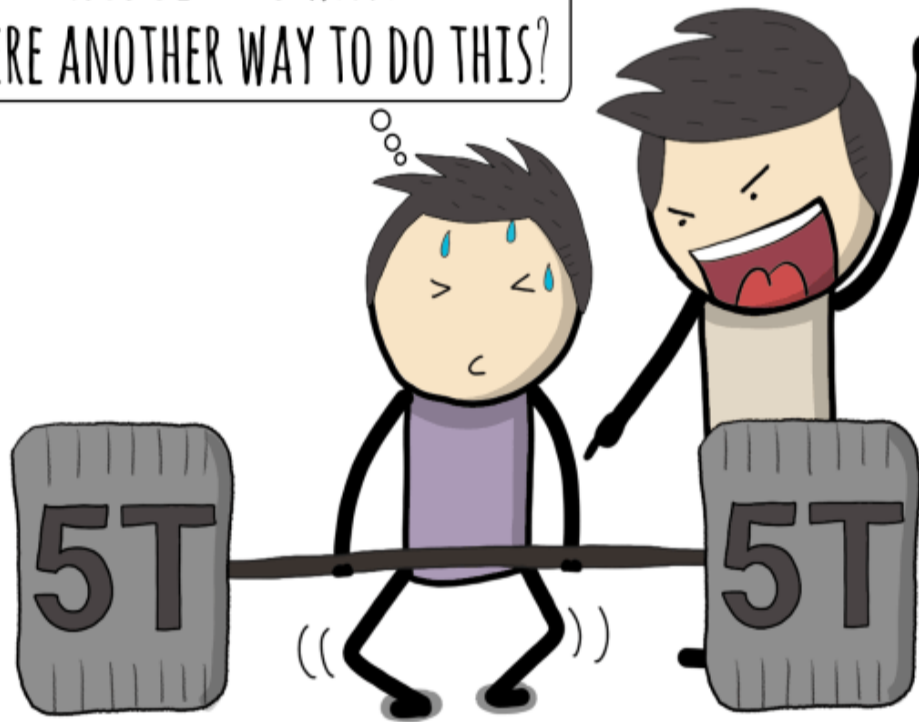
THE TENDENCY TO INTERPRET YOUR EXPERIENCE  
BASED UPON HOW YOU'RE FEELING IN THE MOMENT.



MUST THINGS BE THIS WAY?  
IS THERE ANOTHER WAY TO DO THIS?

8

# SHOULDING AND MUSTING

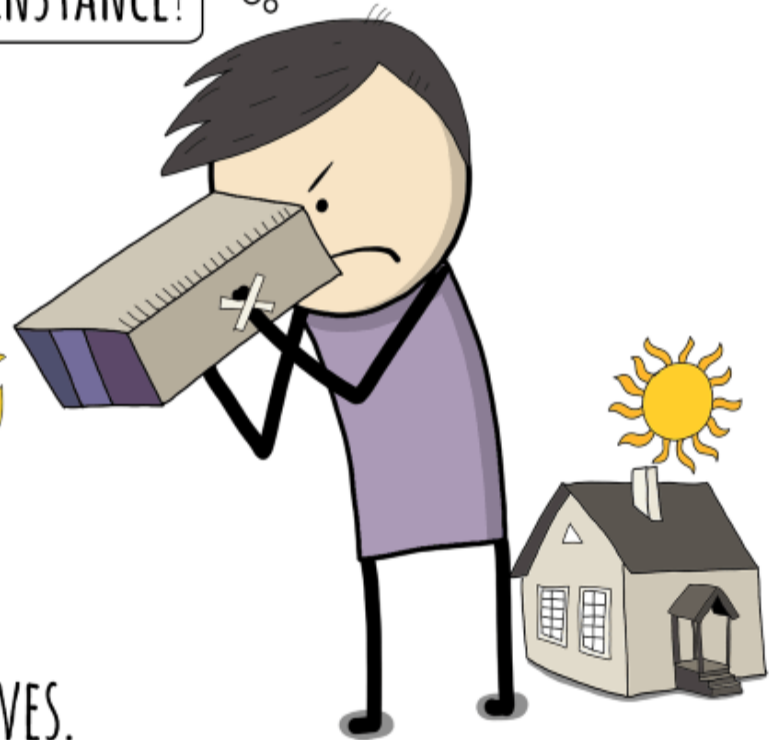


THE TENDENCY TO MAKE  
UNREALISTIC AND UNREASONABLE DEMANDS ON YOURSELF OR OTHERS.



HOW DO THE POSITIVES OUTWEIGH  
THE NEGATIVES IN THIS INSTANCE?

# MENTAL FILTERING



THE TENDENCY TO FOCUS ON NEGATIVE  
EVENTS WHILE NEGLECTING THE POSITIVES.

WHO OR WHAT ELSE COULD HAVE PLAYED A PART IN THIS?

# PERSONALIZATION



THE TENDENCY TO TAKE THE BLAME FOR  
ABSOLUTELY EVERYTHING THAT GOES WRONG IN YOUR LIFE.

WHAT IF I BELIEVED THAT I WAS DESERVING AND CAPABLE?

10

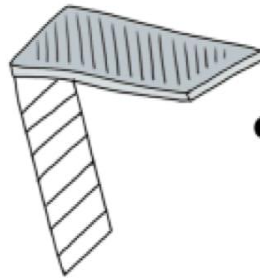
# MAGNIFICATION AND MINIMIZATION



THE TENDENCY TO MAGNIFY THE POSITIVE  
ATTRIBUTES OF ANOTHER, WHILE MINIMIZING YOUR OWN.

WHAT IF THERE IS ANOTHER EXPLANATION FOR THIS?

# JUMPING TO CONCLUSIONS



THE TENDENCY TO MAKE IRRATIONAL ASSUMPTIONS ABOUT PEOPLE AND CIRCUMSTANCES.

WHAT IF THINGS AREN'T AS  
BAD AS I MAKE THEM OUT TO BE?

# CATASTROPHIZING

THE TENDENCY TO BLOW CIRCUMSTANCES  
OUT OF PROPORTION BY MAKING PROBLEMS LARGER THAN LIFE.



## **HOW TO CHALLENGE COGNITIVE DISTORTIONS**

- *How do I know if this thought is accurate?*
- *What evidence do I have to support this thought or belief?*
- *How can I test my assumptions/beliefs to find out if they're accurate?*
- *Do I have a trusted friend who I can check out these thoughts with?*
- *Is this thought helpful?*
- *Are there other ways that I can think about this situation or myself?*
- *Am I blaming myself unnecessarily?*
- *What or who else contributed to this situation?*
- *Is it really in my control?*
- *Am I overgeneralizing?*
- *Am I making assumptions?*
- *What would I say to a friend in this situation?*
- *Can I look for "shades of gray"?*
- *Am I assuming the worst?*
- *Am I holding myself to an unreasonable or double standard?*
- *Are there exceptions to these absolutes (always, never)?*
- *Am I making this personal when it isn't?*