Cognitive Behavioural Therapy (CBT)

John Cook, Ph.D.
Registered Psychologist

AEGIS
PSYCHOLOGICAL SERVICES INC.

Agenda

Overview

CBT, CBT as practiced at Aegis over the last 10 years, and a proposal for future services

Topics

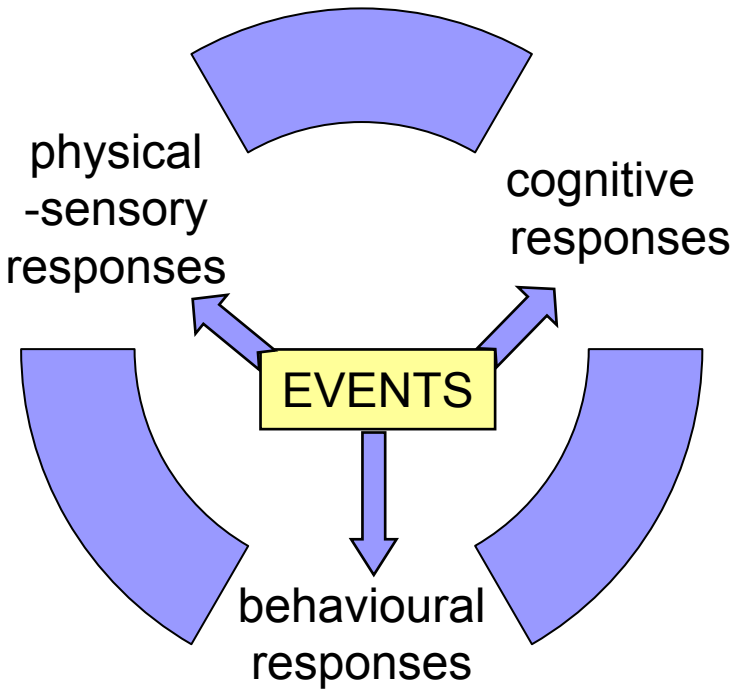
- Introduction to CBT
- The CBT attitude and approach
- CBT programs offered at Aegis
- A proposed program of group CBT for people in the early stages schizophrenia

Introduction to CBT

- Definition:

  CBT is a therapeutic approach to helping resolve emotional and behavioural disturbance in patients by working with the their physical-sensory, cognitive and behavioural responses to internal and external events.

The CBT Model



Introduction to CBT

- Definition:

  CBT is a therapeutic approach to helping resolve emotional and behavioural disturbance in patients by working with the their physical-sensory, cognitive and behavioural responses to internal and external events.

- Assumptions:

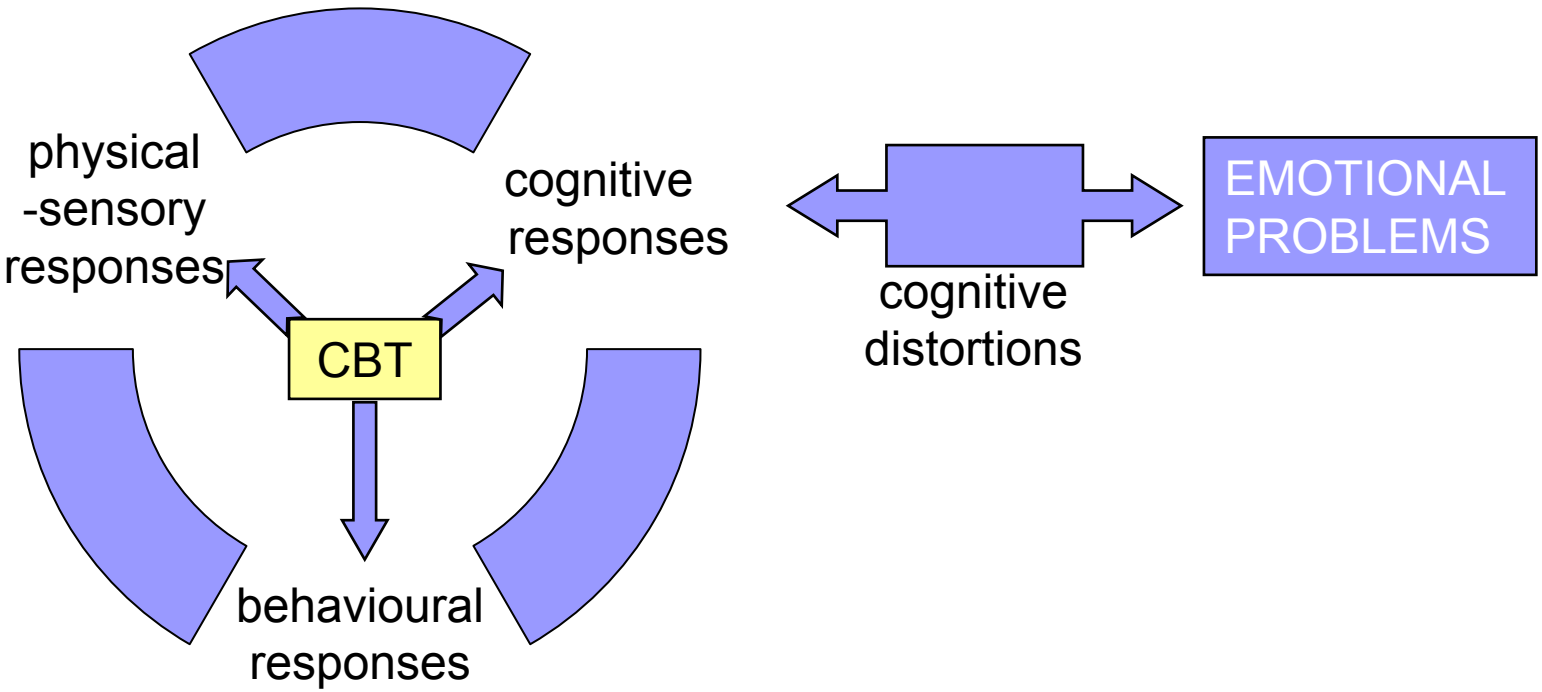
  1. These three components of experience are inter-dependent and synchronous.

  2. Emotional experiences arise from cognitive ones.

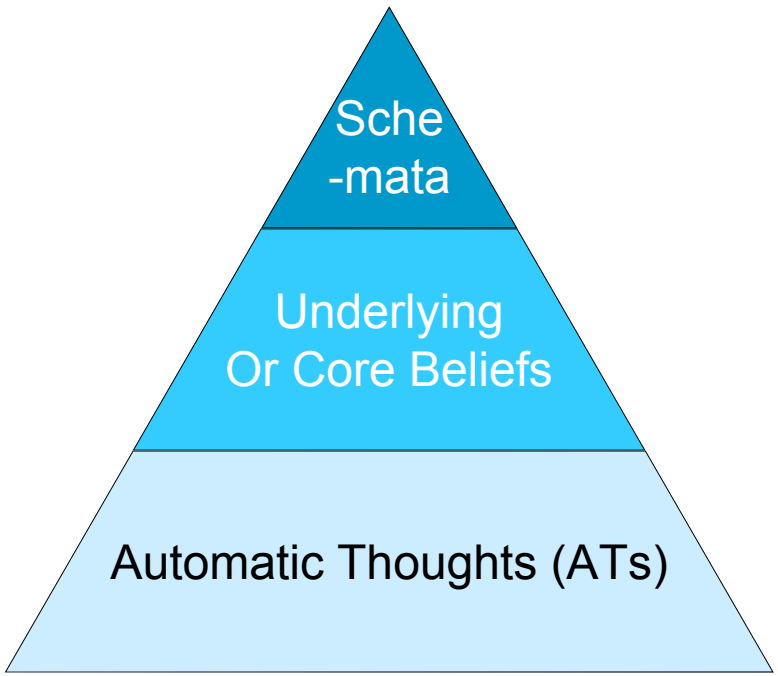
  3. Emotional and behavioural disturbance is the result of negative cognitive distortions.

  4. These cognitive distortions and the resultant disturbance can be treated with CBT.

The CBT Model



Levels of Cognitive Distortion



Relatively stable structures which guide the ways in which we mold data into cognitions – activated by certain situations

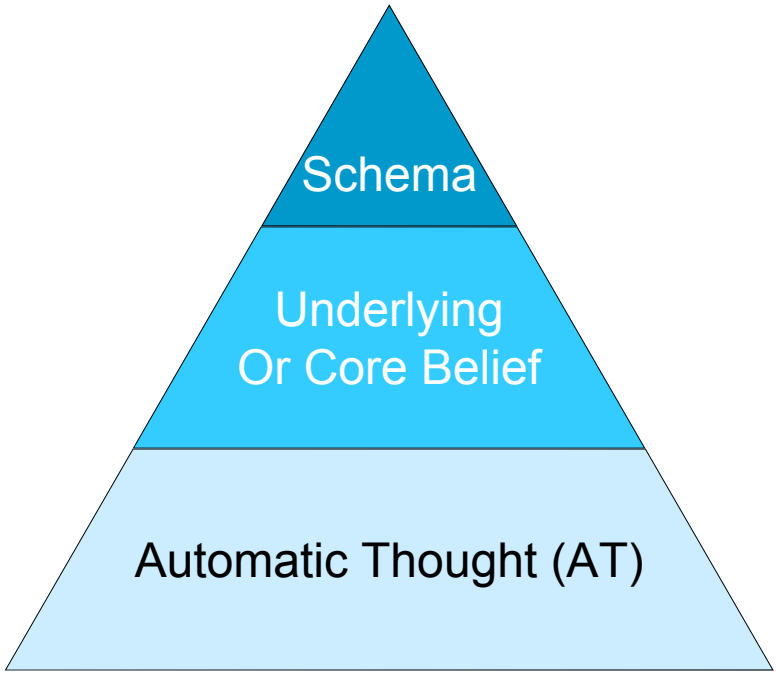
Key assumptions about ourselves, our experiences and our future – underlying our ATs

Rapid, surface-level thoughts that directly influence emotions without necessarily being aware

Example

Situation: A classmate brushes past me in the library without saying “hello”.

Emotions: sad, depressed, hopeless



I am unlovable.

I need her approval to feel worthwhile.

She doesn’t like me.

Cognitive Distortions

Definition: biases in the way we interpret information that are consistent with and support our schemata

1. All-or-Nothing Thinking
2. Overgeneralization
3. Mental Filter
4. Disqualifying the Positive
5. Mind Reading
6. Fortune - Teller Error
7. Magnification/Minimization
8. Catastrophizing
9. Emotional Reasoning
10. "Should" Statements
11. Labeling and Mislabeling
12. Personalization
13. Maladaptive Thoughts

Cognitive Distortions

1. **All - or - Nothing Thinking:** You see things in black and white categories. If your performance falls short of perfect, you see yourself as a total failure.

2. **Overgeneralization:** You see a single negative event as a never-ending pattern. Often signaled by use of words "never" or "always".

3 . **Mental Filter:** You pick out a single negative detail and dwell on it exclusively, so that you vision of all reality becomes darkened.

Cognitive Distortions

4. **Disqualifying the Positive:** You reject a positive experience by insisting it "doesn't count" for some reason or other, and in so maintain your negative belief.

5 . **Mind Reading.** You arbitrarily conclude that someone is reacting negatively to you, without bothering to check it out.

6. **The Fortune - Teller Error.** You anticipate that things will turn out badly, and behave as though this is an established fact.

Cognitive Distortions

7. **Magnification/Minimization:** You exaggerate the importance of your goof-ups while diminishing the importance of your accomplishments. Also called the "binocular trick."

8. **Catastrophizing:** You attribute extreme and horrible consequences to the outcomes of events, making them seem unmanageable or interminable.

9. **Emotional Reasoning:** You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore it must be true."

Cognitive Distortions

10. **“Should” Statements:** You try to motive yourself with “shoulds” and “shouldn'ts”, as if you need to be whipped or punished.

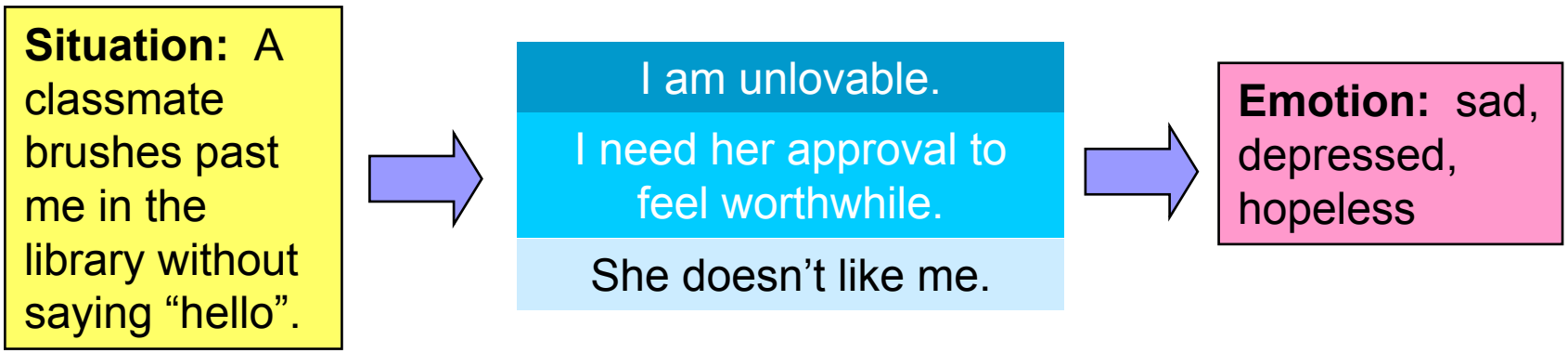
11. **Labeling and Mislabeling:** This is an extreme form of overgeneralization where you attach a negative label to yourself or describe an event in a negative way.

12. **Personalization:** You see negative events as indicative of some negative characteristic of yourself or you take responsibility for events that were not your doing.

Cognitive Distortions

13. **Maladaptive Thoughts:** Unlike other thoughts on the list, these may be quite rational and accurate, but are harmful to dwell on none-the-less.

Example



Cognitive distortion?

Cognitive distortion?

I am unlovable.

I need her approval to feel worthwhile.

She doesn't like me.

Possibilities:

All-or-Nothing Thinking
Overgeneralization
Mental Filter
Disqualifying the Positive
Mind Reading
Fortune - Teller Error
Magnification/Minimization
Catastrophizing
Emotional Reasoning
"Should" Statements
Labeling and Mislabeling
Personalization
Maladaptive Thoughts

Cognitive distortion?

She doesn't like me.

Possibilities:

Mind Reading

Catastrophizing

Personalization

The CBT Attitude and Approach

Attitude

- What is it in the way a CBT therapist approaches a patient that distinguishes this from other approaches?

Approach

- What are the steps in common to most if not all CBT interventions?

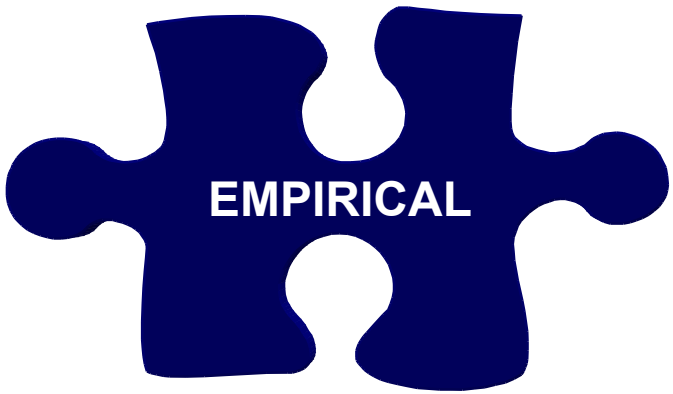
The CBT Attitude

The patient's presenting problems are broken down into physical-sensory, cognitive, and behavioural components, and addressed using research-proven techniques.

The CBT Attitude

Therapist invites the patient to become an active and in many cases equal partner in therapy, focusing on “here-and-now” problems relevant to the patient.

The CBT Attitude



Therapist fosters a curiosity about hypothesis testing that leads to either supporting or disconfirming the patient's ATs or core beliefs.

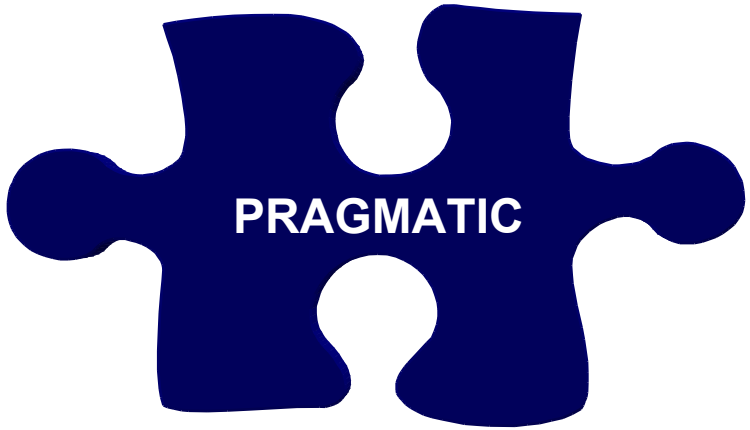
The CBT Attitude

Therapist “negotiates” reality by talking in terms of the likelihood of an event predicted by a patient’s belief, and encourages patient to do the same in testing predictions.

The CBT Attitude

Therapist avoids giving advice or offering solutions, and instead gently guides the patient to expand their own capacity to problem solve through a series of questions.

The CBT Attitude



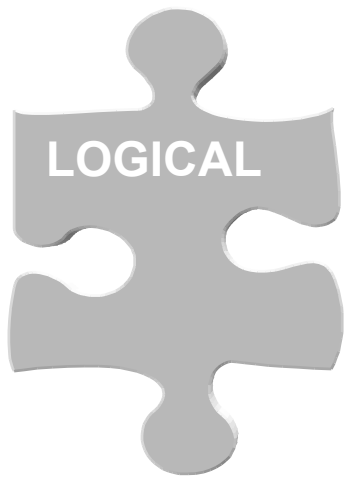
Therapist is invested in finding out what works for a particular patient thereby avoiding power struggles over who is right and who is wrong.

The CBT Attitude

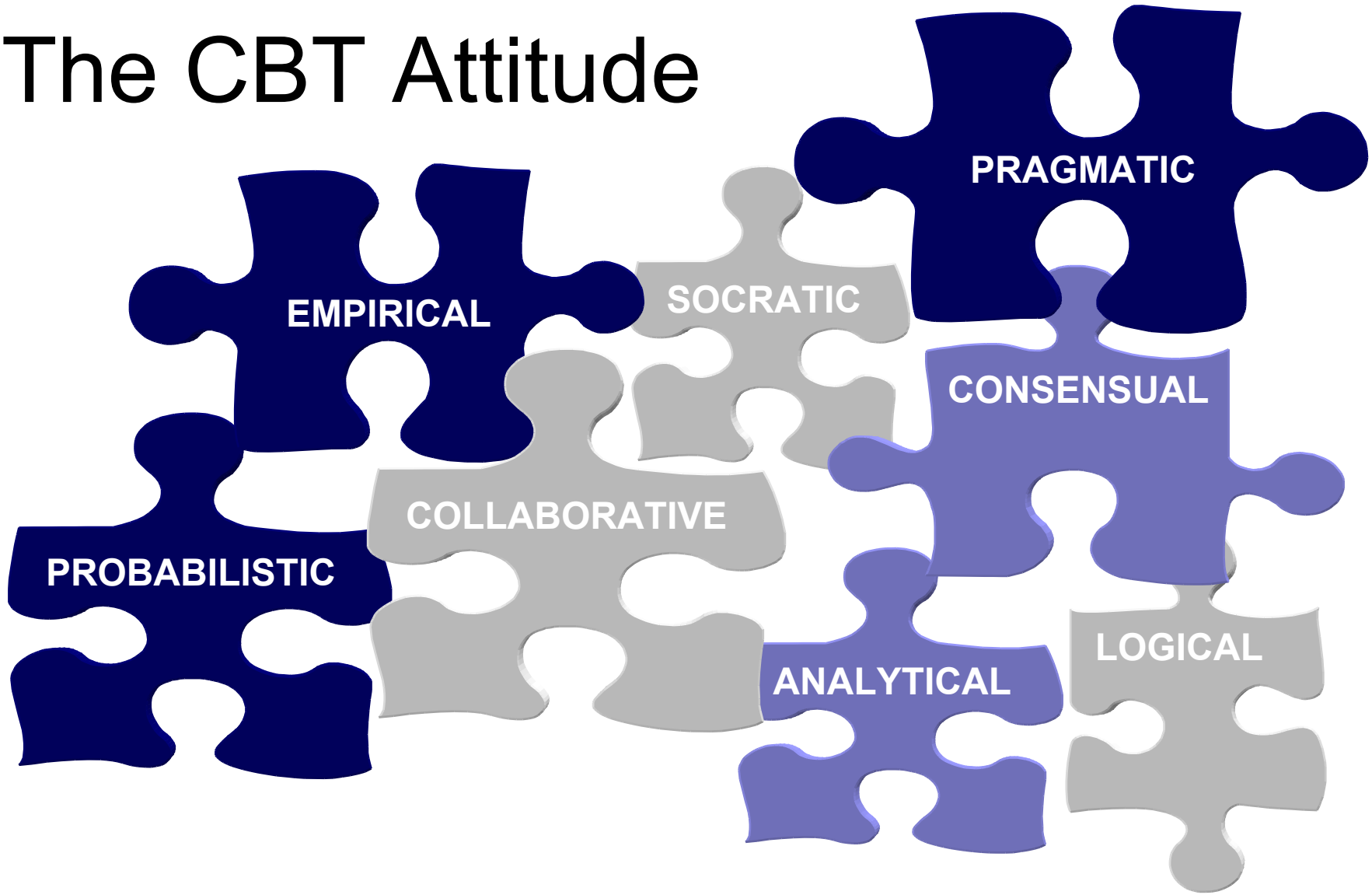
The patient is encouraged to accept consensus as another form of empirical validation.

The CBT Attitude

Patients are encourage to dispute their own cognitions using rules of logic, taking care in allowing them to find the errors rather than pointing them out.

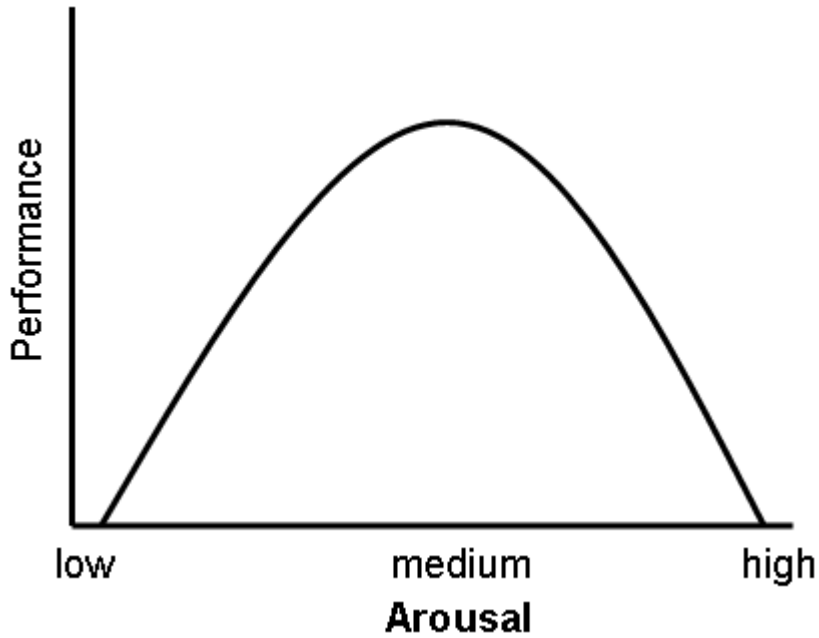


The CBT Attitude



The CBT Approach

1. Attend to arousal level
2. Analyze experiences:
   (a) emotional responses
   (b) activating events
   (c) physical-sensory, cognitive, and behavioural components
3. Match technique(s) to the appropriate components
4. Teach the techniques in a time limited fashion
5. Assign self-report forms and behavioural experiments for homework
6. Evaluate and revise approach as needed



Existing Group CBT Programs

- Target:

  Men and women, 13 years of age or older; with Panic Disorder, Generalized Anxiety Disorder or Social Phobia

- Goals:

  1. master techniques appropriate to each component

CBT Components	Techniques
Physical-sensory	Relaxation
Cognitive	Restructuring
Behavioural	Desensitization

Existing Group CBT Programs

- Goals (Continued):

  2. desensitize to the dominant response

  3. learn to accommodate by "letting go"

- Format: 12, weekly, 2-hour sessions with J.C. and client manual

Anxiety Disorder	**Response**
Panic Disorder	Physical: interoception
Generalized Anxiety	Mental: worry
Social Anxiety	Behaviour: performance

A Proposed Group CBT Program

- Target: young men and women in the prodrome or following their first psychotic break
- Goals:
  1. reduce positive and negative symptoms
  2. minimize transition into active phase or relapse
  3. increase GAF
- Format: 16, weekly, 2-hour sessions with 2 co-therapists
- Structure:
  1. check in and homework review
  2. presentation of new concepts
  3. break with munchies at half time
  4. practice and consolidation of skills
  5. assignment of homework

Functional, Symptom-Focused CBT

- **Functional:** interventions are linked to client life goals identified in pre-group interview in order to enhance motivation and engagement.

- **Symptom-focused:** program is made up of units that accommodate a variety of symptom profiles such as predominantly positive/negative symptoms, attention problems, affective disregulation, and social communication difficulties.

Unit Outline

Unit 1: Introduction to CBT

Unit 2: Positive and Negative Symptoms

Unit 3: Attention and Affect Regulation

Unit 4: Social Communication

Unit 1: Introduction to CBT

Week 1: Schizophrenia

- Symptoms
- Program rationale
- Adjunctive treatments
- Pitfalls e.g., street drugs

Week 2: Life Goals

- Areas of dissatisfaction
- Positive alternatives
- Personal strength profile
- From goals to steps

Unit 1: Introduction to CBT

Week 3: The CBT Model

- Component analysis
- Automatic thoughts (ATs)
- Cognitive distortions
- Challenging vs. accommodating

Week 4: Stress Management

- Diathesis-stress
- Let it go vs. try harder
- Relaxation techniques
- Practice

Unit 2: Positive and Negative Symptoms

Week 5: Delusions

- Continuum of beliefs
- Evidence for and against
- Cognitive restructuring
- Behavioural experiments

Week 6: Hallucinations

- Voices as activating events
- Exploring alternative beliefs
- Behavioural experiments
- Coping skills

Unit 2: Positive and Negative Symptoms

Week 7: Getting Going

- Congruent positive symptoms
- Alternative coping appraisals
- Stress management
- Goal setting

Week 8: Getting Social

- Social skills training
- Role play
- Real-life practice

Unit 3: Attention and Affect Regulation

Week 9: Attention

- Role of attention
- Behaviours that help/hinder
- Behavioural goal-setting

Week 10: Activation

- Recognizing mood
- CBT model for depression
- Activation
- Weekly activity schedule

Unit 3: Attention and Affect Regulation

Week 11: Cognitive Restructuring

- Recognizing depressive thoughts
- Identifying cognitive distortions
- Disputing and replacing
- Automatic thought (AT) form

Week 12: Cognitive Restructuring

- Restructuring of ATs from homework
- Using a restructuring form
- Activity schedule review

Unit 4: Social Communication

Week 13: Nonverbal Communication

- Learning the language
- Observation and role play

Week 14: Social Anxiety

- Fear and avoidance hierarchy
- Role play
- Behavioural goals

Unit 4: Social Communication

Week 15: Social Anxiety

- Real-life exposure
- Further role-plays
- Behavioural assignments

Week 16: Relapse Prevention

- Self-monitoring techniques
- Stress management revisited
- Review of weeks 1 - 15
- Graduation ceremony

Summary

- Use of CBT to modify feelings and behaviours by challenging thinking
- Collaborative attitude and analytic, graduated approach of CBT illustrated
- CBT programs offered at Aegis
- A proposed program of group CBT for people in the early stages schizophrenia

References -- Aegis Programs

- Barlow, D. and Craske, M. (2000). Mastery of Your Anxiety and Panic, 3rd Ed. New York: Oxford University Press.
- Craske, M. and Barlow, D. (2006). Mastery of Your Anxiety and Worry, 2nd Ed. New York: Oxford University Press.
- Heimberg, R. and Becker, R. (2002). Cognitive-Behavioral Group Therapy for Social Phobia. New York: Guilford Press.

References -- Proposed Program

Articles:

- Cather, C. (2005). Functional cognitive-behavioural therapy: A brief, individual treatment for functional impairments resulting from psychotic symptoms in schizophrenia. Canadian Journal of Psychiatry, 50(5), 258-263.
- Lecomte, T., Leclerc, C., Wykes, T. and Lecomte, J. (2003). Group CBT for clients with a first episode of schizophrenia. Journal of Cognitive Psychotherapy, 17(4), 375-383.

References -- Proposed Program

Books:

- Chadwick, P., Birchwood, M. and Trower, P. (1996). Cognitive therapy for delusions, voices and paranoia. Chichester, UK: John Wiley & Sons, Ltd.
- Kingdon, D. and Turkington, D. (2005). Cognitive therapy of schizophrenia. New York: Guilford Press.
- Nelson, H. (1997). Cognitive behavioural therapy with schizophrenia. Cheltenham, UK: Nelson Thornes Ltd.

Cognitive Behavioural Therapy (CBT)

PowerPoint reprints available:

http://www.PsycServ.com/events/archives/CBT_powerpoint.pdf

http://www.PsycServ.com/CBT_powerpoint.htm