



CBT – The Basics

Presentation by
Debbie Featherstone



One size – Fits All?

- Is it seen as a “short-cut”?
- Research showing its use in groups – a message from the NHS! “Think LEAN”
- Is it a “cure all”?



Core Conditions

- Genuineness
 - Acceptance
 - Empathy
-
- As relevant as they ever were
 - Central to the therapeutic relationship between client and therapist



What happens when core conditions aren't there?

- Clinician has little awareness of / is not using counselling skills
- CBT becomes a task based series of steps carried out in a particular order



Example

- Employment “back to work” services
- Client recovering from a stroke
- Age 34
- A year of vestibular rehab
- Referred to me by audiology because of struggling in noise
- In fact, her problems were about self-esteem and fear



Example continued

- Previously instructed by Employment service to attend for appointments with CBT therapist
- Alleged to be assertiveness training
- Forcing her to go to a supermarket unaccompanied!
- So BEWARE!



And now.....

The good stuff 😊



What we need to know to enable client make changes

The basic assessment and goal setting:

- Find out who the client is
- What are their problems?
- How do the problems make them feel?
- What do they want to do about them?
- What are they prepared to do about them?
- Validated measurement instrument
- Agree goals



A two-tier assessment

- A solution to complex assessments
- Planned pre-assessment as part of the assessment structure
- Many people need only explanation and reassurance confirmed by use of measure
- Pre-assessment groups
- Full assessment for those that need it



Treatment plan

- Assessment completed
- Measures undertaken
- Agreed goals
- Beginning to formulate treatment plan

- When might CBT be appropriate?



To CBT or not.....

- Using interpretive models of clinical reasoning
- Based on the interpretive paradigm
- Seek a deep understanding of the client's perspective and influences of contextual factors
- In addition to the more traditional clinical understanding of the condition



Interpretive models

- Relevance is evident in growing body of research
- Demonstrates that meanings patients give to their problems – including understanding and feelings – significantly influences their perception of pain tolerance, disability and eventual outcome



Treatment plan formulation

- Talk to the patient about how CBT works
- Use examples from their conversation to explain maintenance cycles
- Ask questions that lead them into explaining additional cycles to aid their understanding



Maintenance Cycles

- Write them down diagrammatically
- Develop them in partnership with the client
- Reinforces client's understanding
- Offer good insights to thoughts, emotions and behaviours
- Opens a window to better understanding of where client is trapped in irrational thoughts that result in behavioural responses he would sooner change



The Cognitive Model

Core belief

I'm incompetent

Intermediate belief

If I don't understand something perfectly then I'm stupid

Situation



Automatic thoughts



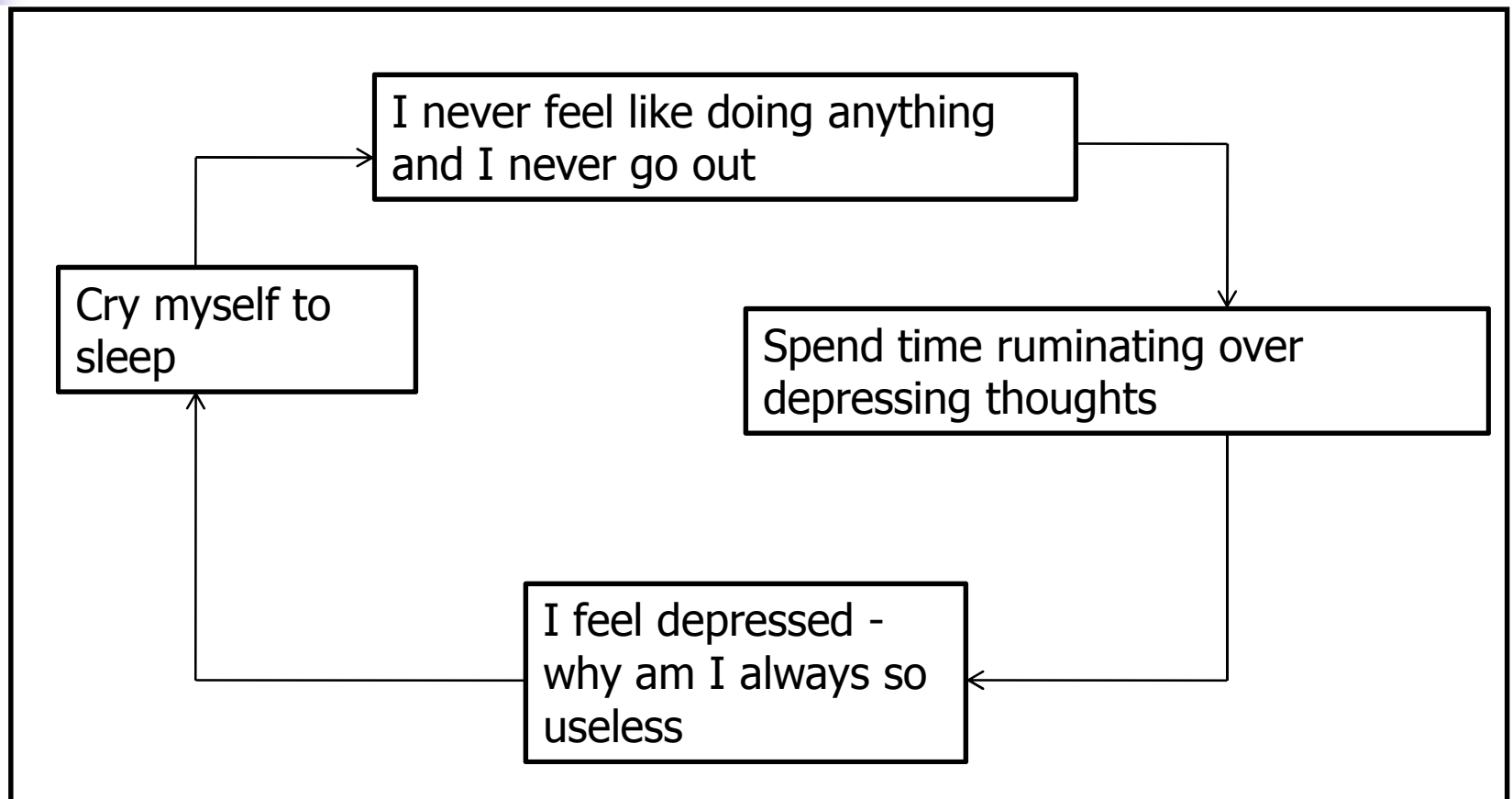
Reactions

Emotional

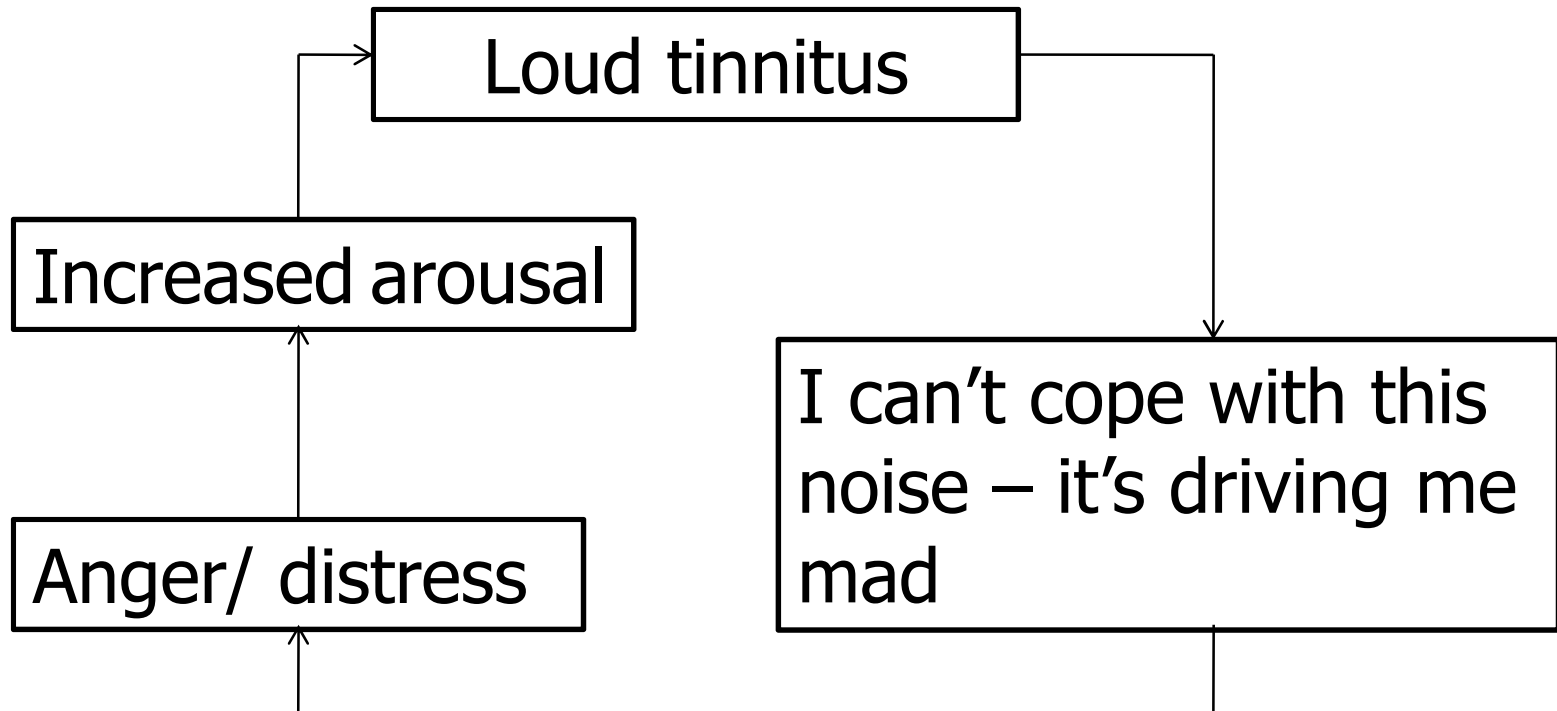
Behavioural

Physiological

A maintenance cycle



Tinnitus maintenance cycle





Challenging NATs

- Is there anything that might suggest the thought could be wrong?
- What would my family or friends say if I talked to them about it?
- What would I say to a friend who came to me with a similar problem?
- What good things have happened to me that contradict the thought?
- Are there any alternative explanations for what seems to have happened?
- Are my thoughts based more on the way I feel than on solid evidence?
- Have I been jumping to conclusions?
- Am I exaggerating the chances of anything bad happening to me?
- Am I being over-sensitive?
- Am I misinterpreting things because I'm feeling anxious or down?
- If I were feeling happier would I still think of things in the same way?
- Are my past experiences getting in the way of me seeing the present situation clearly?



Thought Records

- Situation description or stream of thoughts
- Mood/emotion and rating 0-100%
- Automatic thoughts / “hot” thought or images
- Evidence that supports the hot thought
- Evidence that does not support the hot thought
- Alternative balanced thought
- Re-rate mood/emotion



Thought record

Date	Situation/ stream of thoughts	Mood/ Emotion (rating 0- 100%)	NATs (what was going through your mind)	Evidence that supports hot thought	Evidence that does not support hot thought	Alternative balanced thought	Re-rate Mood/ Emotion



Situation

- Description of the situation or stream of thoughts that you had that made you feel bad
- Write down essentials only
- Enough for you to recognise what the situation was if you read it again in the future



Mood/Emotion

- How you felt at the time e.g.
- Angry / anger
- Sad / sadness
- Frightened / fear
- Frustrated / frustration
- Anxious / anxiety
- Lots more.....



Rate the emotion

- Choose a rating between 0 – 100%
- Normal to experience several emotions at once, so rate each one



Automatic thought

- What was running through your mind just prior to feeling the emotion
- NATs are not thoughts we CONSCIOUSLY THINK
- They aren't generally in structured sentences
- They can often be images as much as thoughts
- They are unsummoned
- They make sense at the time
- We believe them to be true (at the time)



List the NATs

- Usually more than one
- Once you become practiced at spotting NATs, the easier it is to identify that there are several happening often simultaneously
- Rate how much you believe the thought at the time of thinking it (0-100%)



Circle the HOT thought

- The HOT thought will be one of the NATs
- It is the strongest / most powerful of the NATs
- It will be the one that causes most emotion for you – not necessarily the highest belief rated or the thought linked to the emotion you rated highest in the previous column



Evidence that supports the thought

- What is it that makes the thought true and valid
- Don't be surprised when you are unable to think of very much evidence that supports a NAT
- Be aware that another NAT may jump in there though! Focus on EVIDENCE



Evidence that does not support the thought

- Very often easier to do than the previous column
- This is the “*CHALLENGE*” area of tackling NATs
- List as many as you can think of



Alternative/balanced thought

- Write down a more balanced thought
- Again, there may well be several of them
- Rate how much you believe each of the new balanced thoughts (0-100%)



Re-rate mood/emotion

- Re-rate each mood/emotion from column 3 (0-100%)
- At the beginning of therapy, the changes in rating may be small – or the rate of belief of the new balanced thoughts are fairly modest
- Changes in these ratings become greater as therapy progresses



Useful reading materials

- Beck J.S. *Cognitive Therapy: Basics and Beyond* (1995) Guilford Press
- Freeman D., Freeman J., Garety P. *Overcoming Paranoid and Suspicious Thoughts* (2006) Robinson
- Greenberger D., Padesky C.A. *Mind Over Mood* (1996) Guilford Press
- Greenberger D., Padesky C.A. *Clinician's Guide to Mind Over Mood* (1995) Guilford Press
- Ledley D.R., Marx B.P., Heimberg R.G. *Making Cognitive Behavioural Therapy Work: Clinical Process for New Practitioners* (2005) Guilford Press