

COGNITIVE BEHAVIOR THERAPY (Beck)



COURSE: CLINICAL ASSESSMENT AND INTERVENTION

Paper VII (PGDCP; SEM II); Unit V

By

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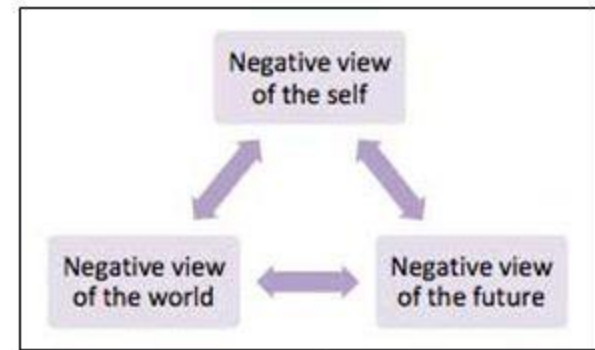
Cognitive Behavior Therapy

Cognitive behavior therapy is based on the idea that how we think (**Cognition**), how we feel (**Emotion**) and how we act (**Behavior**) all interact together. Specifically, our thoughts determine our feelings and our behavior. **Therefore, negative and unrealistic thoughts can cause us distress and results in problems.** When a person suffers with Psychological distress, the way in which they interpret situations becomes **skewed** (sudden change of direction in a inaccurate, unfair, or misleading way), which in turn has a negative impact on the actions they take.





3. The negative triad



Building on the idea of maladaptive responses, Beck suggested that people with depression become trapped in a cycle of negative thoughts

They have a tendency to view themselves, the world and the future in pessimistic ways – the **triad of impairments**

- *Negative view of the self (I am incompetent and undeserving)*
- *Negative view of the world (it is a hostile place)*
- *Negative view of the future (problems will not disappear, there will always be emotional pain)*

Beck's cognitive triad, also known as the **negative triad**, is a cognitive-therapeutic view of the three key elements of a person's belief system present in depression. It was proposed by [Aaron Beck](#) in 1976. The triad forms part of his cognitive theory of depression and the concept is used as part of [CBT](#), particularly in Beck's "[Treatment of Negative Automatic Thoughts](#)" (TNAT) approach.

The triad involves "automatic, spontaneous and seemingly uncontrollable negative thoughts" about:

The [*self*](#)

The [*world or environment*](#)

The [*future*](#)

Examples of this negative thinking include:

The self – "I'm worthless and ugly" or "I wish I was different"

The world – "No one values me" or "people ignore me all the time"

The future – "I'm hopeless because things will never change" or "things can only get worse!"

NEGATIVE VIEWS ABOUT
THE WORLD

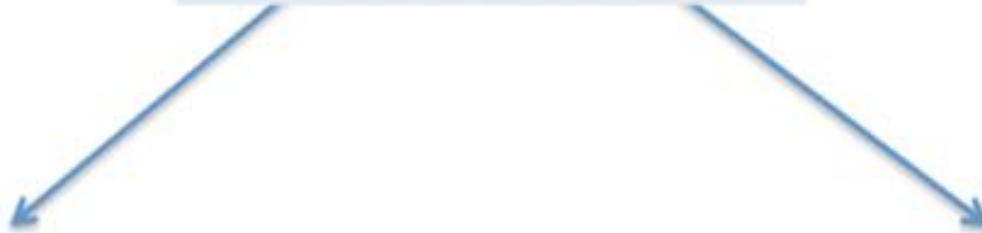
“everyone is against me
because I’m worthless”

NEGATIVE VIEWS ABOUT
THE FUTURE

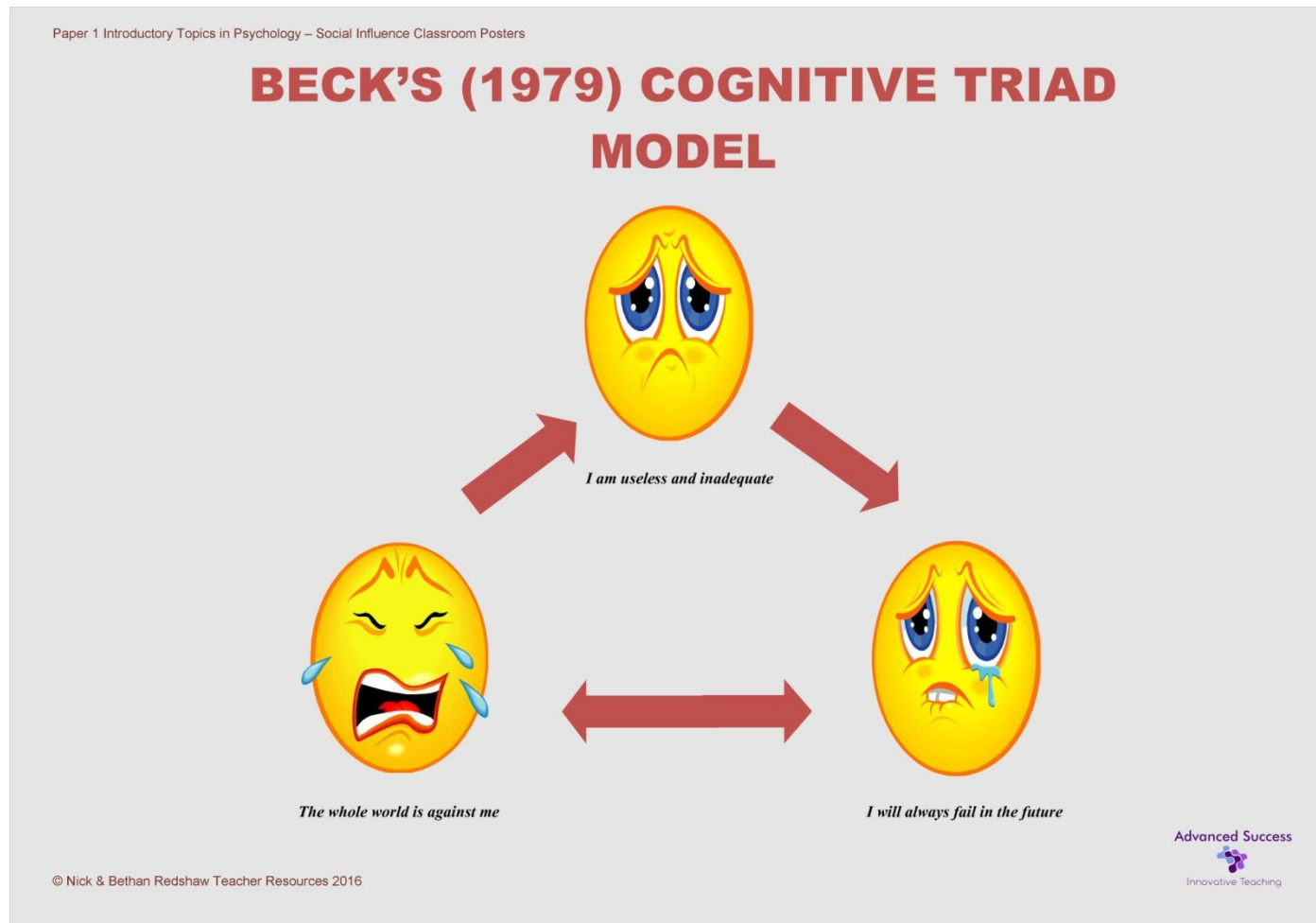
“I’ll NEVER be good at
anything”

NEGATIVE VIEWS ABOUT
ONESELF

“I’m worthless and
inadequate”



The Cognitions cause distortions in the way we see things. Ellis suggested it is through irrational thinking, while Beck proposed the cognitive triad.



Beck Cognitive theory

Beck's work on depression has led him to formulate **six types of faulty thinking processes** that seem to operate in most psychological disorders (Beck et al,1979, Beck and Weishaw,1989)

- 1. ARBITRARY INFERENCE-** Arbitrary interference occurs when people **draw conclusion about themselves or the world without sufficient and relevant information**. The person who was not hired by a potential employer perceives himself "totally worthless" and believes that he will probably never find employment of any sort.
- 2. SELECTIVE ABTRACTION-**Selective abstraction refers to **conclusion drawn from very isolated details and events without considering the larger context**. A depressed student who receives a C on an exam becomes depressed and gives up even though he or she may have A's and B's in all other courses. In this case, the student measure his or her worth by failure, errors and weakness rather than by success or strengths.
- 3. OVERGENERALIZATION-** Overgeneralization is the process of **holding extreme belief on the basis of a single incident and applying it to a different and inappropriate situation**. For e.g- A depressed person who has relationship problems with her believe that she is a failure in all other types of relationships.

4. **MAGNIFICATION AND EXAGGERATION-** Magnification and exaggeration is the **process of overestimating the significance of negative events**. For e.g- experiencing shortness of breath will be interpreted as a major health problem.

5. **PERSONALIZATION-** Personalization is a process by which people **relate external events to themselves when no objective basis for such a connection is apparent**. A student who raises his hand in class and is not called on by the professor, may believe that the instructor dislikes or is biased against him.

6. **POLARIZED THINKING-** Polarized thinking is an “all-or-nothing” approach to viewing the world. Things are **perceived in extremes or in “good and bad”, “either-or-’ terms**. For example- At one extreme is a student who perceives herself as “perfect” and immune from making mistakes, and at the other extreme is the student who believes that he is a total flop and incompetent. In both students, polarized thinking leads to irrational and dysfunctional beliefs and attitudes.

People interact with the world through their mental representation of it. If mental representations are inaccurate or our ways of reasoning are inadequate then emotions and behavior may become disordered.

CBT aims to help people becomes aware of when they make negative interpretations and of behavioral pattern which reinforce the distorted thinking. Cognitive therapy helps people alternative ways of thinking and behaving which aims to reduce their psychological distress.

The idea is that the client identifies their own unhelpful beliefs and then proves them wrong. As a result, their belief begin to change. For Ex- someone who is anxious in social situation may be set a homework assignment to meet a friend at a restaurant for dinner.

CBT can help a person to change how he/she think (Cognitive) and what he do (Behavior) and these changes in thinking (Cognition) and behavior can help to feel better.

CBT has been shown to help with many different types of problems. These includes

- Anxiety
- Stress
- Depression
- Eating Disorders
- Phobias
- Post traumatic stress disorder etc

CBT may also help in problems like aggression, a low opinion of oneself or physical health problem like pain or fatigue.

Cognitive Behavioral Therapy Techniques

It is a therapy which takes a psycho therapeutic approach to solve problems that are related to behaviors, dysfunctional emotions and cognitions by means of a systematic and goal-oriented procedure.

The **idea** around which the CBT techniques have developed is that, **OUR OWN and no external factors are responsible for the behaviors we exhibit and feelings we experience.** The cognitive behavioral therapy techniques are time bound and the average number of sessions required to complete the therapy is 16-20.

In order to select which technique to pursue at any given point in a session, clinicians consider at any variables, including the nature of the problem under discussion, their overall plan for the session, the stage of therapy, skills previously taught, patients' and therapists' goals, patients' current degree of distress

CBT Techniques

Problem Solving: Problem solving is a central part of cognitive therapy treatment. Every patient brings real-life problems to therapy. At times, clinicians engage in straightforward problem solving with patients. Often, though, they need to help patients identify and respond to their distorted thinking before patient are ready to brainstorm options, examine their choices, and select a course of action. Clinicians assess the degree to which they need to teach patients problem-solving skills directly.





Define the Problem	The patient is struggling to maintain their walking program. Reasons given are pain and schedule conflicts.
Select a Goal	Adhere to the original treatment plan or establish a new goal.
List Alternatives	Walk in the morning before work or at lunchtime; decrease walking time but increase the number of sessions.
Select a Solution	The client chooses to walk for 15 minutes at lunch instead of after work.
Evaluate the Outcome	At follow-up appointments, discuss the change in program, encourage the importance of adherence, and adjust again as needed.

Graded Task Assignments

Graded Task Assignment (GTA) is a **CBT** technique for turning overwhelming **tasks** into manageable achievements. In other words, see everything as step-by-step. This involves breaking a big goal into smaller goals that you put in the most logical, achievable order. Graded task assignments are especially important for depressed patients. Clinicians help patients break down seemingly insurmountable problems into component parts they can work on step-by-step.

Activity Monitoring

Activity monitoring is often used with depressed patients. They keep a log of what they are doing each hour and rate either their mood during each activity or their sense of pleasure or mastery. This log can be invaluable in identifying activities that patients are engaging in too much or too little.

Date & Time	Energy How much energy do you have out of ten? (please put an 'X' on the scale)	Sleep How many hours did you sleep last night?	Mood How do you feel today out of ten? (please put an 'X' on the scale)	Diary – please describe how you feel today.
1/05/06 10.15	 very low very high	I slept <u> 8 </u> hours.	 very low very happy	I feel great today, loads of energy.
	 very low very high	I slept <u> </u> hours.	 very low very happy	

Daily Activity Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am to 9am							
9am to 10am							
10am to 11am							
11am to 12pm							
12 to 1							
1 to 2							
2 to 3							
3 to 4							
4 to 5							
5 to 6							
6 to 7							
7 to 8							
8 to 9							
9 to 10							
10 to 12am							

Giving Credit

Many patients benefit from learning how to give themselves credit. Especially when patients are depressed, they focus unduly on the negative and fail to register the positive things they are doing. They tend to see their difficulties as being caused by an inherent character flaw instead of their illness. One way to help them see the broader picture is for them to note (preferably in writing) whatever they do that is even a little difficult for them but that they do anyway. Getting out of bed, performing their usual hygiene activities, getting to work on time, calling a friend, and paying a bill are all activities that merit credit, if they were difficult for the patient to accomplish.

Functional Comparisons of the Self

Functional comparisons of the self are an important skill for many depressed patients. Learning to compare themselves with how they were at their worst point reduces the hopelessness and self blame they experience when they (automatically) compare themselves with others who are not depressed, with how they were before they become depressed, or with how they wish they would be.

Activity Scheduling: Behavioral activation and activity scheduling are particularly important for patients who are relatively inactive or whose lives are disorganized. Depressed patients often believe that they should wait until they are feeling better before they attempt to engage in activities that can give them a sense of mastery or pleasure. However, these patients invariably find that their mood improves when they push themselves to engage in formerly pleasurable activities and to perform tasks from which they can derive a sense of accomplishment. Such efforts are especially important when patients simultaneously experience interfering negative thoughts.

Psycho-education: Psycho-education is a key element in cognitive therapy. Clinicians educate their patients about many aspects of therapy, including the symptoms of their disorder, how cognitive therapy proceeds, their mutual responsibilities as patient and therapist, the structure of the session, the importance of setting agendas, the need for honest feedback, and the cognitive model. Clinicians often encourage patients to read cognitively oriented pamphlets and chapters of self-help books to reinforce what they learned in therapy.

TIME	ACTIVITY
8–10 am	In bed (partner took kids to school)
10.30 am	Showered
11 am – 1 pm	Watched TV
1 pm	Ate crisps and a cup of soup
1.30 pm	Boss rang in for his weekly check in. Didn't feel up to talking so didn't answer
2–4 pm	Felt low and went back to bed
5 pm	Kids came back – dropped back after their 'after school' club
5.30 pm	Cooked tea – we ate together but felt detached. Watched kids playing but didn't join in or feel part of what they were doing.
9 pm	Went to bed

	Monday	Tuesday	Wednesday	Thursday
7:00am to 9:00am	<i>Sleep</i>	<i>Sleep</i>	<i>Woke early</i>	<i>Woke early (again)</i>
9:00 to 10:00	<i>Get ready for work</i>	<i>Phone in sick</i>	<i>Phone in sick (again!)</i>	<i>Sleep on couch</i>
10:00 to 11:00		<i>Sleep on couch</i>	<i>Take baby out</i>	<i>Nothing</i>
11:00 to 12:00	<i>Work</i>	<i>Argue with wife</i>	<i>Madness in law ?</i>	<i>Argue with</i>
12:00 to 1:00pm		<i>Bath baby</i>	<i>Stay in bedroom</i>	<i>Take be</i>
1:00 to 2:00	<i>Skip lunch</i>	<i>Watch TV</i>		
2:00 to 3:00	<i>Work</i>	<i>Nothing</i>	<i>Sleep</i>	
3:00 to 4:00	<i>Mistake in work</i>	<i>Feed baby</i>	<i>Watch TV</i>	

Weekly Activities Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00							
1:00-2:00							
2:00-3:00							
3:00-4:00							
4:00-5:00							
5:00-6:00							
6:00-7:00							
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10 to 12am							

Cognitive Rehearsal:

In this technique, the patient is asked to recall a problematic situation of the past. The therapist and patient work together to find out the solution to the problem or a way in which the difficult situation if occurs in the future may be sorted out.



Cognitive Rehearsal

In this technique, the patient is asked to recall a problematic situation of the past.

The therapist and client both work together to find out a solution for the problem or a way in which the difficult situation, if it occurs in the future can be sorted out.

The therapist asks the client to rehearse positive thoughts cognitively in order to make appropriate changes to the latter's thought processes.

Power of imagination proves to be of great use in such exercises.

Validity Testing:

It is one of the CBT techniques in which the therapist tests the validity of beliefs or thoughts of the patient. Initially, the patient is allowed to defend his viewpoint by means of an objective evidence. The faulty nature or invalidity of the beliefs of the patient is exposed if he is unable to produce any kind of objective evidence.



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Writing in a Journal

It is the practice of maintaining a diary to keep an account of situations that arise in day-to-day life.

Thoughts that are associated with these situations and the behavior exhibited in response to them are also mentioned in the diary.

The therapist and client together review the matter written in the journal and find out maladaptive thought pattern.

The discussion that takes place between them proves to be useful in finding different ways in which behavior of the client gets affected

Cognitive Journal

Date:

Activating Event	Beliefs	Consequence	Disputing
1. The situation. 2. Initial thought.	1. Negative thinking. 2. Source of negative belief.	1. Consider the consequences.	1. Challenge your thinking. 2. Alternative thinking. 3. Positive belief and affirmation. 4. Action plan. 5. Improvement.

Guided Discovery: The objective/purpose behind using this technique is to help the patient and enable him understand his cognitive distortions. Guided discovery is a process that a therapist uses to help his or her client reflect on the way that they process information. Through the processes of answering questions or reflecting on thinking processes, a range of alternative thinking is opened up for each client

Guided Discovery

- The objective or purpose behind using this technique is that of helping patients by enabling them to understand their cognitive distortions.
- Patients are made aware of and assisted by therapists in understanding how they process information.
- The activity of understanding how information is processed allows patients to alter the same (information processing) if required.

Homework: The homework is actually a set of assignments given by therapists to patients. The patient may have to take notes while a session is being conducted, review the audiotapes of a particular session or he may have to read article/books that are related to the therapy.

Responding to Patients' Valid Thoughts: Sometimes patients' thoughts are valid. When patients' thought, clinicians usually do one or more of the following: problem solving, evaluating the patient's conclusion, or examining the utility of the thought.

Weighing Advantages and Disadvantages: Another common technique when patients must make decisions is helping them identify, record, and perhaps weigh advantages and disadvantages.

Dysfunctional Thought Record

The patients record their thought in a worksheet. This worksheet allows patients to record and respond to their thoughts in an organized way many patients use this worksheet not only during therapy but also for months and years after therapy is over, when they are overreacting to situations or developing early signs of their disorder. On the dysfunctional thought record, the first three columns after the date parallel the cognitive model: patients record their thoughts and emotions in specific situations. Patients are also instructed to note their degree of belief in each thought and the intensity of their emotion.

Cognitive Therapy Thought Record www.CognitiveTherapyGuide.org

Situation	Initial Thought	Negative Thinking	Evidence for this Thinking	Alternative Thinking
I made a mistake at work.	I feel like a failure. If people knew the real me, they wouldn't like me.	This is self-labeling and disqualifying the positives.	I'm hard on myself. I've had some successes. I don't always succeed, but I do sometimes. People have complimented me on my work. It's when I try to be perfect that I feel overwhelmed and disappointed in myself. I'm damaging my self-esteem. My negativity will affect my relationships and possibly my health. I'll become exhausted.	I don't have to succeed at everything. Making a mistake doesn't mean that I fail at everything. I want to get rid of this negative thinking. I'm going to celebrate my victories, and focus on the positives. The next time I make a mistake, I won't dwell on the negatives and waste my energy. Instead I'll focus on what I can learn from my mistake.
Describe the situation that led to your unpleasant feelings.	What thought first entered your mind?	Identify the negative thinking behind your initial thought.	Look at the evidence for and against this thinking. Have you been in a similar situation before? What strengths do you bring to this situation? Look at the whole picture.	Once you've considered the facts, write down a healthier way of thinking.





* This thought record template can be copied without restrictions for personal use.

Dysfunctional thought record

Date/ time	Situation	Automatic thoughts	Emotions	Alternative response	Outcome
	<ol style="list-style-type: none"> 1. What actual event or stream of thoughts, or daydream or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have> 	<ol style="list-style-type: none"> 1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time? 	<ol style="list-style-type: none"> 1. What emotions (sad, anxious, angry etc) did you feel at the time? 2. How intense (0-100%) was the emotion? 	<ol style="list-style-type: none"> 1. What cognitive distortion did you make? 2. Use questions at bottom to compose a response to the automatic thought(s) 3. How much do you believe each response? 	<ol style="list-style-type: none"> 1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What will you do? (or did you do?)

Coping Cards

Coping cards are really just therapy notes on index cards that patients can carry with them and read several times a day. Usually they contain responses to patients' key, recurrent automatic thoughts or behavioral instructions.

<p>When I feel _____, I can...</p> <p>do simple yoga poses</p> 	<p>When I feel _____, I can...</p> <p>talk to myself about what's happening right now</p> 
<p>When I feel _____, I can...</p> <p>think of my favorite things...</p> <ul style="list-style-type: none">• season• color• day of the week• animal• food 	<p>When I feel _____, I can...</p> <p>picture the people I care about</p> 



ANGER MANAGEMENT

23 CALMING STRATEGY CARDS



Modification of Underlying Beliefs

Modification of underlying beliefs entails many techniques. Some techniques include examining advantages and disadvantages of holding a particular belief, developing more realistic, more functional beliefs, explaining faulty information processing, monitoring the operation of the schema, identifying alternative explanations for patients' experience when the belief has been activated, learning to recognize evidence that disconfirms the dysfunctional belief, using metaphors and analogies to help patients develop new perspectives, using rational- emotional role plays, and examining the developmental origin of beliefs.

Aversive Conditioning

Among the different CBT techniques used by therapists, the aversive conditioning technique makes use of dissuasion for lessening the appeal of a maladaptive behaviour. The patient while being engaged in a particular behaviour or thought for which he has to be treated, is exposed to an unpleasant stimulus. Thus, the unpleasant stimulus gets associated with such thoughts/behaviours and then the patient exhibits an aversive behaviour towards them.

Systematic Positive Reinforcement

The systematic positive reinforcement is one of the cognitive behavioural therapy techniques in which certain (positive) behaviours of a person are rewarded with a positive reinforcement. A reward system is established for the reinforcement of certain positive behaviours. Just like positive reinforcement helps in encouraging a particular behaviour, withholding the reinforcement deliberately is useful in eradicating a maladaptive behaviour.

Bibliotherapy

It is a technique in which clients complete readings dealing with the philosophy of cognitive therapy. According to Dattilio and Freeman (1992, 2007), these readings are assigned as an adjunct to therapy and are designed to enhance the therapeutic process by providing an educational focus.

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Singh A.K, Naidanik manovigyan

Google images.

THANK YOU