



CBT – Cognitive Behavioral Therapy. What is CBT? – A Basic Overview:

- **CBT** is more *informational* than motivational – Therefore it works great in combination with other more motivational strategies.
- **CBT** de-emphasizes the importance of “how?” For example, in order to properly fix a broken arm one does not necessarily need to know *how* the arm was broken in order to set the bone properly?
- **CBT** is *thought-focused*; the goal is to understand and change negative thoughts that fuel irrational fears and anxieties.
- **CBT** Involves education of *strategies* and *coping skills* that clients can actively use in a variety of challenging life situations. Often CBT requires homework and client’s practicing their new skills.

Some Positive Aspects of CBT:

- It is quick (brief, short term, time limited)
- It is practical – (CBT skills are very useful and can be transferred to a variety of other life areas)
- It is goal oriented – (CBT helps clients with tangible skills for achieving their goals)
- Its effective with individuals and groups and even families – It works well with children, adolescents and adults
- CBT is evidenced-based (There is a body of research proving CBT is effective with a variety of client issues including anxiety, depression, bipolar disorder, eating disorder, substance abuse, trauma, schizophrenia, and many more)

Some Challenges of CBT:

- CBT is more than just “talk” therapy – CBT requires a body of knowledge and expertise on behalf of the therapist. The therapist may need to do research and preparation in order to be able to bring something to the session. Therapist needs to be able to understand skills in order to teach them.
- CBT alone can be ineffective with unmotivated clients. (Clients who don’t want to change will often not be interested in learning any skills to make change happen. Less motivated clients are often unwilling to do homework or practice new skills)

Basic Components of CBT:

- **Functional Analysis** – Counselor and client work at identifying high-risk situations that trigger or stimulate negative emotions and behaviors (such as substance abuse) and then work to find alternative strategies to avoid or cope with these high risk situations and triggers
- **Skills training** – Relaxation techniques, anger management skills, cognitive reframing, positive self-talk, etc. – There are many useful and helpful coping skills for a variety of mental health disorders and conditions. CBT is focused on practical solutions these issues



- ***Our thoughts and beliefs affect our feelings and behaviors*** – Therefore, CBT focuses on therapist helping clients identify and challenge negative and irrational thinking patterns and belief systems which then helps one improve ability to cope with emotional issues and establish new more positive coping behaviors. CBT helps clients learn to:
 - Distinguish between thoughts and feelings.
 - Become aware of the ways in which thoughts can influence feelings in ways that sometimes are not helpful.
 - Learn about thoughts that seem to occur automatically, before realizing how these thoughts affect emotions and behavior
 - CBT helps client consider the context of their thoughts and feelings as we often think and feel differently in different environments and situations (work, school, alone vs. with others, etc.)
 - CBT helps us evaluate critically whether these "automatic" thoughts and assumptions are accurate, or perhaps biased or irrational
 - CBT helps one to develop the skills to notice, interrupt, and correct these biased thoughts independently

Some Examples:

Example #1 - Depressed Client – Negative behavior: Struggling to get out of bed to face the day

- What is that client really thinking? We know he's depressed but is he hopeless, feeling worthless, feeling shame, anger, helplessness, guilt, etc. What specific kinds of negative thoughts are fueling depressive feelings? (Some examples below)
 - *Helplessness* – “What is the use in trying any more, I always fail anyway”
 - *Hopelessness* – “The world is so terrible, I just don't see things ever getting better for me”
 - *Worthlessness* – “I'm a failure and I have disappointed so many people”
- Using CBT, the therapist approach to helping the client cope with depression would be contingent upon the specific types of thoughts and feelings the client is personally experiencing (aka the “internal dialogue”)

Example #2 – Angry Client – Negative behavior: Arguing with and yelling at spouse

- Anger is often a secondary emotion – Anger can be easy to identify but what deeper feelings might be behind the anger? (Some examples below)
 - Fear and Insecurity – Client is angry because he is really afraid his wife will leave him
 - Hurt and Disappointment– Client anger due to feeling hurt over something wife said or did
 - Shame – Client is lashing out to cover up uncomfortable feelings of guilt or shame
- Again, using CBT, the therapist approach to helping the client cope with anger would involve starting with deeper thoughts and feelings triggering negative behaviors



Copings Skills Training – A vital part of CBT. Provide client with concrete and practical skills to cope.

- The A-B-C's of CBT: .**Activation** event triggers **Belief**/thought, which then brings about emotional and behavioral **Consequence**. CBT helps clients to examine thinking and beliefs about life events in a more positive way in order to reduce negative behaviors and consequences
- Cognitive Restructuring: Client's irrational beliefs fuel negative feelings and behaviors. (See Cognitive Distortions on following page) CBT helps client to utilize **positive self-talk**, (rational self messages which contradict negative irrational self talk).

For example – Client going through a relationship breakup

- Irrational belief “ I must be this relationship or else I will never be happy again”
 - Positive self- talk, (reframing negative) “Although the loss of this relationship hurts deeply and may take time to fully overcome, I can move on still go on living a happy life I in time”
- Feelings and Symptom Management – Skill building: **anger management, stress management and relaxation, conflict resolution, problem solving, assertiveness-** etc.: CBT is all about learning the right tools needed for the specific job at hand

Relapse Prevention (Substance Abuse) – Based on principles of CBT

- Clients need to learn their **triggers**, both external (people, places, things, events) and internal (thoughts, feelings, habits, routines, conditions). Based on past experience, what sets a negative behavior/symptom in motion? Develop plans to **avoid** triggers. If unavoidable, develop **coping skills** and **supports** for triggers by **planning ahead of time**
- Clients learn **relapse warning signs**: What thoughts, feelings, behaviors, and attitudes does a client display when they are on the road to relapse. What can they do to prevent these relapse behaviors and attitudes ahead of time using available coping skills and supports

“We cannot solve our problems with the same thinking we used when we created them”. Albert Einstein



Classic Cognitive Distortions or Assumptions

All or Nothing Thinking: You think of things in “black or white”, “right or wrong”, “perfect or terrible” categories.

Over Generalizing: You think of a single negative event as a never-ending pattern.

Mental Filtering: You dwell on a single negative detail, and ignore moderate or positive things that may occur.

Disqualifying the Positive: You reject positive experiences... “They don’t count”. You maintain a negative view in spite of contradictory evidence.

Mind Reading: You arbitrarily conclude that someone is reacting negatively to you, & don’t check this out with them.

Fortune Telling: You anticipate that things will turn out badly, and feel convinced that your prediction is a fact.

Catastrophizing: You believe the worst-case scenario will definitely happen.

Magnifying or Minimizing: You exaggerate the importance of certain things (e.g. your mistakes or other’s successes) and minimize other things (e.g. your own desirable qualities or other’s imperfections).

Emotional Reasoning: You assume that the way you feel reflects the way things are. “I feel it, therefore it must be true.”

Should: You believe you must live up to excessively high standards, & may also have excessively high expectations of others. You believe you should have known/done better, even when that would have been impossible.

Labeling/Mislabeling: Instead of describing an error, you put a negative label on yourself/others. E.g. Instead acknowledging your small error, you label yourself a “Loser”.

Personalization: You see yourself as responsible for events around you that had little/no responsibility for. E.g. Your friend is sad b/c her boyfriend left her, and you criticize yourself for having a boyfriend.

Jumping To Conclusions: You conclude that something is a fact without enough evidence.

Probability Overestimation: You overestimate the likelihood that something negative or dangerous will occur.

Compensatory Misconceptions: You believe that you must inflate your achievements to be socially successful.