

Cognitive Behaviour Therapy

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TWO CHALLENGES

Appropriate interventions

Communication

What this is.....



- Brief introduction to context and principles of CBT
- Basic outline of techniques that are useful
- A description of the kinds of patients who may benefit
- Chance to interact, hear your challenges.

What this isn't.....



- Detailed training in CBT
- A sales pitch



- General characteristics of CBT
- The cognitive model
- Session structure
- Common cognitive distortions
- Patients who would benefit from CBT
- Alternatives



Patient comes to see you, variety of mild complaints, not matching any specific pattern.

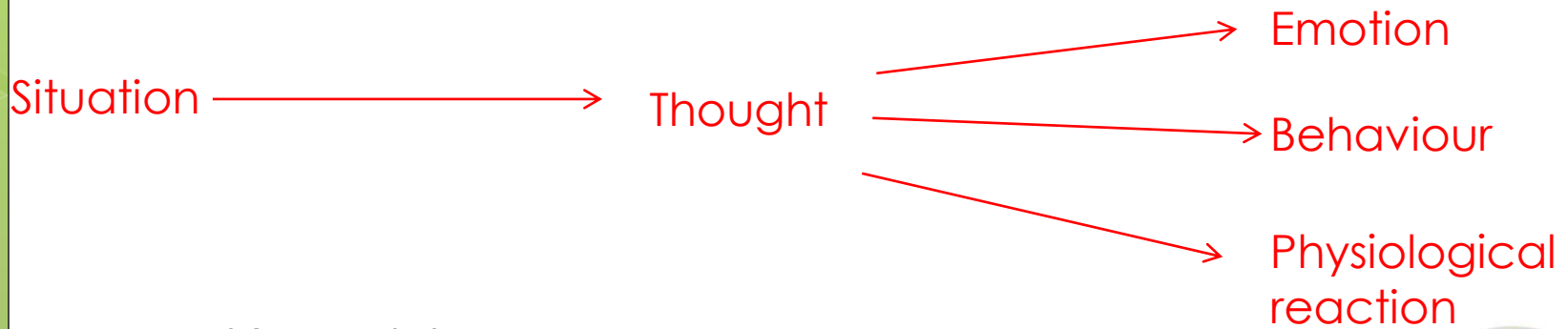
New mother comes to see you, tearful and talks about “not managing”

Adolescent has anger issues, and has been suspended from school for being in fights



- Evidence based
- Short term
- Focused
- Relies on assignments between sessions
- Here-and-now practical discussions
- Structured
- Flexible
- Cost effective
- Woefully under utilised (Kagee, 2006)





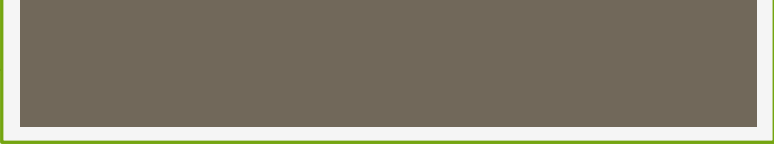
Beck's model



What is worry?

Stress?





Core beliefs/Schemas



Rules/Intermediate beliefs



Situation



Thought



Emotion



Behaviour



Physiological reaction



Session

Mood check

Set agenda

Bridge from last session

Follow-up homework

Work on agenda items

Setting of homework

Session summary

Feedback from patient



Common cognitive distortions

All or nothing thinking: Seeing things in only one of two categories

Catastrophizing: Predicting negative outcomes without considering other, more realistic outcomes

Disqualifying or discounting

Emotional reasoning: It must be true because you feel it to be so

Labeling: A fixed, global label without considering alternatives

Mental filter: Paying undue attention to negative
(although positive in gamblers)



Common cognitive distortions

Mind reading: You believe that others know what you are thinking.

Overgeneralization: Sweeping negative conclusions that go beyond the situation

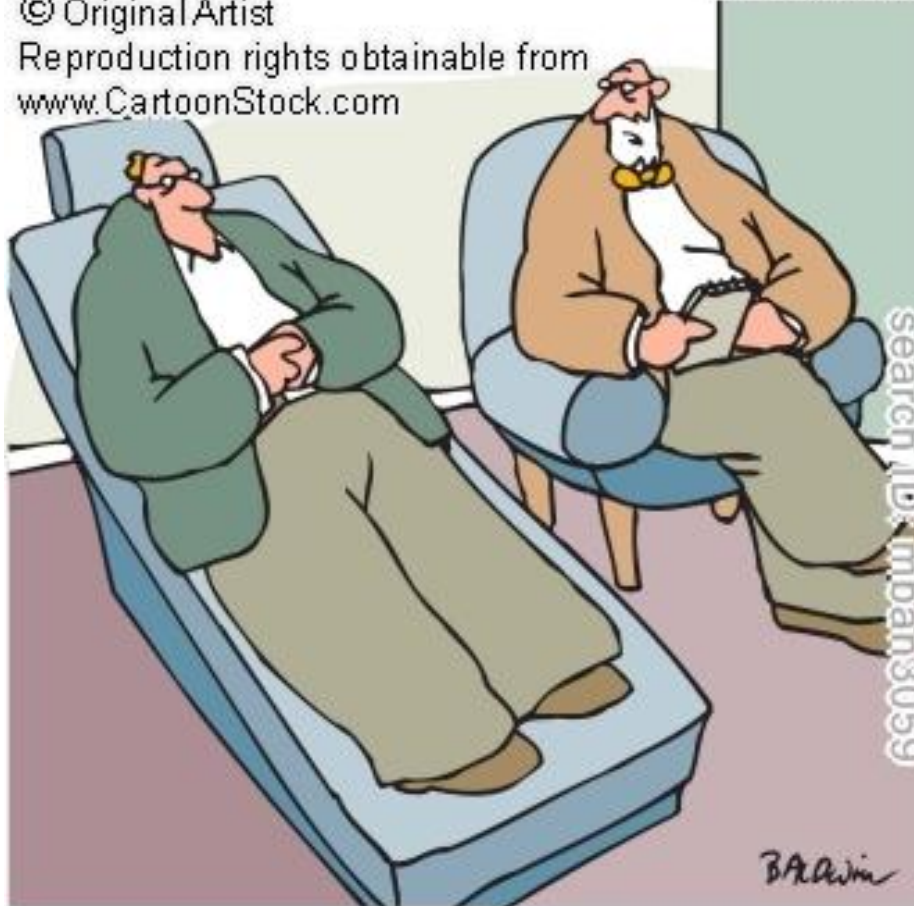
Personalization: Others are behaving badly because of you.

“Should” and “must” statements: Fixed idea of how people must act and overestimate consequences of them not acting that way.



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“Your problems are caused by all-or-nothing thinking. It’s either that, or you don’t have any problems.”



Important interventions

Discussions with therapist

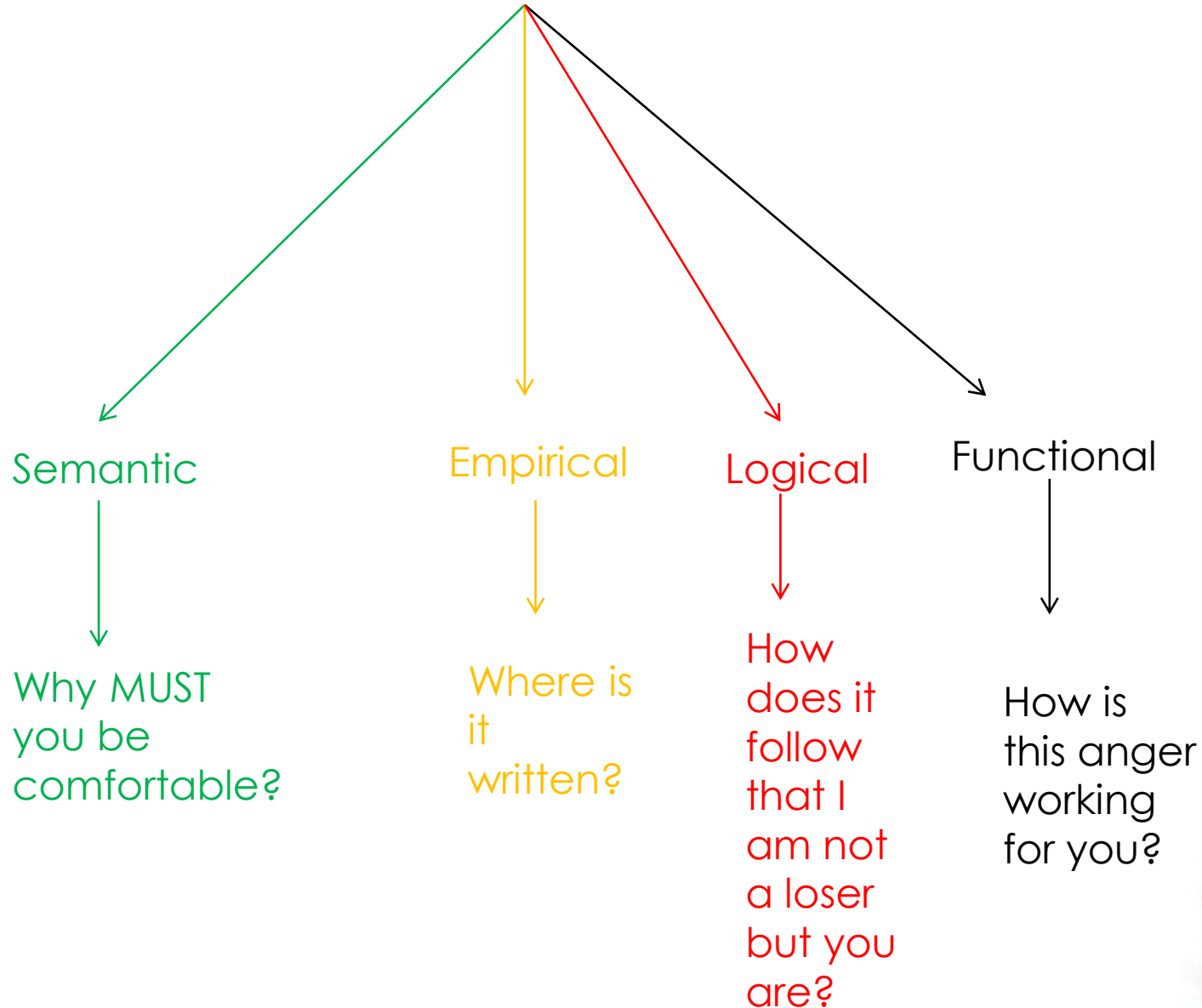
Behavioural experiments



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”



Disputation



Kinds of patients who would benefit from CBT

The depressed patient

The angry patient

The anxious patient

The somatic patient

The 'panicky' patient

The traumatised patient

The patient with low self-esteem

The addict patient

Children, adolescents, adults



Kinds of patients who would benefit from CBT

The depressed patient

Behavioural activation
Cognitive restructuring
(eg. Challenge low self-esteem)

The angry patient

The anxious patient

The somatic patient
The 'panicky' patient
The traumatised patient

The patient with low self-esteem

The addict patient

Children, adolescents, adults



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Children, adolescents, adults

Problem solving
Relaxation exercises
Challenge MUST cognitions



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Children, adolescents, adults

Relaxation techniques

Exposure techniques

Cognitive restructuring

Response prevention



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Children, adolescents, adults

Challenge mental filtering

Exposure homework



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Children, adolescents, adults

In collaboration with group

Challenge beliefs

Frustration tolerance



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Problem solving

- Consider alternatives
- Rate options
- Choose best option
- Break down steps

Alternatives

Psychotropic medication

Psychodynamic psychotherapy

Problem solving

Group therapy



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New mother comes to see you, tearful and talks about “not managing”

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Final thoughts

“Don’t believe everything that you think”