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)
Situation → Thought → Emotion, Behaviour, Physiological reaction

Beck’s model
What is worry?

Stress?

Group of people laugh as you walk by

“They are laughing at me”

Anger

Avoidance

Increased heart rate, rapid breathing
Situation → Thought → Rules/Intermediate beliefs → Core beliefs/Schemas

→ Emotion
→ Behaviour
→ Physiologic al 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.
"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

Semantic
- Why MUST you be comfortable?

Empirical
- Where is it written?

Logical
- How does it follow that I am not a loser but you are?

Functional
- How is this anger working for you?
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

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

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

Problem solving

Relaxation exercises

Challenge MUST cognitions
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

Relaxation techniques
Exposure techniques
Cognitive restructuring
Response prevention
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

Challenge mental filtering

Exposure homework
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

In collaboration with group
Challenge beliefs
Frustration tolerance
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
Problem solving

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

Psychotropic medication

Psychodynamic psychotherapy

Problem solving

Group therapy
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
Final thoughts

“Don’t believe everything that you think”