

CBT: As Easy As 1-2-3

NORTH AMERICAN HOUSING & SUPPORTING SERVICES

November 9th, 2022.

Luis O. Lopez, MA, MS

Coordinator of Fidelity and Best Practices

ACT Institute/CPI

NYSPI

Columbia University

Course Objectives

- **Participants will learn 2 core elements of CBT.**
- **Participants will identify 4 primary techniques used in CBT.**
- **Participants will recognize how to implement CBT techniques during daily interventions.**

CBT: Intro

Cognitive Behavioral Treatment (or Therapy) is an Evidence Based Practice utilized in numerous mental health and clinical fields.

Cognitive Behavioral Treatment (CBT) focuses on identifying and challenging negative thoughts and beliefs.

CBT exercises encourage careful, self reflected responses to challenging situations.

CBT: Research

CBT was started primarily by the work of Drs. Aaron Beck and Albert Ellis.

Dr. Beck studied CBT and Depression and concluded that CBT was, in most cases, as effective as medication.

In studies of CBT and PTSD, it was concluded that CBT was more effective than medication.

CBT: Research

NIAAA and NIDA conducted multisite clinical trials utilizing CBT. CBT was found as effective as MI and the 12 Step Group Process.

NIAAA and NIDA conducted research by providing CBT to persons with Co-Occurring Diagnoses and persons experiencing PTSD. These agencies found CBT to be effective in addressing the symptoms of both - COD and PTSD.

CBT Techniques

Other CBT techniques include:

- Addressing Cravings
- Urge surfing
- Disputing the Behavior
- Disputing the Feeling
- Disputing the Belief
- Avoiding the situation when possible
- Mindfulness Meditation
- Behavioral Activation i.e. work



Core Elements

CBT is Present-Centered

- CBT, as most Best Practices, deals with the “here and now.”
- CBT doesn’t focus on “the past.”

CBT promotes a therapeutic environment.

- CBT works on participant’s breathing and relaxation.

CBT looks at Thoughts

- CBT focuses on negative thoughts and how these negative thoughts lead to negative feelings or/and behaviors.

Core Elements

CBT looks at Beliefs

- CBT focuses on negative beliefs and how these negative beliefs lead to negative feelings or/and behaviors.

CBT looks at Feelings / Behaviors

- CBT focuses on negative feelings / behaviors and how these

CBT looks at Common Thinking Patterns

- CBT focuses on reviewing negative thinking.
- CBT focuses on reviewing flexibility in thinking.
- CBT looks at learning new ways of thinking by developing new skills.

Core Elements

CBT develops new skills

- CBT looks at new skills. The skills are utilized to better process situations and thoughts. The skills are also applied in reviewing beliefs.

CBT put these new skills into practice

- CBT looks at replacing negative, unsound thoughts with positive ones. CBT also looks at replacing misinterpreted, exaggerated beliefs with manageable ones.

Core Elements: How It Works

- CBT is a clinical practice that engages the individual in identifying, challenging, addressing and changing negative
 - Emotions,
 - Thoughts,
 - and/or Behaviors
- CBT focuses on assisting people to change self defeating behaviors.
- CBT uses a problem-solving methodology.



SUMMARY: Core Elements

- CBT is a person-centered approach.
- CBT focuses on the present.
- CBT encourages exposure to and review of negative thoughts and feelings.
- CBT teaches strategies to reduce negative feelings or thoughts.

SUMMARY: Core Elements

- CBT concentrates on functional goals such as school, work, and relationship building.
- As traditional relapse prevention, CBT concentrates on the events, feelings, and thoughts that could lead to negative decisions, negative behaviors, and negative consequences.
- CBT is most effective when practiced

CBT: The Alliance

Clinicians evaluate the best time to engage participant in the CBT approach. Research shows that CBT is more effective during late Contemplation, Preparation and Action stages.

CBT is effective in individual, as well as, group counseling.



Clinical Concepts

- CBT is a clinical practice composed of a number of evidence based techniques and approaches.
- Most techniques and approaches come from work developed by Aaron Beck and Albert Ellis.
 - Beck developed Cognitive Therapy (CT).
 - Ellis developed Rational Emotive Behavioral Therapy (REBT).
- There are over 1,000 studies on CBT.

Clinical Concepts

- Everyone experiences events (or situations) throughout the day.
- These events impact the person positively or negatively – based on how the person filters or interprets the event.
- The interpretation of the event is influenced by how we
 - think about these events
 - feel about these events



Clinical Concepts

- Based on our life's experiences, we may have positive or negative feelings / thoughts about certain situations.
- Given this, our interpretation or filter of events may be positive or negative which impacts our response
 - We could respond positively, which typically leads to positive consequences.
 - We could respond negatively, which typically leads to negative consequences.

Polling Questions

- What is your experience using CBT?
- When do you see it useful?
 - If not, what are the reasons?
 - If not, what do you practice?



Applying CBT in Clinical Interventions

CBT - Effective Ingredients

- Functional analysis
- Cognitive restructuring
- Anxiety reduction technique
- Behavioral activation
- Practice/homework/self-monitoring between sessions



Applying CBT in Clinical Interventions

Automatic Thoughts

- Everyone has automatic thoughts.
- Automatic thoughts are our interpretations or beliefs. They way that we appraise the world.
- Sometimes, these beliefs are not accurate, appropriate or healthy.
- The beliefs are based on assumptions, second guesses, or pre-conceived ideas.

Applying CBT in Clinical Interventions

Automatic Thoughts

- Automatic thoughts impact how we feel and how we act.
- Help people understand their automatic thoughts and how they are impacting their feelings and behaviors.
- Negative thought patterns can lead to negative feelings and negative behaviors. Ask participant to identify the thoughts that cause stress.

Applying CBT in Clinical Interventions

Examples of Automatic Thoughts -

Overgeneralization

- Believing that a negative situation will continue to happen – without signs of hope.
- ***Example – I tried stopping once. I relapsed again. I will never be able to stop using.***
- ***No matter what I do, I always end up unhappy, I'll never be happy again***



Applying CBT in Clinical Interventions

All or Nothing

- Believing that situations are strictly one way or another – without considering any alternative point of view.
- ***Example – If my counselor doesn't see me today, he will never have time for me.***
- ***I had a beer again, I'll always be a raging alcoholic***



Applying CBT in Clinical Interventions

Worst Case Scenario / Catastrophizing

- Always predicting that the worst outcome possible will happen.
- Believing in a chain of negative outcomes at once.
- ***Example – The last time I attended a treatment clinic, I got cut off from all of my benefits and metro-card. I don't want to go to any clinics anymore.***
- ***My heart is racing, I am having a heart attack and I'm likely going to die***



Applying CBT in Clinical Interventions

Personalization

- Feeling that everything happening around has to somehow do with you – including others' statements and behaviors.
 - ***Example – I know why the store clerk stated that he didn't have my brand of cigarettes. He doesn't like me.***

Applying CBT in Clinical Interventions

Grandiosity

- Having an exaggerated sense of self importance.
- ***Example – I don't need you to help me. I don't trust anyone but myself. I could do your job better than you.***



Applying CBT in Clinical Interventions

Functional Assessment

- Identify feelings, thoughts, and behaviors that precede behaviors (e.g., substance use).
- Challenge common or automatic negative feelings (e.g., feeling worthless) or thoughts (e.g., I have no friends) that may lead to specific behaviors.

Applying CBT in Clinical Interventions

- Positive Self Talk - Teaching people to reframe negative self-talk and to use positive self-talk instead
- Role Play and Modeling – Demonstrating different ways to behave and providing an opportunity to role play with feedback.
- Managing Urges and Cravings – Developing an in-depth understanding of the relapse process, from distal to proximal antecedents toward opportunities for alternative coping strategies instead of substance use



Applying CBT in Clinical Interventions

- CBT is also effective for a number of clinical challenges, including
 - Depression
 - Anxiety
 - Eating Challenges
 - Substances Use
- CBT has been adapted for adolescents, children, couples, families, and groups.

Applying CBT in Clinical Interventions

- Behavioral Activation
 - An approach typically used to treat depression.
 - Identifies negative external triggers and encourages the development of a list of practices or activities to counter the negative external triggers (before the triggers affect the individual).
 - Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP) is a famous behavioral activation model.

Where do we start?

- One of the most practical ways to start a CBT session is by inviting the participant to relax and refocus.
- Ask a person to practice simple and brief techniques that promote relaxation.



How do we start?

- As in Mindfulness, relaxation techniques will help the person accept the present – and not focus on the past or the future.
- Two important components of mental relaxation are
 1. Centering
 2. Breathing

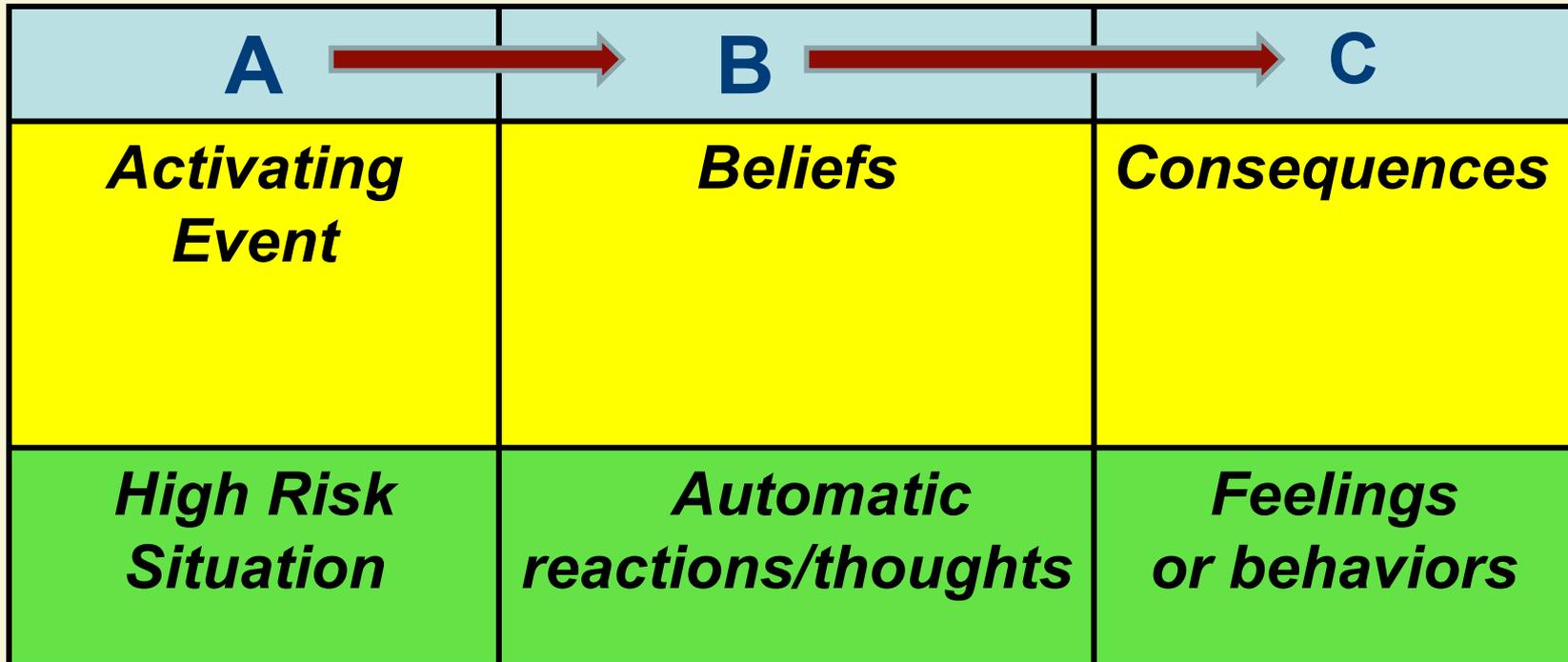


Centering

- When participants begin a clinical session, they are frequently very preoccupied with external challenges and issues.
- Centering supports the idea that people need to be aware of themselves and of the moment. As much as possible, they need to clear their heads.

Cognitive Behavioral Therapy Model

Link between thoughts, feelings and behaviors



Brief Review

- In the first webinar, we discussed how traditional CBT looks at the ABC's of a feeling and/or behavior:
 - The **A**ctivating Situation
 - The **B**elief
 - The **C**onsequence
- We also discussed how thoughts can lead to behaviors or consequences.



The ABCDE Tool: A Clinical Intervention

The ABCDE model expands the traditional model to include disputing evidence and new ways of thinking:

The **A**ctivating Event or Situation

The **B**elief

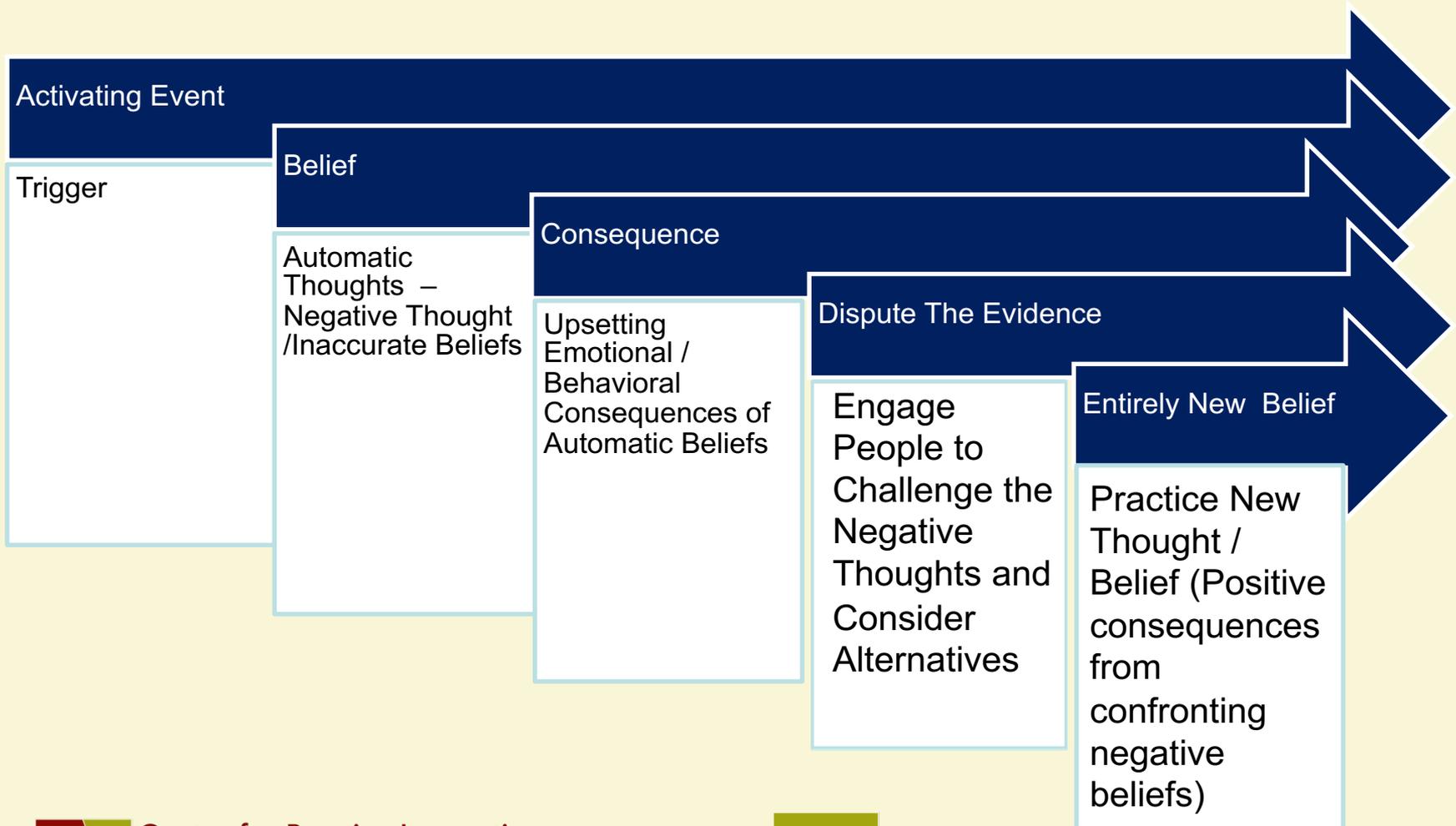
The **C**onsequence (A feeling or action)

Disputing the Evidence

Entirely New Beliefs or Behaviors



ABCDE Model in Practice



Cognitive Restructuring

- ABCDE model uses cognitive restructuring to achieve positive outcomes
- Cognitive restructuring is the process of identifying negative automatic thoughts and beliefs, disputing those beliefs, and forming new ways of thinking.
- Engaging in this process produces more flexible thinking.



Coping Skills: STAR tool

Daily Record Keeping

Situation	Thoughts and Feelings	Actions	Results

Coping Skills

- STAR Model
 - ✓ Situation
 - ✓ Thoughts / Feelings
 - ✓ Actions
 - ✓ Results
- Like the ABCDE model, STAR falls under a group of related approaches that are sometimes called “functional analysis”

Coping Skills: STAR

- Situation – Have participant write down situations that cause him/her stress
- Thoughts / Feelings – Have participant write down the typical, negative, thoughts and feelings that he/she experiences

Coping Skills: STAR

- Actions – Have the participant write down what he/she typically does in those situations
- Results – Have the participant write down the typical results

Coping Skills: STAR

- Revise the participants STAR with him/her
- For example, come up with different ways he/she can prepare for the event
- Under thoughts, have the participant generate alternative interpretations (flexible thinking) to stay focused and avoid potential negative thoughts and feelings

Coping Skills: STAR

- Under Action, have the participant write down some ways to behave differently that could contribute to more positive outcomes.
- Review how the revised STAR model is working and identify any additional needed revisions to try.

Flexible Thinking

- One of the most important outcomes in CBT is a decrease of negative and inaccurate beliefs that are replaced by Flexible Thinking.
- Flexible Thinking develops the skills necessary to cope with a variety activating situations (A).
- In the therapeutic setting, you can help people identify and begin to challenge their beliefs that lead to outcomes they find undesirable.
- Focus on flexible thinking as a skill rather than a method to de-solidify someone's beliefs



Flexible Thinking

- Start the process of developing flexible thinking as soon as a undesirable feeling or problem situation is identified.
- Pause frequently to review
- Reinforce small steps in learning Flexible Thinking
- Encourage the person to take responsibility and ownership of the process.

Disputing the Evidence

- Use discussion and common sense questioning to help someone evaluate the evidence for their beliefs:
 - ✓ What helped you cope with the situation?
 - ✓ What did you do that worked?
 - ✓ What did you do that didn't work?
 - ✓ What can you do differently?
 - ✓ How would others address the same situation?
 - ✓ Have you tried different ways of addressing this situation in the past? Have these ways been effective? Less harmful?
 - ✓ Would a different choice promote your wellness and recovery?
 - ✓ Would a different choice promote the wellness and recovery of others around you?



Disputing the Evidence

- Here are some questions that can help further guide the conversation (Stecker, 2010)*:
 1. Are there experiences that show this thought is not completely true all of the time?
 2. If my best friend or someone I love had this thought, what would I tell them?

**Guiding Decision Making among Clients: A Brief Intervention for Mental Health and Addiction Professionals (2010); Tracy Stecker, PhD (Hazelden Publishing)*



Disputing the Evidence

3. If my best friend or someone who loves me knew I was thinking this thought, what would they say to me? What evidence would they point out to me that would suggest that my thoughts were not 100% true?
4. When I am not feeling this way, do I think about this type of situation any differently? How?
5. When I have felt this way in the past, what did I think about that helped me feel better?



Disputing the Evidence

6. Have I been in this type of situation before? What happened? Is there anything different between this situation and previous ones? What have I learned from prior experiences that could help me now?
7. Are there any small things that contradict my thoughts that I might be discounting as not important?
8. Five years from now, if I look back on this situation, will I look at it any differently? Will I focus on any different part of my experience?



Disputing the Evidence

9. Are there any strengths or positives about this situation that I am ignoring?
10. Am I jumping to conclusions that are not completely justified by the evidence?
11. Am I blaming myself for something over which I do not have complete control?



Entirely New Beliefs

- Thru the process of cognitive restructuring, the individual comes to realize there are alternative explanations or ways of interpreting the activating event
- This realization serves to relax rigid beliefs and provides the person with more freedom and options
- A tactful sense of humor is very useful



Looking at Automatic Thoughts

Short Answer Poll

- Give an example of an automatic thought that you have addressed in the past month for yourself or with a participant

Self Talk

Self Talk

It is a very simple, practical, and effective way to address the consequences of the automatic thought. It starts with breathing.

- Focus on your breathing.
- If possible, count to 10.
- Beginning to think about your situation.
 - Mainly, the activating event



Self Talk

Self Talk

Begin to ask these questions:

- What are the automatic thoughts?
- Is this a fact or opinion?
- How useful is the thought?
- What are the potential automatic reactions that I am trying to dispute?
- Is there a different way of addressing this?
- Have I addressed this situation differently in the past?



Self Talk

Self Talk

Continue by asking these questions:

- How would _____ deal with this issue?
- What coping skills or techniques can I use to help me address this situation?
- Can I
 - Call somebody
 - Change direction
 - Tell my self that I am in control and move forward
 - Clear my head of any thoughts for the moment.

Self Talk

Short Answer Poll

- What other Self Talk techniques have you used / tried?



Role Play

Role Play (Modeling)

- Role plays are wonderful opportunities to try out and coach new skills.
- Role plays can be rehearsed in individual counseling sessions or group formats.
 - Ask participant to explain the activating event or situation to you (or the group)
 - Ask participant to imagine that the situation is happening at that time.
 - If participant is feeling anxious, help her/him with simple breathing techniques.



Role Play

Role Play (Modeling)

- Continue with the role play by:
 - Asking the participant if s/he is doing well with the exercise and would like to continue.
 - If the answer is yes, ask her/him if you could do a role play together. (if you are in a group, a member of the group could do it with the facilitator).
 - Ask the participant to role play the situation with you. Initially, you could play the person(s) that caused the stressful situation. The participant could play her/himself.



Role Play

Role Play (Modeling)

- After this role play, ask the participant how is s/he feeling. If the answer is, “fine,” continue by asking the participant what are some of the automatic thoughts that s/he identified. (If participant is having some difficulties with this, you could ask if you could provide some feedback.)
- After identifying automatic thoughts, ask participant what can s/he change about her/his reaction to make the situation less stressful and have a better outcome.



Role Play

Role Play (Modeling)

- If the participant has difficulty with the automatic thought, that the opportunity to teach them how to identify these by asking questions such as, “How do you feel?” or “What does that mean?”
- As the participant identifies thoughts, s/he increases the possibility to be able to learn how to cope with them.



Role Play

Role Play (Modeling)

- After identifying alternative ways to react (by changing the way s/he thinks), ask if the could repeat the role play. This time, the role play would integrate the new thoughts.
- If the participant needs assistance, you could suggest to switch roles: the participant could be the person(s) causing stress and you could play the participant practicing the new thought pattern and overall reaction to the situation.



Behavioral Activation

- Originally used to treat depression, behavioral activation has become a very practical way of addressing daily activities.
- It is composed of positive and healthy activities.
- It is reviewed regularly.

Behavioral Activation

The Wellness Maintenance List

Things That I Need to Do To keep Myself Happy and Healthy

1. Drink a cup of coffee
2. Play with my pet



Behavioral Activation

Weekly Schedule

Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
8 am Exercise 9 am Eat 10 am News	Read Eat Work	Exercise Eat Work	Sleep Eat Work	Exercise Eat Work	Yoga Eat Walk	Eat Library Library

GROUPS!!!!



minionsmovie.com Minions
Minions is a trademark and copyright
of Universal Studios. Created by Universal
Studios Licensing LLC. All rights reserved.



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Group Process - Concepts

- Go over group rules
- Member check-in
- Discussion topic and activities
- Summary and closing remarks



Group Process -Elements

- How do you do member check-in?
 - **Use chat box**
- One high, one low from the week
- Everyone gets 1-2 minutes
- Look for a common theme



Group Process -Elements

Addressing Group Stages

- Forming
- Storming
- Norming
- Performing
- Adjourning



Group Process -Elements



CBT Tools for Group Sessions

– Starting The Session

- When participants begin a clinical group, they are frequently very preoccupied with external challenges and issues.
- One of the most practical ways to start a CBT group session is by inviting the members to relax and refocus.

CBT Tools for Group Sessions

– Starting The Session

- You can begin with simple and brief techniques that promote relaxation.
- As in Mindfulness, breathing retraining will help the person welcome the present – and not focus so much on the past.

Polling Question

Short Answer Poll # 1

- How many people integrate breathing techniques throughout their daily activities?

Short Answer Poll #2

- How do you feel after you use the technique?



CBT Tools for Group Sessions – Techniques

- Most CBT techniques applicable in groups settings.
- We will look at 2 CBT techniques
 - The ABCDE Tool
 - Problem Solving Model

The ABCDE Tool in Group Settings

Let's see how this technique could support relapse prevention

- **Activating Event** – While attending a recent MMA showing at a local sports bar, my friends kept offering me alcohol.
- **Belief** – I stopped drinking 1 year ago, after a DWI. However, if I don't drink with them, they are going to think that I am weak.
- **Consequences** – After having one drink, I didn't care anymore and kept drinking.

The ABCDE Tool in Group Settings

Short Answer Poll #3

- As group members, how would you dispute the evidence?

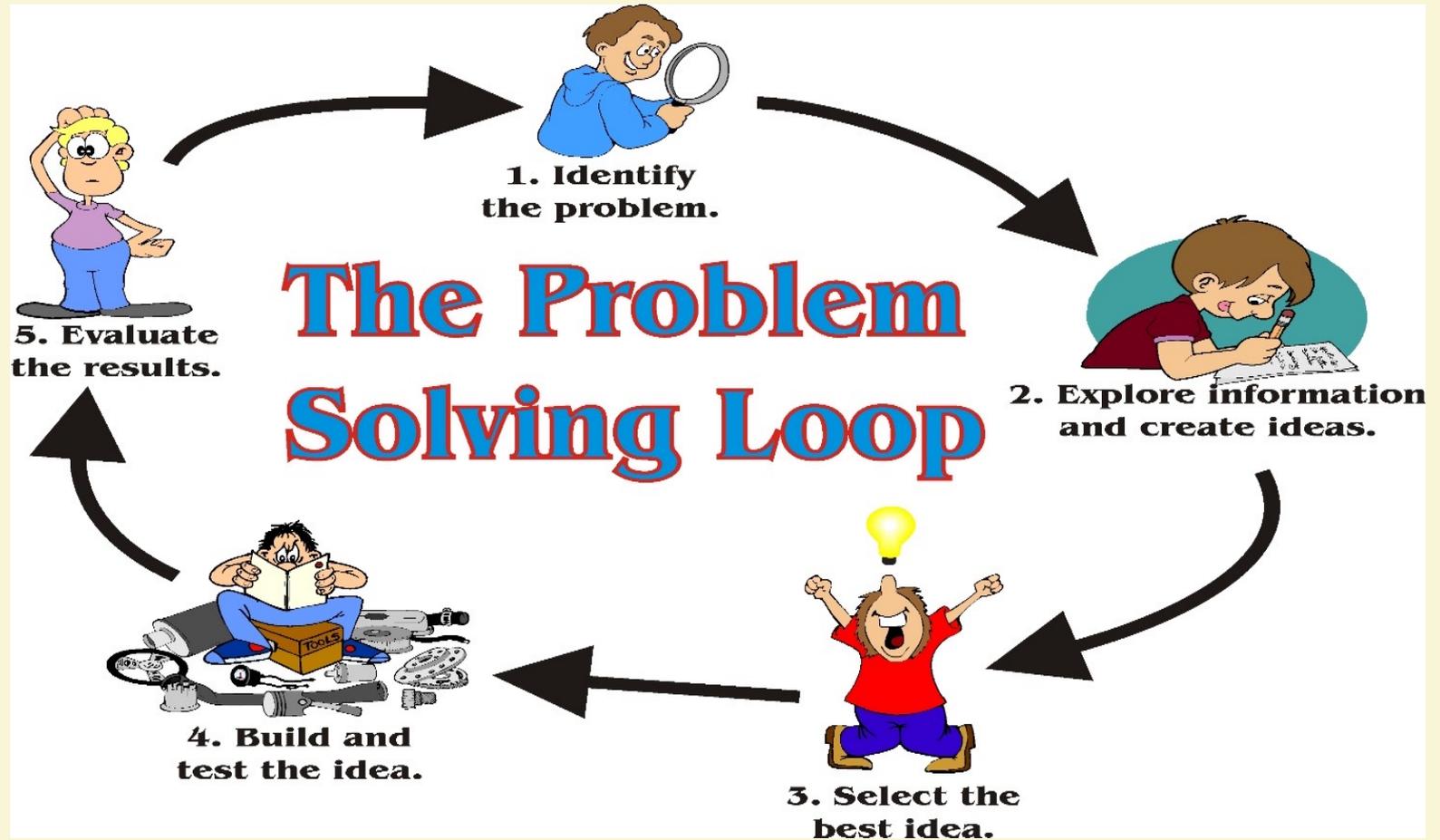
Short Answer Poll #4

- As group members, discuss entirely new beliefs.

Problem Solving in Group Settings

- We discussed Problem Solving with individuals in a prior webinar.
- Problem Solving also works very well in a group setting.
- We will briefly review the steps in the Problem Solving model and then talk about the application of these steps in a group.

Problem Solving in Group Settings



Problem Solving in Group Settings

- Identify the problem
- Identify all possible solutions
- Evaluate pros and cons
- Select a solution
- Plan and Do (put the plan into action)
- Review



Problem Solving in Group Settings

- A group member would present a problem they are struggling with.
- Groups members would identify possible solutions.
- Everyone would look at the pros & cons of the possible solutions.
- The group member would select 2 – 3 possible ideas to implement and put into action.

Problem Solving in Group Settings

Let's see how this would work

- Identified Problem – My supervisor continues to give me a hard time. We are not getting along with each other. We barely talk. When we do talk, we become upset quickly. It is making my job very difficult. I can't sleep well and I am feeling very anxious.

What would the group say?

Problem Solving in Group Settings

Short answer Poll #5

- Group identifies possible solutions.



Problem Solving in Group Settings

Everyone evaluates pro's and con's.

Luis selects 2 – 3 possible solutions.

