



Prifysgol Cymru
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CBT

Lecture 2

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



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- How people ***think*** in specific situations
- Affects how they ***feel*** emotionally and physically
-
- And how they ***behave***

The Five Areas or Cognitive – Behavioural Model (CBM)

- **Thoughts** - What goes through my mind
- **Feelings** - How I Feel
- **Behaviour** - What I do/don't do
- **Physical Symptoms** – Body reactions
- **Environmental Factors** - Situation/Context

Using a CBT Approach

Helps to ***identify*** and then ***evaluate*** reactions to ***specific*** situations

Enables the identification and change of ***unhelpful*** thoughts and behaviours that contribute to problems

By changing thoughts and behaviours, the levels of distressing emotions experienced can be reduced

What are Thoughts ?

- Words and visual images that pass through our minds including:
- Attitudes
- Ideas
- Expectations
- Memories
- Beliefs

Automatic Thoughts

Automatic thoughts' flow through or pop in our minds throughout the day.

They can be helpful/unhelpful/neutral in content

Negative (or unhelpful thoughts) automatic thoughts are common in emotional disorders...

These negative thoughts seem plausible but may not be accurate or realistic

And they have ***consequences*** in terms of altering our feelings and behaviour

Identifying Feelings

- In CBT, 'feelings' are seen as emotions or moods
- Can usually be described in one word e.g. happy, excited, angry, sad, frustrated, embarrassed or terrified.
- We can experience a mix of feelings in a situation.
- NB – In English, people often use the word 'feel' to describe a thought or belief

Linking Thoughts and Feelings

There should be a logical relationship between thoughts and feelings

For example a patient thinking "***Now I've got diabetes, I can't do anything I enjoy anymore***" is likely to feel ***depressed and low ..***

A patient thinking "***the GP should have spotted my diabetes earlier, its their fault***", is likely to feel angry

Cognitive empathy: " If I thought like that then I would also expect to feel.....

Using the CBM in Primary Care Consultations

The five areas CBM is one effective starting point for bringing a simple CBT approach into consultation .

Valuable for common presenting problems in primary care : depression, anxiety and long term conditions

Health professional 'MAPS OUT' problems by asking relevant questions

Consultation skills

1. Introduce the approach and agree written records
2. Write a problem list (agenda setting) and choose a problem to focus on
3. Identify a specific example of the problem
4. Explore the example using the 5 areas model (CBM)
5. Summarise
- 6 . Ask a handover question
7. Give empowering explanations/suggestions
8. Feedback/check patient understanding
9. Set agreed actions for patient and health professional

- **Encourage the patient to choose the most important issue from the agenda first**
- **Then ask for a specific and typical example of the problem**
- **Who? What ? Where ? When? What happened?**

- **Thoughts:** Include fears and beliefs about their illness or problems(images)
- *What was running through your mind , anything else?*
- **Feelings:** Key distressing emotions associated with the event
- *How did that make you feel ?*
- **Behaviour:** Helpful and unhelpful behavioural factors including safety behaviours and avoidance
- *What did you do ? What did you do differently?*
- **Physical Reactions**
- *How did you feel Physically?*
- **Background/environmental factors**
- *What else is going on in your life ?*

Summarise and Highlight Links

- Reflection and learning
- Regular reflective statements and summaries
- Use the patients own words as much as possible
- Highlight links between different aspects of their problem and behaviour
- Gently point out vicious