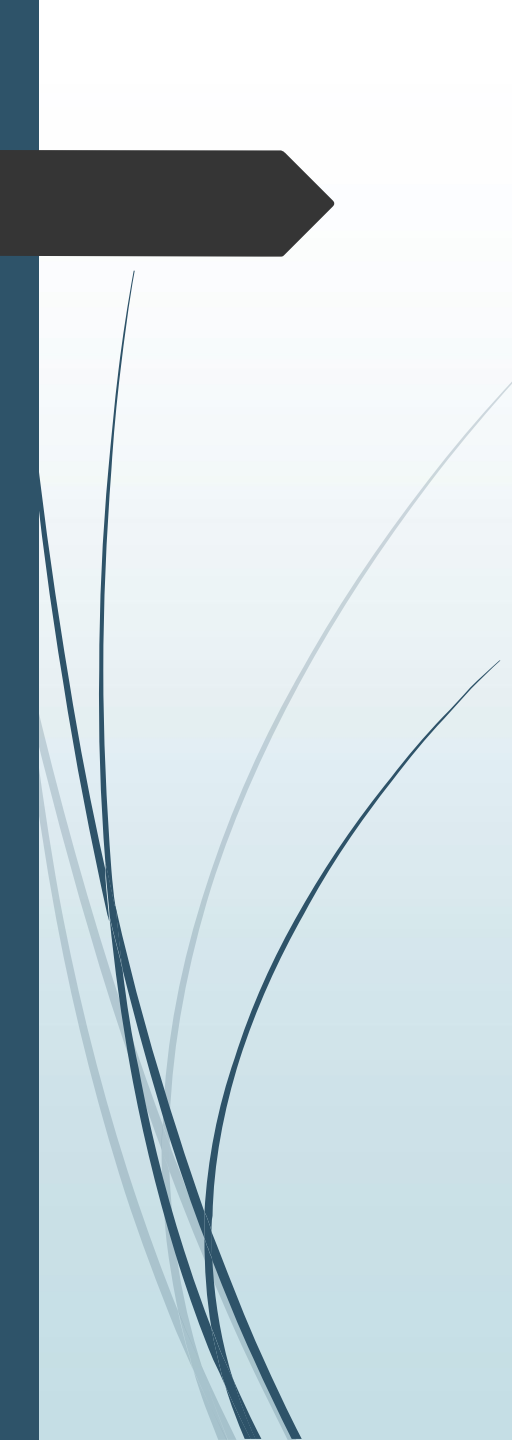




CBT

Aaron Beck

Learning outcomes



Aaron T Beck (1921 -

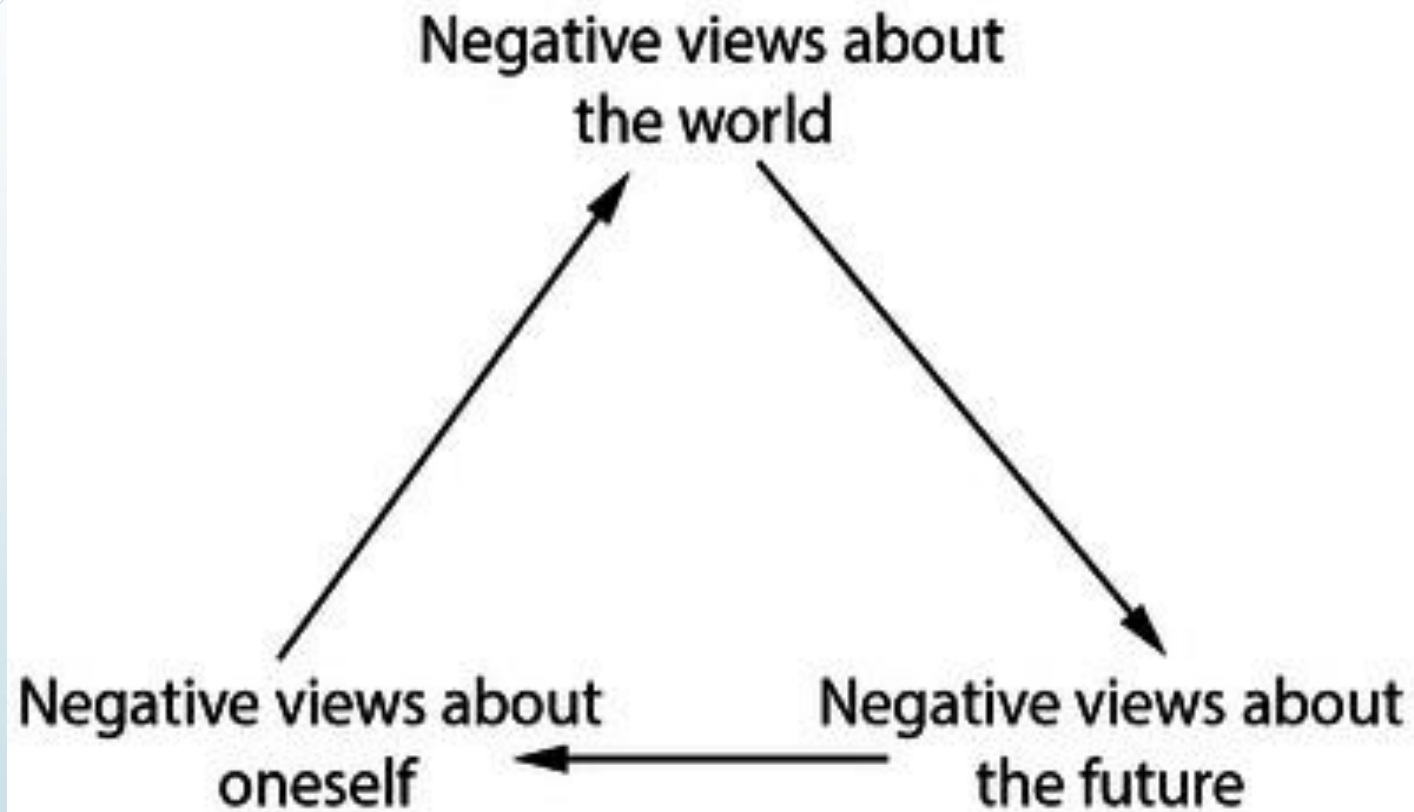
- Aaron T Beck developed the Cognitive Therapy approach (CT) as a result on his research on depression.
- Beck was originally trained in psychoanalysis
- Beck was designing CT at the same time as Ellis with REBT
- Beck observed depressed clients as having a negative bias in their interpretation of life events
- Beck's Depression Inventory (BDI)



CT Emphasis

- Recognising and changing negative thoughts
- Maladaptive beliefs / Faulty thinking
- Failing to distinguish between fantasy and reality
- Psychological education model of therapy
- Based on theoretical rationale, the way people feel and behave is determined by how they perceive and structure their experience.

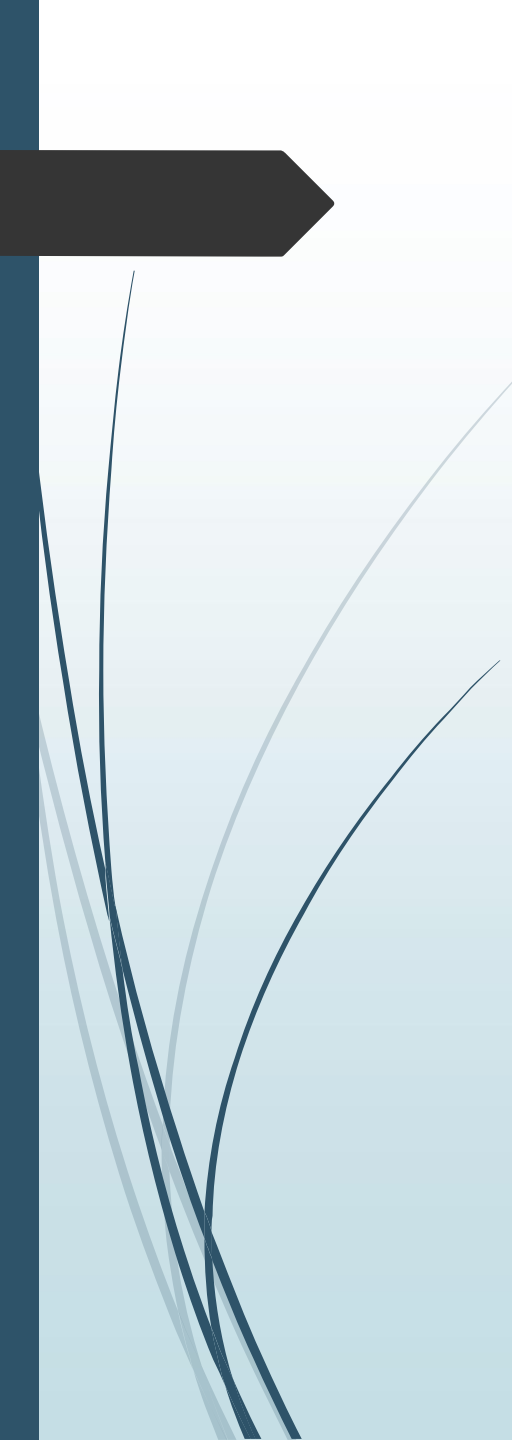
Aaron Beck Cognitive Triad



Beck counselling a depressed client





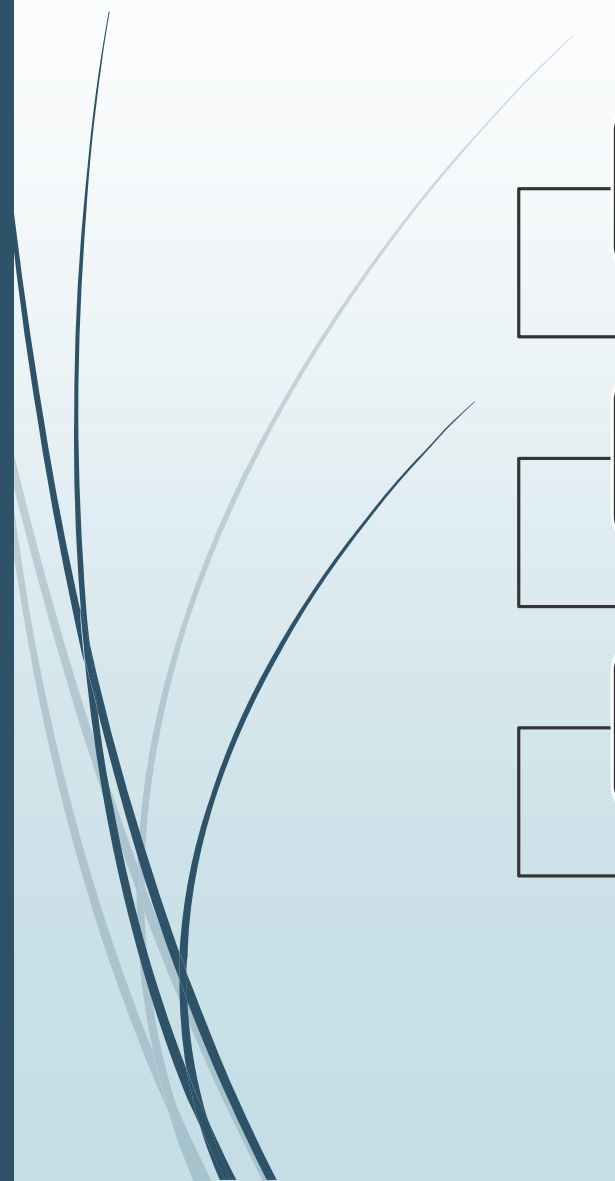


Example of depressed thinking

- A depressed woman may think “I can’t face going into work today, I can’t do it, Nothing will go right, I feel awful”
- The woman calls in sick after she has told herself all these things.
(AVOIDANCE)
- By Using the re-enforcing behaviour of **avoidance** she will not have the opportunity to find out if her prediction was right.
- At home the woman’s **negative automatic thoughts** may go to, “ My boss or team will be angry with me, I’ve let everyone down, I’m so weak, I’m so useless”,



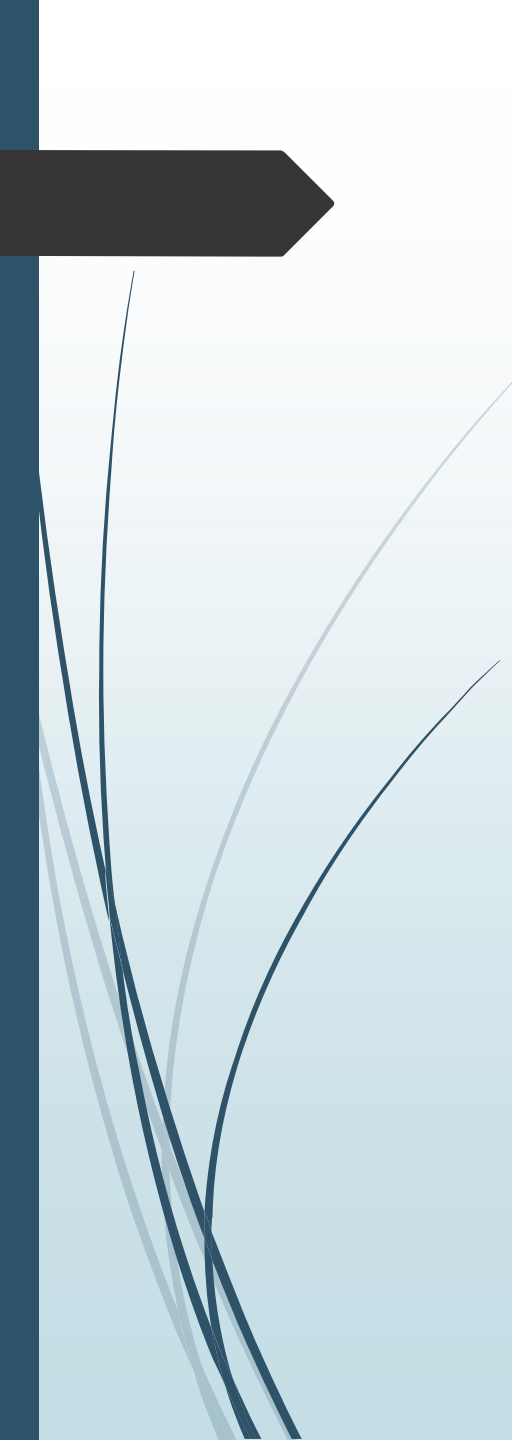
Becks three level of thinking



Negative Automatic Thoughts

Underlying Assumptions

Core Beliefs (Schemas)



Automatic Thoughts

- Our thoughts all 70,000 to 100,000 of them everyday are helping us to interpret the world.
- Describing what is happening to us through sight, sounds, smells, feelings to interpret what is happening to us.
- THOUGHTS ARE **SIMPLY ELECTRO-CHEMICAL IMPULSES** in our brain
- **THOUGHTS ARE NOT STATEMENTS OR FACTS**
- Can be words in our head or visual imagery, a memory or a physical sensation, an instinct
- We tend to **Believe** our automatic thoughts, we don't **generally question** their **validity**
- Our thoughts are ours - Specific to us



■ Based on present or past experiences,

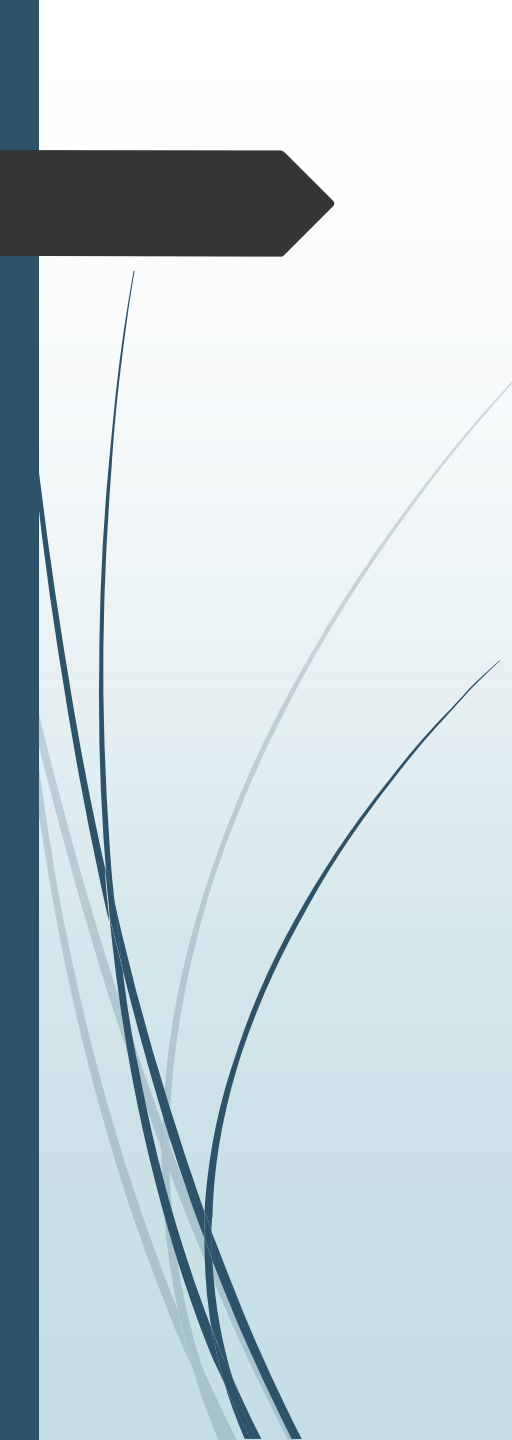


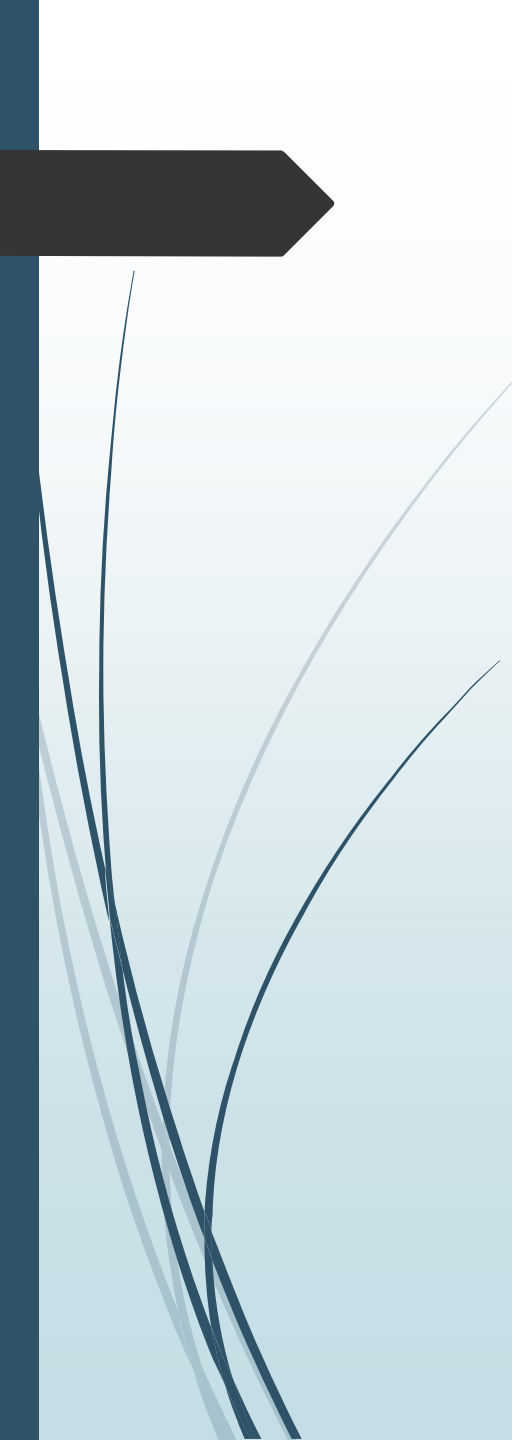
knowledge, values and culture or just no good reason

- Some thoughts can be seen to be distressing because we **attach meaning** to them.
- Habitual and persistent thoughts can make us feel worse so they need to be challenged.

Negative Automatic Thoughts (NATS)

- Lie outside the immediate awareness (can be brought to mind by asking “What was going through your mind when that happened”).

- 
- Situation Specific – there is a trigger
 - Involuntary thoughts– **POP** into a person's mind when they are experiencing emotional distress
 - Difficult to turn off
 - Appear absolutely plausible to the person

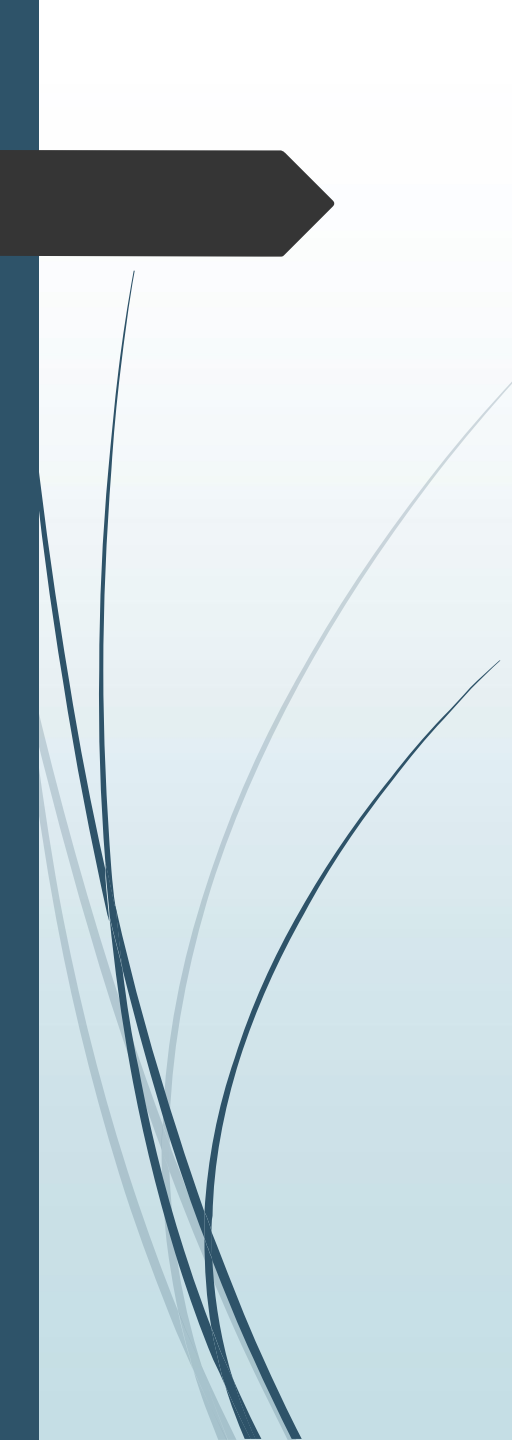


Underlying Assumptions

- Rules that guide behaviour and set standards
- Identified by '**MUST**' and '**SHOULD**' (feel frustrated towards others)
- Ought (make us feel guilty)
- Statements (rules)
- Not always articulated but definitely in the mind in our thought process.

Core Beliefs (Schemas)

- Deepest level of thought

- 
- Usually formed by early experiences
 - Lie dormant until activated by life events
 - Overgeneralised and unconditional
 - Core beliefs can be about self
 - ***(I'm not good enough), (I'm worthless)***
 - ***(I'm unlovable),***
 - About others ***(I can't trust anyone or the world) (Everything is against me)***

How the three levels interact

- Example
- A student fails to get an 'A' grade.

- His Dominant **core belief** “*I’m a failure*” is activated by triggering his **rigid rule** “ *I must be the best at everything*”
- His mind is then flooded with **NATS** “*I can’t show my face at college everyone will laugh at me*”.
- CBT first intervention is at the NATS level. First to relieve symptoms then moving on to identify and challenge underlying assumptions and core beliefs.
- (Critical parent)

THOUGHT	EMOTION	BEHAVIOUR
I'm in danger and I won't be able to cope with it.	Anxiety Fear	Avoid Escape



I'm being treated unfairly and I won't stand for it.	Anger Frustration	Confront Defend Fight
Everything is hopeless – I'm totally worthless, no-one likes me, and nothing will change	Depression	Withdrawal Isolate

Examples of Negative Automatic Thoughts

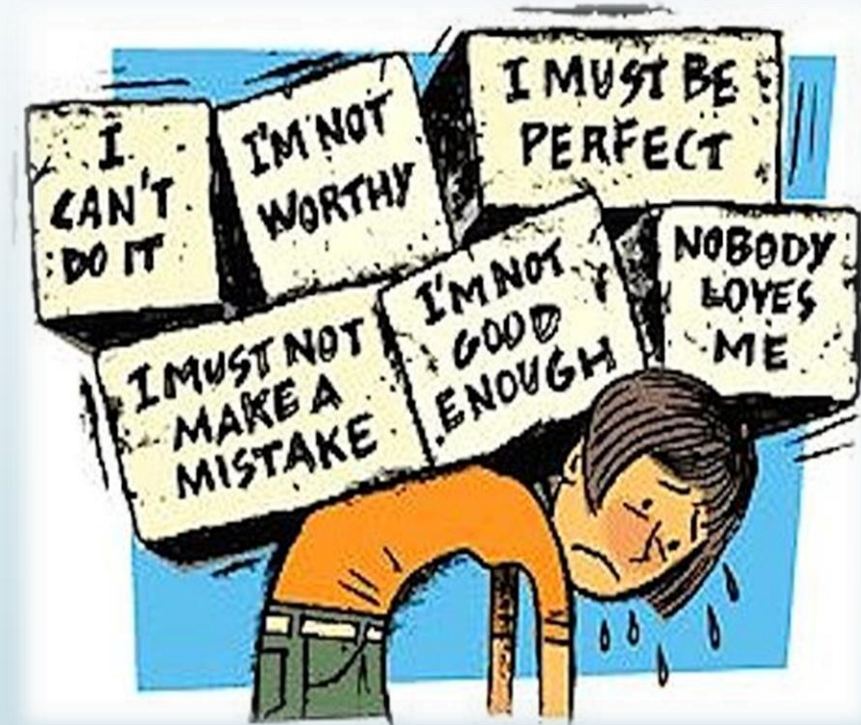
1. No one understands me
2. I'm no good

3. I feel like I'm up against the world
4. I am a loser
5. I'll never make it
6. There must be something wrong with me
7. I can't finish anything
8. I can't stand this anymore
9. I'm so disappointed in myself

(Hollon & Kendall 1990)

Positive automatic thought

1. I am proud of myself
2. I'm proud of my accomplishments
3. There are many people who care about me



4. *I will be successful*
5. *I have a good sense of humour*
6. *There is no problem that is hopeless*
7. *I state my opinions with confidence*
8. *I have a good way with others*
9. *I have many useful qualities*
10. *I enjoy a challenge*
11. *My future looks bright.*

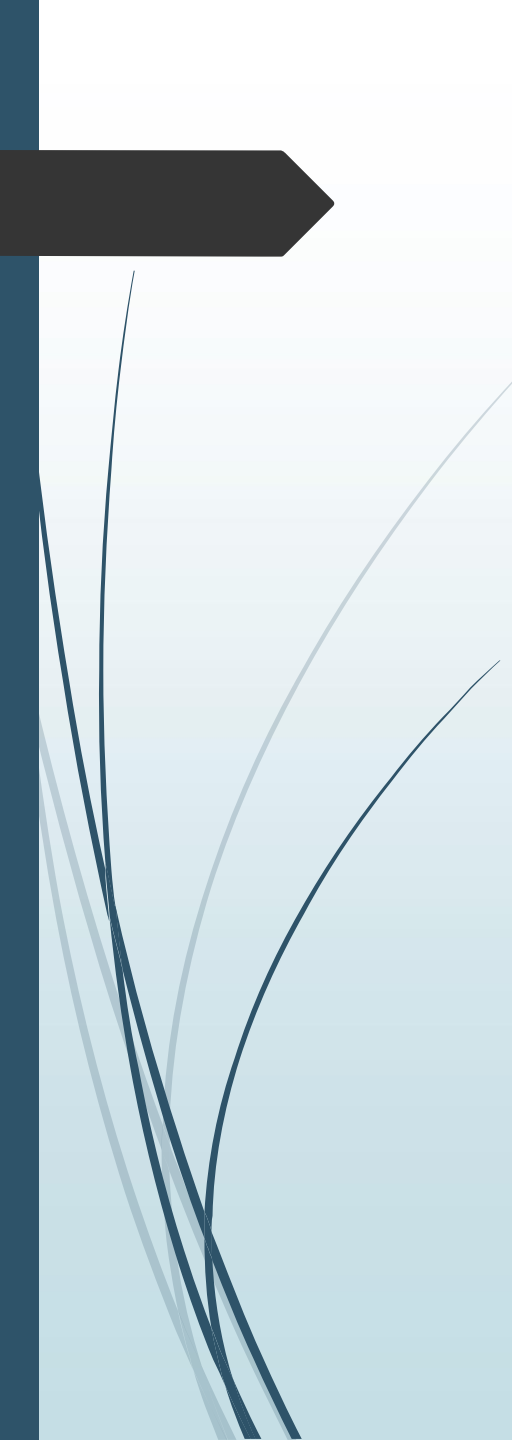
In order to have better mental health outcomes, one must reduce their negative automatic thoughts and increase their positive thoughts.



- 
- 
- No matter what happens I can make it
 - I can accomplish anything I set my mind too
 - I feel confident, I can do anything
 - I am grateful for
 - I feel happy

think
positive!!

Ingram & Wisnicki (1988)



Cognitive Behavioural Summary

- Cognitive process of mind
- Psychological problems stems from taking on faulty information (maladaptive)
- Short term goal orientated therapy
- Goal is to change patterns of thinking or behaviour which is behind people's difficulties
- Identify the negative automatic thoughts explore the rules of assumptions and uncover the faulty core belief schema. Change the thought, Alter the belief
- Events ----- Meaning we give the event -----Emotion