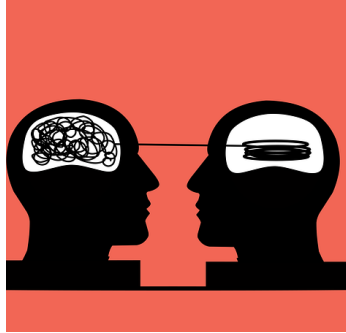


Counselling Skills and Approaches ECPS5019

Week 4: Wednesday
Counselling Theories and Approaches
Cognitive Behavioural Therapy (CBT)



1

Schedule for the Day

Cognitive Behavioural Therapy (CBT)

An overview of CBT
Aaron Beck
Albert Ellis
Case study of CBT
New Cognitive Approaches

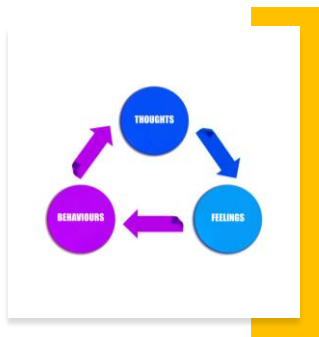
Mid module evaluation



2

Cognitive Behavioural Therapy (CBT)

<https://youtu.be/ZRijYOJp5e0>



3

What is CBT?

- The behavioural model focuses on the environmental conditions that shape our behaviour (Joseph, 2010)
- Cognitive behavioural therapy (CBT) is a type of therapy that looks at your thoughts, feelings and behaviours and helps to change some of these to manage your problems.
- A key part of this is identifying the negative thinking patterns that you may feel trapped in, helping you to break free from these and to feel better.
- CBT focuses on equipping you with the tools to address current problems in your life and relieve the symptoms you're facing, before making links to your past and how your beliefs started.

-BACP

4

What can CBT help with?

- CBT works for lots of different people and problems, and is widely recommended by national treatment guidelines across the UK, EU and North America.
- The National Institute for Health and Clinical Excellence (NICE) provides independent, evidence-based guidance for the NHS on the most effective, proven treatments. CBT is recommended in NICE guidelines for many different problems, including: anxiety disorders (including panic attacks)
- depression
- obsessive compulsive disorder (OCD)
- post-traumatic stress disorder (PTSD)
- psychosis and schizophrenia
- bipolar disorder
- eating disorders
- tinnitus
- Insomnia

BABCP [What is CBT? \(babcp.org\)](https://www.babcp.org/what-is-cbt/index.aspx)

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How does CBT work?

- The aim of CBT is that through the sessions, homework and practice you will find out what skills and techniques help you to have a better quality of life.
- CBT can be offered in individual sessions with a therapist or as part of a group. The number of CBT sessions needed depends on the difficulty. Often it is between five and 20 weekly sessions – usually lasting about an hour.
- CBT is mainly concerned with how we think and act now, although sometimes our current difficulties are related to things which have happened in our past, and so these might also be part of what we talk about.
- Goals for therapy are set together with the therapist after talking things through to properly understand the problem.
- Most sessions begin with agenda setting – agreeing together what that session will concentrate on. A therapist will not tell someone coming for therapy what to do or what to talk about.
- CBT works best when it involves working on things in between sessions as well as during them. Tasks will be planned together.
- As the therapy comes to an end we will think together about to continue using CBT techniques in daily life after treatment.
- CBT is available in a wide range of different settings, including schools, GP surgeries, specialist clinics and hospitals. It is sometimes provided online. This may be combined with flexible telephone, video or face-to-face appointments to check progress and help overcome any obstacles. This has made CBT more accessible to busy people and reduced delays in getting help.

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What are the techniques used in CBT?

- There are a variety of techniques used in CBT – including keeping thought records, relaxation and breathing, progressive muscle relaxation, identifying and challenging your style of thinking and behavioural experiments.
- One technique is behavioural activation which looks at how you engage in certain activities, such as hobbies and socialising, and how you can increase your chances of enjoying them and getting a sense of achievement from life.
- Another is exposure therapy which helps you learn to face your fears in a methodical and structured way

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Cognitive Therapist

- It is both highly structured (although always based on a formulation of the relationship between the client's presenting problems and underlying cognitive and/or behavioural processes) and flexible due to the constant evaluation of the outcome of the interventions.
- Cognitive therapists do not usually interpret or seek for unconscious motivations but bring cognitions and beliefs into the current focus of attention (consciousness) and through guided discovery encourage clients to gently re-evaluate their thinking.

8

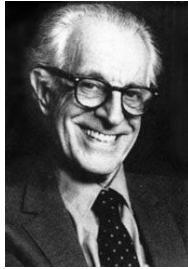


Behaviour therapy and cognitive therapy.

- Much of the research in the development of behaviourisms was based on experiments and observations of animal behaviour.
- Cognitive behaviour however aimed to look at thinking processes that might influence behaviour.
 - Aaron T. Beck
 - Albert Ellis
 - Donald Meichenbaum CBM

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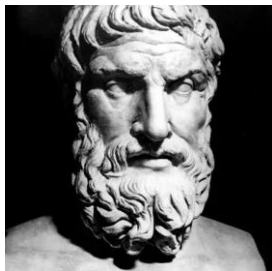
Albert Ellis
(1913 – 2007)



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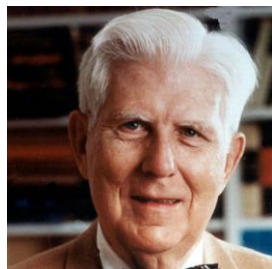
“People are
disturbed not by
events, but by the
views they take of
these events”

Epictetus (Greek
Philosopher)



11

Aaron Beck



12

Aaron T. Beck

- Beck argued that the processes of thinking are influenced by emotional difficulties.
- He argued that if we change our thinking patterns it will also reduce the emotional difficulties.
- Cognitive therapy can be seen as working with emotion.
- Emotions and behaviour are mediated by cognitive processes, this makes it different to psychoanalysis which gives prime importance to the *unconscious*.

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Two Key Publications

Cognitive Therapy and the Emotional Disorders (Beck, 1976)

Cognitive Therapy of Depression (Beck et al., 1979)

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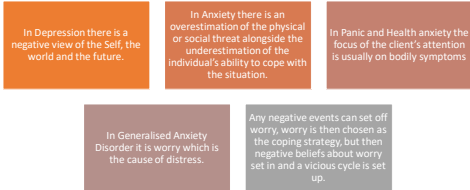
Beck Depression Inventory (BDI-II)

The Beck Depression Inventory is a self-report measure of the presence and severity of depressive symptoms. It examines an individual's emotional state in the two-week period prior to the evaluation.



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Pioneering Work on Depression



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Cognitive Model

We interact with our environment through:

- Thinking
- Interpreting
- Evaluating

These in turn are linked to our:

- Feelings
- Behaviour

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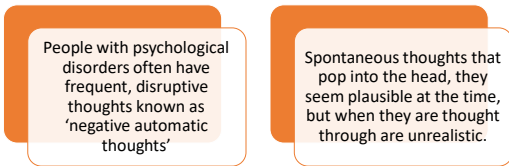
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Three Types of Cognition



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Negative Automatic Thoughts



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Maintaining Behaviours

The depressed client will maintain their thought processes.

The person who believes they will fail won't try anything and so the result is a confirmation of the negative belief.

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Beck's Illogical ways of thinking

- Arbitrary Inference
 - ❑ Reaching conclusions without any evidence
- Catastrophising
 - ❑ Predicting a negative result, without thinking of other possible outcomes
- Overgeneralisation
 - ❑ Sweeping negative beliefs about a situation
- Magnification
 - ❑ Emphasising problems, situations or issues
- Minimising
 - ❑ Reducing own values or successes
- Dichotomous Thinking
 - ❑ Using extreme terms in thinking e.g. Never
- Filtering
 - ❑ Selecting or highlighting negative aspects at the expense of a fuller picture.



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Pause for reflection...

One of the main issues in cognitive therapy is who decides what is an irrational thought? How do we know when a thought is irrational or not? Should we always want to rid ourselves of such thoughts?

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Emotional Disturbance and Information Processing

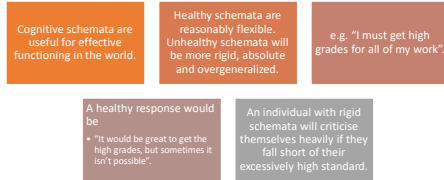
In emotional disturbance information-processing is biased, usually in a negative and distorted way.

Beck reasoned that we need to use Reality-Testing skills to solve personal problems as they happen.

- A depressed individual who was not successful at job interview would have illogical ways of thinking about the process.
- An adaptive way of thinking would be to consider the reasons why the job interview did not go well and take responsibility and look for ways to prevent it in the future.

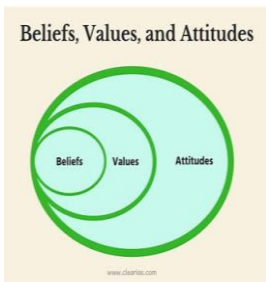
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Cognitive Schemata



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Beliefs, Values, and Attitudes



Where do beliefs and attitudes come from?

- Early experiences
- Traumas
- Chronic stresses

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Albert Ellis: Rational Emotive Behaviour Therapy (REBT)

- Established in 1955
- Having trained as psychoanalyst Ellis was disappointed with the results he was seeing with his patients. He became increasingly disenchanted.
- He began to highlight the importance that thoughts and philosophies have in creating and maintaining psychological disturbance.
- He continued to develop the idea that cognitive factors have a role to play in human disturbance
- You are responsible for your own emotions and behaviours.

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Pioneering Text:

- *Reason and Emotion in Psychotherapy* (Ellis, 1962)
- Cognitions, Emotions and Behaviours are linked and interact and often overlap.
- By changing our thinking, we can change our emotion.

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Cognitive Behavioural Therapy- Albert Ellis

- Take responsibility for your distress
- Only you can upset yourself about events--the events themselves, no matter how undesirable, can never upset you
- Identify your "musts." Once you admit that you distort your own emotions and actions, then determine precisely how. The culprit usually lies in one of the three core "musts:"

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Image of the Person

- The main human goal is to stay alive and to pursue happiness
- Human fallibility: Humans naturally make errors as they seek to achieve their basic goals and purposes.
- Biological Emphasis:
 - Virtually all humans show evidence of major human irrationalities
 - Many human irrationalities actually go counter to the teachings of parents, peers and the mass media
 - Humans often adopt other irrationalities after giving up on former ones
 - Humans often go back to irrational activity even though they have worked hard to overcome it. (Ellis, 1976)

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Image of a Person

- Humans can achieve their goals if they are active in the pursuit of them. If they are half hearted the goals will not be achieved.
- The most effective way in which a client can experience lasting change is to alter their philosophies.



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Albert Ellis: The A, B, C Approach To People

- A** The person experiences an actual event, activity or adversity.
- B** The person responds to the event by interpreting it through their belief system.
- C** The person then experiences the consequential feelings.

The person's consequent feelings often depend on their belief system, rather than the actual event. People can therefore 'Change' by changing their Belief System.

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REBT

- "Must" #1 (a demand on yourself): "I MUST do well and get approval, or else I'm worthless." This demand causes anxiety, depression, and lack of assertiveness
- "Must" #2 (a demand on others): "You MUST treat me reasonably, considerately, and lovingly, or else you're no good." This "must" leads to resentment, hostility, and violence
- "Must" #3 (a demand on situations): "Life MUST be fair, easy, and hassle-free, or else it's awful." This thinking is associated with hopelessness, procrastination, and addictions

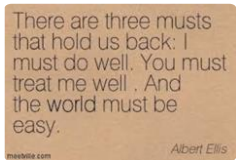
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REBT

- Dispute your "musts". The only way you can ever remain disturbed about adversity is by vigorously and persistently agreeing with one of these three "musts".
- Thus, once you've bared them, then relentlessly confront them and question your demands.
- Begin by asking yourself: "What's the evidence for my 'must'?" "How is it true?" "Where's it etched in stone?" and then by seeing: "There's *no* evidence my 'must' is entirely false."

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REBT

Reinforce your preferences and conclude, therefore:	
Preference #1: "I strongly PREFER to do well and get approval."	but even if I fail, I will accept myself fully."
Preference #2: "I strongly PREFER that you treat me reasonably, kindly and lovingly."	but since I do not run the universe, and it's a part of your human nature to be then, cannot control you."
Preference #3: "I strongly PREFER that life be fair, easy, and hassle-free."	and it's very frustrating that it isn't, but I can bear frustration and still considerably enjoy life."

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Concepts

Irrational Beliefs	Rigid, extreme and illogical. They are inconsistent with reality
Rational Beliefs	Flexible, logical and consistent

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Collaboration

- Is a way of being with clients based on an equal partnership, each party bringing something to the relationship.
- The therapist should not have pre-conceived ideas about where the therapy is going.
- The overall aim is for the individual to attribute improvement in their problems to their own efforts, in collaboration with the psychotherapist

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Reflective Quote

"Cognitive therapy seeks to alleviate psychological stresses by correcting faulty conceptions and self-signals. By correcting erroneous beliefs we can lower excessive reactions."

• — Aaron T. Beck



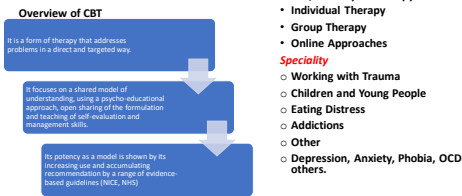
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A case Study Example



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Summary



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Further reading...

Albert Ellis Institute <http://albertellis.org/>
 Beck Institute <https://beckinstitute.org/>
 MIND <https://www.mind.org.uk/information-support/drugs-and-treatments/cognitive-behavioural-therapy-cbt/about-cbt/>
 BABCP British Association of Behavioural Cognitive Psychotherapist (Check out their Podcasts <https://www.babcp.com/What-is-CBT/>)
 Others NHS Guidelines/ NICE Guidelines
 • www.BACP.com
 • Binnie, J. and Spada, M. (2018) Let's put the "T" back into CBT. Mental Health Review Journal VOL 23 NO. 4 2018, pp. 240-245. DOI 10.1108/MHRJ-02-2018-000

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New Cognitive Approaches (Third Wave)



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Mid Module Evaluation

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Any Questions & Feedback



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