Cognitive Behavioral Therapy

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Use of CBT

- For self and personal growth
  - Individuals
  - Groups
  - Families
  - Couple, partner, marital relationships
  - Workplace environments

- Mental health, wellness, illness foci

Purposes of Today’s Dialogue

- Describe the use of cognitive behavioral therapy (CBT) in psychiatric mental health (PMH) settings
- Discuss the components of CBT
  - Cognitive
  - Rational emotive
- Explain the clinical application of CBT
  - Case studies
  - Treatment planning and implementation
  - Evaluation of CBT

Efficacy of CBT

- Mood disorders
- Anxiety disorders
- Obsessive Compulsive Disorder
- Panic disorder

Use of CBT in PMH Settings

Life Isn’t Interesting or Fun! Clinically: One Cannot Function!

Depression

Components of CBT (Cognitive, Rational Emotive)

Founders of CBT

- Epictetus: Greek philosopher, started the premise of the therapy
  - People are not disturbed by things
  - Disturbed by the view they have regarding what has happened

Beck’s Theory

Depressed people have a negative view of:
- Themselves
- The world
- The future

Depressed people have negative schemas or frames of reference through which they interpret all events and experiences

Depression and Negative Schemas

Negative schemas:
- Always present
- Unconscious
- Become activated with stressful events

Definition of CBT

- Focused form of psychotherapy
  - Mental illnesses involve dysfunctional thinking
- Structure of experiences $\rightarrow$ feelings and behaviors

Aaron Beck

Cognitive Therapy

Warren
Premises for CBT

• Modifying dysfunctional thinking provides improvements in symptoms and modifying dysfunctional beliefs that underlie dysfunctional thinking leads to more durable improvement.

• Therapy is driven by a cognitive conceptualization and uses a variety of strategies.

The Cognitive Triad

• Negative view of the self (e.g., I’m unlovable, ineffective)

• Negative view of the future (e.g., nothing will work out)

• Negative view of the world (e.g., world is hostile)

Premises for CBT

• Fact not assumptions

• Structured and directive
  – Maladaptive behaviors are not a result of skill deficits
  – Unwanted reactions are learned

• Therapy is driven by a cognitive conceptualization and uses a variety of strategies

• Practice and assignments

The Cognitive Model

Core Beliefs

Assumptions

Compensatory/coping strategies

Situation

Automatic thoughts/images

Reaction (emotional/behavioral physiological)

Progression of Thinking

Situation

Automatic Thoughts And Images

Reaction (Emotional, Behavioral and physiological)

CBT: Collaborative Effort
Roles

- **Client**
  - Define goals
  - Delineate concerns
  - Implement techniques
- **Therapist**
  - Assist client to define goals
  - Listen to the client
  - Teach CBT techniques
  - Reinforce and encourage

Calmness & Neutrality

- Managing difficult situations
- Use calmness and neutrality
  - Avoid 2 problems → real problem and anxiety/being upset

Premises of Rational Emotive Therapy

- Clients learn how to choose their reactions
- Self-observation and personal change
- Here and now basis
- Self-help techniques that facilitate coping

Self-Defeating Rules (Irrational Beliefs)

1. I need love and approval from those around to me.
2. I must avoid disapproval from any source.
3. To be worthwhile as a person I must achieve success at whatever I do.
4. I can not allow myself to make mistakes.
5. People should always do the right thing. When they behave obnoxiously, unfairly or selfishly, they must be blamed and punished.
6. Things must be the way I want them to be.
7. My unhappiness is caused by things that are outside my control – so there is nothing I can do to feel any better.
8. I must worry about things that could be dangerous, unpleasant or frightening – otherwise they might happen.
9. I must avoid life’s difficulties, unpleasantness, and responsibilities.
10. Everyone needs to depend on someone stronger than themselves.
11. Events in my past are the cause of my problems – and they continue to influence my feelings and behaviours now.
12. I should become upset when other people have problems, and feel unhappy when they’re sad.
13. I shouldn’t have to feel discomfort and pain.
14. Every problem should have an ideal solution.
Irrational Thinking and Emotional Disturbance

• A= Failure at work
• B= I am stupid, I’ll never be able to be good at work, I will always fail
• C= Depressive disorder

Ellis’ List of Common Irrational Ideas

• I absolutely must have sincere love and approval almost all the time from all the significant people in my life
• I must be thoroughly competent, adequate and achieving in all respects, or I must at least have real competence or talent at something important; otherwise I am worthless.
• People who harm me or who do a bad thing are uniformly bad or wicked individuals, and I should severely blame, damn, and punish them for their sins and misdeeds

Ellis’ List of Common Irrational Ideas (continued)

• When things do not go the way I would like them to go, life is awful, terrible, horrible, or catastrophic
• Unhappiness is caused by external events over which I have almost no control. I also have little ability to control my feelings or rid myself of feelings of depression and hostility.

Clinical Application of CBT

CBT & RET

• RET:  
  – Identify patient’s irrational beliefs
• CBT:  
  – Teach the patient to dispute the beliefs and substitute logical and rational beliefs  
  – Evaluate the effects of disputing their irrational beliefs
• Problem solving skills and assertiveness training

Case Studies
Example of Negative Thinking

- Person with negative schema involving rejection will become depressed when a partner leaves him or her.
Depression References


CBT Sessions

- Identify and changing maladaptive thoughts
  - First sessions: therapist explains cognitive theory of emotional disorders (negative cognitions contribute to distress)
  - Middle Sessions: Client is taught to identify, evaluate and replace negative automatic thoughts were more positive cognitions
  - Therapist is a collaborator
  - Final Sessions: solidify gains, focus on prevention of recurrence

CBT and RET

- Identifying Assumptions and Core Beliefs
  - “If..., then...”
  - Downward arrow
  - If this thought is true, what’s so bad about that?
  - What’s the worst part about that?
  - What does it mean to you? About you?

Treatment Plan

- What members of the transdisciplinary team are involved?
- How do you, as a PMH nurse facilitate the use of CBT & RET within your clinical setting?
- Reinforce/implement CBT and RET interventions included in the treatment plan.
- Read the treatment plan & reinforce items within your scope of practice
- Chart to the treatment plan.
- If the treatment Plan indicates “client will be redirected using CBT techniques” you may chart something like, “client was redirected four times this evening.”

Relapse Prevention

- Solidify gains: broaden range of identified negative thoughts and strengthen more positive cognitions
- Anticipate future stressful life events that might trigger a future depression and role play more adaptive responses
Evaluation of CBT

Nursing Clinical Reasoning Processes


CBT & RET References